

The background of the cover features a wooden surface with numerous paper cutouts of human figures in various colors (yellow, blue, white, green) holding hands in a circular arrangement. The figures are arranged in a way that suggests a community or a group of people. The lighting creates soft shadows on the wood. A semi-transparent orange banner is overlaid at the top, and another semi-transparent orange banner is at the bottom.

FUNDAMENTALS OF SOCIAL WELFARE

Ameya Ambulkar

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CONTENTS

Chapter 1. Definition and Concept of Social Welfare	1
— <i>Ameya Ambulkar</i>	
Chapter 2. Historical Development of Social Welfare	7
— <i>Sadaf Haseen Hashmi</i>	
Chapter 3. A Brief Discussion on Social Welfare Models.....	15
— <i>Kajal Dipen Chheda</i>	
Chapter 4. Objectives and Goals of Social Welfare	25
— <i>Sarika Kumar</i>	
Chapter 5. Social Welfare Systems Around the World.....	32
— <i>Kshipra Jain</i>	
Chapter 6. Social Welfare Policy Analysis	44
— <i>Aditya Kashyap</i>	
Chapter 7. Social Welfare and Economic Inequality	53
— <i>Poonam Singh</i>	
Chapter 8. A Brief Discussion on Social Welfare and Healthcare	63
— <i>Cleston Jacob Dcosta</i>	
Chapter 9. Child Welfare and Family Support.....	73
— <i>Jaimine Vaishnav</i>	
Chapter 10. Social Welfare and Aging Population.....	82
— <i>Shilpi Kulshrestha</i>	
Chapter 11. Disability Support and Inclusion.....	92
— <i>Yukti Mitesh Khajanchi</i>	
Chapter 12. Social Welfare and Mental Health.....	102
— <i>Simarjeet Makkar</i>	

CHAPTER 1

DEFINITION AND CONCEPT OF SOCIAL WELFARE

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ABSTRACT:

In order to address the wellbeing of people and groups in society, social welfare is a multidimensional and dynamic notion. This abstract examines the definition and core ideas of social welfare, illuminating its development throughout history and current relevance. The term "social welfare" refers to a broad variety of initiatives, regulations, and plans intended to improve people's social, economic, and psychological well-being as a whole. It is founded on the ideals of fairness and equality, as well as society's shared obligation to guarantee that all of its members have access to vital opportunities and resources. This study explores the historical background of social welfare, tracing its antecedents to early humanitarian endeavors, religious organizations, and ancient civilizations. Governments assumed a key role in delivering social services and benefits as social welfare grew into a more organized and institutionalized system throughout time. The Industrial Revolution gave the idea a boost, and it has since developed in response to shifting social demands. Social justice, social safety nets, poverty reduction, access to healthcare, education, and the promotion of equitable opportunity for everyone are important social welfare principles. These key facets of social welfare are addressed via the development of policies and initiatives by governments, non-governmental organizations (NGOs), and communities. The abstract also emphasizes current issues and discussions surrounding social welfare, such as the necessity to adapt to quickly changing social and economic conditions as well as strike a balance between individual responsibility and group assistance.

KEYWORDS:

Government, Organizations, Poverty, Social, Welfare.

INTRODUCTION

In order for society to thrive, people must work as interdependent units, each carrying out the entire range of their tasks and obligations, according to Philip R. Popple's functional definition of social welfare. Too many dependent people (individuals who cannot operate in an interdependent way) make a civilization incapable of surviving. On the other side, the social system cannot survive if it has too many unhealthy cultural practices and an ineffective structure that prevents individuals from cooperating with one another.

- a. Social welfare is a country's system of programs, benefits, and services that assist people in addressing those social, economic, educational, and health needs that are fundamental to the maintenance of society."
- b. The United Nations said in 1967 that "Social welfare as an organized function is regarded as a body of activities designed to enable individuals, families, groups, and communities to cope with the social problems of changing conditions".
- c. Social welfare, as defined by the National Association of Social Workers (NASW), 1971, "usually means the complete spectrum of organized activities of volunteer and governmental

organizations that strive to avoid, relieve, or contribute to the solution of recognized social problems, or to promote the well-being of individuals, groups, or communities.

Social welfare, as defined by Martin and Zald, "attempts to enable people in need to attain a minimum level of social and personal functioning." In Wickenden's definition of social welfare, "laws, programs, benefits, and services which assure or strengthen provisions for meeting social needs recognized as essential to the well-being of the population and the better functioning of the social order" are included.

- a. Social Work according to NASW(1973), social work is the profession that assists people in improving or restoring their capacity for social functioning and in fostering societal circumstances that support this objective. The professional application of social work values, concepts, and procedures toward one or more of the following goals constitutes social work practice.
- b. Assisting individuals in obtaining material goods (such those requiring the supply of food, shelter, or money).
- c. Providing individual, family, and group counseling and psychotherapy.
- d. Assisting communities or organizations in offering or enhancing social and health services.
- e. Taking part in relevant legislative procedures.
- f. Social assistance
- g. Social service is an activity that tries to aid in the mutual adjustment of people and their social environment,

Marshal (1970) defined social policy as "the policy of governments with regard to action having direct impact on the welfare of the citizens by providing them with means." Accordingly "Social development is the promotion of a sustainable society that is worthy of human dignity by empowering marginalized groups, women and men, to undertake their own development, to improve their social and economic position, and to acquire their rightful place in society."

"Equality of social opportunities is social development."

Social change, as defined by John J., is the gradual modification of culture and social institutions. Social administration Social administration is a collection of procedures and methods that enables social welfare programs, organizations, and agencies to carry out their duties. In general, it looks at how well the welfare state satisfies citizens' needs [1]–[3]. Define social legislation as "those actions of governments which are designed to eliminate those elements from social life which are detrimental to social health and to provide measures and guidelines which are considered essential for the achievement of welfare."

Richard Titmuss categorized the delivery of social services as follows:

Residual welfare: According to this point of view, social welfare services should only be offered when a person's needs cannot be adequately satisfied by other society organizations. Social welfare programs are to be acknowledged as an appropriate, legitimate purpose of contemporary industrial society in assisting people in achieving self-fulfillment, according to the institution welfare point of view. Services are offered to the whole population, not just the impoverished.

Industrial success/performance: According to this theory, the creation of certain social welfare programs has a favorable effect on the economy. Welfare as a "handmaiden" to the economy, i.e., boosting labor force capacity. In order to help families living in poverty, the government and non-

profit organizations, among other things, provide medical treatment, public health services, assistance with home requirements, and social modifications. This is referred to as social welfare. A well-coordinated system of institutions and social services known as "social welfare" aims to help both individuals and communities achieve reasonable levels of pleasure and health. Social welfare thus tries to assist the less fortunate people of society who are unable to use social services or have traditionally been denied access to them.

Social welfare is defined as a part of public administration because it recognizes social issues and then attempts to address them by putting in place programs targeted at improving the lives of the underprivileged and impoverished. Since it is based mostly on social sciences and other disciplines, it is not regarded as an autonomous subject. Accordingly social welfare has two key features: the use of welfare measures to support or strengthen the family as a fundamental social institution through which needs are met, and the intention to improve people's ability to deal with their circumstances. Fried Lander (1959) defined social welfare as an organized system of organizations and services that help people and groups achieve desirable standards of life and health. In its narrowest sense, social welfare includes those public or voluntary, non-profit social activities that are clearly intended to reduce suffering and poverty or to improve the circumstances of the casualties of society.

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Both a system and an overall effort may be used to describe social welfare. This indicates that although it is possible to create a systematized collection of programs to aid the populace at various times of their life, the effort and aim to create that system in the first place was to supply the social welfare condition. In general, social welfare refers to a continuing effort to address specific needs that have been recognized in the community. Depending on the nation we are considering, there are several distinct social welfare programs that are executed quite differently. Among a broad variety of support initiatives, programs for the unemployed, the aged, retirees, persons with disabilities, and widows are regularly created as part of a government strategy to address those specific conditions. The population is first studied to identify problems, and then the population's dynamics are studied to determine how to best handle those issues.

A government's efforts to safeguard and advance the social and economic wellbeing of its population are carried out via a system of laws and institutions known as social welfare. To put it another way, social welfare attempts to help the less fortunate members of society by offering them different types of social insurance against things like poverty, unemployment, disability, and old age [4], [5]. Walter Friedlander provides a succinct definition of social wellbeing. According to him, "social welfare is an organized system of social services and institutions designed to assist individuals and groups in attaining fundamental human needs such as food, shelter, health, and education."

DISCUSSION

Administration for Social Welfare

The creation and execution of social policies pertaining to the welfare of society's weaker and more vulnerable individuals is referred to as social welfare administration. The process of converting social policy into social services is often referred to as this. Social administration is made easier by organizations like the social welfare department. Dunham defined social welfare administration as providing assistance and enabling required or incidental tasks associated with a social agency's provision of direct services.

The Social Welfare Administration's goals

The goals of social welfare administration are as follows:

- a. To identify the weak points or issues in service delivery and determine their reasons to prevent future recurrences;
- b. To increase awareness among potential beneficiaries of the various organizations offering social welfare services.
- c. To make service providers aware of the needs, demands, and expectations of the intended beneficiaries.
- d. To maintain a careful eye on the techniques and processes used by social welfare service providers to provide their services.
- e. To encourage collaboration and coordination among social welfare service providers in order to avoid mistakes that would otherwise result in the wasteful use of priceless resources.
- f. To motivate social welfare service providers by providing cutting-edge approaches and strategies that will maximize the efficiency with which social welfare services are provided.

Organizations for Social Welfare

Social welfare organizations are businesses founded by people for a particular cause. Models of behavior and procedure used in developing and executing programs, benefits, and services for the underprivileged hold these organizations together.

Social Welfare Organizations' Development in India

In India, a large number of social welfare organizations grew throughout the 18th century. These social welfare organizations were founded in Bombay, Calcutta, and Madras. Brahmo Samaj, Arya Samaj, RamaKrishna Mission, among other prominent social welfare organizations. Rashtriya SwyamSevak Sangh, an organization of radical Hindus who envisioned a Hindu Raj in India, is

one such notable organization in this context. In locations where these specific groups have a sizable population, there are organizations focused on religion for Muslims, Christians, etc. Some of these groups were run by individuals expressing group interests, while others worked to improve and transform their local areas. Youth clubs, women's clubs, and cooperative credit organizations are some other social welfare organizations. As organizational innovations, the government often sponsors and initiates these social organizations. A list of these clubs' goals reveals that they work to hasten the economic and social transformation that India's five-year plans have already begun.

Organizations for Social Welfare: the following are the many sorts of organizations for social welfare:

Organizations in Form

A formal organization is a set of clearly defined positions, each of which has a certain amount of power, responsibility, and accountability. Relationships between individuals and the rules and regulations that shape people's behavior are established by the formal organization.

Informally Organized Groups

When people work together in a formal organization and socialize with one another, they develop into informal groupings that are united by shared social, economic, and technical interests. Due to the official organization's shortcomings, the informal organization was created.

Structured Businesses

Whether formal or informal, structured organizations are created and run with a defined organizational structure or relational framework. Structured organizations include, for instance, social welfare departments and registered social service organizations.

Inorganic Organizations

Unstructured organizations lack a defined framework or structure and may not endure for very long. These organizations may be created in response to a need or with the intention of achieving certain aims and objectives. Since everyone working for these organizations has the same responsibilities, there is no formal structure to their workdays [6]–[8].

CONCLUSION

The notion and idea of social welfare comprise a broad and constantly developing area of research and application focused on enhancing the wellbeing of people, families, and communities within a society. Due to its complexity and contextual differences, there is no one definition that is generally agreed upon, yet we may come to the following general understanding of its core and principles: **Increasing Well-Being:** The main goal of social welfare is to increase the general well-being of people in society, both as individuals and as members of different groups. This includes aspects of well-being that are social, economic, physical, and mental. **Governmental and Non-Governmental Involvement:** Governmental and non-governmental involvement is possible with social welfare projects. Through laws, programs, and services, governments often play a crucial part in creating a safety net; but, non-governmental organizations (NGOs) and communities also make substantial contributions. **Equity and Social Justice:** The concepts of equity and social justice serve as a guidance for social welfare. In order to ensure that every person of society has an equal opportunity to lead a decent life, it aims to resolve inequities and inequalities in access to resources,

opportunities, and quality of life. **Social Safety Nets:** Safety net programs like unemployment insurance, food aid, housing help, and healthcare services are often included in social welfare. These initiatives seek to shield people and families from monetary hardship when times are tough. Social welfare includes preventative steps to lessen the risk that people may become impoverished or experience other social issues. It also contains tactics for assisting individuals who are already in need. **Empowerment and Inclusion:** Successful social welfare strategies put an emphasis on enabling people and communities to become independent and engaged members of society. The importance of involvement and inclusion is highlighted, regardless of one's circumstances, skills, or experience.

Contextualization and Adaptability: Social welfare may be contextualized to meet the unique requirements of various civilizations. The definition of social wellbeing may vary greatly among cultures, nations, and eras. **Collaboration and interdisciplinary:** Social wellbeing is not the exclusive purview of one industry or academic field. Collaboration is necessary amongst a variety of stakeholders, including governmental organizations, nonprofits, healthcare professionals, educators, and local leaders. **Nature in Evolution:** Social wellbeing is not constant. It changes throughout time to take into account new social, economic, and cultural issues. As conditions and cultural expectations change, so do the idea and meaning of social wellbeing. In summary, social welfare is a dynamic and complex idea that is anchored in the basic goal of raising the standard of living for all societal members. It encompasses a variety of initiatives, regulations, and practices geared on assisting those in need and is based on the values of fairness, social justice, and inclusiveness. Because of its versatility and constantly changing character, it is a crucial sector for tackling current social concerns.

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CHAPTER 2

HISTORICAL DEVELOPMENT OF SOCIAL WELFARE

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ABSTRACT:

An interesting trip through time may be found in the historical history of social welfare, which reflects society's changing perception of its obligation to ensure the wellbeing of its members. This abstract examines significant turning points and evolutions in the history of social welfare, tracing its antecedents from prehistoric societies to contemporary welfare states. Societies have struggled with issues like poverty, disease, and social inequity throughout history. Simple social support was formed by ancient civilizations like Mesopotamia and Egypt via community and religious traditions. The abstract emphasizes how these early initiatives, which placed a focus on societal responsibility for people in need, helped lay the groundwork for the idea of social welfare. The advent of feudalism during the transition to the Middle Ages was marked by the Church's crucial role in delivering charity and aid to the needy. The study explores how the merging of religious and secular initiatives to solve social challenges during this time helped pave the way for the subsequent creation of welfare programs. Political and philosophical ideas underwent substantial changes throughout the Enlightenment period, which influenced the notion that governments had to take more proactive measures to advance the welfare of their populations. The study examines the influence of intellectuals from the Enlightenment, such as Thomas Paine and Jeremy Bentham, who pushed for social reforms and the eradication of poverty via the action of the state. The history of social welfare underwent a sea change during the Industrial Revolution. Widespread poverty and exploitation resulted from rapid urbanization and industrialization. The study explores how social reform movements emerged during this time, prompting governments to pass labor laws, public health regulations, and social insurance systems to safeguard workers and their families. The summary highlights the creation of extensive social safety nets, healthcare systems, and educational initiatives as it explores the rise of contemporary welfare states in the 20th century. It examines how various social welfare policies from the Nordic model to the liberal welfare state affect the wellbeing of residents in various nations.

KEYWORDS:

Development, Historical, Political, Social, Welfare.

INTRODUCTION

There have been three different historical development phases that have shaped contemporary social welfare and social welfare organizations. Reformers experimented with a range of social insurance programs in the early and middle of the nineteenth century in North America as well as in western and central Europe, focusing mostly on pensions for the elderly and some voluntary or market-based treatments. Additionally, they set up a number of institutions to help the poor, craftsmen, mechanics, and the mentally sick, as well as to advance public health, prevent epidemics, and educate more people. Only a small portion of each nation's population was affected by these initiatives. These initiatives captured the spirit of the time, which was characterized by

liberal and democratic ideals. In the second period, which ran from the 1870s to the 1920s, the United States, Great Britain, Imperial Germany, Sweden, Denmark, Austria, and France all had social insurance programs that included some groups in their polities, reflecting widely held beliefs in hierarchy and efficiency. The third phase started during the Great Depression of the 1930s, particularly in the United States with its extensive Social Security program and in the majority of western and central Europe, which after World War II (1939–1945) created a social welfare state that was essentially all-encompassing. Opponents of the welfare state in Europe and the United States presented some politically persuasive arguments against it in the 1990s and early 2000s, implying that the contemporary social welfare experiment may be coming to an end or that yet another chapter of its history is about to begin [1]–[3].

Social Welfare and Liberalism in the Nineteenth Century

Three countries Great Britain, the German-speaking states Otto von Bismarck consolidated under Prussian rule in 1871, and the United States performed the best in terms of social welfare in the early to mid-19th century. These three countries all have long-standing democratic and political traditions, sizable middle classes, significant industrial growth, and laissez-faire market capitalism. United Kingdom. Since the seventeenth century, the Elizabethan Poor Law in Great Britain has required each of the fifteen thousand parishes in the country to sustain the poor, which has led to the establishment of workhouses where the underprivileged may learn to support themselves. The issue was neither lessened or resolved by the statute. A radical individualistic laissez-faire mentality predominated in Britain in the early 1800s and continued until the 1830s, thwarting any group or governmental attempts at control and reform.

Early in the 1830s, the situation had altered. One example is that the laissez-faire doctrine now considered the economic struggle between interest groups, within which the government might have greater influence. The new businesspeople of the early Industrial Revolution followed this ideological change in wanting the work force of the world to be mobile and follow capital investment wherever it created factories, shops, and stores. As a result, the Poor Law Amendment Act of 1834 was passed by Parliament. The new legislation significantly cut the cost of poverty assistance while allowing workers to travel about in search of employment in an economy that is increasingly industrializing.

Public health, which includes sanitation, sickness, and associated concerns, was a significant issue throughout the 20th century. Health conditions often worsened as more people worked in factories, and voluntary or individualistic remedies turned out to be ineffective. Edwin Chadwick, who had worked to pass the Poor Law Amendment, took the initiative in promoting sanitary surveys in Britain's urban workplaces and residences within a short period of time. He insisted that filth, crowding, and disease were all related and that sanitation was both profitable and hygienic and pleasant. The infamous report on the sanitation of the working people was published in 1842. The paper made the case that squalor, the deterioration of the people, and the imminent collapse of the economy were connected using hard-won, relatively accurate facts and data.

It was politically and philosophically impossible to establish a national permanent board of health, but the board of health that Parliament established and oversaw for five years (1848–1854) under Chadwick's leadership produced a wealth of data and expertise. Sanitation was now a crucial component of economic and political public policy as well as a means of preserving and enhancing the population's vitality, strength, and even fertility. It was nevertheless significant in the next

century, even after the germ hypothesis of illness refocused research on sanitary science and public health.

The original Poor Law led to the emancipation and protection of male adult laborers as well as the protection of women and children. A byproduct of the Crown's obligations under the Poor Law for all apprentices, including women and children, was the Health and Morals of Apprentices Act, which was passed in 1802. It only applied to cotton mills and prohibited night labour and other obscene working conditions. Such conditions were not effectively enforced until the Factory Act of 1833 was passed. The bigger dispute between the nation's two elites, the landowners and the manufacturers, included the debate over factory regulation. However, manufacturing employees also banded together to advocate for improved working conditions. Only minors were protected by the Factory Act of 1833, which was applicable to all textile industries (excluding lace). However, the act's inspectors were tasked with keeping track of their charges' overall well-being. Even worse than in textile manufacturers, working conditions in mines were subject to inspection and control as part of the movement. The accounts outraged Victorian Britain, which led to the passage of the Mines and Collieries Act of 1842, which prohibited the employment of girls and boys under the age of thirteen in coal mines due to the risk of sickness, accidents, and even immorality between the sexes.

The ten-hour day law, passed in 1847, which limited the workweek to fifty-eight hours for all women and boys between the ages of thirteen and eighteen, and another law, passed in 1850 that established set working and mealtime hours, both benefited from the political momentum this measure generated. Great Britain had a number of additional laws governing the protection of domestic and industrial employees by the 1870s. There was now no law in place to protect occupational illnesses, and there were also few social insurance programs available to everyone. All of this had been done in accordance with official regulations, which included inspections of the working environment, suggestions for legislative action, and precedents for outlawing the worst working conditions as far as the general public and its representatives were concerned. The portrayal of the working kid has significant symbolic importance in all of this.

The economics and mindset that gave rise to welfare state policies were also being developed in the German-speaking nations in the nineteenth century. The conflicts of the French Revolution and Napoleon in the late eighteenth and early nineteenth centuries took the German nations some time to recover from, and considerably longer to become politically united. At the end of the eighteenth century, these states were ruled by enlightened absolutism, and in the early nineteenth century, the system of "medical police" established by the German physician Johann Peter Frank (1745-1821), in which inspectors of the prince or the king sought out unsanitary conditions believed to be unhealthy, was still in effect, supporting the renowned German cleanliness-liberal use of hot water, soap, and lye.

However, the new liberal Germans of the early nineteenth century sought to reject absolutism, whether it was enlightened or not. They did this by applying rationalism from the Enlightenment to the market while also having to put up with more traditional forms of mercantilism and absolutism in matters of political economy. In Germany, a social welfare state was possible under specific circumstances. The linked beliefs that the state must advance social welfare and exert social control, which all groups in Germany embraced according to their interests, were a result of German feudalism. Even liberal philosophers mixed these more traditional ideals of the state with

the new ones of a state founded on law. German social science pioneers maintained that in order to advance the commonwealth, an active state must interfere in industrial society.

The industrial bourgeoisie and the commercial classes opposed the new liberalism because they feared unchecked economic expansion and a resultant revolutionary proletariat, whereas the upper civil service and the professions backed it. Prior to the 1830s, German liberals supported self-help organizations for workers, endorsing a laissez-faire individualism that was comparable to that of Britain. However, these beliefs gradually gave way to social welfare adaptations to the new industrial realities in the cities. German bureaucracy, which was strong and dictatorial, was the instrument of governmental interference. As a consolation for their expanded state power after the Revolution of 1848, the German states took the initiative and established a number of welfare and control programs. The most significant was Prussia's 1854 statute, which transformed poor assistance into a contemporary contributing welfare program and served as the model for the later Bismarckian welfare state. As Germany's industries expanded and German science and technology caught up to that of England, Prussia led the other German states in passing laws restricting child labor, protecting women, and establishing some fundamentally good working conditions for the working classes. The public sanitation movement swept across the German-speaking countries around the turn of the 20th century and afterwards. When Bismarck, the Prussian king's chancellor, united the German states as the German Empire in 1871 under Prussian rule, liberalism had reached the depths of German society and culture.

United States. Political and economic liberalism dominated the nineteenth century in America much more than it did in Europe. With the adoption of the federal constitution in 1789, laissez-faire economic liberalism was quickly achieved thanks to the creation of an internal customs union among all the states. This ideal state would allow intelligent, civilized people to engage in business and trade with the least amount of intrusion. Within a century, the American Revolution had destroyed the last vestiges of mercantilism, establishing a new individualistic democracy based on cultured, logical people who would seek republican values with little intervention from the state. Most municipal and county public services were provided by either volunteers or for-profit private businesses. A temporary board of health would be created to handle the situation, enforcing quarantines, burial dead, and other related tasks.

Once the danger had passed, the board would dissolve. In 1832, the public health was endangered by cholera outbreaks. Even less could and was done by the federal government, including maintaining public lands, handling military and diplomatic affairs, delivering mail, and promoting the interests of commercial organizations with representatives in the federal political system. From the 1830s until the 1870s, much of America's charity rather than state-sponsored aid to the poor was provided. So-called moral reformers created a variety of institutions as solutions for those in need of care and supervision, including orphanages for kids without parents, houses of refuge for young offenders, and groups like the New York Children's Aid Society and Societies for the Prevention of Cruelty to Children that sought to protect kids who they thought were being abused or neglected. All were often selected from the urban underclass. However, the state governments did create mass education programs, at least in the North. However, there were indications of a change toward a new social welfare paradigm by the 1880s and 1890s [4]–[6].

Social Welfare in a Hierarchical, Systematic, and Efficient Age

The Western world was ruled by a new set of concepts on how to categorize human experience between the 1870s and the 1920s. It was a time of science, expertise, hierarchy, well-organized

natural and social systems, and productivity. The fundamental question for many Europeans and Americans was how to make society operate at its highest level of efficiency. Such ideas also included social welfare's structures. New political circumstances and worldviews were major contributors to many of these transformations.

Farmers, not progressive middle classes or the socialist left, spearheaded the campaign for tax-supported universal pensions in Scandinavia, for instance, in Denmark in 1891 and Sweden in 1913, respectively, after lengthy political conflicts. The "Iron Chancellor," Bismarck, advocated for a contributory pension system for workers rather than a tax-based one in Imperial Germany in an effort to stifle their excitement for socialism and revolution and to bind them to the conservative Junker class and the Prussian state. This social insurance program covered illnesses, disabilities, old age, and workplace accidents. The fund was funded by contributions from employees, employers, and the state before it was established.

The plan has endured into the twenty-first century and has been extensively duplicated, first in Hungary in 1891, then in Austria in 1889, Switzerland in 1911, and even France in 1928. In order to maintain a healthy adult population, the German states, like many other industrialized polities on the continent, had previously passed laws restricting child work. Early in the 20th century, organizations for baby welfare in places like Düsseldorf and Berlin took the lead in teaching mothers about child health; subsequently, local governments took up these responsibilities. A national public health bureau was established in 1873, and in the 1900s the Second Reich saw the growth of the public hygiene movement.

DISCUSSION

If Bismarck began a welfare program to thwart revolution, the British did the same at the beginning of the 20th century in response to widespread poverty brought on by their country's economic collapse in comparison to the US and Imperial Germany. Early in the 1900s, a few British politicians saw that the German welfare system was more successful and that it had a positive impact on the Reich's ability to compete economically. The National Insurance Act of 1911, which resulted in unemployment benefits, health and disability insurance, hospital insurance, and even maternity allowances, was pushed for by David Lloyd George and Winston Churchill in particular. As a result, these initiatives improved the poor's health chances and promoted political unification. Even though many who lived under the German system thought it to be highly satisfying, the British system ultimately proved to be more liberal than the German one. To address unemployment, disease, disability, and old age, Europe had developed a range of government supported and controlled welfare programs by the early 20th century. In these five decades, several European countries adopted extensive public education and adult male suffrage, following in the footsteps of the United States.

America did innovate in social welfare in this era of systems. Additionally, its distinctions from its sister national cultures in Europe seemed to stem from the same characteristics that set European nations apart from one another: namely, political, state, and temporal context issues. Through the creation of the U.S., Americans restored the Confederacy's destroyed states, provided widespread public education, and promoted public health and sanitation. In addition to establishing a sizable and ultimately lucrative pension scheme for Civil War veterans including some Confederate veterans and their dependents that is, widows and orphans the Public Health Service also controlled foods and medications. This government program was self-liquidating; when the last veteran passed away, so did it, neatly releasing the enormous surpluses produced by high protective tariffs.

But it embodied the time's conception of social insurance: that a collective might protect itself from life's uncertainties.

It did not significantly vary from current European plans. Thanks to its history of middle-class women engaging in politics with a platform for child welfare, education, and morality, much as American men were concerned with the welfare of adult male workers, America made a significant contribution to welfare concepts. From 1900 to 1920, the child welfare movement promoted social welfare and its institutions in America and, by example, across the rest of the Western world. The British-German patriarchal welfare programs were nearly perfectly balanced by a maternalistic welfare state that was still mostly based on the states and localities rather than the central government. New institutions like the juvenile court, foster care, the children's bureau, and mother's pensions were all framed as measures to promote social efficiency while they also conveyed a new sense of caring. The American child welfare movement placed an emphasis on the health and protection of children. Additionally, many of these mirrored widespread white prejudice towards people of color and the "new" immigrants from southern and eastern Europe.

In times of depression and war, the welfare state

Between the 1920s and the 1950s, the idea that the public and private sectors could cooperate was the prevailing idea. With the introduction of social security via the Social Security Act of 1935, the United States started steps toward the contemporary, all-encompassing welfare state, although the Scandinavian nations had already created very complete social welfare states. The absence of a national health program in the former, such as socialized medicine or national health insurance, is a significant distinction between the American and European systems. Due to their affiliation with experimental research, American physicians became more powerful and prestigious in the 20th century, which was the cause of this.

As an addition to private pension plans, Social Security made tax-based old age pensions conceivable. In the same way that unemployment insurance, disability insurance, and other programs came to make up the American welfare state, child welfare became a feature of the new federal welfare program via Aid to Dependent Children, which subsequently evolved into Aid to Families with Dependent Children. The American welfare state started to drastically increase the size of its clientele in the 1960s.

The Marshall Plan, which was created to reconstruct Europe after a war that had devastated much of the continent, lay the foundation for political change and supplied the necessary drive and ingenuity for a much enlarged welfare state. The National Health Service was established in 1948, placing the majority of doctors in government employment, and the British Labour Party, which won control of Parliament and the government in the immediate postwar period, passed legislation that expanded the welfare state.

It also cautiously started to expand public education. The Bismarckian welfare state was quickly revived and expanded by the Federal Republic of Germany (or West Germany) after its founding in 1949, with generous pension plans, cutting-edge national health insurance, expanded public health, sanitation, and other welfare provisions, and even Kindergeld (money for kids) to encourage families to have more children and rebuild the country's population. In the years after World War II, several European countries expanded their national welfare states. Many of them, like France and Sweden, did this by giving each family a set stipend in order to prevent children

from growing up in poverty. In addition, they offered paid vacations, daycare facilities, and free higher education [7]–[9].

The evolution of social welfare throughout history has been a complicated and dynamic process influenced by several socioeconomic, political, and cultural variables. Even while it is hard to fully discuss every part of this extensive history, we may take a few important conclusions about how it developed through time. Social welfare has a long history, dating back to the early civilizations of Mesopotamia, Greece, and Rome, which all provided assistance to the needy, ill, and vulnerable elements of society. These early initiatives were often motivated by moral or religious obligations.

Charity in the Middle Ages: In the Middle Ages, religious organizations were crucial to the provision of social services. With a focus on generosity and almsgiving, monasteries and churches provided food, housing, and medical treatment to people in need. The Enlightenment and Modernization 17th and 18th centuries' Enlightenment saw a profound shift in how people thought about the world. The emphasis on individual rights and the role of the state in defending them provided the philosophical foundation for contemporary social welfare programs laid by philosophers like John Locke and Jean-Jacques Rousseau. Urbanization and industrialization: The Industrial Revolution brought about significant economic and social transformation. With the growth of industrial capitalism and rapid urbanization came new problems including widespread poverty, child labor, and subpar working conditions. The demand for government action in social welfare was sparked by these circumstances. Social policies first appeared in the 19th century, when a number of nations started putting them into practice to combat the negative impacts of industrialization. These rules for factories, public health measures, and the creation of mutual help associations were only a few of these initiatives. Otto von Bismarck established a revolutionary social insurance system in Germany towards the end of the 19th century. This signaled a dramatic change in favor of formally sanctioned social welfare programs, such as health insurance and pension plans.

Throughout the 20th century, social assistance expanded in many Western nations. Comprehensive social security, healthcare, and education were made available via programs like Franklin D. Roosevelt's New Deal in the United States and the formation of the welfare state in nations like the United Kingdom and Sweden. Expansion after World War II: Following the war, several countries strengthened their social welfare programs by emphasizing the provision of free healthcare, unemployment insurance, and education. During this time, efforts were made to combat poverty and advance economic stability. Cultural values, political ideologies, and economic realities all have an impact on social welfare systems, which differ widely from one nation to the next. Nordic nations like Sweden and Denmark are renowned for having extensive welfare systems, whereas other nations take a more constrained stance.

CONCLUSION

In recent decades, aging populations, growing healthcare expenses, and economic globalization have presented problems for social welfare systems. These difficulties have sparked continuous discussions regarding the viability and efficacy of current systems, which have resulted in a number of changes and revisions. In conclusion, the evolution of social welfare throughout history has been a complicated process characterized by transitions from unofficial charitable organizations and religious institutions to formal, governmental social welfare systems. Changes in cultural demands, economic upheavals, and political beliefs have all fueled this development. While continuing changes and disputes underscore the constant effort to establish a balance

between individual rights and societal duty, the variety of social welfare models throughout the globe illustrates how adaptable these systems are to many cultural and political circumstances.

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CHAPTER 3

A BRIEF DISCUSSION ON SOCIAL WELFARE MODELS

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ABSTRACT:

Different methods of building societies and addressing people's well-being are represented by social welfare models. The Nordic, Liberal, and Social Democratic forms of social welfare are highlighted in this abstract along with their underlying values, distinguishing characteristics, and social policy consequences. The Nordic model puts a significant focus on universal social services, high taxes, and considerable income redistribution, and is notably illustrated by nations like Sweden, Norway, Denmark, Finland, and Iceland. The Nordic model aims to create social equality, economic stability, and extensive social safety nets, providing individuals with access to high-quality healthcare, education, and unemployment benefits. This study investigates how the Nordic model achieves these goals. The Liberal model, which is exemplified by nations like the United States and the United Kingdom, places a greater emphasis on individuals and little government intrusion. The abstract describes how this paradigm emphasizes self-reliance and individual accountability by relying on market processes, private healthcare, and means-tested assistance programs. The Nordic and Liberal models are balanced out by the social democratic paradigm, which is illustrated by nations like Germany, France, and the Netherlands. The Social Democratic model blends market economies with robust social safety nets, and this abstract explores how it does so, highlighting progressive taxation, collective bargaining, and a commitment to reduce income inequality. The consequences of these models for healthcare, education, labor markets, and income inequality are also covered in the abstract. It investigates how each model handles problems like eradicating poverty, gaining access to healthcare, and the function of labor unions in contract negotiations. The abstract also emphasizes that these models are dynamic and change in response to shifting social demands and economic circumstances. Reforms and modifications that have recently taken place in many nations serve as examples of this dynamic character. For policymakers, academics, and people wishing to create and assess successful social programs, knowing the many social welfare models is essential. The Nordic, Liberal, and Social Democratic models are briefly summarized in this abstract along with insights into their fundamental ideas, distinguishing characteristics, and social welfare systems in various cultures.

KEYWORDS:

Culture, Democratic, Social, Models, Welfare.

INTRODUCTION

Like many other nations, India is dedicated to ensuring the wellbeing of its citizens. The Indian Constitution's Preamble, provisions on fundamental rights, and Directive Principles of State Policy, along with numerous state and federal laws and national policies, aim to offer a wide range of services to the Indian people in order to meet their social, economic, educational, and health needs. Social welfare has replaced the state's traditional roles of maintaining law and order and collecting taxes in the 20th and 21st centuries, particularly in democracies. In fact, the

contemporary state now acts as a catalyst for social and economic development. The First Five-Year Plan stated: "As the social structure becomes more complex, the state is called upon to play an increasing role providing service for the welfare of the people." This statement acknowledged the requirement for the state to have a leading position in the welfare sphere. In actuality, a continually increasing portion of the state's resources go toward this welfare role.

Therefore, it is crucial for the government to provide for people's fundamental needs, particularly those of the weaker groups in society. India has a rich theoretical and practical history when it comes to social welfare. All of India's ancient religious texts, including the Vedas, Sutras, Epics, Smritis, and Dharma Shastras, contain verses, slokas, and extensive references that emphasize the provision of welfare services to the underprivileged individuals and families by the government, the community, and the wealthy. The health of the whole society is prioritized. Depending on the stage of historical development, the emphasis given to development and welfare objectives, and the development of governmental mechanisms for service delivery, the idea of social welfare and its area of operation differ from one nation to the next. Social welfare is defined by Encyclopaedia Britannica as a system of laws and institutions used by a government to safeguard and advance the economic and social welfare of its people, often based on different social insurance programs against unemployment, accidents, disease, and old age [1]–[3].

Social welfare, according to Friedlander, entails organized services and institutions created to help people and groups achieve satisfying standards of living and health, as well as interpersonal and social connections that allow people to reach their full potential and advance their well-being in harmony with the demands of their families and the community. According to Wayne Vasey, social welfare has two main components: the use of welfare measures to support or strengthen the family as a fundamental social institution through which needs are met, and the intention to improve the individual's ability to manage his or her circumstances. Social welfare is defined as "a body of organized activities which are basically meant to enable individuals, groups, and communities to improve their own situation, adjust to changing conditions, and participate in the tasks of development," according to a document prepared by the United Nations on "Social Welfare Planning in the context of National Development Plans." Some of the social welfare activities are meant to enable local citizens to participate in self-help projects and h Other initiatives work more directly to assist weaker groups or categories of individuals in achieving the fundamental social norms.

Heywood believes that social welfare encourages people's economic well-being by meeting their fundamental necessities for a healthy existence. Heywood argues that the social welfare system has to be strengthened for the reasons listed below: It fosters social cohesion and national unity by giving all people a "stake" in society and ensuring that they will get at least some basic social assistance. It broadens freedom in that it protects individuals from poverty and creates environments that allow them to grow and reach their full potential. It promotes prosperity by reducing the negative consequences of social exclusion and providing assistance to those who are unable to do so. It acts as a mechanism for redistribution that encourages more equality and fortifies a feeling of social duty approaches to social welfare Approaches to social welfare imply a framework for policy or a structured institutional response. Every established and developing nation has a unique strategy, structure, and set of social welfare programs and initiatives. Their welfare system mostly reflects the ideals and opinions on how to best enhance people's wellbeing. The following are general categories for social welfare approaches: family-centered strategy, Relative viewpoint, Using a mixed economy, and institution-based strategy. Family-centric

Approach This is maybe the first method in which the family actively participates in the provision of social welfare. Strong family ties are often a significant source of social capital. For instance, the family as a whole plays a crucial role in caring for children, the elderly, and the handicapped.

The family is still seen as being strong in both India and a developed nation like England, and it continues to fill many social requirements that are often fulfilled by government programs. The joint family is still the primary source of support for financial stability in many Asian nations, particularly for senior family members and children who are jobless. Policy experts consequently see the family as a crucial area for action. This strategy is supported by strong social theory and received knowledge. Family unity is seen as the foundation of long-term social support. Therefore, according to public policy researchers, the family is where the state should intervene in order to satisfy welfare demands and reduce social problems. However, the family approach has significant drawbacks. One of them is the extended family system's impending demise, especially in metropolitan areas. Second, it ignores the role gender plays in families. Thirdly, universalistic dependence on the family model is constrained by financial and geographic considerations.

Residual Approach The residual approach views government welfare support as a last option. It is predicated on the notion that individuals can solve their own issues. The family, the market (insurance in particular), non-governmental organizations, or the market may all provide assistance to those in need.

Only when those in need are unable to manage their own issues will the government step in. Public assistance is only provided in this situation for the remaining poor, including the ill, jobless, law-abiding citizens, and those in other dire need. Only a few nations use the residual technique. It has various drawbacks, but the main one is the "means" or eligibility test. If the beneficiaries of the schemes are the citizens of a particular state or, in a federal system, "territory," meeting the residence criteria becomes a challenge for them. Housing scarcity challenges are not addressed by the residual method. Benefits for the poor are scarce under this system, and even qualified beneficiaries lose interest in applying for them. A mixed-economy strategy has been used in several social welfare sectors in some nations, notably England and Germany.

The German Social Insurance System, for instance, has served as a highly effective platform for collaboration between the government, social administrators, banks, insurance companies, and independent business owners. The majority of material requirements are met in such a system by insurance benefits related to individual wages. In this approach, the public and private sectors work together to manage welfare programs in a way that is more effective than one that is centered on bureaucracy. However, a significant drawback of this strategy is that public-private partnerships often do not function as well as they should.

Institutional Approach This normative approach is founded on the idea that group effort and resource sharing are the most effective ways to advance social wellbeing.

According to this perspective, welfare is offered to the population as a whole in the same way that public services like roads or schools may be. Another term for it is a completely saturated model. For instance, under this paradigm, program coverage is made universal rather than limited to certain social groups that belong to the poorer parts. Although many individuals would not embrace the institutional method and pool their resources, as they do for community activities, it looks to be beautiful. Therefore, the institutional approach to social welfare lacks sufficient public support in reality, with the exception of the fields of education and health. social welfare policies in the

context of India, social welfare policies include both federal and state policies that are based on enactments of legislation.

These assist individuals in addressing their social, economic, educational, and health needs, particularly those who are a part of the community's weaker sectors. The phrase "social welfare" has traditionally been employed in a narrow meaning, it is widely acknowledged. Scheduled castes, scheduled tribes, denotified communities, orphans, widows, unmarried mothers, women in moral danger, elderly and infirm, women and children, socially awkward, beggars, prostitutes, delinquents, physically and mentally disabled, diseased, mentally retarded or ill, and economically backward among upper castes, destitute, and unemployed are just a few of the socially underprivileged groups to which social welfare policies apply. Social welfare programs are essential for such populations since they serve to lessen their suffering. The Constitution has a number of clauses that act as protections for the Scheduled Castes and Scheduled Tribes (SCs and STs). The next two Acts are crucial for the social advancement of SCs and STs since they particularly strive to stop untouchability and atrocities against these groups. The Protection of Civil Rights Act of 1955 was passed in accordance with Article 17 of the Fundamental Rights Clause of the Indian Constitution.

The state governments and union territories are in charge of carrying out the Act, which covers the whole of India. The degree of penalties for different types of offenses pertaining to the spread or practice of untouchability in whatever form is set out in the Act and the Rules created under it. A jail sentence and a fine are always part of the penalties. Anyone who defends untouchability in any manner, whether on philosophical, historical, cultural, or religious grounds, or on any other basis, is breaking the law. Repeat offenders are subject to harsher penalties. i) The PoA Act, also known as the Scheduled Castes and Scheduled Tribes (prevention of Atrocities) Act of 1989, went into effect in 1990.

The purpose of this act is to stop crimes against scheduled castes and scheduled tribes from being committed by people who are not members of such groups. Comprehensive regulations made according to this Act, among other things, provide standards for the relief and rehabilitation of SC&ST victimization. National Commission for Scheduled Castes and Scheduled Tribes: In addition to these two Acts, the 89th Constitutional (Amendment) Act of 2003 split the 1990-established National Commission for SCs and STs (NCSC) into the National Commission for Scheduled Castes and the National Commission for Scheduled Tribes. These two Commissions are in charge of evaluating the protections offered to SCs and STs, respectively. They must also consider matters pertaining to their wellness.

There are programs like Pre-matric scholarships, National Overseas Scholarships, Rajiv Gandhi National Fellowships for the improvement of SC & ST students' education. From KG to PG level, hostel facilities are provided for students in the majority of the states and UTs. Other allowances are added to the core programs so that all costs associated with SC/ST students are covered. In addition to a National Scheduled Castes Finance and Development Corporation and a National Safari Armchairs Finance and Development Corporation, there are scheduled castes development companies in states and UTs. A Venture money Fund and a Credit Enhancement Guarantee Scheme for Scheduled Castes are also available to provide financial assistance and seed money to them in the beginning stages of businesses or other industrial endeavors.

The Ministry of Tribal Affairs was established in 1999 following the division of the Ministry of Social Justice and Empowerment with the aim of providing a more focused approach on the

integrated socio-economic development of the Scheduled Tribes (STs), the most disadvantaged members of society, in a coordinated and planned manner. Contrary to other groups, Scheduled Tribes live in close proximity to one another. The "Fifth Schedule" and "Sixth Schedule" provisions have been incorporated in the Constitution in order to protect the interests of Scheduled Tribes with relation to land alienation and other social considerations. "Scheduled Areas" are those places that the President may, by order, proclaim to be Scheduled Areas after consulting with the Governor of the state, according to the Fifth Schedule of Article 244 (1) of the Constitution.

The Assam, Meghalaya, Tripura, and Mizoram states' territories that have been designated as "Tribal Areas" are covered by the Sixth Schedule under Article 244(2) of the Constitution, which calls for District Councils and/or Regional Councils in these areas. with an eye on the welfare of STs in the future. These Councils now possess extensive legislative, judicial, and administrative authority. As mentioned before, the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act of 1989 aims to stop crimes against Scheduled Castes and Scheduled Tribes. In the case of STs, its scope and operation are comparable to those of SCs. National Commission for Scheduled Tribes (NCST): By modifying the Constitution, a separate Commission was established in 2004.

The Commission's primary responsibilities are to look into, monitor, and assess all issues pertaining to the protections offered to scheduled tribes, as well as to look into particular complaints about the infringement of such rights and protections. In addition to this Commission, there is the National Scheduled Tribes Finance and Development Corporation (established in 2001) for accelerating the pace of scheduled tribes' economic development and for providing money as grants for the development of the target group's skills and entrepreneurship. Another federation exists under the name Tribal Cooperative Marketing Development Federation of India Ltd., which was founded in 1987 and is currently involved in marketing its development of tribal products (natural and organic goods, handicrafts, etc.) for direct sale through its own outlets or sale through other shops. Then there are programs for the economic advancement of ST women and microcredit programs that provide funding for STs' self-employment endeavors and activities. Additionally, a program exists to help ST students pay for advanced degrees and international post-doctoral research programs [4]–[6].

The Ministry of Tribal Affairs also offers scholarships for ST students' education as well as a suitable educational infrastructure for STs. The STs and other traditional forest inhabitants are now granted forest rights and permitted to occupy forest land thanks to the Forest Rights Act of 2006's passage. Welfare of Other Backward Classes The 1980 report from the Second Backward Classes Commission, often known as the Mandal Commission and established in accordance with Article 340, was presented. Based on this Report, the Indian Government reserved 27% of open positions in the Central Government's civil service and other programs for members of the Other Backward Classes (OBCs), who would be hired directly. Later, OBCs were also eligible for reservations for admissions and employment in Central educational institutions.

The National Backward Classes Finance and Development Corporation (NBCFDC) was founded in 1992 with the goal of promoting economic and developmental activities for the benefit of the backward classes and to help the more impoverished members of these classes with skill development and self-employment endeavors. Educational Empowerment Additional programs include National Fellowships, Pre- and Post-Matric Scholarships, and Interest Subsidy Awards for OBC Students. In order to allow students from De-notified tribes who do not fall within the SC,

ST, or OBC categories to continue secondary and higher education, a centralized program has been implemented. 9.4.4 Welfare of Persons with impairments The Indian Constitution's Articles 14 and 15 prohibit discrimination against people based on their impairments.

Additionally, they are entitled to all of the constitutionally protected rights. A distinct Department of Disability Affairs was established under the Ministry of Social Justice and Empowerment in 2012 to concentrate on various policy concerns and offer substantial momentum to initiatives targeted at the welfare and empowerment of people with disabilities. In addition to facilitating better coordination among various stakeholders, including relevant central ministries, state/UT governments, NGOs, etc., in disability-related concerns, this Department now serves as a nodal agency.

As a result, people with specific impairments have their rights protected by the Indian Constitution. In accordance with Article 41, everyone has the right to employment, education, and public support in the event of unemployment, old age, illness, or disability. Additionally, the protection of the interests of people with disabilities among the other underprivileged groups of society is covered by the constitution's Eleventh and Twelfth Schedules, which deal with the powers and duties of the Panchayats and Municipalities in relation to the implementation of programs for economic development and social justice.

A number of centrally passed laws are geared at the welfare and rehabilitation of people with disabilities generally as well as those who fall under certain categories of impairments. The Department of Empowerment of Persons with Disabilities develops disability-related laws and oversees all national programs aimed at helping the handicapped. The Rehabilitation Council of India (RCI) is the top body of the Union Government and a statutory organization that oversees training programs and courses for communities with specific educational needs, disadvantages, and disabilities.

The Central Rehabilitation Register, which primarily contains information on all trained practitioners in this sector, must be kept up to date by the Council. National Policy on Older Persons the Government's commitment to ensuring the well-being of older people was reaffirmed in 1999 when the current National Policy on Older Persons (NPOP) was unveiled. According to NPOP, the government should help older people in meeting their basic requirements, including housing, health care, and other necessities.

It should also protect them from abuse and exploitation and provide them with programs that would enhance their quality of life. The main goals of NPOP are to assist volunteer and non-governmental organizations that augment family care for older family members, to encourage families to care for their senior family members, and to provide suitable healthcare facilities for the elderly. Narcotic Drugs and Psychotropic Substances Policy Youth drug addiction in India has grown to be a severe issue, particularly in certain metropolitan areas. Both a transit country and a final destination for drugs is India. India has more than 70 million drug users, according to a recent report by one of the federal ministries.

The Narcotic Drugs and Psychotropic Substances Policy (NDPS Policy), which outlines India's stance on narcotic drugs and psychotropic substances, was developed by the Union Ministry of Finance in consultation with all relevant parties, including the Department of Social Justice and Empowerment, after becoming aware of the severity of the issue. The NDPS policy acts as a manual for several Ministries and Agencies of the Government of India, state governments, as well

as NGOs and foreign organizations. Overall, it affirms India's commitment to tackling the drug problem from all angles. International initiatives and society-based solutions are also necessary for the prevention of the drug threat, in addition to legal measures. Welfare Measures for Minorities Articles 29 and 30 of the Indian Constitution aim "to safeguard the interests of minorities and recognize their right to preserve their distinctive language and culture as well as to establish and manage educational institutions of their choice." The right to submit a representation for the redress of one's concerns is provided under Articles 350 and 350B. Similar to this, Articles 347 and 360A provide linguistic minority groups constitutional protections in regards to teaching and language.

According to the National Commission for Minorities (NCM) Act of 1992, six religious communities Muslims, Christians, Sikhs, Buddhists, Zoroastrians (Parsis), and Jains have been designated as minorities. The following actions have been taken for the welfare of minorities by the federal and state governments. The Union Government established the Ministry of Minority Affairs in January 2006 in order to ensure a targeted approach to issues relating to minorities and to play a crucial role in the overall policy planning, coordination, evaluation, and review of the regulatory and development programmes for the benefit of the minority communities. The Ministry is also in charge of overseeing and carrying out the laws pertaining to minorities.

Women and Child Development Women make up 48% of the nation's population. In terms of incomes, labor engagement rates, and literacy rates, they are at a significant disadvantage versus males. Women's and children's development was addressed as a topic of "welfare" and combined with the welfare of disadvantaged groups including the poor, the crippled, the elderly, etc. from the first through the fifth Five-Year Plan. In addition to placing a higher premium on women's education and actions to enhance material and child health services, the Second Plan through Fifth Plans maintained this policy. The Sixth Plan changed the focus from women's "welfare" to their "development," with particular emphasis on the three vital pillars of health, education, and employment. With an emphasis on beneficiary-oriented programs and the creation of both skilled and unskilled jobs via appropriate education and vocational training, the Seventh Plan emphasized enhancing their economic and social standing.

DISCUSSION

The Eighth Plan's goal was to guarantee that women would benefit from development in order for them to participate in it equally as partners and participants. In addition to emphasizing "women's empowerment," the Ninth Plan developed a plan for the women's component. In 2007, the gender budget was implemented. A separate Ministry of Women and Child Development was established at the Union level in 2006 with the primary responsibility of advancing the rights and concerns of women and children and promoting their survival, protection, development, and participation in a holistic manner because the development of women and children is thought to be of utmost importance. In addition to coordinating with other ministries and agencies involved in the matter, it is also in charge of starting the implementation of laws and policies. National Policy for Women The National Policy for Women, which was announced in 2018, is expected to direct government action on women's issues on a life-cycle continuum.

It covers a broad range of issues, including education, health, economic participation, decision-making, violence against women, and the creation of an enabling environment. Policies and Programs for the Welfare of Children Young people (0–18) are a valuable resource for the growth of a nation. They need to be taken care of in a deliberate way. Several programs have been created for their growth by both the federal and state governments. Numerous projects and programs for

the development of children have been launched by the Ministry of Women and Child Development. Below are the Important ones highlighted. National Policy for Children (2013) In April 2013, the Indian government updated its National Policy for Children (NPC).

The NPC reiterates the government's commitment to achieving children's rights. It acknowledges infancy as an essential aspect of life with a distinct worth. The NPC has proclaimed that every child has the inalienable rights to life, health, nourishment, education, development, protection, and participation. They have also listed these as major priority areas that need significant attention from both governmental and non-governmental organizations. The Protection of Children from Sexual Offenses Act, 2012, was passed by the government to address situations of child abuse. The Act calls for severe penalties, which might include brief or lengthy terms of simple or hard imprisonment. The appointed organization to oversee the Act's implementation is the National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights (SCPCRs). National Plan of Action the National Plan of Action was created in 1995 as a follow-up to the 1993 formulation of the National Nutrition Policy.

The National Plan of Action called on the various government departments to take coordinated action against malnutrition. Focus is placed on adequate feeding and the IMS Act is implemented in order to promote healthy eating habits in infants and young children. The Ministry of Women and Child Development also houses the Food and Nutrition Board, which is charged with developing policies and strategies as well as coming up with new ideas for improving the nutritional condition of our nation's citizens. Comprehensive Adoption Reforms as a result of the Juvenile Justice Act of 2015 and the adoption regulations that were issued in 2017, it has become necessary to register online with the Central Adoptions Resource Authority (CARA) in order to adopt a child from any location in India.

The only authorized CARA portal for the legitimate adoption procedure is the Central Adoption Resource Information and Guidance System (CARINS). Any individual or organization engaging in unlawful adoption will face penalties under the 2015 Act. The Act provides sufficient protections for children, ensuring their best interests. Holistic Development of the Child Since 1975, the Ministry has been carrying out the largest outreach program in the world for Integrated Child Development Services (ICDS), also known as Anganwadi services. It offers a range of services including supplemental nutrition, immunization, health checks, referral services, and non-formal pre-school education with the aim of enhancing the nutritional and health status of children. The Ministry's recent major policy initiatives have included the adoption of the Protection of Women from Domestic Violence Act, the universalization of the ICDS, the launch of a nutrition program for adolescent girls (ages 11 to 18), and the creation of the Commission for the Protection of Child Rights. In addition to the aforementioned, the National Plan of Action for Children (N P A C) was unveiled in 2016. It focuses on four main areas: participation, protection, health and nutrition, education, and survival.

The Ministry has also been working to improve nongovernmental organizations' participation in programs for the welfare of women and children. Welfare of those in need Those affected by disasters such as floods, cyclones, earthquakes, droughts, landslides, major fires, major accidents, etc., require immediate assistance and may have legal claims to the state for rescue, relief, and long-term rehabilitation assistance. The Disaster Management Act of 2005 has provided the legal framework for the National Disaster Response Fund (NDRF) and State Disaster Response Fund (SDRF) to operate under. Sustenance supplies including food, water, health care, clothes, shelter,

etc. are included in relief. To help the catastrophe victims return to normality after a few weeks or months, relief assistance and other services are given on an as-needed basis. Rescue and relief efforts are primarily the duty of the relevant state government. The District Collector/Magistrate has the authority to act quickly in the event of a tragedy. NGOs like the Red Cross are crucial to the relief and recovery processes [7]–[9].

CONCLUSION

The many methods and tactics that civilizations use to meet the social and physical needs of its population are represented by social welfare models. These models have changed throughout time, and there are vast differences between them in various nations and areas. Several important issues might be emphasized in order to wrap up the topic on social welfare models. There is no one-size-fits-all strategy for promoting social wellbeing. Various nations have created their own distinctive models based on specific historical, cultural, political, and economic circumstances. The liberal welfare model, the conservative welfare model, the social democratic welfare model, and the Nordic welfare model are some of the most well-known models. Nordic Welfare Model Often praised for having extensive welfare systems are the Nordic nations, which include Denmark, Sweden, Norway, Finland, and Iceland. Strong social safety nets, universal access to healthcare, education, and social services are prioritized in these models. The main characteristics are high taxes and wealth redistribution. Societies like the United States and the UK often employ a more liberal, market-oriented welfare model. With an emphasis on means-tested benefits and limited government interference, these models stress individualism. Particularly in the healthcare industry, private sector engagement is considerable. Conservative Welfare Model some nations, like Japan and Germany, have conservative welfare systems. Both the liberal and social democratic paradigms are included into these frameworks. The emphasis on workfare, robust employer-based benefits, and social insurance systems are often present.

The Netherlands and France both use the social democratic welfare model. These models place a focus on the state's role in providing a variety of social services, such as healthcare, education, and unemployment compensation. High taxes and progressive social programs are often included. A lot of nations have chosen hybrid models that mix components from several welfare models. Furthermore, social welfare models are not static; rather, they change through time in response to changing societal demands, economic circumstances, and political ideologies. Challenges and Reforms: All social welfare regimes must adapt to changing demographics, the globalization of the economy, and worries about the sustainability of government finances. These difficulties have sparked continuing discussions and revisions intended to guarantee the efficacy and sustainability of social assistance programs.

Social welfare plans often entail a difficult balancing act between people' duties to pay taxes and participate in society and their rights to receive social benefits. A major difficulty is finding the proper balance. Political ideology and cultural values both have a big impact on how social welfare models are developed. These ideals may have an impact on the degree of equality, inclusion, and solidarity within a society's welfare system. Comparing social welfare models internationally brings forth the advantages and disadvantages of various strategies. Additionally, it offers important insights into how societies prioritize and deal with social and economic inequality. Finally, social welfare models illustrate the many ways that societies are structured and cater to the needs of its members. There is no one model that is always better; each model has its advantages and disadvantages. The selection of a social welfare model is influenced by the special

characteristics and ideals of a community. Social welfare models continue to change as societies change and confront new difficulties, making this a constantly evolving and dynamic area of policy and practice.

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CHAPTER 4

OBJECTIVES AND GOALS OF SOCIAL WELFARE

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ABSTRACT:

Programs and policies for social welfare act as vital tools for advancing the wellbeing of people and communities in a society. The main aims and objectives that guide the area of social welfare are examined in this abstract, which also emphasizes their importance in building a fairer and equal society. The main goal of social welfare is to improve everyone's quality of life. The main goals of social welfare are explored in this abstract, including eradicating poverty, providing basic services, and advancing social justice. It stresses how these goals are intertwined and comprise a comprehensive strategy for addressing the many needs of people and vulnerable groups. The reduction of the effects of inequality and poverty is one of the main objectives of social welfare. This abstract outline how social welfare programs work to help individuals in need with cash support, food security, and housing support, therefore eliminating income and resource inequities. Another important objective of social welfare is to ensure that everyone has access to basic services like housing, healthcare, and education. The abstract explains how these services are crucial for enabling people to live healthy, productive lives and actively engage in society. A key goal of social welfare is to advance social fairness and equality. In eliminating systematic discrimination, promoting equal opportunity, and removing obstacles that prevent excluded groups from accessing resources and opportunities, social welfare is emphasized in this abstract. The abstract also covers social welfare's role in promoting social cohesiveness and community resilience. It looks at the role that neighborhood-based programs and assistance networks have in creating better, more inclusive communities. The abstract emphasizes in its conclusion that social welfare's aims and goals are dynamic and change in response to changing societal demands and difficulties. Social welfare always changes to meet new concerns and preserve its commitment to enhancing the general well-being of people and communities as societies deal with new problems and disparities. In conclusion, social welfare is crucial to building a just and compassionate society because it works toward reducing poverty, ensuring access to basic services, promoting social fairness, and fostering a sense of communal well-being. Policymakers and stakeholders working toward a fairer and inclusive future must comprehend and prioritize these goals.

KEYWORDS:

Education, Goal, Objectives, Social, Welfare.

INTRODUCTION

This objective of social welfare is founded in the democratic ideal of social fairness and is predicated on the premise that while man has the capacity to actualize himself, there are sometimes physical, social, economic, psychological, and other barriers that prevent him from doing so. This idea contends that providing social services is appropriate and morally justifiable for man. In order to achieve this aim, it is necessary to identify the most vulnerable, reliant, neglected, and helpless individuals and to make them the top target for the investment of limited resources.

Goal of Social Control

This objective is founded on the understanding that underprivileged, marginalized, and disadvantaged groups may fight back against what they see as an alienating or degrading society, either individually or collectively. Therefore, society must protect itself against dangers to life, property, and political stability in the community that are often offered by people who lack the means and chances to lead fulfilling lives. Social services for dissidents, as well as for juvenile and adult offenders, are an example of how social welfare aims to govern society.&

Economic Progress

The programs created to promote increases in the production of products and services, as well as other resources that will help to economic growth, are given priority under this aim for economic development. Such initiatives may directly benefit the physically fit, often better-off people of the community. Examples of social services that work toward economic development include counseling services for youth and services for adjusting workers to industrial settings, labor welfare services and facilities, services for the rehabilitation of handicapped workers, skills training for the unemployed and the underemployed, and integrated social services for farmers [1]–[3].

Typically, the government will support all or part of a social welfare scheme. The American Social Security program is an example of a social welfare program that the government contributes to in some measure. Social Security is a pay-as-you-go scheme where seniors get a pension in exchange for the contributions made by the working population. Other social welfare strategies offer services solely via government financing. Federal welfare programs cost the United States economy 4.67% of its GDP in 2020, or almost \$977 billion.

The primary objective of social welfare programs is to act as a safety net for individuals who need assistance due to conditions like poverty, unemployment, ill health, disability, or other problems that our society has determined call for outside help. These initiatives exist to guarantee that each and every individual can retain the minimal level of comfort and decency that society believes they should possess, as well as that their basic requirements are addressed.

Social Welfare Policy Types

To meet the diverse requirements of people and families throughout the nation, there are several forms of social welfare programs. Among the things that social welfare programs cover are food, housing, child care, and medical care.

Social Housing Policies

Social housing policies aid individuals in avoiding homelessness and other housing difficulties. Additionally, they could provide chances for work and job training. The Emergency Rental Assistance Program (ERAP), which was launched by the US Treasury in 2020, aims to keep people in their homes while they recover from the COVID-19 pandemic's economic effects.² Lockdowns led companies to shut, which resulted in a large number of job losses and an issue with housing instability.

The ERAP made cash available to help families with fulfilling their rental and utility responsibilities as more individuals were heavily indebted to landlords and feared eviction. Where tenants couldn't pay their landlords, the federal government put a hold on evictions in certain cities.

However, it was no longer apparent who would be expected to make the payment. After that, the federal government collaborated with state and municipal governments to give help to landlords and utility companies.

Medical Care

Social policies in the area of health care make it easier for people to get treatment at little or no cost. These initiatives aim to boost social well-being and encourage an effective workforce. The Children Health Insurance Program (CHIP), which aims to provide medical aid to children from low-income households, is one example of such effort. Due to the fact that the majority of Americans depend on their work for health insurance and that private insurance may be expensive on a monthly basis, many families who are unemployed rely on government health care to cover their medical requirements. A program like Medicaid makes it simple for individuals to qualify based on income and family size to promote a healthy and productive community. In most cases, beneficiaries don't have to pay a deductible when they require medical attention. The government pays for the cost of care via this program.

Assistance with Finding a Job

Unemployed people may get cash help through unemployment assistance to get through tough times and find jobs. Publications from the Supplemental Security Income program indicate that payments as of 2020 were \$783 per month (\$1,175 for couples), and offsets to help people meet basic needs like food, clothing, and shelter. This information is relevant to addressing income inequality and unemployment among low-income seniors and people with disabilities.³ These benefits are funded by the US Treasury.

Program for Housing Choice Vouchers

The Housing Choice Voucher Program, generally known as Section 8, helps eligible families with their rent payments. The family is free to choose their own home as long as it satisfies government standards and the landlord accepts section 8. The beneficiary only pays the amount judged acceptable for their income level, and the government pays the remaining balance. Low-income persons may afford homes in this fashion, while landlords can continue to charge market rent.

Social Security and Medicare

A state-funded healthcare program for low-income families and children that is based on income is Medicaid. Each state government has its own discretion regarding the maximum income that applicants and beneficiaries may have. This kind of insurance is not required to be accepted by all healthcare providers. A government financed healthcare program that offers health insurance to those 65 and older called Medicare. For those who are younger than the required age, as is the case with various impairments, some exceptions are given under particular circumstances.

Nutritional Support

The Supplemental Nutrition Assistance Program (SNAP), generally known as food stamps, is used by a large number of low-income individuals. Families with low incomes who utilize these food stamps to purchase food gain from this social transfer. For you to be eligible for these social benefits, your monthly gross income must be less than 130% of the federal poverty level. The government subtracts 30% of the eligible families' monthly income from the amount it believes the eligible families would spend locally on food.

Community Security

Employees contribute to Social Security, a government pension program, via Social Security taxes throughout their working years. Before they put the money into their bank accounts, they are taken straight out of their paychecks. The employees then have the right to receive these assets as a pension whenever they reach the designated retirement age.

Public Services

A service or item that is offered for free to the public and available to everyone is considered a public good. A public benefit may be provided by the government or by private parties. Policies that address public goods like infrastructure and public education are crucial for ensuring justice and equality in a society since social welfare policies are also for the benefit of the population.

DISCUSSION

Infrastructure

Infrastructure policies provide a way to support safety, public transit, schools, leisure centers, and healthcare facilities. City planners enhance the health and social advantages of infrastructure investments by creating city parks, bicycle lanes, walkways, and trails. Because job creators will be worried about the expense of health care and the level of absenteeism, city planners must be concerned about the health of their community. Publications from the municipal planning authority demonstrate that a city's population will be healthier the more open spaces and parks it has. This result is feasible if city residents have unrestricted access to parks and recreational opportunities. Numerous advantages come with unlimited access, including the opportunity to practice yoga, exercise, or cycle. The Centers for Disease Control's top recommendation for communities to tackle the obesity epidemic is to make more areas walkable.

According to statistics data on national expenditures, the United States spent over \$4.1 trillion, or \$12,530 per person, on healthcare in 2020. Research has shown that taking a stroll in the outdoors or in a public park significantly reduces our feelings of tension and anxiety. People move about and get the enormous health advantages that cities provide to residents. Cities centered on automobiles often have significant obesity issues and societal expenses as a result of the overstretched healthcare system. Statistic statistics, on the other hand, show that local social benefit programs that invest in municipal parks and trails save the city \$3 in healthcare costs for every \$1 they spend on parks and trails.

Community Education

Government-funded infrastructure that benefits society includes public education institutions including public schools, community colleges, and state universities. Children in public schools get an education from kindergarten through the 12th grade, with a curriculum chosen to provide them the fundamental information they need. In the US, students must pay tuition at community colleges and public universities, although it is less expensive than at private institutions. Because the state government funds state schools, this is conceivable [4]–[6]. Based on criteria including parental income, assets, personal income, and academic requirements, the Free Application for government Student Aid (FAFSA), sometimes known as financial aid, is a government program that helps pay for college tuition.

Social welfare policy's advantages

Social welfare policy offers both advantages and disadvantages. It might be difficult to develop rules that cover and are able to address everyone's requirements since every citizen's circumstance is different. Countries might approach social welfare policy in one of two ways. They may choose for an institutional strategy, which is more common in European nations, or a residual approach, as in the United States.

Social welfare policy's advantages

The following are some examples of the advantages that social programs offer:

1. Food
2. Medical care

The Housing

Day care

We might consider how these policies help a society in addition to the benefits that social welfare programs provide. Protecting people who are either temporarily or permanently unable to contribute to society is one justification. This might include those who are underprivileged, homeless, jobless, wounded, or crippled. The reduction of social inequality is another way that social welfare measures benefit society. People are better able to remain in school longer, buy more nourishing food, and access healthcare if a nation can reduce its citizens' worries about everyday survival and provide them with services.

Issues with Social Welfare Policy

Some problems with social assistance systems are brought about by disparate and inconsistent requirements for participants across various programs. There is no minimum income requirement to qualify for assistance. For the purpose of determining how much aid is given to each applicant, each program is free to set its own income thresholds.

Social welfare programs must also deal with additional criteria for getting help. The number of children in a household, whether the parents are single or married, if they have children already, their age, their health problems, their capacity to work, and their possessions may all affect how much assistance someone gets. One could not be eligible for help until they sell their inherited house, for instance, if they are handicapped, unable to work, and have a restricted income. The need to locate a new place to live and pay rent puts them farther into poverty.

Social Welfare Policy with a Residual Approach

According to the residual approach to social welfare policy, government action only happens after all available private, public, and commercial resources have been used up. Consider it the social safety net. An institutional approach differs from a residual approach in that social benefits are continuously supplied to all people without limitations on the amount of money recipients may earn.

Programs created using a residual method are often only available to the poor and are terminated whenever the user meets the requirements for assistance from another source or improves their income to the required level. No matter how much money someone makes or whether they have access to other forms of aid, certain programs may have time limits on how long they may be collected [7], [8].

CONCLUSION

The many methods and tactics that civilizations use to meet the social and physical needs of its population are represented by social welfare models. These models have changed throughout time, and there are vast differences between them in various nations and areas. Several important issues might be emphasized in order to wrap up the topic on social welfare models: Different Models: There is no one-size-fits-all strategy for promoting social wellbeing. Various nations have created their own distinctive models based on specific historical, cultural, political, and economic circumstances. The liberal welfare model, the conservative welfare model, the social democratic welfare model, and the Nordic welfare model are some of the most well-known models.

Often praised for having extensive welfare systems are the Nordic nations, which include Denmark, Sweden, Norway, Finland, and Iceland. Strong social safety nets, universal access to healthcare, education, and social services are prioritized in these models. The main characteristics are high taxes and wealth redistribution. Liberal Welfare Model: Societies like the United States and the UK often employ a more liberal, market-oriented welfare model. With an emphasis on means-tested benefits and limited government interference, these models stress individualism. Particularly in the healthcare industry, private sector engagement is considerable. Some nations, like Japan and Germany, have conservative welfare systems. Both the liberal and social democratic paradigms are included into these frameworks.

The emphasis on workfare, robust employer-based benefits, and social insurance systems are often present. The Netherlands and France both use the social democratic welfare model. These models place a focus on the state's role in providing a variety of social services, such as healthcare, education, and unemployment compensation. High taxes and progressive social programs are often included. A lot of nations have chosen hybrid models that mix components from several welfare models. Furthermore, social welfare models are not static; rather, they change through time in response to changing societal demands, economic circumstances, and political ideologies. All social welfare regimes must adapt to changing demographics, the globalization of the economy, and worries about the sustainability of government finances. These difficulties have sparked continuing discussions and revisions intended to guarantee the efficacy and sustainability of social assistance programs.

Social welfare plans often entail a difficult balancing act between people's duties to pay taxes and participate in society and their rights to receive social benefits. A major difficulty is finding the proper balance. Political ideology and cultural values both have a big impact on how social welfare models are developed. These ideals may have an impact on the degree of equality, inclusion, and solidarity within a society's welfare system. Comparing social welfare models internationally brings forth the advantages and disadvantages of various strategies. Additionally, it offers important insights into how societies prioritize and deal with social and economic inequality. Finally, social welfare models illustrate the many ways that societies are structured and cater to the needs of its members. There is no one model that is always better; each model has its advantages and disadvantages. The selection of a social welfare model is influenced by the special characteristics and ideals of a community. Social welfare models continue to change as societies change and confront new difficulties, making this a constantly evolving and dynamic area of policy and practice.

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CHAPTER 5

SOCIAL WELFARE SYSTEMS AROUND THE WORLD

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ABSTRACT:

Programs and policies for social welfare act as vital tools for advancing the wellbeing of people and communities in a society. The main aims and objectives that guide the area of social welfare are examined in this abstract, which also emphasizes their importance in building a fairer and equal society. The main goal of social welfare is to improve everyone's quality of life. The main goals of social welfare are explored in this abstract, including eradicating poverty, providing basic services, and advancing social justice. It stresses how these goals are intertwined and comprise a comprehensive strategy for addressing the many needs of people and vulnerable groups. The reduction of the effects of inequality and poverty is one of the main objectives of social welfare. This abstract outlines how social welfare programs work to help individuals in need with cash support, food security, and housing support, therefore eliminating income and resource inequities. Another important objective of social welfare is to ensure that everyone has access to basic services like housing, healthcare, and education. The study explains how these services are crucial for enabling people to live healthy, productive lives and actively engage in society. A key goal of social welfare is to advance social fairness and equality. In eliminating systematic discrimination, promoting equal opportunity, and removing obstacles that prevent excluded groups from accessing resources and opportunities, social welfare is emphasized in this abstract. The study also covers social welfare's role in promoting social cohesiveness and community resilience. It looks at the role that neighborhood-based programs and assistance networks have in creating better, more inclusive communities. The abstract emphasizes in its conclusion that social welfare's aims and goals are dynamic and change in response to changing societal demands and difficulties. Social welfare always changes to meet new concerns and preserve its commitment to enhancing the general well-being of people and communities as societies deal with new problems and disparities. In social welfare is crucial to building a just and compassionate society because it works toward reducing poverty, ensuring access to basic services, promoting social fairness, and fostering a sense of communal well-being. Policymakers and stakeholders working toward a more fair and inclusive future must comprehend and prioritize these goals.

KEYWORDS:

Policies, Social, System, Welfare, World.

INTRODUCTION

We must think about the potential future of welfare systems in the absence of economic development in light of current global social, economic, and ecological trends. Right now, welfare systems in the OECD provide a wide range of essential goods and services, including housing, social security payments, and healthcare, education, and the provision of basic products and services. These programs are often essential for citizens' health and welfare, especially for those for whom privately funded alternatives would be unaffordable (although the level at which they are supplied is sometimes seen as inadequate). However, these welfare systems now face a stark

reality of numerous, interconnected problems, including ongoing social and economic difficulties brought on by the pandemic, deep and rising inequality, burdensome demographic changes, increasingly noticeable changes to our climate and ecological systems, and others. The financial viability of welfare regimes throughout the world is therefore shown in a troubling light.

Economic development has traditionally been the answer to all of these issues. It is believed that growth provides more resources to handle poverty and population pressures, as well as to lessen and adapt to catastrophes like climate change. This scenario shows why most governments' primary policy objective now should be economic development. The idea that affluent countries in the OECD may be in a long-term economic depression has recently come back into the spotlight. This idea is known as "secular stagnation" in the literature, which offers a current review of the main discussions around the causes of secular stagnation [1]–[3].

Although the causes are still debatable, Jackson argues that regardless of the balance between these factors, the growth rate in advanced economies will continue to be slower than that of developing economies. He pays particular attention to the tensions between supply-side explanations, such as reduced "supply potential" in the economy as a result of "a decline in the pace of innovation," and demand-side explanations, such as "under consumption" by households in the context of rising personal debt and increased political risk. He asserts that within fewer than ten years, "the per capita income of the OECD countries may not grow at all." Considering how welfare systems would function in this situation without economic development is, at the very least, a prudent precaution. Prioritizing economic growth is probably necessary to prevent catastrophic climate change, and it may provide more time and flexibility to make the necessary changes to our societies and economies. However, there is little to no evidence that we can decouple these factors quickly enough to meet the 1.5° global warming target set in the 2015 Paris Agreement.

The primary area of study seeking to comprehend the mechanics and effects of a shift to a non-growing economy is known as post-growth economics. The discipline is still relatively new in its present form, although having origins in the 'limits to growth' study of the 1970s. Many of the necessary instruments for answering fundamental concerns regarding a post-growth transition are still in their infancy, and topics like the welfare state have not yet been thoroughly investigated. In this review, the available research on welfare regimes without economic development will be synthesized. We are concentrating on OECD countries in the Global North since growth and welfare patterns in the Global South are quite diverse. Particularly, economic development could continue to encourage advancements in wellbeing in certain countries while other regions might follow completely other, non-Western routes that are incompatible with the framing of welfare and economic growth that we use in this review study.

Furthermore, it is important to differentiate between "sustainable welfare" and "welfare systems without economic growth," which are theoretically related but distinct in current research. In this study, we concentrate on works that examine how welfare may be given in a stagnant economy and the difficulties that these poses. There is obviously significant overlap between the two literatures; however, for the sake of clarity, we focus on the former. In contrast, the sustainable welfare literature focuses more closely on the twin problem of how social policy can be implemented in an ecologically sustainable way and, in turn, how environmental policy can be delivered in a socially just way.

The review is organized as follows: in we provide a quick history of OECD welfare systems, laying out some background on how they came to be and describing current spending trends. In light of

this evidence, we highlight five fundamental problems with a post-growth welfare system in this article. We provide a summary of the literature detailing each conundrum and identify areas in need of more study. In we discuss some possible advantages from a more integrated research strategy and assess the state of the field as a cohesive body of work.

1. An overview of the welfare systems in the OECD

It is helpful to put the issue of how welfare systems would function in the absence of economic development in perspective before responding to the topic. The constant political and social conflicts between various social groupings have always impacted welfare systems, which have also been influenced by the health of the broader economy. We will highlight here some of the significant economic and social transformations of the 19th and 20th centuries that have contributed towards the creation and development of welfare systems across the OECD, even though it is beyond the scope of this paper to give a full historical account and even though the specific stories have evolved differently in each country. These contributing variables may therefore serve as a framework for conversations regarding post-growth welfare systems and assist us in identifying the concerns that will likely be important going ahead.

1.1. Social policy's extension

As is outlined in the introduction to *The Oxford Handbook for the Welfare State*, a good starting point for looking at the development of the modern welfare state is the rise of industrial capitalism in the nineteenth century and the associated “Great Transformation” This entailed the movement of large numbers of people towards cities and new centres of wage labour, and the accompanying erosion of the pre-existing (and highly localized) patterns of social protection, characterized by family, community, church and guild Although this transformation in many ways drove the rise of pauperization, in what Polanyi called the “baffling paradox” that “poverty seemed to go with plenty” it also resulted in a rapid increase in the productive capacity of economies, providing states with more resources to manage the emerging social questions At the same time, a mosaic of socio-political struggles across Europe led to the hard-won spread of civil and political rights and created the social and political architecture through which the proletariat of the time were better able to demand protections and assurances from the state.

We may now turn our attention to Germany where we can see the kind of policy changes that served as exemplars of welfare system reforms at the turn of the century. In 1881, Otto von Bismarck, the chancellor, unveiled a daring plan for social insurances as part of his Imperial Decree. This marked a significant shift away from the means-tested³ programs that came before it and toward mandatory-membership benefit programs for industrialized workers.

Some authors have argued that this was done to ensure workers' loyalty to the current government and "steer them away from the appeal of the (outlawed) social democrats," while other accounts have emphasized how the corporatist model of benefits focused on the "economically active populace." Similar paths were taken by other industrialized countries, which in the late 1800s and early 1900s created their own programs for the ill, old, crippled, and jobless. The start of World War I in 1914 effectively halted these advancements.

1.2. Combining the welfare states

Another crucial turning point for social policy in the 20th century came with the end of World War II, when a new political environment allowed for the widespread consolidation of social policy

into what is now known as the modern welfare state. In particular, Sir William Beveridge's "Social Insurance and Allied Services" report laid the foundation for the UK's tax-funded model of welfare provision, which many other nations have since copied. The period that followed the end of World War II and into the 1970s has frequently been referred to as the "Golden Age of the Welfare State," and it was marked by social policy innovation as well as a rapid increase in spending and a rise in population coverage in many nations.

This article outlines the two main groups of activities that public authorities carried out during this time. First, direct services like "social security, health, social welfare, education and training, and housing" are provided. Second, private activities are regulated through measures like "taxation policies... consumer protection building by-laws. the statutory compulsion of children to receive education," etc. In this approach, government organizations served as more than just redistribution agents; they also had a role in influencing the market and providing products and services. In addition to reflecting the post-war political landscape, the progressive growth in state welfare provision and public-sector innovation was also a reflection of the central role of Keynesian economics in governance at the time. Throughout much of Continental Western Europe, the time period was also characterized by public-sector entrepreneurship and innovation in the form of publicly-owned utilities companies, national rail and mail services, and even public coal and oil companies.

1.3. Long-term decrease

Public opinions regarding governmental interference in the economy were starting to shift, driven by the development of neoliberal and neoconservative ideologies and strengthened by the stagflation of the 1970s. By the 1980s, a large number of politicians in capitalist economies preferred laissez-faire styles of government that were characterized by deregulation and privatization. The understanding of the relationship between economic growth and the welfare state was also changing, from one in which they were (generally) mutually reinforcing to one in which increasing welfare provision was perceived as slowing down the "dynamism and growth rates of Western capitalism," which is a useful critical summary of the arguments made in the literature of the time and frequently cited inefficient fiscal transfers, distorted incentives, and large deficits as the main factors in hampering economic growth.

A protracted retreat of welfare states throughout the OECD began with this shift in the tide. Despite this, cuts to the budgets of welfare services were not always seen as being ideologically motivated (as, for example, was quite obviously the case in the US and UK under Ronald Reagan and Margaret Thatcher). Instead, some people saw them as part of a broader effort to reduce governmental intervention in the economy as a whole and privatize public goods and services. The reported decreases in replacement rates for unemployment, pensions, and sick pay were instead seen as a practical reaction to the budgetary constraints brought on by the growing cost of unemployment in the 1980s and 1990s in many nations.

In order to conceptualize the retrenchment of social policy, authors like Paul Pierson sought new models as traditional analyses of the process of welfare state development grew increasingly unable to explain these new dynamics of retrenchment. Pierson argued that the political dynamics in the years after the Golden Age were "fundamentally different," with political parties of all stripes using blame-shifting strategies to enact politically unpopular welfare reforms.

The transition to a post-growth welfare system is likely to be shaped and defined by a number of variables, including the dominant political ideologies, class dynamics, and economic structure, which are just few of those that are highlighted in this section. By doing this, we prepare the ground for later in the paper's consideration of these and related concerns.

1.4. The status of things right now

Turning briefly to the current welfare system spending patterns across the OECD, data reveals that health and old age pensions are the most significant categories of social expenditure for almost all countries, frequently adding up to more than the rest of the social expenditure combined. Additionally, their significance is only likely to increase as government spending on healthcare as a proportion of Gross Domestic Product (GDP) is projected to rise from 8.8% in 2015 to 12.0% in 2025. As a result, these welfare state divisions are the focus of many of the illustrative cases utilized throughout this analysis [4]–[6].

2. Welfare without growth has a problem.

Given the significant economic, ecological, ethical, and political difficulties associated with welfare provision in a stagnant economy, a cautious interest in the subject has emerged from a wide range of disciplines. These issues are interconnected at the micro, meso, and macro levels of the economy and society, and they have wide-ranging effects. At the national level, the issue of state welfare provision in a post-growth economy is, in many ways, a microcosm of the overall post-growth challenge: how to guarantee the sustainable prosperity of a population in a non-growing economy, in a way that does not jeopardize the ecological integrity of the planet, or the ability of others around the world and in the future to meet their own needs.

This difficulty has been articulated in the literature in terms of five basic difficulties that are peculiar to the welfare state. One is how to continue supporting the welfare system in a stagnant or contracting economy. The second concern is how to control the rising relative costs of welfare, in comparison to other commodities, without depending on economic expansion. The third is how to get beyond the welfare system's dependence on structural and behavioral development. The fourth concern is how to control demand on a limited world in the face of rising requirements. Five: How to get through political obstacles to the welfare state's reform.

In the sections that follow, we treat each conundrum separately, taking into account how it has been described and handled in the literature so far and what research gaps still exist. These problems are related in certain locations and have been discussed in the literature often as a group. When this is the case, we make an effort to be clear about how one influence impacts the others. But we think it's useful to discuss them individually here. As the arguments surrounding one challenge may often get entangled in, and absorbed by, those of another, this is for the purpose of clarity and to illustrate the diverse dynamics at play.

2.1. Problem 1: How to finance the welfare state with an economy that isn't expanding

It has long been known that recessions, and especially austerity reactions to them, have detrimental effects. The 2008 financial crisis amply illustrated the ramifications for health and welfare, which are especially well-documented. For instance, in the UK, austerity measures forced healthcare providers to offer the same services on a more constrained budget. revealed that between 2010 and 2014, more than 45,000 extra fatalities in the UK were directly caused by the ensuing limits on access to high-quality healthcare. After a thorough analysis of the effects of the European

financial crisis, the authors conclude that "the interaction of fiscal austerity with economic shocks and weak social protection is what ultimately seems to escalate health and social crises in Europe." In addition to having direct effects on patients and health system employees, austerity has also been linked to rising suicide rates and infectious disease outbreaks, among a host of other health consequences.

Now we find ourselves at a particularly delicate crossroads between the shadow of fiscal austerity, barely recovered welfare systems, the overwhelming increase in demand for health and social care services as a result of infections, and the economic shock of a rapid decline in economic activity as a result of ongoing lockdown measures. Given this situation, a key concern for a post-growth welfare system is how to create one that avoids these coupled conditions and their negative implications for people's health and wellbeing.

Putting aside the political, social, and structural aspects of this issue for the time being we address these in subsequent parts, one of the key accounting issues raised by this dilemma is how to continue paying the welfare state during periods of low, no, or negative growth. When all else is equal, we anticipate that governments would collect less tax income when growth slows at least in comparison to a growth scenario. We must thus examine what that "all else equal" means and consider the circumstances that might prevent the result of falling welfare spending in order to prevent socially harmful cutbacks to welfare programs. Of course, there are also concerns about how we may be able to give "more welfare" with less resources efficiency or how we could just need fewer services from our current system demand reduction. However, as the latter is covered in length in and the former has been the focus of mainstream economics for many years, we will not explore it here.

They are based on stringent accounting standards for both financial and material stocks and flows, and some post-growth economists have constructed ecological macro-economic models to investigate the issue of how we may attain "socially sustainable post-growth pathways." The models frequently include a government sector and explore various government spending scenarios, from strict austerity to countercyclical spending approaches. Some have also looked at the impact of climate change on government spending. These developments have, in part, been a response to the inability of more mainstream modeling techniques to deal with scenarios that involve rapid and path-breaking transformations, like those expected in a deep decarbonization scenario or more generally in a post-growth transition. This kind of study investigates ways to preserve a stagnant economy while achieving favorable social and environmental results.

These initiatives help us get closer to figuring out how to support the welfare state in a post-growth economy in the most effective manner possible, whether that means boosting money or keeping it steady. As with any modeling project, there are drawbacks and areas that have yet to be discovered. A helpful next step may be to examine government income and spending on a more disaggregated basis. In the OECD, welfare systems rely more or less on a variety of taxes, including taxes on income, profits, and capital gains, taxes on goods and services, and social security contributions. These various tax sources may be dependent on growth in various ways. In contrast to taxes on goods and services, social security payments, for instance, are directly influenced by employment and wage rates across the economy. In addition, the tax rate chosen for each source of income has an impact on how probable it is that a corporation would allocate its revenue between capital and labor. The economy's earnings, employment, savings, and consumption are all impacted by this

alone. A significant advancement for the discipline might be the use of these stock-flow consistent models to examine disaggregated tax policy dynamics.

More dynamic state structures and logic visions might be included into the stock-flow consistent models to further this work. For instance, ingraining concepts about public authority as active participants in the economy, administering, regulating, and providing essential goods and services, rather than only as means of redistribution. Alternately, by incorporating representations of state agencies and actors as risk-takers and innovators and explicitly framing government investment as "a vehicle through which we build, protect, and maintain the assets on which tomorrow's prosperity depends," a number of important questions can start to be explored.

What are the macroeconomic effects of various financial rules in the welfare state and marketplaces nearby the welfare state, for instance? What are the trade-offs between private and governmental provision of welfare services, both economically and socially? What are the effects of a state spending model that views investment as a commitment? And what are the impacts of a paradigm in which public authorities maintain a claim to a certain percentage of the outcomes of the innovations they assist in developing - on both revenue generation and cost base? We talk more about some of these concepts here.

2.2. The second dilemma is the rising relative costs of wellbeing.

In light of the rising relative costs of providing welfare, our second conundrum examines how these dynamics would play out in a stagnant economy. When we look at government spending over time throughout the OECD, we see that, in the majority of countries, welfare and health expenditures are increasing more quickly than GDP (). At least in the short term, COVID-19 is probably to blame for this being accelerated (The). This indicates that a growing amount of GDP is being consumed by welfare spending. There are many potential contributing factors to the increase in welfare spending, each of which we address in turn in the next parts of this study.

In this section, we focus specifically on the effects of cost disease on the relative costs of welfare services, i.e., why welfare services have become more expensive over time as compared to the coequal costs of other services. These factors include market distortions that affect price (e.g., oligopolies), increasing demand as a result of rising levels of need (e.g., an increased health burden in the population, an aging population, etc.), or expectations of ever- Then, we inquire as to any potential consequences for a post-growth welfare system.

The original version of Baumol's cost disease theory proposed that if labor productivity (output per labor hour input) rises steadily in the manufacturing sector but falls (or rises to a lesser extent) in the services sector, then the cost of services will rise relative to the cost of manufactured goods. A few empirical studies and government reports have suggested that there may be a cost disease in the public services. It must either decrease welfare benefits, cut down on public service spending, or raise tax rates until they are so high that they prevent overall economic growth to the point that tax revenue is reduced (this is often referred to as the Laffer bound). argue that, theoretically, it may be possible to achieve welfare state sustainability, even under the conditions of the cost disease (using a model of a two-goods economy with Baumol growth to make this point), even though they acknowledge that, in practice, it is likely to be constrained by a (lack of) flexibility in the tax system. Not everyone agrees with the cost sickness idea. cite public services as having "substantial scope" for increased efficiency since they are not qualitatively different from produced commodities. The authors' ideas of enhanced monitoring and e-policing, self-service

libraries, and "telecare" for the elderly, however, do not conjure up images of the future that are especially cozy or inherently sustainable. Additionally, it seems that their thesis is strongly based on a rejection of categorical boundaries between manufacturing and services. Even if these classifications are incorrectly used and the activities actually exist along a spectrum, we would still anticipate to observe relative cost rises for those activities where productivity improvements occur more slowly or not at all.

The repercussions of illness on an expanding economy are the main subject of these research. What would happen to these processes, however, if the economy stopped expanding or even shrank for a while? This raises questions about the connection between labor productivity and economic growth, the distribution of benefits from rising labor productivity between growth in output and decreases in working hours, the workforce shift from the manufacturing to the service sectors, and even the definition of what constitutes good work. Although these concerns have not yet been thoroughly examined in the post-growth literature, working papers, book chapters, and conference presentations are starting to build the framework for future study in this field.

2.3. Growth dependences inside the welfare state is the third dilemma.

How to overcome the logics of economic development that are ingrained inside the welfare system itself is the third post-growth welfare challenge we have found in the research. In general, circumstances that need continued economic development to prevent serious psychological, social, and financial damages (such as high unemployment, unfavorable health outcomes, etc.) are referred to as growth dependent conditions. Growth dependencies may take many different forms, depending on the system. In this part, we discuss two dimensions of the welfare state's dependency on economic development. We concentrate on the underlying logics behavioral and structural that support or even necessitate continuing development for the welfare system to work properly. Once again, the healthcare industry offers a compelling and well-researched example. We shall examine this dependency on growth at the individual and institutional levels in more detail below.

examine the rationale for growth-oriented behaviors in the healthcare system. They assert that the resource-intensive healthcare model that is now prevalent in the majority of advanced nations is, in part, influenced by financial incentives for individuals involved in and close to the healthcare industry. They contend that these incentives push medical professionals, facilities, insurers, and pharmaceutical firms to take on and treat more patients for a bigger profit. This "patient-as-consumer" model is protected by law in the US, where courts enforce contracts requiring uninsured patients to pay prices far above the actual costs borne by treatment providers. This tension between the social and financial outcomes of the healthcare system manifests itself in a variety of ways. For instance, pharmaceutical corporations have significant incentives to maximize profit rather than consider the well of society since they operate in a competitive, for-profit market environment. There are various negative effects of this.

Second, the competitive market environment causes "enormous sums spent on marketing" and "buy-backs aimed at boosting short-term stock prices," in an effort to gain a competitive advantage. First, it causes the priority development of "commercially attractive" drugs and "me-too" drugs (i.e., drugs which have little additional therapeutic value to those already on the market) and a corresponding neglect of socially beneficial but less profitable drugs, such as those aimed at tropical diseases. Similar 'defunct' market dynamics can be seen in other welfare state sectors that have been privatized, such as social care, prison administration, and transportation. Supply oligopolies, protracted drug patents, and informational asymmetries all serve to skew market prices

and give providers a competitive advantage over consumers. These strategies, together with others, raise the price of welfare for both consumers and governments. Research on the potential role of state apparatuses and agencies in influencing markets like the pharmaceutical industry (e.g., by lowering rent-seeking behaviors and incentivizing more socially-beneficial behaviors) and in retaining value from the risky, early-stage research and development investments it makes could be crucial parts of effective, creative post-growth welfare systems.

Changing these growth-oriented logics and institutions, however, will provide political and institutional difficulties for a post-growth transition (such as defeating entrenched interest groups like the pharmaceutical sector). Although the extremes of this market-based, patient-as-consumer model of healthcare have unmistakably detrimental effects, the argument is made that the system's dual financial and social motives are both vital, though at odds with one another. In particular, he claims that one component of the system determines the social consequences, but the other grants the flexibility to act "for the benefit of others" to health professionals as commercial entities.

As a result, the topic of how we may get rid of these growth dependencies and establish a welfare system that is "growth-independent" is complicated and involves difficult trade-offs. Authors like warn us against adopting too simple remedies that deconstruct the health system's economics. Instead, they contend that healthcare models that work to achieve a better balance between social and financial drivers, correct market dysfunction, and capitalize on the innovative, social investment capacity of state agencies and public research centers may offer a successful way forward (for example, public ownership of medical practices, profit-sharing for publicly funded innovations, tighter regulation of the pharmaceutical industry, etc.).

However, it is unclear that these steps will be sufficient to reduce growth dependency on their own. Inextricably entwined with the larger economy and society are the welfare state's social and health care systems, among others. This implies that a variety of other considerations, including as patient demands for ever-improving care, governmental pressures for effectiveness and productivity, and competition from for-profit medical facilities, all put great pressure on the healthcare system to expand. These difficulties would have to be dealt with together in a comprehensive post-growth transition, which would be a significant undertaking.

In a similar line, non-market service provision may be a key factor in ensuring wellbeing in the absence of economic development. In contrast to the design of the state and the market economy, unpaid and informal caregivers already provide health and social care services. The value produced by these activities is generally excluded from GDP calculations and is not directly related to economic expansion. However, people who provide informal welfare services are often forced to either engage in formal market activities to earn a living or rely on governmental institutions for social security payments or some mix of the two all of which depend in some manner on economic development. And given the burden that these options frequently place on the health and wellbeing of caregivers (e.g., as a result of having to use vacation time for work or care, or receiving state support payments that are insufficient to replace income), any non-market conceptions of post-growth welfare would need to take these issues, as well as many others (e.g., the gendered nature of care work), into account in order to ensure that everyone can have a good life and good work within the constraints of the planet.

Although the healthcare industry makes the growth dependencies discussed above especially clear, they may nevertheless exist in other welfare state sectors under various names. The pension system's behavioral growth dependencies, which we shall discuss in below, as well as demand

management difficulties, have attracted some attention. However, there is a large vacuum in the body of knowledge about growth dependence in several sectors, including social services, education, public transportation, and prisons. Research in this area may assist to identify sector-specific obstacles to a post-growth welfare transition and provide potential transformational paths.

DISCUSSION

2.4. Growing welfare demand on a limited earth is dilemma number four.

This section outlines the broad issue of satisfying rising demands on a globe with materially limited resources and the conundrum it creates for the welfare state's capacity to maintain its budgetary stability. Here, we are specifically separating apart human requirements from wants or preferences defined by as "those goals which must be achieved if any individual is to achieve any other goal". We specifically concentrate on the former since, according to many writers, ensuring that everyone's basic needs are met forms the basis or social foundation for a fair and successful society. We also analyze how this issue shows itself in the pension system in some detail. Next, we address two types of responses to this conundrum found in the post-growth literature: those that consider how welfare may be redefined and those that suggest a restructure of the welfare system.

At the most fundamental conceptual level, as new social needs have developed over time, largely fueled by "demography, family change, and socio-economic shifts"¹⁰, economic growth has assisted in preventing distributional conflicts for governments by giving the option to meet this expanding need without having to significantly increase tax rates. Economic growth is no longer (if it ever was) a sustainable strategy to meet the rising welfare demands of populations in economically developed countries because we know that economic growth and the material footprint of the economy are tightly coupled. There is, therefore, very little evidence that we will be able to rapidly decouple the two factors in the near future. We go into further depth below on the huge political problem that this truth presents. In terms of finances, the author contends that the pressure brought on by the disparity between increasing demand and stagnant financing (and constrained physical resources) would, at the very least, need a creative reorganization of the welfare state. In the worst scenario, he worries, it may even prevent the state from being able to effectively provide a social safety net for its residents during a potentially tumultuous moment of change.

According to some authors, a shift to a non-growing economy would "aggravate the already existing pressures" caused by an aging and declining fertile population, a trend towards secular stagnation, and persistently low interest rates. These pressures are particularly evident in the pension sector, where need and therefore demand is increasing over time and which already accounts for a significant portion of government spending in many OECD countries. For instance, Pay-As-You-Go pension plans face significant challenges due to declining fertility and rising longevity, placing increasing pressure on the working population to make contributions for a growing number of retirees. This makes funded pension plans appear more alluring, but they also face increased risks due to economic stagnation and low interest rates. Funded pensions with defined-benefit promises are also facing increased risks. This has traditionally resulted in investors looking to riskier assets to get the cash for their payment commitments, a practice known as "gambling for redemption".

Extending working life (for example, by early training or delaying retirement), cutting down on benefit payments, or raising worker contributions have all been suggested as solutions to these

problems. However, these recommendations are controversial and improbable due to the present pensions model's logic of operation and the vested interests of both the population of pension age and the population of working age (and their employers).

They also run counter to fundamental post-growth beliefs about fairness, morality, and the need of avoiding the labor productivity trap. But if no steps are done to rethink and restructure now, diminishing economic growth rates during a post-growth transition are likely to intensify the essential structural adjustments in the future. Additionally, this conundrum may exacerbate the disparity disputes that accompany a post-growth transition between the working-age population and the elderly as well as between the affluent and the poor.

2.4.1. Different perspectives on wellbeing

There have primarily been two approaches to the broad problem of managing welfare demand on a limited world. The earliest attempts to distinguish between needs and wants in order to develop a theory of wellbeing that is in line with the concept of boundaries. Traditional welfare theories have often been criticized throughout history, especially those that focus on choice fulfillment. The idea that welfare is insatiable, or that more is always better, is particularly intriguing when it comes to sustainability. As an alternative, post-growth writers and others have looked for welfare theories that exhibit qualities of sufficiency and satiability. Because it focuses on universal, satiable wants some have claimed that a human needs approach is best suited for this job. Some people prefer a capacities approach, which emphasizes possibilities and accomplishments rather than fundamental requirements. Its supporters contend that the capabilities approach departs from moralistic justifications for consumption and need satisfaction, allowing for more individual choice, acknowledging the social and symbolic elements of consumption, and moving away from moralistic arguments regarding consumption and need satisfaction.

In any post-growth definition of wellbeing, it is crucial to maintain the frame that "a fair and lasting prosperity cannot be isolated from the material conditions" of the globe but there are still difficulties with this. The possible conflict between the concepts of adequacy and satiability and people's existing expectations that healthcare access and life expectancy would continue to rise indefinitely is specifically highlighted by Deliberative forums have been proposed as a way to both determine socially acceptable levels of welfare provision (such as in pension benefits) and to "support cultural shifts on wellbeing thinking".

To assess the trade-offs between ecological, economic, and social variables in a post-growth economy, ethical considerations concerning how we offer benefits (e.g., use of data and technology) and for whom (i.e., the level of our social solidarity) will undoubtedly be important. These articles haven't yet fully addressed some of the most difficult ethical issues, like how we determine what constitutes "sufficient" national levels of welfare provision, how to deal with people's rising expectations for welfare, and what kinds of social values may or may not be (in)compatible with the sustainability of the welfare state. These are not necessarily simple or obvious concerns, and they are made more difficult by the fact that it is unclear if we have the resources to provide any kind of universally accepted minimum standard.

The results of a worldwide empirical research conducted by revealed that no nation has been able to properly provide its residents' fundamental requirements while still using its "fair share" of global resources. The authors suggested that the distance between the bottom limit of human demands and the upper ceiling of planetary limits may be "vanishingly thin" via their study. Since

then, others have modeled global scenarios in which decent living standards could be achieved for everyone, globally, in a sustainable manner; for instance, by utilizing the most energy efficient technologies for food storage, lighting, heating, etc., while also reducing consumption to a 'sufficient' level and no more. According to the authors, this scenario would need "drastic and challenging societal transformations... at all levels," and their research does not go far enough to explain how this may be implemented in reality. This emphasizes the critical significance of post-growth welfare studies in exploring constrained options for the welfare system, with a focus on innovative ways to provide welfare on a world with little resources [7], [8].

CONCLUSION

As a whole, social welfare systems across the globe include a wide range of strategies for addressing the wellbeing of people and communities within their different countries. In the course of time, these systems have changed to reflect various historical, cultural, political, and economic settings. A diverse tapestry of models, each with advantages and disadvantages, are seen in the worldwide landscape of social welfare systems. There is no one-size-fits-all answer, whether it be the complete Nordic welfare model, the market-oriented liberal model, or the hybrid models that integrate components from different methods. The importance of social welfare systems is found in their common goals, which include eradicating poverty, providing access to necessities, promoting social fairness, and fostering communal well-being. These goals act as a set of guiding ideals for developing more fair and equitable society. Social welfare systems across the globe continue to adapt and develop despite difficulties including population changes, globalization, and worries about economic sustainability. This flexibility is evidence of the social welfare system's capacity to accommodate changing societal demands and disparities. Ultimately, policymakers, stakeholders, and communities must grasp the variety of social welfare systems across the world. Societies may strive toward more inclusive, kind, and equitable futures where the welfare of all people is valued and preserved through sharing experiences and methods.

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CHAPTER 6

SOCIAL WELFARE POLICY ANALYSIS

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ABSTRACT:

Programs and policies for social welfare act as vital tools for advancing the wellbeing of people and communities in a society. The main aims and objectives that guide the area of social welfare are examined in this abstract, which also emphasizes their importance in building a fairer and equal society. The main goal of social welfare is to improve everyone's quality of life. The main goals of social welfare are explored in this study, including eradicating poverty, providing basic services, and advancing social justice. It stresses how these goals are intertwined and comprise a comprehensive strategy for addressing the many needs of people and vulnerable groups. The reduction of the effects of inequality and poverty is one of the main objectives of social welfare. This abstract outlines how social welfare programs work to help individuals in need with cash support, food security, and housing support, therefore eliminating income and resource inequities. Another important objective of social welfare is to ensure that everyone has access to basic services like housing, healthcare, and education. The study explains how these services are crucial for enabling people to live healthy, productive lives and actively engage in society. A key goal of social welfare is to advance social fairness and equality. In eliminating systematic discrimination, promoting equal opportunity, and removing obstacles that prevent excluded groups from accessing resources and opportunities, social welfare is emphasized in this abstract. The study also covers social welfare's role in promoting social cohesiveness and community resilience. It looks at the role that neighborhood-based programs and assistance networks have in creating better, more inclusive communities. The study emphasizes in its conclusion that social welfare's aims and goals are dynamic and change in response to changing societal demands and difficulties. Social welfare always changes to meet new concerns and preserve its commitment to enhancing the general well-being of people and communities as societies deal with new problems and disparities. In conclusion, social welfare is crucial to building a just and compassionate society because it works toward reducing poverty, ensuring access to basic services, promoting social fairness, and fostering a sense of communal well-being. Policymakers and stakeholders working toward a more fair and inclusive future must comprehend and prioritize these goals.

KEYWORDS:

Community, Goal, Policy, Program, Social.

INTRODUCTION

Policy implementation is an evolutionary process that is shaped by the ideological, political, and economic environments in which it takes place. Administrators in charge of putting policies into effect are the ones who first interpret the aims and objectives established in law. As the policy goals move down through the bureaucratic hierarchy of the implementing agency, these interpretations broaden and become more diverse. Program development may be helped or hindered by the implementation process. What is ultimately implemented may differ significantly from the initial policy direction after the program development process is complete. In order to

address the influence of state bureaucratic factors on welfare policy implementation, to explain variation in policy implementation within and across states, to show the interrelationship between the policy implementation process and program performance, and to gauge the degree of intended change produced in society as a whole by a program, research on welfare policy implementation serves a number of purposes. Researchers that focus on implementation make an effort to characterize the implementation process, assess the degree to which programming objectives were met, and assess how effectively the policy operated in light of how the state complied with the federal requirement. The effectiveness or correctness of policy statements cannot always be determined by implementation study. Instead, it uses the policy as a starting point, as a collection of propositions that various actors will then turn into actions [1]–[3].

However, this does not imply a mechanical or technocratic analytical viewpoint; norms, values, and preferences are just as much a part of the processes of policy formation and policy implementation as they are in implementation research. Consider the FSA, approved in 1988 but not completely implemented by numerous states as of 1992. This illustrates the significance of implementation analysis. Limited work requirements for two-parent families; increased enforcement of child support payments; and up to a year of continued child care and medical care for some families who leave AFDC due to employment are all features of the FSA. It also offers job search, health benefits, and child care supports.

The introduction of the JOBS program, which extends and consolidates earlier authority for programs including education, training, and employment, is the main component of the FSA. Selected AFDC clients must take part in the JOBS program in order to receive ongoing public assistance. The chosen groups are custodial parents under 24 who have not completed high school and have little to no work experience, recipients or applicants who have received AFDC for 36 of the previous 60 months, and recipients within two years of becoming ineligible for AFDC due to the age of their youngest child. The FSA tries to change AFDC from a redistributive program (i.e., one that diverts wealth to benefit specific segments of society in order to address equity concerns) to a developmental program (i.e., one that attempts to directly enhance the economic well-being of the state or community) because recipients are expected to work in exchange for public assistance. It is crucial to recognize the FSA's limits up front since they could prevent its objectives of reducing poverty and promoting self-sufficiency from being met. For instance, the FSA makes no mention of the minimum level of education and training required to participate in any state program.

Additionally, the Act neither creates nor supports the development of employment. Instead, it places a strong emphasis on initiatives that either help people further their education and abilities or force them to look for and accept suitable jobs. Both of these strategies will only be successful if there are jobs in the local economy, and the Act does not guarantee that families who find work will have enough money to cover their basic requirements. Additionally, it doesn't take into account the AFDC families' unmet income requirements in reality, claims that the basic problem with the FSA is that it cannot concurrently achieve its two main objectives of lowering poverty and promoting self-sufficiency. Federal authorities have provided the policy's specifics, but state officials are in charge of the FSA's principal design, implementation, administration, and coordination. Due to state-specific social, economic, and political circumstances and the lack of a nationwide welfare standard, eligibility requirements and program benefits may vary within the confines of the federal law. It is crucial for welfare policy analysts and evaluators to examine these operating characteristics in relation to the implementation process if the uniqueness of

implementation is dependent on the aforementioned circumstances, the adherence to and interpretation of the policy by implementing officials, and the structural and organizational processes of the implementing organization. Although it is obvious that there might be variance across state welfare programs, it is still necessary to detail the implementation practices that cause this difference. For the purpose of expanding our body of knowledge and offering examples for implementation analysis, case studies of governments transitioning from redistributive to developmental welfare systems are required. Social workers will be able to actively shape changing federal and state welfare efforts with the use of this information. A framework for studying policy implementation Attempts to comprehend, articulate, and evaluate the connection between policy and implementation have been made repeatedly.

Although there are several case studies with various conceptual frameworks, there is no widely acknowledged theory to guide research on the implementation of policies. In order to generate theories, researchers need to create a typology for analyzing policy implementation. Despite these restrictions, implementation research has managed to shift the focus from "how a bill becomes a law" to "how a law becomes a program." Such studies have highlighted the complex and dynamic nature of policy implementation and have highlighted the importance of understanding the relationships among the various elements. Found elements that seem to account for diversity in programming success and provide light on various conundrums that implementing officials may experience. A review of the various conceptual frameworks used in implementation analyses points to a number of requirements for successful policy implementation, including the following:

- (1) Clearly defined goals and objectives;
- (2) Administrators with the technical know-how to implement and execute the policy
- (3) Clearly defined populations
- (4) Understandable enabling legislation
- (5) The publication of federal regulations prior to program implementation
- (6) Program procedures for implementation.

The structure and operational procedures of the implementing organization can help or hinder the implementation process. On the basis of these earlier investigations, a framework for implementation analysis is suggested. The following categories are included in the framework:

- (1) Program performance
- (2) Federal rules
- (3) Organizational structure
- (4) Organizational process

The suggested framework makes it possible to examine and evaluate the implementation process in order to draw conclusions regarding the link between policy design, policy implementation, and policy result. It may be used to look at how variations in policy implementation are influenced by the administrative power of individuals in charge of carrying out, coordinating, and managing federally mandated, state-managed programs. The agreement between the federal and state governments is covered by enabling laws and federal rules. The legislation is the real law that prescribes the choice of a course of action. Organizational structure is defined as how much the implementing organization exhibits complexity, formalization, and centralization. The regulations contain the provisions that authorize the implementation of the policy, including rewards for compliance in carrying out the policy and legal sanctions for noncompliance. Program performance refers to the actual outcome, or the result, of the implementation process.

Organizational process is described as how functional activities, such as decision making, are influenced by the administrative processes required to comply with the new policy. The evaluation of a program's effectiveness looks at who, how many clients or target groups were reached, and what kind and how much program resources they got [4]–[6]. The application of the suggested analytic framework is shown in the following sections. The FSA is used as a case study to illustrate the challenges that implementation research addresses. These conversations are not meant to be conclusive.

Enabling Laws the degree to which public policy goals are achieved may depend on how federal laws are written. By defining legal objectives, choosing implementing institutions, providing those institutions with legal and financial resources, and regulating the opportunities for nonagency actors to participate in the implementation process, the statutes, which give the legislation binding force, structure the implementation process. The more precisely and plainly the legislation directs implementing officials and others, the more probable it is that the implementing agencies' policy outputs will be in line with the policy directive. The absence of ambiguity in federal law is uncommon, nevertheless. The state may specify the amount of monetary benefits under the FSA. By doing this, the federal government allows states to provide welfare claimants a broad range of benefits in order to meet the particular requirements of their citizens, as defined by their local political and economic environments, state authorities are given choice over benefits and eligibility under the program.

States must set up and run a JOBS program to provide welfare beneficiaries with instruction, training, and employment opportunities. State authorities have the power to place onerous and ineffective conditions on a large number of families in an effort to satisfy federally required participation rates with constrained resources. Additionally, the implementation of JOBS cannot be seen as a full answer to the needs of low-income families on its own. The low benefits, rigorous qualifying requirements, and frequent procedural arbitrariness that families in need of AFDC must deal with are not addressed by the implementation of JOBS. The Congressional Budget Office has predicted that the FSA would cost the federal government \$3.3 billion over the course of five years and the states \$.7 billion.

Congress initially allocated financing through 1991, but additional cash has been authorized for every federal budget year until 1995. In 1992 and 1993, the federal government provided \$1 billion for JOBS. Although these sums look large, they only need a little amount of resources. The JOBS Act does not provide unlimited financing. Instead, each state is qualified to receive an annual entitlement payment from the federal government that is limited at a certain amount. The capped entitlement amount for the state is calculated using its proportionate part of the overall federal budget. The majority of federal monies made available to the state for JOBS are matched at either one of two levels: either 60% or the state's Medicaid matching rate for JOBS, whichever is higher. Additionally, up to 50% of the expenses of administration, transportation, and other services might be covered by federal funding. In order to cover child care expenditures, the state is eligible for open-ended federal money at its Medicaid match rate; however, matching rates for administrative and other costs are established using other formulas. Finding the match rate for a certain expenditure may be challenging given the number of calculations involved. Federal Regulations usually include the specifics of a legislation.

The regulations outline the principles of entitlement as well as the methods for enforcement, including, when necessary, rewards and penalties. Regulations outline the benefits to be offered,

the target audience, eligibility requirements, and administrative authorities in further detail. They could also point out areas where the federal government is involved, including in providing technical help or conducting evaluations and audits of plans and programs. Although the rules include instructions for implementation, they often do not specify who is in charge of checking that tasks are completed or how this checking is to be done. While the punishment for disobedience is often evident, the mechanisms to guarantee responsibility are not always made plain. As a result, each level of government engaged in the execution of policies often creates a unique and perhaps incompatible system of responsibility. The federal rules and enabling laws create a legally enforceable agreement between federal and state authorities for the execution of federal policy.

Fiscal and structural agreements play a role in how federally required, state-managed programs are implemented, but they are not the only ones. The contracts uphold organizational control principles. The federal government establishes the circumstances and aims, and governs the procedures by which state governments are to carry out federal objectives by defining the function for which money must be spent. Grants serve as an enticement, an incentive, and a facilitator for the federal government's continuous role in state capacity development and issue resolution. The federal government impacts state issues via money and regulations. Each state must submit a plan to the US before launching a jobs program. Department of Health and Human Services (HHS) and has to be authorized by HHS. A description of the services to be offered and a flowchart outlining the passage of clients into and out of the Jobs program must both be included in the state plan. The state's decisions on a number of state options, such as whether or not to require parents of very young children to participate, whether or not to permit or support post-secondary education, and how to define "good cause" for non-participation, must also be presented in the plan.

A Supportive Services Plan, which details items like the strategies employed to provide child care, the amount the state will pay for such care, and the additional supportive services that will be offered, must also be submitted simultaneously with the JOBS plan for approval by the state. The Governor is in charge of making sure that JOBS initiatives are coordinated with those funded under the Jobs Training Partnership Act (JTPA) and with any other relevant employment, training, or educational initiatives offered by the state. The state AFDC agency must consult and collaborate with other service providers when creating the state JOBS plan and implementing the JOBS program in order to: identify available resources; avoid service duplication; ensure that other program services are available to help participants achieve self-sufficiency; and ensure that the costs for these other services such as JTPA or other employment services, adult education, or early childhood education programs are not irrational.

However, there may be differences between the rules for the JOBS program and the JTPA or other education and job training programs. Although the job facilitation aim of these programs is a shared one, real programming coordination may be hampered by conflicting laws directing the state in this direction. The availability of these additional services to JOBS members may also be impacted by funding obligations within each program. Additionally, rivalry between the many programs on how people are "counted" or "credited" may probably emerge. Organizational Structure It matters where a program is housed within federal and state administering agencies since the result of a policy may reflect the implementing organization and the individuals in charge of putting it into practice more than the actual law. The suitability of the bureaucratic organization for the policy and the qualifications of the officials in charge of implementing the policy are two important organizational structure elements that have an impact on implementation. The time it takes to implement the program, the extent to which accommodations are made to opposing or

supporting groups, and the relationship between government officials at various levels of the administering organizations will all depend on how well the program's goals fit with the mission of the implementing organization.

If the program being implemented and the implementing organization are a good match, interpretation is made easier, objectives may not need to be further revised, opposition is reduced, and implementing officials may focus on making the policy work. A good match is also evaluated by the officials' level of professional expertise in carrying out the mission. The staff members in charge of running the new program should be professionally knowledgeable, skilled, and trained in order to improve program development and performance. The values and preferences of governmental and nongovernmental actors regarding program development, service delivery, and the target population must be dealt with by implementors within the organization. Nongovernmental Stakeholders urge implementors to apply policies in a manner that serves their own interests, and these include lobby, constituency, and consumer organizations.

Numerous and intricate, the FSA's standards will undoubtedly be onerous for many states. For instance, the JOBS program's efficient service coordination with other pertinent programs is a key component. Many states may find it difficult to comply with this provision, particularly those that have little past experience with welfare-to-work programs. The Act also mandates that all program funding, whether from public or private sources and whether it goes to public or private services like child care or family support organizations, be managed via the state AFDC agency. It should come as no surprise that prior research has shown issues with this manner of money collecting and distribution. A growing feeling of pessimism has also started to replace the original optimism and high expectations about the potential of utilizing JOBS to address job obstacles for families receiving AFDC. The Act's "payoffs," in terms of reduced welfare expenses and enhanced beneficiary self-sufficiency via employment and child support, are not immediate and are likely to be insignificant or nonexistent, at least not without displacing other workers. Unsurprisingly, the anticipated financial outflow for their state has become the top worry for state authorities.

DISCUSSION

Administrators of programs will need to collaborate closely and persuade local political parties that are pro-low taxes and anti-welfare, as well as many advocacy and client rights organizations. The management of competing and contradictory requests coming from players in their companies and communities will need the implementation team to possess exceptional management skills. The stages of program design and service delivery also call for technical proficiency and practical abilities. However, the majority of public assistance agency employees lack the appropriate training to conduct the essential work skills training evaluations. The bureaucratic structure is impacted by inter-organizational processes including communications, administrative distance, and administrative complexity, which in turn affects the functional processes of policy execution. Policies are put into place to cause the least amount of disturbance to the organization's current structure, according to Palumbo and Harder. The internal decision-making structure of the organization, the level of reliance on intermediaries, the degree of disruption caused by the innovation, the level of resistance to change in organizational procedures, and the number of officials from various organizational levels who are involved in the implementation process are important variables that affect how the organization functions). Layers of "red tape" and unclear communication channels between key decision-makers at the top of the policy sphere and the service staff at the bottom of operations allow program implementers to exercise their discretion

when attempting to transform particular policies into public services. The JOBS program specifically urges governments to come up with strategies for fostering welfare clients' independence via work and job training.

However, some state authorities find it difficult to provide information regarding JOBS's operations because of its vague and contentious participation requirements. Calculating the precise number of receivers taking part in the evaluation or other activity components of JOBS is sometimes quite challenging. What qualifies as involvement? Children and/or custodial parents are considered mandatory participants. What is the exact number of families that the JOBS program has helped? There are two ways in which the "counting" problem interacts with organizational procedures. The definition of what is to be tallied comes first. The JOBS program requires local authorities to weigh eligibility standards against numerical requirements when deciding whether or not to participate. According to HHS rules, while determining the number of participants needed, administrators must strive to ensure an acceptable percentage of participation in order to obtain government funds. At the same time, they must decide who will take part on a case-by-case basis. People who: are exempt; have a legitimate reason for not participating; live in an area without a JOBS program; or are not obligated to participate because the state cannot provide the necessary child care must be excluded by officials. Local variations in the case-by-case exclusion technique will result in significant differences in participant characteristics across and within states.

In addition, when all exclusions are taken into account, fewer people are needed to participate, which might endanger the local accomplishment of a respectable participation rate, according to Greenberg. The second is the methodology for counting, or the organizational practices and procedures that must be implemented or changed in order to gather management data on participation. It's possible that the JOBS program's accountability requirements may add to the workload of local and state program implementers. Additionally, since accountability systems are rarely standardized, gathering data above and above what is required by a given level of an organization may be seen as an outside demand that interferes with routine work activities. Program Performance Policy results cannot be assessed until after services have been rendered and the policy has been put into effect.

In contrast to the design of the policy, "the delivery of services shapes policy outcomes more than the design of the policy" In this paradigm, "outcomes" relate to the extent to which the policy's objectives are met. The policy cycle revolves on implementation since it is a process that is tied to the result may draw conclusions about the success of a program and the circumstances in which desired outcomes can be maximized by looking at the link between the implementation process and the policy's results. Clarifying the political decision-making process' justification throughout the implementation phase also yields knowledge that may be used to modify and reorganize the policy to boost program effectiveness. We might better understand how a state's decisions on JOBS implementation relate to the outcomes seen if we asked the questions below. First, what do participants in the program really do? How many people are enrolled in basic education? education after high school? an instruction plan? a job with pay subsidies or on-the-job training? What percentage of people participate in job seeking activities that don't advance their literacy or skills? Second, what is the punishment rate for the program? A program's penalty rate may tell you if the state promotes the positive or negative features of the program. When a participant is penalized, her portion of the AFDC award is suspended for a while, with rising fines. The shares of both parents in a two-parent household may be reduced or eliminated. States might make an effort to

reduce the coercive aspects of JOBS notwithstanding the sanction regulations by focusing on volunteer program access, participant choice, and conciliatory measures that aim to address issues without the need of punishments.

Third, what options and services are available to the three categories that the FSA has targeted? What percentage of adolescent parents get services? Of beneficiaries who are long-term? within two years of losing their eligibility? What percentage of the whole participant pool does each of these categories make up? What unique service plans if any are used to satisfy each of these target groups? Other questions that might be looked at, depending on the objectives of the study, include: How many participants get child care assistance? They get what? How much exactly does the state pay or reimburse? What part does recipient preference play? Who among the recipients seems to gain the most from the initiative? What percentage of the federal entitlement is being used by the state? The main concern, however, is whether or not the employment program and its associated services really help welfare claimants leave the rolls and find employment that would enable them to adequately support their families. Research that clarifies how this might be accomplished—what specific combination of regional conditions, experiences, actors, and interventions is required will be crucial to the continuing national discussion about welfare reform as well as to the lives of welfare beneficiaries [7]–[9].

In social welfare policy analysis is an essential step in assessing, comprehending, and developing laws intended to enhance the wellbeing of people and groups in society. It entails a methodical analysis of policies, their goals, their execution, and their effects, and it is crucial in determining the course of social welfare programs. The following are significant lessons to be learned from the examination of social welfare policies: **Making Informed Decisions:** Policy analysis gives decision-makers, researchers, and activists the information and resources they need to decide on social welfare policies. It enables them to evaluate the advantages and disadvantages of current policies and suggest evidence-based improvements. In order to handle complicated social challenges including poverty, healthcare, and education, and unemployment, social welfare policy analysis is crucial. It offers a systematic framework for comprehending these problems' underlying causes and developing workable remedies. **Impact Assessment:** Policy analysis makes it possible to assess the results of policies, including how they affect disadvantaged groups, communities, and the general well-being of society. This analysis aids policymakers in making changes to attain desired results.

Equity and Social Justice: Policy analysis makes ensuring that regulations are fair, inclusive, and do not disproportionately impact vulnerable groups by assessing regulations through the lenses of equity and social justice. **Budgetary Considerations:** It enables decision-makers to allocate resources effectively and sustainably by assisting them in comprehending the budgetary effects of social welfare initiatives. **Public Engagement:** To ensure that all viewpoints and concerns are taken into account throughout the policy-making process, effective policy analysis often requires interacting with stakeholders and the general public.

CONCLUSION

The examination of social welfare policies is a continuous process that changes as the social, economic, and political environment does. It promotes a cycle of learning and development in the formulation and application of policy. Policymakers and analysts may acquire insight into what works and what doesn't in various social welfare situations by studying the experiences of other nations and regions. By providing justifications and supporting data for policy change, policy

analysis aids advocacy efforts. Additionally, it makes decision-makers answerable for how their actions affect society. In conclusion, social welfare policy analysis is a vibrant, varied discipline that gives stakeholders the tools they need to create, assess, and enhance social welfare programs. It aids in the creation of more sensible, fair, and responsive policies that work to improve everyone's wellbeing and standard of living.

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CHAPTER 7

SOCIAL WELFARE AND ECONOMIC INEQUALITY

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ABSTRACT:

The dynamic and intricate interaction that exists between social welfare and economic inequality has a profound impact on the socioeconomic environment of countries all over the globe. The delicate relationship between these two aspects is explored in this abstract, which also looks at how social welfare programs may both lessen and increase economic disparity. Economic inequality, which is defined by differences in wealth and income distribution, continues to be a major worldwide issue. This abstract highlights the critical role social welfare systems play in resolving this problem by acting as a safety net for at-risk groups, redistributing income, and encouraging social mobility. The abstract explores how social welfare programs might lessen economic inequality. It emphasizes the significance of targeted assistance programs, progressive taxation, and access to high-quality healthcare and education as strategies for reducing income gaps and enhancing the economic wellbeing of underprivileged people and communities. In contrast, the abstract recognizes the dangers of social assistance programs that unintentionally worsen economic inequality. It looks at topics including means-testing, regressive taxes, and the unexpected repercussions of certain support programs, which might unintentionally exacerbate inequities. This presentation also highlights the wider social effects of economic inequality. The negative impacts on social cohesiveness, political stability, and general well-being are discussed, with an emphasis on the function of social welfare as a tool for promoting a fairer and equal society. Additionally, by displaying diverse strategies and models from other nations, the abstract explores international views on social welfare and economic inequality. It demonstrates how various welfare systems may have varied effects on economic inequality, with Nordic and Social Democratic models often stressing wealth redistribution and Liberal versions frequently focusing more on personal accountability. In conclusion, the complex link between economic inequality and social wellbeing highlights how crucial it is to make well-informed policy choices. The emphasis of this abstract is on the need of well-planned social welfare programs that balance meeting urgent socioeconomic needs with fostering long-term economic justice. Societies may aim to lessen economic inequality and promote more social cohesion and prosperity for everyone by successfully managing this equilibrium.

KEYWORDS:

Inequality, Economic, Environment Social, Welfare.

INTRODUCTION

In development issues, the idea that inequality matters is gaining acceptance. Many governments are prioritizing reducing economic gaps throughout the population in the present. A big concentration of persons at the top or bottom of the distribution may indicate high inequality, which would obliterate the middle class. This may lead to social unrest and political instability in the community as a whole. Recent literature often discusses the growing divide between the wealthiest 1% of a population and the other 99%. The effects of unequal income distribution on growth and

development have attracted concern in a number of publications that address different facets of inequality. These books include Thomas book *Capital in the Twenty-First Century* and Joseph Stiglitz's 2012 book *The Price of Inequality*. by Anthony Atkinson and François Bourguignon's *The Globalization of Inequality*. In his book, contends that inequality results from a less reliable and effective economic system. While Bourguignon's book focuses on globalization and inequality, book stresses the connection between income and wealth inequality. In his book, Atkinson lays forth specific policy recommendations that may cause the income distribution to change in favor of reduced inequality. These works highlight the fact that a society should not have a significant level of inequality, and as a result, proper policy measures are needed. Two factors make inequality important: it slows down efforts to reduce poverty, and it may erode the foundation for future prosperity.

Changes in poverty are influenced by both the rates of mean income growth and the disparity in how growth's benefits are distributed. Higher initial inequality tends to reduce the impact of growth on absolute poverty, as found in a study that examined the relationship between initial inequality and the rate of poverty reduction using cross-country data with 41 spells for 23 countries. While an increase in mean income reduces poverty, rising inequality exacerbates poverty; as a result, the net effect on poverty reduction will be slower with increasing inequality. Although the effects of income disparity on growth have received much attention in the literature, actual evidence points in other ways. While some claim that disparity hinders progress, others contend that it actually promotes it. According to recent research by Dabla-Norris, Kochhar, Suphaphiphat, Ricka, and Tsounta (2015), inequality and GDP growth are significantly correlated. The research discovered that whenever the Gini index rises by one percentage point, GDP growth slows by 0.07 percentage points using cross-country data from 159 advanced and developing nations.

The research also discovered that growth in GDP was 0.08 percentage points lower in the five years that followed when the income share of the wealthiest 20% grew by one percentage point, suggesting that the gains do not "trickle down." Contrarily, discovered that high inequality may promote growth if it motivates individuals to put in more effort, make investments, and invent new things. Inequality and growth are positively correlated, according to and since more inequality promotes collective savings and capital accumulation due to the rich's reduced tendency to spend. The per capita GDP and associated metrics of inequality are often used to evaluate the economic well-being of various nations. Due to their inability to indicate how the total output of an economy is distributed among the population, these measures have drawn a lot of criticism. Many researchers in this area, most notably Sen have expressed concerns about whether these income measures accurately reflect the well-being of individuals. Stiglitz, Sen, and Fitoussi pointed out the shortcomings of GDP as a measure of economic success and social advancement in 2010.

The authors of *Mismeasuring Our Lives: Why GDP Does Not Add Up* emphasized the inadequacy of using GDP and its associated measurements as the only indicators of living standards or well-being. Although GDP is a measure of a society's economic performance, it hides social injustices and does not account for the adverse repercussions of economic development, such as environmental damage. Sen (1985) proposed a conceptual framework for defining and assessing well-being in terms of functionings and capacities as an alternative to GDP as a measure of well-being. This framework will serve as the foundation for this paper's well-being measurement. There is little research supporting the idea that economic disparity could inhibit the expansion of wellbeing. For instance, while comparing the experiences of the United States and Britain regarding the growth of incomes and the impact of income disparity on death rates, Deaton and

Paxson found no evidence of a connection between income inequality and mortality rates. The main goal of this paper is to calculate how much income disparity affects happiness.

It will investigate if and to what degree inequality is harmful to wellbeing. This paper makes the case that the cost of income disparity is far larger than what has been shown in the literature. Findings show that several aspects of well-being are considerably harmed by economic disparity. Income inequalities are a major topic of discussion in the inequality debate, but there are other types of disparities as well. According to Sen society should be worried about inequality in a variety of well-being-related areas, including health, education, employment, and living situations, among others. The 2013 Atlas of Human Development in Brazil, which was created by the Brazilian Research Institute for Applied Economics, the United Nations Development Program, and Fundação Joo Pinheiro of Minas Gerais, is the source of the data used in this paper's empirical analysis of inequality in various aspects of wellbeing in Brazil. Based on census data from 1991, 2000, and 2010, the Atlas provides the human development index for more than 5,000 Brazilian municipalities and more than 1,000 socioeconomic indicators for these areas.

Using these data, this paper analyzes well-being levels and distribution in Brazil and investigates the extent to which inequality affects well-being. Prior to the widespread unhappiness with these measurements in the 1970s, well-being was only evaluated by per capita GDP and associated income indicators. As a result, the focus moved to identifying other measures of progress. Some of the most influential studies, including those by suggested social indicators, quality of life, and basic needs as new approaches. Although there was no one conceptual framework for defining and assessing well-being, these techniques were obviously connected to the idea of well-being. Sen (1984, 1985, 1987), who conceived well-being in terms of functionings and capacities, first proposed such a paradigm in the 1980s.

Below is a short discussion of this concept in accordance. The main medium of exchange for purchasing goods and services is income. People have more control over goods and services the higher their income, and this gives them the resources to live better lives. Thus, a person's standard of living is highly correlated with their access to material goods or luxury. It is just a means to a goal, however. The emphasis must ultimately be on the life we lead and what we can or cannot achieve, or be or cannot be, as states. Sen's theories of functionings and capacities were developed using this reasoning. Capability is the capacity to achieve, while functioning is an accomplishment. Functionings are closely tied to the real lives that individuals lead, while capacities are related to the flexibility that people have in selecting the functionings or lifestyles that they value.

Sen's conceptualization states that people's levels of freedom to carry out the functions they value should be taken into account when determining their level of well-being. As a result, it is a multifaceted notion that is described in terms of a range of talents that indicate the degree of personal freedom that exists. Selecting competencies After defining well-being, the next stage is to choose relevant, highly valued competencies. Although it would be ideal to include all talents that improve wellbeing in the measuring of well-being, this may not be possible from an empirical standpoint. The creation of a standard of living index has been a focus of the Geneva-based United Nations Research Institute for Social Development (UNRISD). It first compiled a database of 100 well-being indicators, but the list was whittled down to 73 by removing some of the ones with inadequate data or glaring flaws. Nine indications remained after many further selection criteria were applied. Correlation was one of the selecting criteria. We did not choose variables with relatively low average correlations to the majority of other development indicators. This has no

consideration for the economy and just utilizes statistics to choose an indication. There is also a case to be made for avoiding using indicators with strong correlation just because they provide little extra data. asserts that the capacity approach's focus on recognizing freedoms that people value is one of its distinctive features. Making a value decision is necessary rather than doing a technical exercise when selecting the relevant skills [1]–[3].

Because this technique absolutely lacks any kind of value judgment, it has no connection to how individuals value freedom. Instead, it uses statistics to choose the domain of capabilities. Stiglitz, Sen, and paper cites six major factors that should be taken into account when assessing well-being using diverse research and practical projects produced throughout the world. The following dimensions make up these dimensions:

- (i) Material living standards, such as income, consumption, or wealth;
- (ii) Health;
- (iii) Education;
- (iv) Personal activities, such as work;
- (v) Political voice and governance;
- (vi) Social connections and relationships;
- (vii) Environment, including current and foreseeable conditions; and
- (viii) Economic and physical insecurity.

These provide a thorough list of factors that influence well-being. However, the paper does not provide quantifiable metrics for any of these characteristics. The indices of wellbeing based on this paradigm are discussed in the next section. Sen contends that the notion of well-being should be centered on individual accomplishments rather than the resources that people may possess. Therefore, indicators should be used that represent outputs rather than inputs. Sen believes that money is only a tool for achieving goals. But in any assessment of wellbeing, the means must be discounted. The well-being of society would undoubtedly be poorer if resources were allocated very unequally or if a sizable percentage of the populace experienced economic insufficiency.

As a result, the measures of material well-being might be based on financial or non-financial factors. Wealth cannot be disregarded when assessing a person's material well-being since it gives them the wherewithal to purchase the products and services they value and raises their level of life. Due to the lack of wealth-related information in the research's data, money is not a topic covered in this study. There is a difference between material well-being and non-material well-being. Non-material well-being comprises indicators in non-income space such as health, education, living circumstances, and personal activities including employment, while material well-being includes indicators that are assessed in the income (or consumption) area. However, this research does not take into account indicators that indicate specific aspects. These include social interactions and relationships, the environment, political voice and governance, and economic and physical insecurity. A list of the wellbeing indicators found in this study is shown in. Many other social and psychological factors that the phrase "quality of life" suggests, such as safety, fairness, freedom of choice, and human rights, are not taken into account in our research. In this situation, the study can be seen as being quite constrained, mostly because the necessary data aren't readily available. The research employs a set of indicators that includes a broad range of significant qualities that influence human well-being, despite the analysis seeming to be limited.

As mentioned previously, this research makes use of municipal-level census data from Brazil from the years 1991, 2000, and 2010. Thus, it makes use of the 5,565 municipalities' panel data from

the aforementioned years. This research utilizes data on the mean income of each municipality in the dataset to calculate per capita income. To determine per capita income, all inhabitants' earnings are combined by municipality, and the total is then divided by the municipality's population. The majority of population censuses do not include information on income, although in Brazil there is a sample population for whom income data is gathered. This information is expanded to include both the total population of the municipality and the population of the whole nation using population weights. Quintile shares and the Gini index are computed using the sample. Based on poverty thresholds of R\$140 and R\$70 per month at 2010 prices, respectively, the proportion of the poor and severely poor is determined. Life expectancy at birth is another measure of wellbeing; it shows how many years a newborn child would live if mortality rates that were prevalent at the time of his birth persisted throughout his whole life.

It is a measure of longevity that is impacted by a number of factors, including dietary intake, availability to clean water, sanitation, and medical care. Longer lifespans are associated with lower rates of morbidity, disease, and hunger. As a result, life expectancy at birth may be seen as a measure of success and qualifies as a measure of wellbeing. The process of determining life expectancy at birth is complex and requires multiple steps. It is difficult to calculate life expectancy at the regional level, and it is much harder at the municipal level. This is partially due to internal mobility within the nation, which renders civil records insufficient. Indirect approaches were employed to get estimates of mortality in order to determine life expectancy at birth per municipality.

The number of live births and the number of children who were still alive at the time the census was taken are based on self-reported data. This data was gathered after pertinent questions from a sample of the population census were posed to women of reproductive age. The fraction of fatalities may be calculated using this information. These calculated proportions must be transformed into likelihood ratios of mortality by modeling. The life tables from which the life expectancy at birth is generated must then be applied using these odds ratios. As the survival of newborns and children is crucial for the well-being of society, baby and child mortality rates are another sign of wellbeing. The number of newborns that pass away before turning one in every thousand live births in a given year is known as the infant mortality rate. Similar to this, the child mortality rate is the likelihood per 1,000 that a kid would pass away before turning five. High newborn and child death rates may be attributed to a number of factors, including poor sanitation, polluted drinking water from water-borne illnesses, and inadequate nutrition. Infants and children with poor nutrition have lower infection resistance, and different illnesses in turn cause the body's ability for absorption to decline. As a result, a youngster that is severely malnourished has lower survival rates.

Thus, high newborn and child death rates are an important indicator of wellbeing. Infant and child mortality rates, in contrast to other measures, are adversely correlated with happiness. The baby and child death rates were changed to infant and child survival rates to be consistent with other encouraging data. These factors now show how likely it is for babies and young children to survive. Although newborn or child survival rates are the major factors affecting life expectancy at birth, they should be considered as independent well-being indicators since they are more vulnerable to unsanitary circumstances, vulnerability to water borne illnesses, and malnutrition. Education level is yet another crucial element that influences wellbeing. Education has long been referred to as "the great equalizer" due to the belief that a degree may help a person get a job with a better salary.

Naturally, having a higher paid job raises one's level of life. As a result, it is widely accepted that those with greater levels of education have better living conditions than those with lower levels of education. The adult literacy rate is one of the educational indicators that may be used to measure a society's success. It is obvious that being literate opens up a wide range of additional opportunities, including the ability to read and write, interact with people more effectively, and take part in political processes, to mention a few. A substantial positive link between the literacy rate and birth weight is also discovered by this investigation. Greater life expectancy at birth, as well as lower newborn and death rates, are seen in the communities with greater literacy rates. Indicators of educational achievement used in this research include the percentage of adults (18 years and older) who have completed high school and the percentage of adults (25 years and older) who have finished a higher degree.

Three additional factors for children in the school-age group's attendance at school are also analyzed. Student academic achievement is significantly influenced by attendance. For instance, attendance has a 22% impact on students' academic achievement in 398 secondary schools in Delta State, Nigeria. Living environments have a significant role in attaining wellbeing and sustaining healthy lifestyles. Numerous infectious illnesses may be acquired as a result of inadequate sanitation and tainted water, which contributes to poor health.

Children in India often suffer from severe malnutrition, according to albeit this may not be entirely due to a lack of food. The Economist (July 2015) correctly noted that "one reason Indians are less well-nourished than Africans is that more Indians defecate outdoors so more contract diarrhea and other diseases that make it harder for children in particular, to absorb the nutrients they consume." A population that lacks access to piped water, toilets, and sufficient sanitation is far more likely to get infectious illnesses, which lowers their quality of life. Earnings from jobs in the job market have an impact on wellbeing as well. As previously said, cash helps to increase well-being by enabling individuals to purchase things and services that help them live better lives. When compared to those who are working, those who are jobless are likely to have poorer standards of life. Additionally, work itself has inherent worth. In addition to monetary compensation, employment provide individuals a sense of fulfillment in life. People who are unemployed report less pleasure and life satisfaction than those who are working. It's important to consider employment quality while trying to enhance wellbeing. For instance, individuals working in the unorganized sector put in long hours and endure horrible working conditions, yet they just make enough money to live on.

According to the International Labor Organization and the World Trade Organization in 2009, over 60% of employees in developing nations are involved in some kind of informal sector activity. For instance, more than 50% of the workforce in Sri Lanka, more than 25% in the Philippines, and approximately 25% in Brazil is engaged in the informal sector. As a result, this research uses the percentage of people having formal employment or contracts as a measure of well-being. Similar to that, this research uses the percentage of productive employment as a measure of well-being. The percentage of employed people making at least the minimum wage is known as the productive employment rate. A worker and his dependents are guaranteed to enjoy a level of consumption above the poverty line thanks to productive employment. As a result, creating productive jobs is essential to attempts to promote equitable development, according to groups like the World Bank and the International Labor Organization. Governments, international organizations, and other stakeholders have spoken extensively in recent years about how to generate productive employment, but strategies to do so have not yet been spelled out in detail. Brazil, for instance,

has a minimum wage regime that aids employees in escaping poverty. Low paid employees are those who make less than the minimum wage and are prone to experience relative or even absolute deprivation.

The ability to work is another crucial aspect of freedom that everyone should enjoy. Given the benefits of working, such as increased pay and the building of human capital, well-being is shaped by involvement in the labor force. For a number of reasons, the labor force participation of women is a particularly significant measure of their wellbeing. First, since more women are leading families and living alone, there is a growing proportion of women in society whose financial security is heavily dependent on their ability to work and earn. Second, the allocation of resources and the processes of household decision-making are likely to be impacted by women's employment and earnings in married-couple homes. Third, involvement raises women's degree of employment experience, which is a key factor in the gender wage gap. As a result, the labor force participation rate is also included in this research as a measure of wellbeing. Although some efforts have been made in that regard this research does not seek to combine several well-being variables into a single index. We can rank nations using a single well-being measure, however creating the index has numerous drawbacks. The process of combining multiple well-being variables and the weights that should be assigned to those dimensions in the aggregation are the main difficulties of creating such an index. By simply averaging the three characteristics of life expectancy at birth, infant mortality rate, and literacy rate, created a single indicator. Even if this index is easy to create, it is too arbitrary since there is no sound economic justification for giving equal weight to various well-being components. Utilizing a principal component technique, in which the weights of indicators are set in proportion to the leading principal components of the correlation matrix, is an alternate strategy that has been recommended in the literature.

This method's justification is that the data choose the "optimal" weights that best represent the range of indicators. Additionally, maximization of the variance in the component indicators is not justified economically. Making a normative assessment of the relative significance of several characteristics of well-being is necessary when weighing them. Is health more important than education, for instance, or vice versa? The weights established using just statistical methods do not correspond to how we value certain aspects in relation to one another. The case that it is not required to transform a vector of capabilities into an index that is represented by a single real number in this respect. Sen argues that since well-being is essentially plural, it cannot be measured in the same way that weight or height are [4]–[6]. As a result, this research uses a partial ordering strategy, grading each capability's contribution to total well-being. This method is used to evaluate Brazil's well-being, which is covered in the next section. 5. Brazil's Well-Being Levels and Performance with almost 190 million citizens, Brazil is the biggest and most populated nation in Latin America. From the 1960s through the early 1980s, it set the pace for expansion in Latin America. Growth was, however, accompanied by worsening social development and increased inequality.

DISCUSSION

In the 2000s, Brazil's economy recovered, with growth ramping up, inequality beginning to reduce, and poverty dropping significantly. Living circumstances, health, and education have all significantly improved. Based on measures obtained from 5,565 municipalities, Table 1 shows Brazil's general welfare in 1991, 2000, and 2010. At 2011 purchasing power parity (PPP), the local currency's per capita family income was converted to US dollars. In 1991, the average daily per

capita income was \$10.75; this figure rose to \$14.21 in 2000 and then to \$19.05 in 2010. In this way, the average daily standard of living rose for each individual from 1991 to 2000 by \$3.46 and from 2000 to 2010 by an additional \$5.24. In comparison to 1991–2000, the average standard of living increased more dramatically between 2000 and 2010. In comparison, from 1991 to 2000 and from 2000 to 2010, yearly increases in per capita income were 3.10% and 3.25%, respectively. The Gini index, which measures inequality, rose from 54.61% in 1991 to 56.77% in 2000, but fell to 53.23% in 2010. As a result, the Gini index rose at a pace of 0.24 percentage points per year between 1991 and 2000 before seeing a rapid decline at a rate of 0.35 percentage points per year between 2000 and 2010. Estimates from this study's usage of the Brazilian National Household Surveys (PNADs) reveal that inequality decreased monotonically between 2001 and 2012.

The income shares of the quintiles with the lowest and highest incomes may likewise be used to measure inequality. From 3.55% in 1991 to 2.96% in 2000, the income share of the lowest quintile fell; however, it rose to 3.52% in 2010. In the meanwhile, the top quintile's income share increased from 59.57% in 1991 to 61.19% in 2000 before dropping precipitously to 57.98% in 2010. The variations in the income percentages of the quintiles with the lowest and highest incomes indicate that inequality grew between 1991 and 2000 but decreased between 2000 and 2010. Even though its fall was more pronounced between 2000 and 2010, the incidence of poverty declined from 1991 to 2000 and through 2010. Brazil's conditional cash transfer program, was put into place in 2003, and it is believed to have helped reduce poverty between 2000 and 2010 in the country. According to Zepeda (2006), helped reduce poverty by 19% when using the poverty severity metric and by 12% when using the poverty gap measure. Brazil serves as a case study for a nation that has experienced expansion without development.

Its human development trailed well behind that of many other middle-income nations in the 1980s and early 1990s. For instance, Sri Lanka and several other low-income developing nations had natal life expectancies about 69.55 years in 1991 in Brazil. But during the following 20 years, there has been a noticeable improvement. Though it still falls short of South Korea's 79-year average, the life expectancy at birth improved to 74.39 years in 2010. Over the last 20 years, there has been a noticeable improvement in the baby and child survival rates. In contrast to South Korea, where the equivalent percentages are higher (over 99%), these rates topped 98% in 2010. Brazil's adult literacy rate in terms of education rose from 79.48% in 1991 to 86.47% in 2000 and then to 90.04% in 2010. Brazil's literacy rate has increased significantly over the last 20 years, although it still trails behind nations with comparable economic levels, such as Costa Rica (96%). This paper investigates how economic disparity affects Brazilian human development.

The results show that Brazil's persistently high inequality in the 1980s and 1990s may have been the primary factor in the country's at-the-time poor human growth. The well-being indicators used for this research are shown in Table 1. Over the last 20 years, Brazil has seen a noticeable improvement in its living circumstances, health, employment, and elimination of poverty. Despite recent slowdowns in growth, Brazil can no longer be regarded as a non-developing nation. Brazil's inequality has been rapidly declining since 2001. The prospects for long-term growth in the nation have increased as a result of this drop in inequality. A 2015 research by the International Monetary Fund (IMF) found that an improvement of 0.07 percentage points in GDP growth rate is produced by a drop of one percentage point in the Gini index. Based on general measures, we evaluated the state of well-being in Brazil in the preceding section. Instead of focusing on aggregate well-being indicators, we should ideally be more interested in well-being indicators at the individual or group level, especially if there is an unequal distribution of well-being among social and economic

categories. We should be concerned in the distribution of well-being across gender, caste, race, and ethnicity, as accurately notes [7]–[9].

CONCLUSION

In conclusion, there are many different ways in which social wellbeing and economic inequality are related. Programs and policies for social welfare may be very important in addressing and reducing economic inequality in a country. Social welfare systems like progressive taxation, income transfers, and means-tested subsidies may efficiently move money and wealth from the wealthy to the poor. The goal of these methods is to narrow the wealth and poverty divide. Social welfare systems often provide access to necessities including housing, healthcare, and education. Making sure that everyone may use these services, regardless of their financial situation, can help level the playing field and lessen disparity in opportunities and results. By offering low-income people and families financial help, food security, and housing support, targeted welfare programs may effectively combat poverty. The improvement of disadvantaged groups' economic well-being depends on these initiatives.

Economic development that benefits a wider part of society may be fostered through social welfare policies that support access to healthcare, education, and training. This will lead to a more productive and inclusive workforce. In times of economic crisis or downturn, welfare programs' social safety nets may prevent individuals and families from slipping into poverty, stabilizing the economy as a whole. Social welfare policies may contribute to a reduction in long-term economic inequality by making investments in the education and welfare of children from poor homes. This will help break the cycle of intergenerational poverty. Social welfare programs may also encounter obstacles including questions about the financial viability of the program and possible obstacles to employment. It's difficult to strike the ideal balance between developing self-sufficiency and offering a safety net. Political ideologies and public opinion often have an impact on the structure and reach of social welfare programs. Social welfare policies may take on different forms depending on how often debates on the role of government in tackling economic inequality take place. Economic inequality and social wellbeing are fundamentally linked. Social welfare policies and initiatives have the power to reduce economic inequality, advance social justice, and build a fairer society. To balance the aims of economic efficiency with social justice within the framework of each society's particular circumstances and beliefs, however, needs rigorous planning, examination, and dedication.

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CHAPTER 8

A BRIEF DISCUSSION ON SOCIAL WELFARE AND HEALTHCARE

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ABSTRACT:

The junction of social welfare and healthcare is a crucial node that has a significant influence on people's and communities' wellbeing. This abstract investigates the complex interplay between social welfare programs and healthcare systems, highlighting the reciprocal contribution of both to the advancement of health fairness and access to high-quality treatment. Social welfare and healthcare are inextricably linked since healthcare, a basic human right, is crucial to determining overall quality of life. By addressing socioeconomic determinants of health including poverty, education, and housing, social welfare policies may affect healthcare access, delivery, and results, as shown in this abstract. The study explores how social welfare might help bridge healthcare gaps. It highlights how disadvantaged groups may benefit from programs that support them financially, assure access to basic services, and target vulnerable populations. On the other hand, the abstract recognizes how healthcare affects societal wellbeing, especially in light of growing healthcare expenses. As components of a strong social safety net, it highlights the significance of insurance coverage, cost, and the avoidance of medical bankruptcies. Additionally, this abstract examines numerous theories and techniques while emphasizing worldwide views on the connection between social welfare and healthcare. It compares healthcare systems in nations with universal coverage, like Canada and the United Kingdom, with those in nations that take a more market-driven approach, such the United States, with an emphasis on the part social welfare policies had in forming these systems. The study also highlights this relationship's dynamic character, particularly in light of new healthcare issues including aging populations, pandemics, and technological advancements in medicine. It emphasizes the need of social welfare programs that are flexible enough to react to changing healthcare requirements. The connection between social welfare and healthcare emphasizes the need of a comprehensive strategy for wellbeing. In order to guarantee that social welfare policies and healthcare systems function together to create healthier, more equal societies, this abstract underline the necessity for coordinated efforts between legislators, healthcare professionals, and social service organizations. In the end, a healthy society is one in which having access to healthcare reflects larger social welfare concepts and values as well as medical treatment.

KEYWORDS:

Care, Health, Social, Welfare, Treatments.

INTRODUCTION

The provision of high-quality, universal health care is the main duty of health systems. Health systems also contribute significantly to the status and stability of national and regional economies via their expenditures and investments. This economic contribution has not been recorded up to this point. Through ethical practices in the areas of employment and consumer spending, health systems play a significant role in promoting equitable and sustainable development. It is not commonly known or presently taken into account in many mainstream policies and practices that

health systems have a positive social impact. In order to comprehend the considerable potential economic, social, and economic advantages throughout the WHO European Region, this paper lays out the justification, evidence, and methodologies. The work aims to assist larger initiatives that regard health systems as essential to fostering equitable and inclusive development, contributing to the creation of benefits for the whole community, especially for those who are often left behind. Economic security and social cohesiveness are crucial factors in social and economic success, which in turn contribute to health and well-being.

The upcoming European Health Equity Status Report from the WHO Regional Office for Europe demonstrates that there has been uneven progress toward improving social and economic conditions for health, and that social and economic inequalities are significant contributors to regional differences in life expectancy, premature morbidity, and life-limiting illness. In addition to its role in safeguarding and promoting public health, health systems also have a variety of economic and social effects that have, until now, mostly gone unnoticed. Health systems will gain from a greater place in regional and national development plans and investment strategies by making their social and economic consequences obvious.

This will also significantly aid in changing the argument from one where health systems are seen as nothing more than an expense to one where they are seen as mechanisms that promote economic stability and crucial collaborators in attaining social and economic well-being. Too often, mainstream development processes and investment choices at local, national, and European levels miss the economic and social advantages and implications of health systems due to a lack of understanding of these issues. Instead, the primary discussion is on how much health systems cost, and as a result, public health spending is being questioned and may even decrease in many countries (2). International organizations like the World Health Organization and the World Bank quantify the financial gains from investments in human capital via education, training, and professional development in order to recognize the significant contribution that public health and education systems provide to society.

Practice-based research is demonstrating to WHO how health system investments have advantages beyond bettering health outcomes (3). Health-related costs are often one of the greatest categories of general government spending, making them a huge chance to have an impact on national economies. Total government spending on health in the 28 nations that have been a part of the EU since 2007 (EU28) in 2016 was 7% of GDP (ranging from 9% in Norway and Denmark to 3% in Cyprus and 4% in Latvia) (4). In nations with universal health care, this figure may be even higher because these budgets may be interpreted as private health insurance premiums rather than government spending. Insofar as they promote fair economic growth and sustainable development, health systems provide a net contribution to economic and social progress.

They achieve this by increasing employment opportunities and implementing inclusive employment policies; improving the skills base in regional and local labour markets; targeting investment in deprived areas, or those with relatively low economic output; increasing use of micro, small and medium-sized enterprises (MSMEs) when purchasing and procuring; contributing to improving social cohesion in disadvantaged communities Making the case for investing in health systems forms part of the commitments at the core of the 2030 Agenda for Sustainable Development and the Tallinn+10 (2018), whereby the Tallinn Charter: Health Systems Health and Wealth was revisited and it was concluded that there was a need to “intensify efforts to bring health and finance decision-makers together around shared goals by taking note of public

finance objectives and correspondingly demonstrating the economic and social returns of investing in health systems. How health systems use and invest their resources has an important impact on the resulting economic, social and human benefits. Health systems may change local economies so they benefit everyone, not just a select few, by leveraging the resources and assets within communities and by adopting responsible approaches to employment, job creation, and the production of products and services. The goal of 21st-century development strategies is to increase societal wellbeing via the creation of more inclusive, resilient, and sustainable economies. The emergence of initiatives and laws like community wealth-building (CWB) and the circular economy reflects this. The communal Wealth Building (CWB) development strategy places emphasis on local stakeholders cooperating to coordinate communal resources and maintain wealth circulation in nearby areas [1]–[3].

The circular economy's inclusive approach demonstrates the connections between sustainable development, excellent health, and decent employment, as well as environmental improvement and the preservation of the planet's natural resources. Examining and optimizing the social and economic effects of public institutions within the local communities in which they are situated as well as institutions that uphold shared public interests like civil society groups is essential to these methods and approaches. Policymakers, civil society organizations, community groups or associations, and anyone interested in the development of dynamic, resilient, and prosperous villages, towns, and regions are becoming more interested in this topic.

Such strategies have been used more often in the United States of America and are sometimes grouped under the heading "Anchor Institutions." The phrase was first used to refer to the advantages that public institutions have on regional economies and communities. Large, public or nonprofit organizations having a relationship to their neighborhood that extends beyond their core mission are referred to as anchor institutions. As they are unlikely to leave the region, they get linked to a community. A hospital or university, for instance, are unlikely to leave a community in hard times since they are economically and culturally attached to the location where they are located. Anchor Institutions are thus seen as economic stabilizers that aid in reducing economic instability. In the face of deteriorating local economies and growing social inequities, Anchor Institutions provide "positive social and economic change".

These organizations consciously employ their enormous financial resources to assist regional community organizations. The most prevalent kind of anchor institution is a university, and numerous studies have examined their impact on local and regional economies as well as their connection to the community in which they are based. Governments all over the world frequently use input/output analyses to plan and measure economic development.

Input/output tables can demonstrate how and which industries are connected to and affected by health systems, allowing the health and finance sectors to quantify the total contribution of health systems to the domestic economy and to assess the direct and indirect economic effects of health systems on the national economy. In Annex 1, the input/output approach is described in more detail. Testing the real-world utility and resilience of the input/output technique when applied to health systems has required extensive testing of the methodology utilizing national data. From April 2017 to September 2018, two pilot projects were run. In order to adjust the approach and evaluate dependability and effect over time, a thorough pilot study was conducted in Slovenia utilizing data spanning a 10-year period. Based on an examination of input/output data for the years 2009, 2010, and 2014 in 49 economic sectors, this report evaluated the health sector's

economic contribution and stability to the Slovenian economy over a ten-year period. The examination of the economic and social effects of health systems in 19 European nations was then conducted using the tried-and-true methodology. Changes in investment and demand in the health sector were examined, along with the effects on other economic sectors. This study is based on input/output figures from the year 2010 in 62 economic sectors and was conducted on 19 EU nations based on similar data.

Results The pilots provided solid proof that, on average, the health care industry is not, as is sometimes claimed, a costly expense but rather a vital economic engine that boosts a nation's economy and generates a lot of high-quality employment. The health sector's economic impact was found to be quite considerable across all 19 nations, with expenditure on its goods and services having a beneficial influence on national economies, particularly when compared to the consequences of comparable changes in other sectors. The following examples demonstrate the unexpected and significant economic and social consequences and advantages identified by pilot research.

A 19-country input/output research revealed that the health sector was crucial to each country's GDP. When all direct and indirect effects are taken into account, one additional euro spent on goods and services (output) in the health care sector would, on average (for all the countries under consideration), increase the national economy's output by: €1.4; €2.7 including induced effects. The following were some further important economic growth-related results. The average family income would increase by €0.7 (measured as direct, indirect, and induced impacts) for every €1 increase in health spending. Only nine other industries had a greater influence on family income than the health sector, which is ranked 10th out of the 62 sectors examined. These results support earlier research that indicates that each dollar spent on the health sector in the WHO European Region results in an extra US\$ 0.77 contribution to economic growth because of indirect and induced effects.

In addition to the tens of thousands of employments that health systems directly generate, they also generate tens of thousands more jobs outside the health system. Four new employments are often produced in the rest of the economy for every extra €100,000 spent on the healthcare system. This multiplier is far larger in certain nations; for instance, in Bulgaria, for every €100,000 invested in the health sector, 10 jobs are generated. The overall employment in the whole national economy will typically increase by direct and indirect effects or when induced effects are taken into account for every new job produced in the health care sector. The employment multipliers for the health industry were found to be greater than the average for all economic sectors in the overwhelming majority of the nations studied. It's significant that positions in the health care industry are highly desirable socioeconomically in all 19 of the nations examined.

The input/output studies revealed that the health sector is robust to ordinary economic cycles and serves as a crucial community stabilizer during hard times. Domestic health care looks to lessen output, income, and employment volatility while also serving as a key economic shock absorber in trying times. The health industry was one of the most stable sectors in Slovenia, according to an examination of the country's input/output data that looked at the stability of 49 different businesses. A total of 49 economic sectors in Slovenia were compared, and three years were examined during a ten-year period to assess each sector's resilience across extreme economic cycles, such as years of severe crisis and expansion. The microeconomic analysis revealed that the health sector is among the most stable in Slovenia's economy, demonstrating consistency in all areas including

employment, income, added value, output, and imports. Additionally, the health sector is one of the best employers for communities that frequently experience the effects of significant economic change. As a safe industry with consistent margins of return that endure over time, it is also a reliable investment for economic development. These results support research that indicates that employment in the health and care sector tends to be less sensitive to cyclical fluctuations (such as an economic recession) than employment in other sectors of the economy. Health systems can make use of their spending and investment approaches to produce significant social and economic benefits at both the national and local levels.

Shorter employment and procurement chains may have a significant positive impact on local results in health systems. These changes can also be made to ways of procuring products and services. Health systems may enhance inbound investment, boost local demand for products and services, and keep people, resources, and jobs in the towns, cities, and regions where they are situated. Improvements in indices of sustainability and economic and social well-being provide to quantify both the direct and indirect advantages of this. Employment-related benefits Health systems are crucial elements of any economy and a significant employer. Most nations have sizable and expanding workforces in the health and care sectors. The International Labour Organization (ILO) claims. Over 12% of all jobs in northern, southern, and western Europe were in the health and social work sector in 2017; between 2000 and 2017, this sector's share of total employment in Europe and central Asia climbed from 7.4% to 9.0%.

The WHO European Region anticipates a rise in the need for health professionals, with the creation of 40 million new jobs by 2030, mostly in high- and middle-income nations. The workforces of healthcare systems are often seen as an expense, and employment expenditures are not frequently seen as an investment in local communities. However, health systems provide several employment-related economic and social advantages. Jobs in the health sector affect local communities by: increasing local wealth because staff who live locally also spend locally, which has a positive long-term impact on economic and social resilience; reducing carbon emissions because people travel less distance to work. This is true in areas where health systems are among, if not the largest employer of local residents. By employing locals, health systems can support jobs, keeping people in employment an important social determinant of health and reap additional advantages, such as subsequent effects on housing, nutrition, social cohesion, and the environment [2], [4], [5].

Health systems are pioneers in creating quality employment opportunities in addition to many positions. The key to achieving inclusive, sustainable development and ending poverty is the availability of excellent employment. Good working conditions guarantee: a fair wage that is at least minimum or living-wage equivalent; employee benefits like maternity and paternity leave; minimal use of temporary contracts; safe working conditions; security and the ability to engage in collective bargaining; and opportunities for advancement and career development. The health industry is at the forefront of providing safe working conditions in the WHO European Region. The health industry has more female leaders than most other industries, and many women are working in high-quality employment. At least 30% of employees in the health industry are 50 years of age or older, making it one of the industries with the greatest percentage of elderly workers. Jobs in the health industry provide excellent chances for training; in 2014, more than 50% of employees participated in employer-sponsored training. Health systems significantly improve working conditions in communities, making them more equal and inclusive through creating decent employment. For instance, as will be shown below, health systems ameliorate different

elements of inequality. By offering childcare services, parents' working circumstances are enhanced. Increasing local job possibilities and stability for women improves gender fairness. Women are often employed in the health and social care sectors, where they account for 67% of all employment, compared to 41% overall, according to a study of 123 nations.

Additionally, the proportion of female bosses in the "human health activities" sector is greater than in other sectors (21) at over half (55%) of all bosses. Geographic inequalities are reduced by the health sector because social and health care services are significant employers in rural and distant areas, in contrast to many other industries where employment possibilities are concentrated in major cities and commercial hubs. Employment equity is enhanced in other ways, such as expanding possibilities for groups that have historically had a harder difficulty finding full-time jobs (such as those with disabilities or minority groups). Human health-related occupations have one of the largest percentages of elderly workers, with at least 30% of employees being 50 or older. The standard is affected. Although there is no solitary metric for determining the quality of a job, researchers employ common factors to comprehend it, including skill level, skill utilization, task diversity, autonomy, control, speed of work, contractual status, work environment, and training possibilities. Jobs in the health industry have a high degree of task rotation (64%) according to research analyzing employment in Europe. Health care systems also increase fairness in terms of advancement and education. In contrast to other industries, health systems provide plenty of chances for education and training, as well as maintaining and raising the workforce's abilities.

In the EU28, 13% of employees said they needed further training to handle their existing responsibilities; in human health, this number rose to 20%. In the field of human health, more than 50% of employees reported getting paid training. The length of schooling and the skills obtained have a big influence on health and well-being, which helps build resilient people and communities. More educated people have better lives, can afford a higher standard of living, and are more likely to live and work in places that are safer and healthier. Self-assessment tool to modify employment practices for improved social and financial gains This self-assessment tool is designed to allow users to evaluate the social and financial effects of employment practices in health systems. It is designed to be utilized by a broad range of professionals at both the national and local levels, including administrators of health systems and human resource specialists, public health leaders, and organizations working in the civil society on employment.

The West Belfast and Greater Shankill Health Employment Partnership sought to reduce long-term unemployment by encouraging economically inactive individuals to acquire skills and work at the community hospital. It also offered education and career advancement possibilities for lower-paid hospital employees. The Northern Ireland Department of Health provided money for the experiment. The following are significant results: 143 long-term jobless persons found permanent employment with the Belfast Trust, with a retention rate of over 95%. 316 lower-paid employees got extra training to further their careers, and many of them were promoted within the first year. Domestic employees and catering helpers advanced to supervisor positions, assistants in health records, and chefs.

Benefits such as the Jobseeker's Allowance, Income Support, and Incapacity Benefit were reduced by an estimated £385 000 year. Each year, West Belfast and Greater Shankill had an increase in local economic activity of up to £1.48 million. Additionally, Northern Ireland is setting the bar for innovation in how government departments collaborate to show how health systems affect the economy. In Northern Ireland, the ministries of health and economy collaborated six years ago and

came to the conclusion that the amount spent annually on the provision of health and social care should be labeled as a yearly investment and seen as a catalyst for economic development. Since then, daily operations between the two departments have included practical cooperation, including the formation of a multistakeholder group comprising representatives from the executive branch, academic institutions, and business.

Enabling European Frameworks and Strategies The 2030 Agenda for Sustainable Development and many of the SDGs place a high priority on good work, the development of jobs, and benefits and rights at work. The Sustainable Development Goals (SDGs) contain employment objectives under a number of goals, including SDGs 8 (Decent work and economic development) and 10 (Reduced disparities). Encourage the formalization and expansion of MSMEs by promoting development-oriented policies that promote productive activities, the creation of decent jobs, entrepreneurship, creativity, and innovation. This may be done, for example, by facilitating MSMEs' access to financial services. (Indicator) The percentage of non-agricultural jobs that are informal, broken down by gender. 8.5 Achieve full and productive employment, decent work for all women and men by the year 2030, particularly for young people and individuals with disabilities, as well as equitable compensation for labor of equal worth.

DISCUSSION

Significantly lower the percentage of youngsters who are not in employment, education, or training. 10.1 By 2030, gradually increase and maintain the poorest 40% of the population's income at a pace that is faster than the national average. Empower all people by 2030, regardless of their age, gender, handicap, race, ethnicity, country of origin, religion, or economic or other position. Gains from buying and procurement Public organizations' significant purchasing budgets provide a chance to create thriving local economies and communities. Public procurement accounts for 29% of government expenditure and 14% of GDP in the EU more than 1.9 trillion euros are involved. Health systems have substantial budgets for purchasing, making them very strong and influential consumers of products and services. Not all products and services can be produced locally, therefore health systems may save money by making bulk purchases on a national scale. However, outsourcing all goods and services to far-off outside vendors might exacerbate economic inequality since the advantages of high public expenditures are felt elsewhere rather than in the local areas where the goods and services are provided.

A slight shift in buying expenditures in favor of regional vendors might have a big impact on nearby towns. Purchasing is often considered an expense rather than a potential for economic progress, distinct from regional economic objectives and political choices. The major goal of the standard procurement strategy is to "value for money" while reducing current expenditures. In 55% of governmental procurement processes, the lowest price is still the only factor for award. The EU proposed new regulations in 2014 "to ensure greater inclusion of common societal goals in the procurement process" and "to ensure public funding is spent efficiently and effectively." The EU said in 2018 that contracting authorities might and should include "other criteria than the lowest price or cost effectiveness only, including qualitative, environmental and/or social aspects. The economic and social advantages of procurement and buying Since the late 2000s, more nations have realized the important potential contribution that procurement and purchasing can make to attaining social and environmental advantages. Strategic purchasing should play a significant role in building prosperous and sustainable economies and communities, according to WHO, the World Bank, and the EU They state that: Strategic social purchasing [SSP] can improve equity, quality,

and efficiency. The Netherlands has a lengthy history with SSP. In order to improve its position as a top health city, the area of Utrecht collaborates closely with regional and national partners. To achieve the lowest unemployment rate in the Netherlands, Utrecht uses social procurement. In order to alleviate supplier concerns, authorities in Utrecht took the effort to clarify the strategy and include a social return element to all public bids in 2012.

Contractors are required to spend 5% of the contract value, or up to €100,000, on activities that have a social added value. Contractors can fulfill this clause in a variety of ways, including: creating jobs for people who are further away from the labor market; matching vacancies with specific target groups (for example, long-term unemployed people or marginalized groups - the longer a person is without a job, the more value they represent to the contractor); offering opportunities for training or education, such as training and educating students and/or job seekers; purchasing goods or services; and so on. The City Council of Preston, England (United Kingdom) raised local procurement by 13% during a four-year period, resulting in an additional £4 million being spent in the neighborhood.

The municipal government in Manchester, England, enhanced local procurement and included social considerations into the selection process. As a consequence, local spending climbed from 50% to 71%, and in 2016–2017 £320 million in products and services were purchased from Manchester-based companies. In addition, an estimated 1 160 extra jobs were generated in Manchester, and of these, 423 employment chances were for "hard to reach" persons, according to estimates of 68 862 volunteer hours and community sector support actions. After include social and employment elements in procurement, Barcelona City Council in Spain greatly expanded its supplier base. Using 250 new providers, this was accomplished in a year without building up relationships with major national or international suppliers. They did this by requiring contractors to adhere to strict guidelines for energy efficiency, gender equality, and fair working conditions.

Additionally, they recognized and rewarded businesses that put people first, operated under democratic principles, reinvest earnings, and choose to maintain stable, high-quality employment opportunities for marginalized populations. In Wales, regardless of the size of the purchase, community benefits must be considered for all National Health Service (NHS) initiatives funded by Welsh Government capital grants. The financial framework for the new hospital in Treviso, Italy, is meant to serve as an example for other sustainable, public infrastructure projects. The Community Benefits Measurement Tool captures the full range of community benefit outcomes, including jobs, educational support initiatives, and training. It also offers a consistent method of measuring such benefits.

A 21-year public-private partnership deal for a €250 million, 1,000-bed hospital was used to refurbish and enhance the facility. Savings from finance provided by the European Investment Bank (EIB) will allow money to be reinvested in the Treviso neighborhood. The whole EIB savings will be invested in Ospedal Grando Impact Investing, a new social impact mechanism designed to fund socially entrepreneurial projects focusing on public health in the Treviso region and the greater Veneto Region. It is the first initiative sponsored by the EIB that expressly pledges to utilize the financial gains from EIB financing for social impact investing. The goal is to start a positive feedback loop wherein further expenditures in the social impact mechanism led to improved community services and increased stakeholder involvement.

By realigning public and private interests, it is believed that this paradigm would revolutionize future schemes for funding social infrastructure. Enabling European Frameworks and Strategies

According to the SDGs, sustainable procurement is a crucial component of the fight against poverty, inequality, and climate change. Under SDG 12 (Ensure sustainable consumption and production patterns), the SDGs contain procurement ambitions. Implement the 10-year plan for sustainable consumption and production, with industrialized nations taking the lead and all other nations following suit while taking into consideration the progress and potential of emerging nations. Encourage sustainable public procurement methods in line with national aims and policies [6]–[8].

CONCLUSION

In conclusion, there are many different ways in which social wellbeing and economic inequality are related. Programs and policies for social welfare may be very important in addressing and reducing economic inequality in a country. The connection of social welfare and economic inequality is highlighted by a few important points: **Resource Redistribution:** Social welfare systems like progressive taxation, income transfers, and means-tested subsidies may efficiently move money and wealth from the wealthy to the poor. The goal of these methods is to narrow the wealth and poverty divide. **Access to Essential Services:** Social welfare systems often provide access to necessities including housing, healthcare, and education. Making sure that everyone may use these services, regardless of their financial situation, can help level the playing field and lessen disparity in opportunities and results. **Poverty Alleviation:** By offering low-income people and families' financial help, food security, and housing support, targeted welfare programs may effectively combat poverty. The improvement of disadvantaged groups' economic well-being depends on these initiatives. Economic development that benefits a wider part of society may be fostered through social welfare policies that support access to healthcare, education, and training. This will lead to a more productive and inclusive workforce. **Social Safety Nets:** In times of economic crisis or downturn, welfare programs' social safety nets may prevent individuals and families from slipping into poverty, stabilizing the economy as a whole. **Fighting Intergenerational Poverty:** Social welfare policies may contribute to a reduction in long-term economic inequality by making investments in the education and welfare of children from poor homes. This will help break the cycle of intergenerational poverty. **Trade-offs and Obstacles:** Social welfare programs may also encounter obstacles including questions about the financial viability of the program and possible obstacles to employment. It's difficult to strike the ideal balance between developing self-sufficiency and offering a safety net. **Political and Ideological Factors:** Political ideologies and public opinion often have an impact on the structure and reach of social welfare programs. Social welfare policies may take on different forms depending on how often debates on the role of government in tackling economic inequality take place. Economic inequality and social wellbeing are fundamentally linked. Social welfare policies and initiatives have the power to reduce economic inequality, advance social justice, and build a more fair society. To balance the aims of economic efficiency with social justice within the framework of each society's particular circumstances and beliefs, however, needs rigorous planning, examination, and dedication.

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CHAPTER 9

CHILD WELFARE AND FAMILY SUPPORT

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ABSTRACT:

A vital component of social policy, child welfare and family support programs work to protect children's growth and development while bolstering families. This abstract examines the complex interrelationship between family assistance and child welfare, stressing their common goals, difficulties, and the need of a comprehensive strategy for the welfare of children and families. Protecting children from abuse, neglect, and exploitation as well as maintaining their healthy growth are the core concerns of child welfare. Contrarily, family support places a greater emphasis on fostering positive family relations, improving parenting abilities, and offering tools to promote the stability and resilience of families. This abstract emphasizes how these two topics are inextricably related since a child's wellbeing depends much on a supportive home environment. The abstract explores the goals of child welfare, highlighting the value of children's security, stability, and wellbeing. In order to either reunite the kid with their family or to provide an alternative, secure, and caring environment via adoption or foster care, it outlines how child protective agencies work to investigate and act in situations of abuse or neglect. In addition, family support services are intended to address the root causes of problems with child welfare, such as poverty, drug misuse, or a lack of access to healthcare and education. This abstract emphasizes how family support programs provide parents and caregivers tools, counseling, and education to help them feel more empowered and protect kids from danger. Additionally, the abstract looks at the difficulties and complications that exist in the fields of child welfare and family assistance, such as the need for cultural competency, fair access to resources, and how to strike a balance between intervention and family preservation. It highlights the need of a strengths-based, trauma-informed approach to both child welfare and family assistance. In conclusion, the interconnectedness of child welfare and family assistance emphasizes the need for a holistic strategy to advance children's and families' wellbeing. This abstract emphasizes how crucial it is for communities, family support groups, and child welfare agencies to work together to provide secure, caring settings for kids to grow up in. In the end, children's wellbeing is closely linked to the help and resources that are available to their families, making the interdependence of child welfare and family assistance a key component of successful social policy and a more promising future for the next generation.

KEYWORDS:

Child, Family, Support, Social Welfare.

INTRODUCTION

This paper aims to capture processual aspects of social work practice with two Dutch Curacaoan single-mother families experiencing "multiple problems": Flores and Julia. This paper does so in the context of two dominant ideologies of child welfare in Western-European societies over the last century, "family support" and "child protection." The two families were examined as part of a larger ethnographic investigation exploring how social work interventions have affected families.

The ethnography, which was done between 2009 and 2012, comprised 15 single-mother Dutch and 15 Dutch-Curaçao families in the Netherlands. According to Verhallen triangular approaches were used, including participant observations, casual interviews, the mothers' testimonies, and the examination of official documentation. The first section of the study examines the many foci of child welfare programs and makes the case that they may be analyzed as Foucauldian "discourses." A methodological issue that has to be resolved is how "big discourses" connect to "small discourses" that may be accessible via documents, recorded conversations, etc. In the analytical section of the study, we provide an ethnographic narrative of the two situations and inquire as to why the social work results in the two cases differ while having many shared traits and conditions.

As seen below, there seems to be a fine line separating "family support" from "child protection," which in our opinion may be better understood via a conception of discourses that takes into account its historical development and can be recorded by ethnographic research. It should be highlighted that the article does not attempt to determine whether subjecting the families to governmental interventions was the "right" choice. Effectiveness is also not the main focus of this research. The balance between child protection and family assistance is often defined in terms of tensions and inconsistencies in child welfare policies and practices. Family support, in a nutshell, may be defined as programs and interventions with low-income or struggling families that try to improve the parental care and capabilities. Interventions in child protection are focused on detecting and defending kids who are at danger of abuse or neglect. Other words are used, although they have somewhat different meanings. For instance, "child rescue" and "kinship defenders" are described by Fox. She makes a distinction between "state paternalism and child protection" and "the modern defense of the birth family and parents' rights" in a subsequent work. The distinction between "child rescue" and "family preservation" may be the one that is the most obvious. A continuum of treatments with varying levels of coercion and support may be taken into consideration [1]–[3].

With differing political and ideological origins, the two notions of family support and child protection have a long history in child welfare throughout Europe and North America, reflecting the care vs control issues in all social programs. They are predicated on various interpretations of what constitutes a family's right and the function of the state. This division between family assistance and child protection is used to characterize certain organizational structures or kinds of intervention. To respond to "a child in need" or "a child at risk," a child welfare organization may have distinct child protection or family support teams, or actions with specific families may be recognized as such. The difference is often used to indicate the direction of specific laws or policies throughout certain decades, or it is connected to more general family policies in specific nations. In the end, though, children are either left with their families or are placed in substitute care, and the justification for this decision is based on notions of supporting the family or protecting the child that change over time and context. A family may receive both interventions, possibly with different agencies.

Background The two viewpoints' historical roots may be traced to the late 1800s and early 1900s, when social concern and moral crusades for the underprivileged pervaded much of Europe. Concerns about the threat posed by the so-called "dangerous classes" arose as migration, industrialization, and urbanization increased, leading to high unemployment and poverty rates in urban areas. A "protected childhood" supplied the cultural context required for the recognition of abuse as a societal issue due to the idealization of the family. Although there was a belief that something could and should be done, children were seen as both dangers and victims. While

originally being driven by charitable and volunteer organizations, the state started to step in. Policies and procedures often veer between these two responses, sometimes going to either extreme but always including components of both. It is often believed that family support interventions have lost out to child protection ones. Since the 1990s, a third orientation which Gilbert et al. refer to as "child focused" has evolved. Such a strategy incorporates elements of family support and child protection, but it shows a greater focus on "the child as an individual with an independent relation to the state, and is therefore a strategy that is potentially opposed to the family".

They see such an attitude as being characterized by early intervention policies, programs, and practices, with parents' obligations as caregivers being both investigated and supported to ensure they deliver 'a healthy childhood'. On the grounds that "the family is no longer seen as adequate, on its own, for carrying out the tasks expected of it" "the state intervenes if there are concerns about the kid to "offer support and/or a more authoritarian intervention". Despite the fact that this third orientation seems to contain aspects of both family assistance and child protection, it gives the state significant discretion over whether to use family support and child protection measures. In the Netherlands, the family support model won out over the child protection model in the 1970s, according to Verhallen et al. 3. Particularly after the Savanna case in 2004, perspectives have changed toward "child protection." Savanna, a 3-year-old daughter, was removed from her family. Her mother and stepfather sexually assaulted her when she got home to her family. With extensive media attention in the Netherlands, the negligent guardian was charged with negligence.

Additionally, according to "child protection" is the preeminent viewpoint in the Netherlands right now. According to their definition, this dominating perspective is shown by the "permanency planning approach," which prioritizes adoption over institutional care since continuity and permanency in child upbringing are culturally seen as being essential. Although the term "adoption" hasn't been used often, Dutch policy has been evolving in favor of "long-term matching of children to foster parents". Fox Harding's attempts to reconcile the differences between the two perspectives not only predate Baartman's proposal to combine "care and supervision with an eye to safety" but also the adoption of state-supervised children by foster parents can be viewed as a third orientation. The kid is taken away from the birth family when they are placed in a foster home, which may move the practice closer to child protection, even if in the long run things turn out better for the 'new' family. The contrast between child protection and family support has been crucial to child welfare, with various policy configurations being characterized, values being established, and interventions to specific families being organized and justified. Child protection and family support are seen as two separate "discourses." However, one moves away from an essentialist approach to an investigation of the beliefs, aspirations, actions, and formulations of policymakers or practitioners by looking at child protection and family assistance as "discourses."

According to a discursive perspective, actors' assertions about reality, knowledge, and behavior are influenced by what is "sayable" about a certain social reality in a specific socio-historical setting. The issue therefore becomes to what extent wider socio-historically placed discourses of child welfare permit and restrict certain versions of the family, the nature of proper family connections, and the place of family in relation to the state. Linking "big" and "small" discourses. According to Foucault discourse refers to "what is speakable as true" at a certain moment and place. The focus of Foucauldian discourse analysis (FDA) is on historical tracings and the characteristics of such "sayables" that are socially useful. This involves three aspects of the analysis of discursive practices, according to a historical investigation into conditions of

possibility; attention to mechanisms of power, including a description of how they work; and subjectification, or the signifying practices that constitute subjects. FDA cannot be constrained by a list of formal rules. Setting up methodological signposts for the corpus collection of discourse samples is more beneficial. Preferred status should be given to "problematisations" (examples where discursive objects are made "problematic" and therefore visible and knowable), "technologies" (practical forms of rationality for the government of self and others), "subject positions" (e.g., the positions on which to ground claims about truth and responsibility), and "subjectifications" have attempted to link the goals of FDA with broader linguistic, ethno methodological, and conversation analytic traditions in discourse analysis, the implications of the

Foucauldian 'toolkit' for ethnographic investigation have been hotly contested. Some advice against preconceived ideological conclusions and determinism, while others have examined possibility for complementarity, Discourses envisioned by FDA in the study of documents and recorded interactional sequences. In this approach, he uses the identities connected to the discourses that are being performed as a lens through which to see the micro dynamics of interactive communication. In the sense that discourses are being performed while they are momentarily in the hands of interactants in the here-and-now, micro interactional behavior is thus seen to be a continuation of "a long-running conversation between such identities." Although it has advantages and limitations, this prevents the speakers from becoming "dupes of the big-D discourses.

The importance of so-called interpretative repertoires, which support speakers' presentations of local meaning in the conversational dynamics at a specific speaking moment, is also highlighted by According to 1998: 400–401, interpretive repertoires serve as "backgrounds for the realization of locally-managed positions in actual interactions." A strong ethnography of communication shows, according to "[that] it is not necessary to say everything about the argumentative fabric of a society to say something, and furthermore which is scholarly, complete, and insightful concerning participant orientations," and which takes those orientations as being formed by more than what we demonstrated below.

The two situations that we look at raise the issue of why the institutional interventions took on quite opposing trajectories while having backgrounds, personal histories, and institutional trajectories that are remarkably similar. This begs the question of how the 'big D'-opposition between 'child protection' and 'family support' relates to the contingencies in the dynamics of interlocking speech events in the context of 'similar' cases. Flores and Julia are two Dutch-Curacaoan single mothers whose cases were taken from a 30-month qualitative study carried out over the course of three years in the Netherlands.

To document how family assistance and child safety measures were implemented with 30 Dutch and Dutch-Curacaoan single-mother households, an ethnographic study methodology was adopted. Data was gathered using a triangle strategy. Verhallen largely used informal interviews, documentation, and participant observations. Additionally, more theory-driven discourse analysis was used to study the minute details of social work in textual instances and spoken sequences (or "small discourse" in Gee's definition above; With the objective of comprehending the function of "big discourses" on the basis of an ensuing ethnographic account, we will concentrate on the wider processual understanding of the relevant "speech events" in this instance. Verhallen obtained the programs via the families since investigations into family support and child protection interventions are sensitive research endeavors. The development of an anthropological rapport and

a reliable connection with the families was prioritized as a result. Both Flores and Julia's families as well as the concerned social professionals gave their approval for participation. The number of visits was regulated by levels of mutual personal convenience; on average, several hours were spent together a few times each month, and observations of the social work meetings were informant initiated.

This occurred more than 20 times in Flores' case and more than 10 times in Julia's case. The research benefited from the mothers' voluntary participation and the fact that they were contacted by professionals who have access to families, such as physicians and attorneys. Ethical approval was in accordance with the standards established by Utrecht University. The fact that the moms might leave the study at any moment helped the research connection. Verhallen spent two months in Curacao to learn more about the cultural and linguistic origins of the mothers of Dutch-Curacaoan children. This was essential for putting their stories into perspective and helped people overcome "psychological distance". Verhallen visited Flores more than 70 times between 2010 and 2012, and Julia more than 20 times, depending on their convenience. In order to get an anthropological understanding of how the moms build and interpret their life experiences, she watched and took part in their everyday activities. With each visit, participation was renewed [4]–[6].

The visits took three hours on average. Verhallen also visited with Flores and Julia's network, which included their friends, relatives, teachers, physicians, attorneys, and judges as well as social workers, family supervisors, and instructors. She spoke with them the conditions of the families as well as the good and bad things that happened. They were made aware of the research and consented to take part. Everyone seemed to have grown used to the researcher's presence over time. Letters from several institutions, copies of the child protection case file, diaries, test results, and photos were among the additional information. Verhallen accompanied Flores to meetings with her lawyer, social workers' offices, the juvenile court, and supervised visits to see her daughter Felicia son Fabian and her brother Luigi. In Julia's instance, she went to family gatherings, events, and school with the mother. Kenley, 11, Luigi, 8, and Achetely, 7, are three of Julia's boys, while Lilly, 6, spent much of her time living with her mother Cynthia.

The ethnographic tales that are presented here heavily reference the narratives that emerged throughout the ethnographic investigation. Findings Both moms reside in the same significant Dutch city. They are not acquainted. Both attended both basic and high schools while growing up in a depressed Curacaoan neighborhood. In 1991, Julia moved from Curacao to the Netherlands, then in 2002, she relocated to Flores. Formerly a colony of the Netherlands, Curacao has been a sovereign nation within the Kingdom of the Netherlands since 2010. They were disqualified for an integration trajectory due to their Dutch nationality, but they had to pay to attend newcomer classes.

Neither Flores nor Julia had the financial means to pay for these courses (initial interviews with Flores and Julia, 2010). The Netherlands "wasn't the paradise they had been told about in Curacao," according to Julia and Flores, who conceded that their expectations of the country "did not fit reality" (idem Flores, 2010). As a result, from the moment they came, they were at a disadvantage due to a "culture clash" (idem Flores, 2010), a lack of understanding of Dutch society (idem Flores; Julia, 2010), and a lack of financial means. Flores Flores was the youngest of the family and had 14 brothers and sisters. She was "not very welcome in the family," as she puts it. Her parents separated. Flores and her mother did not get along well. Flores spent the most of her youth with

her father as a result. At the age of 17, Flores fell pregnant. Her mother demanded that she get an abortion, but Flores resisted, giving birth to her son Fabian. After that, Flores' mother and brother Luigi came to the conclusion that it would be best for both Flores and Fabian if Luigi looked after Fabian. Luigi was considered to be wealthier than Flores since he had a job and an income. Fabian accompanied Luigi when he made the decision to go to the Netherlands, and Luigi took on the role of Fabian's legal guardian.

DISCUSSION

A few years later, Flores decided that she missed Fabian and would go to the Netherlands. She first lived at the home with Luigi and Fabian, but it was too tiny, and she didn't feel like she belonged there. Flores relocated but was unable to make ends meet. Her predicament became worse as a result: she was unwell, lonely, and depressed; she didn't speak Dutch fluently; she had no meaningful network of friends. She took up informal employment as a cleaner and became engaged in illegal activities (fare evasion, stealing, and drug trafficking) since she lacked a permanent place to live and a job (she cared for old people). She was arrested by the Dutch police for drug trafficking after being hired as a body packer to carry narcotics; she received a brief jail term.

She was able to get employment and start a new life with the assistance of probation service. She found a partner. Her employment agreement terminated, however, because of her inability to work full-time owing to health issues and her inability to pay for the expensive medication. In order to file for unemployment benefits, locate acceptable accommodation, enroll in Dutch language classes, and find work, Flores willingly sought the assistance of social services in 2006. Flores requested help from a social worker since she had specific requirements and had trouble completing the documents. Flores got the necessary administrative assistance, which is clearly documented in her case file.

After some time, the social worker allegedly began to patronize Flores as "she meddled with me more and more." After that, Flores became pregnant. Her lover broke up with her after a year. Flores struggled a lot because of her profession while raising her daughter Felicia on her own. How was she able to care for Felicia, who was 2 years old at the time, while working? Flores requested aid with raising children, but she got none. One morning after breakfast and before Flores left for work, her administrative social worker and she took Felicia to the daycare facility. After a disagreement developed between Flores and the social worker, Flores fired the employee. The argument was about Felicia's breakfast, which Flores and an official report (reports in the case file, 2008–2012) deemed to be an improper meal. Another official report (report in case file, 2008) states that the dispute arose from the purchase of a scanner, albeit it makes no mention of what really transpired. The purchase of the scanner "led to Felicia's placement in care," according to another government document marked "emergency out-of-home placement" (2008). Therefore, given Flores' precarious financial circumstances, buying a scanner was likely seen as "neglect," which would have resulted in a disagreement with Flores. Felicia had really been taken up by a representative of a Child Protection Agency when Flores went to the child daycare center to pick her up later that day. As soon as possible, Felicia was taken into care (case file report from 2008).

Later records (different reports, 2008–2012) repeatedly refer to the "neglect" of Felicia, stating that "Flores cannot take care of Felicia due to her limited intellectual capability" and "she lacks insight into her situation." According to Flores, her issues with the Child Protection Agency were brought on by their breakfast conversation with the social worker. Flores and Hester, the third

family supervisor, continued to disagree in 2010 on the reason why Felicia was placed in care (participant observation of encounters, 2010). Felicia, who was four years old at the time and had been taken into care for 18 months, "displays problematic behavior. Felicia has a serious developmental disability and ADHD, claims Hester Tamara, a professional, also provided Flores with volunteer support 2011). Tamara was often more complimentary of Flores than Hester (*idem*).

Hester could have considered Flores' circumstances and sentiments more, according to Tamara, who also often disagreed with Hester's choices (participant observation of interactions, 2010–2011). Tamara, in contrast to Hester, counseled Flores "never to consent to a discharge order" and "never to sign any contract". It was remarkable that Hester would get criticism from Flores and Tamara when she wasn't there in conversations with Flores in 2011, Flores criticized Tamara for "doing her work improperly" and Hester for "lying," but she refrained from criticizing them directly because she felt nervous and helpless and feared that doing so would make her own position worse. Verhallen was there in 2011 when Hester told Flores, "I want to apply for a full custody order," but Flores refused to give up custody (participant observation), so Hester filed a (non-consensual) order in court.

The kid Protection Agency's other representative, who had never met Flores, said that "the mother is too irresponsible and incapable to raise her child." Felicia's IQ has surpassed Flores'. Felicia would truly need formal parental control granted to the Agency, according to field notes made in juvenile court in 2011. By ruling that "it is not contrary to the child's interest to discharge the mother from her legal parental authority" (judgment in writing, 2012), the juvenile justice decided to remove Flores from her parental authority in 2012. As a result, Felicia was given the complete legal power and duty of a family supervisor from a Child Protection Agency, and this is to be the case until she is an adult (*idem*). In-depth analysis of interactional sequences in which categorization are at the forefront may be used to reveal where and how encounters become indicative of approaches of child rescue versus family support in order to better understand how child protection interventions develop the way they do Researchers are encouraged to develop a more gradual, processual, and multi-sited perspective that is sensitive to how encounters, documents, procedures, and their outcomes feed into one another by adding global ethnographic accounts, synthesizing narratives, which span a longer period of time and build on a "retelling" of a number of earlier "tellings." One of the dangers of analyzing isolated sequences of interactional data is that an initial meeting and a single sequence of interaction may get too much weight in determining the course that a given instance will follow.

The issue is not a lack of these so-called "privileged" times, but rather the fact that key instant decisiveness cannot always be assumed to apply. According to Agha and appropriate units of analysis may certainly and often do extend beyond discrete occurrences and invite comprehensive attention to the particular connections between encounters and throughout a method. Results of categorization develop gradually, as well as occurring crucially during solitary interactions (as they may, in fact). In circumstances where an individual's public identity is developed via a series of interactions in which people are regarded as incumbent of a certain identity, specifically calls for a more cumulative approach.

According to Flores and Julia's accounts, there have been instances of both pivotal moments and general factors (like the number of social workers working on a case, the strength of a client's social network and the advocacy opportunities made possible by it, etc.) leading to specific outcomes. A second, related question concerns how such ethnographic accounts can be useful in

creating an analysis of the larger "big D"-discourses that, when viewed through a more macro lens, allow us to place the case into larger conditioned "sayables" about child welfare and what, from a more agentive perspective, may lead a specific case in a particular direction. In the wider data set of seventeen instances, Julia's case with its escape from the child protection system stands out somewhat, and at this time, the only other case where the Child Protection Agency received complete parental control is Flores'. It appears that the Dutch system is currently more focused on managing risk and controlling costs, which frequently (in this study's fourteen cases) leads to placement outside of the family for information on the rising number of placements in care). Within the corpus of 17 examples, we focused on the two extremes in our study [7], [8].

The 1970s paradigm, which was based on a combined interest of parents and children, has been replaced by one where the child's interest, which is given primary significance and is positioned in opposition to the parental interest, dominates. The client's self-perceptions and how they (fail to) align with observations in reports, the supervisor's stake in the categorizations that are on the table (e.g., was the category acted upon inherited from previous workers, or did it originate within the current mandate?), etc., are all elements of contingency that we argue are equally important while drawing attention to larger scale policy shifts. A stance where explanations are only based on client and case features is pushed out of the way by the involvement of such contingencies, forcing one to concentrate on particular dynamics that play out in the course of current occurrences.

CONCLUSION

In conclusion, there are many different ways in which social wellbeing and economic inequality are related. Programs and policies for social welfare may be very important in addressing and reducing economic inequality in a country. Social welfare systems like progressive taxation, income transfers, and means-tested subsidies may efficiently move money and wealth from the wealthy to the poor. The goal of these methods is to narrow the wealth and poverty divide. Social welfare systems often provide access to necessities including housing, healthcare, and education. Making sure that everyone may use these services, regardless of their financial situation, can help level the playing field and lessen disparity in opportunities and results. By offering low-income people and families financial help, food security, and housing support, targeted welfare programs may effectively combat poverty. The improvement of disadvantaged groups' economic well-being depends on these initiatives. Economic development that benefits a wider part of society may be fostered through social welfare policies that support access to healthcare, education, and training. This will lead to a more productive and inclusive workforce.

In times of economic crisis or downturn, welfare programs' social safety nets may prevent individuals and families from slipping into poverty, stabilizing the economy as a whole. Social welfare policies may contribute to a reduction in long-term economic inequality by making investments in the education and welfare of children from poor homes. This will help break the cycle of intergenerational poverty. Social welfare programs may also encounter obstacles including questions about the financial viability of the program and possible obstacles to employment. It's difficult to strike the ideal balance between developing self-sufficiency and offering a safety net. Political ideologies and public opinion often have an impact on the structure and reach of social welfare programs. Social welfare policies may take on different forms depending on how often debates on the role of government in tackling economic inequality take place. Economic inequality and social wellbeing are fundamentally linked. Social welfare policies and initiatives have the power to reduce economic inequality, advance social justice, and build a more fair society. To

balance the aims of economic efficiency with social justice within the framework of each society's particular circumstances and beliefs, however, needs rigorous planning, examination, and dedication.

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CHAPTER 10

SOCIAL WELFARE AND AGING POPULATION

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ABSTRACT:

As people age at a never-before-seen pace, the global demographic picture is drastically changing. This abstract looks at the complex interaction between social welfare systems and the aging population, highlighting the urgent need for policies and programs that deal with the particular possibilities and problems presented by this demographic transformation. Healthcare, social services, and financial assistance are more needed as the older population rises. With an emphasis on their financial stability, access to healthcare, and social participation, this abstract highlights the crucial role that social welfare systems play in guaranteeing the wellbeing of aging adults. The abstract dives further into the financial aspect, highlighting the value of pension systems, retirement savings, and elderly-specific welfare programs in ensuring older individuals' financial security. It emphasizes how social welfare programs may lower the likelihood of poverty and financial instability among aging populations. This abstract also discusses the vital role that healthcare plays in meeting the demands of older persons with regard to their health. Long-term care, access to geriatric services, and obstacles brought on by chronic conditions are all covered. It highlights the need for all-encompassing healthcare regulations that aid in aging people keeping their health and independence. The abstract also looks at how society as a whole functions, highlighting how important it is to fight ageism, advance social inclusion, and strengthen ties across generations. It highlights the importance of community-based programs, senior centers, and efforts that include elderly citizens in worthwhile activities and interpersonal relationships. The abstract also discusses the viability of social welfare programs in light of population aging. To assure the long-term stability of these systems, it examines policy choices include modifying retirement ages, raising the rate of older persons participating in the workforce, and changing the way healthcare is provided. Finally, the aging population presents civilizations with both possibilities and difficulties. In order to ensure that older individuals may age with dignity, security, and ongoing community participation, this abstract highlights the critical role that social welfare policies and programs play. Social welfare systems may support a more just and inclusive society for people of all ages by addressing the complex demands of aging populations.

KEYWORDS:

Aging, Financial, Population, Social, Welfare.

INTRODUCTION

Sweden's population has been aging for more than 100 years, during which time the proportion of the elderly has more than doubled. How Sweden will handle the sizable Baby Boom generation when it leaves the working and enters retirement is a concern given the current issues with the management of aged care and healthcare in general. There are concerns about how the welfare state will be financed in the future due to the smaller cohorts joining the workforce. This chapter will mainly focus on the issues of population aging, including its causes, expected future developments, and possible economic repercussions. It will also look at alternative solutions to the

issues brought on by an aging society, such as whether immigration is a viable option. 2.2 Foundations of Population Aging in Sweden, the percentage of people over 65 grew from 8 to 17% throughout the course of the 20th century. With a minor rise in the late nineteenth century, the prior era of stability that began at least in 1750 was significantly altered by this astonishing growth. The Swedish population pyramid in 1900 still follows the traditional structure, with a large base made up of younger individuals gradually tapering off with advancing age to a pointy top. This pattern was typical of all agrarian cultures in the past and is still prevalent in many emerging nations today.

However, the population distribution in 2000 reveals that this conventional pyramidal age structure had been replaced during the previous 100 years by one that was more urn-shaped, with a narrower base and broader top. Population aging occurred in all industrialized nations throughout the 20th century, with the exception of Sweden, where the process was more apparent. As the percentage of the elderly is predicted to rise, the shape will become more and more rectangular. However, during the last several decades, a number of industrialized nations have overtaken and even surpassed Sweden. Population aging has become a worldwide problem that affects both developing and newly developed nations.

Together, the proportion of people over 65 in the world's population is rising and is anticipated to increase from 6.6% in 2000 to 16.4% in 2050. It may seem evident why there are more old people: life expectancy has grown and people are living longer. As has been the case in other regions of the globe, Sweden's average life expectancy has increased significantly during the previous century. From 1840 to the present, the average life expectancy of women has climbed at a nearly constant pace of 3 months per year, while that of men has increased at a somewhat slower rate. Children now live an average of 9 years longer than their parents, and this trend has persisted through many generations. Norway, Australia, New Zealand, and a few other relatively tiny nations, like Sweden, have held the records in the past.

Japan currently holds the record. Although the increase in life expectancy did not start as early in newly industrialized nations, it has increased considerably more quickly since then. There is currently no evidence that we have arrived at the moment when this process will virtually surely slow down. Although these advancements are amazing, they have so far only had a small influence on population aging. Since the early advances in life expectancy were fueled by a decrease in newborn and child mortality, the population was actually originally revitalized by the population's longer lifespan. The majority of the actual years gained as a result of these increases were thus under 65. The rise in life expectancy for Western nations was not fueled by a decline in senior mortality until life expectancy at birth reached 72 years [1]–[3].

This contributed to population aging. The decline in fertility has traditionally been the main contributor to population ageing. Ansley Coale, an American demographer, used Swedish data to illustrate the overall significance of fertility drop on age structure in 1957. Coale demonstrated that, despite significant gains in life expectancy throughout this time, the age structure would have essentially stayed the same in 1950 as it was in 1860 had fertility rates remained constant. However, Coale discovered that the predicted age structure was very comparable to the actual age structure in 1950 when he maintained mortality constant at 1860 levels and let fertility to rise at historical rates. Therefore, research demonstrates that the fall in fertility was the primary cause of the population ageing that took place during the first half of the 20th century. We recreated calculations using data for the whole 20th century to determine the reasons for the population's continuous aging over the rest of the century. the calculated age structure for the year 2000 under

two counterfactual regimes: one where mortality is held constant at the 1900 level and fertility is allowed to change at historical rates; the other where mortality is held constant at the 1900 level and fertility is allowed to change at historical rates. The age structures in 1900 and 2000 as well as the calculated age structure for the year 2000 under these two counterfactual regimes are shown. Similar to findings, the population ageing in Sweden was mostly caused by the fall in fertility over the course of the 20th century. We assessed the impact of each aspect of population ageing by doing the computations again for each year between 1900 and 2000.

The proportion of individuals over 65 decreased by 3 percentage points from the 17% seen in 2000 when mortality was maintained constant. The proportion of people over 65 in the counter-factual was 8.4%, precisely the same as it was in 1900 when fertility was kept constant. This rough threshold would be reached whether mortality was kept at its 1900 level or allowed to progress historically. Through this exercise, we demonstrate that in 2000, there were 10 percentage points more senior people than there otherwise would have been if family sizes had not decreased throughout the course of the twentieth century.

This suggests that during the entire 20th century, fertility remained the primary predictor of age structure. However, other variables, including mortality change, will become more significant as long as fertility levels remain stable. Mortality has started to have an impact on the age structure throughout the latter few decades of the 20th century, showing that this process has already started. The development of the "stable population theory" in the 1920s was prompted by observations of how changes in mortality and fertility affect the age structure. This theory looks at how long it takes for a population to reach equilibrium, with a stable age structure, after fertility and mortality have stabilized or have changed at a relatively constant rate. According to this idea, Sweden will have a less favorable demographic pyramid in the years to come, with fewer people of working age and more people in the older age categories.

However, this hypothesis has a significant flaw in that immigration is not taken into consideration; we will address this issue further down. It may seem counterintuitive that population ageing has been fueled by fertility rather than death. Given the sharp rise in life expectancy seen in developed nations, it is simple to mix up population ageing with individual aging. However, it is crucial to distinguish between a rise in life expectancy and an increase in the proportion of old people in the population. In the same line, we must make a distinction between the percentage of the population that lives to be 65 years old and the percentage that is above 65.

It may seem paradoxical that just 8% of the population was over the age of 65 in 1900, but that the percentage of people who lived to be 65 or older ranged from 58 to 65%, depending on gender. The reason is that since fertility rates were high, subsequent generations were always bigger than those that before them. Positive population momentum is the term used to describe this phenomenon. On the other hand, if a new generation is smaller than that of their parents, we might anticipate negative population momentum and a consequent drop in the population. The time interval between generations is yet another element that affects population increase.

The mother's age during the birth of her middle child serves as the gauge for generational distance. From 1750 through the 1870s, Sweden's generational spread remained mostly consistent at 31 years. Since then, it has decreased more-or-less continually, which has benefited population growth. With just 26 years separating each age, the 1960s saw the smallest generational gap. The gap has now widened to the current amount of around 30 years. Population growth consequently varies depending on generational spacing, with smaller spacing being more favorable to population

expansion given a steady fertility rate. Effects of an Aging Population Population ageing did not at first pose an issue for civilization. The reduction in fertility, which contributed to population ageing, was also its remedy.

It first had a favorable impact on economic expansion. If extra capital isn't added, population increase indicates capital dilution, which slows down per capita spending. In order to maintain a certain level of capital for each worker, production must thus be allocated to investment at a lower rate when population growth rates drop. Therefore, the economy benefited from the population growth's slowdown. Second, the decline in fertility during the first half of the 20th century was so abrupt that it more than offset the rise in the proportion of old people. The dependence ratio, which is the proportion of the population that is either too young or too elderly to work, has decreased. But over time, as mortality climbed and birth rates stabilized at lower levels, the population began to age rather than regenerate, leading to a rise in the proportion of old people as well as an increase in the dependence ratio. The American economist Paul Samuelson addressed how consumption may be sustained throughout the course of a person's life in an important paper from 1958.

In his overlapping-generations concept, a person's life cycle is split into two phases: their productive working years and their unproductive retirement years. Samuelson makes the underlying assumption that a worker is unable to save for his or her own retirement since the rewards of their labor cannot be preserved and must be used right away. As a result, all retirees will be in need of financial help from working. Samuelson contends that the market cannot resolve this issue and offers three solutions: a family system where working children make transfers to their retired parents; the creation of "fiat money"² as a store of value that the workers can save; or a social security system where workers pay a tax to fund pensions. The wellbeing of all people in the present and future generations will increase with a system of payments from workers to retirees via one of these organizations.

A "social compact" is necessary to maintain a tax-based economy since everyone has a motive to break it. Later, utilized this model to investigate how population expansion affects economic wellbeing. He notes that the tax base for intergenerational transfers rises faster than pension totals because of the rising ratio of workers to pensioners, and this has a beneficial impact on average economic wellbeing. Therefore, this rise might counteract the adverse consequences of population growth brought on by capital dilution. Thus, Samuelson's work aids in our understanding of generational transfers and forms the foundation of a more valuable, albeit less well-known, generalization. By adding age-specific labor production and consumption over the whole life cycle, Arthur and McNicoll expanded Samuelson's model to encompass the entire population in addition to just workers and retirees. They demonstrated that population increase would result in economic development in nations where the average age of productive people is lower than the average age of consumers as long as the interest rate is equivalent to the population growth rate.

As long as the mean age of the producer is lower than the mean age of the consumer, population expansion will have a positive impact on economic wellbeing, which is the same basic conclusion as Samuelson's. At the start of the 20th century, Sweden had a scenario quite similar to this. Due to decreased fertility, there were fewer children, which caused the average age of consumers to rise. Women were able to work outside the home because to fewer families due to decreasing birth rates. The fact that each generation at this period was still greater than the one before it indicated that the population was moving in a favorable direction. It enabled changes to the pension system

as well as other, more extensive social reforms throughout the post-war era, which was also characterized by tremendous economic development.

When the number of employees entering the workforce falls short of the number of people retiring and population aging is mostly driven by the drop in mortality among the elderly, a favorable demographic scenario like this comes to an end. based on Forsell et al., shows incomes and spending across the life cycle in Sweden in 2003. Here, it is obvious that expenses rise as a product nears its end of life. The typical Swede consumes 200,000 SEK a year from their early 20s until their 70s. The labor income more than covers this consumption, and it is not until the person is in their late 60s that consumption surpasses income [4]–[6].

At this time, consumption starts to increase monotonically, reaching a level where people in their 90s spend between 400,000 and 500,000 SEK annually. Public funds are used to cover this cost rise, while private consumption has remained constant at less than 100,000 SEK year. Age-related increases in healthcare expenses are mostly due to inpatient treatment during the latter years of life. However, capital income is one area that this number does not include. The percentage of the population between the ages of 0 and 19, 20 to 64, and 65 and over since 1900, along with official projections from Statistics Sweden for the years 2008 to 2050, are shown in the table below.

While an increase in savings can be anticipated to provide a sizable increase in income, it will still only partially offset the enormous increase in costs at the end of life. These projections are based on the assumptions that the total fertility rate will stabilize at 1.83 starting in 2029 and that life expectancy would rise to 84 years for men and 86 years for women. Due to the rise in the percentage of adults 65 and older, the proportion of the population that is working age is predicted to keep decreasing until 2050.

Assuming that age-specific consumption and output stay fixed at 2003 levels or change at the same pace, we have projected future expenses of consumption as well as earnings by single-year age groups. In the same way that capital gains are not considered. We estimate the difference between total lifetime consumption and labor earnings based on this prediction, and we index this series to the base year 2008 for each year up to 2050. The population is aging, which is what is causing the shift over time, but in this case we consider not just the numbers in each age group but also the age-specific consumption and production patterns. According to the graph, this overall life cycle deficit defined as total consumption minus total incomes for all age groups in a given year will rise by 350% by 2050. This development demonstrates the population aging's significant economic influence. Positive transfers from other nations, particularly in the form of capital income, are responsible for funding the majority of this imbalance.

Future deficits are unlikely to be completely covered by growth in this source of revenue since doing so would need substantial foreign investments. Up until 2035, when population aging levels off, the rise in the life cycle deficit over the following 40 years corresponds to an increase in labor productivity of around 0.3% each year. At this pace, improving labor productivity would seem like a reasonably simple undertaking, but research suggests that doing so won't be that beneficial. Even for jobs where productivity is not improving, earnings grow as a result of increased productivity. These occupations often follow the trend of rising wages. The phenomenon, also known as Baumol's disease, is accompanied by rising public sector costs to the extent that productivity increases can cause overall consumption to increase more quickly than production.

The alternative is to raise the tax rate, but Hansson has shown that doing so is likely to have negative effects on our globalized economy. Instead, we need to raise the tax base by increasing the availability of labor to counteract a growing consumption surplus. Is Fertility Increasing Possible? Over a 25–30-year period, higher fertility would have a negative impact on the ratio of output to consumption. This is because parents prefer to decrease their supply of labor on the market and relatively few people work before the age of 25. The issue posed by a rising proportion of old people in the population may, however, be overcome in the long term by a period of higher fertility. The issue at hand is how did we get in this situation. One option is to take steps to better improve the compatibility between working and raising children. Redistributing part of our consumption toward childrearing is another option. The percentage of income spent on basics like food, clothes, and housing declines as wages grow. Thus, more children per household should be feasible economically.

The fact that the average number of hours per week spent in market activity, divided equally among all persons of working age, only amounts to 21 hours per person, is one aspect of the present Swedish labor market that speaks to the capacity to enhance earnings (SOU 2004, p. 11). These elements suggest that there are actually economic prerequisites for higher levels of fertility. However, very few academics now think that fertility rates will rise more than a little bit in the future, and even if they do, an increase in fertility won't help much between now and 2035, when the proportion of the old will be rising quickly. Can Immigration Be the Solution? What further measures may be taken to mitigate the consequences of population ageing if rising fertility rates are seen as an impossibility to enhance the labor supply in the next 30 years? Increased migration is one remedy that is often suggested. Immigration would seem to be a viable option that decreases the average age of the producer without increasing the population share that is below working age since migrants tend to be overrepresented in the lower working ages.

This intuitive understanding is not, however, as simple as it would seem. Since the 1930s, Sweden has seen net immigration. Nearly 25% of people in Sweden today were either born abroad or had at least one parent who was. The issue of what the age structure would have looked like in the absence of migration is raised by this. It displays the percentage of people over 65 in two distinct scenarios, one illustrating the actual history and the other a counterfactual future in which there is no immigration. We can observe that immigration has had a moderating impact on the population's proportion of seniors, albeit this impact has not been very significant.

If there had been no immigration to Sweden, there would be just a 2.5 percentage point increase in the proportion of people over 65, or 20.2% as opposed to 17.7%. Both immigration and the consequences of immigrant fertility are taken into consideration in these estimates. These findings suggest that immigration may, to some degree, counteract population ageing. Immigration must grow at a rising pace in order to offset population ageing since immigrants age as well, which is another issue that must be taken into account.

The fact that immigrants often come during their prime reproductive years and typically have larger families than native Swedes is another justification for how immigration may assist "correct" the country's changing age structure. Although the latter should not be overstated, the former is accurate. However, this high figure can largely be explained by the fact that foreigners are overrepresented in childbearing ages and are more likely to be married or cohabiting than native Swedes. Foreign-born people make up roughly 10% of the Swedish population but are responsible

for 20% of all children. According to research on birth rates within marriage, Swedish women of the same age tend to have more children than foreign-born women do.

There is evidence to show that even women from cultures with high fertility rates may swiftly adjust to Swedish fertility patterns, despite the fact that fertility patterns do range greatly across women of various national origin. In recent decades, the concept of stable populations has been enlarged to take into account the impact of migration. Empirical research demonstrates that the fertility of the migrants may have a significant impact on the consequences of immigration on the age structure of the receiving community. Under the supposition that immigrants adjusted their fertility to American levels, Estimated the impacts of immigration on the American age structure and found only a negligible influence. Reached the opposite result on the basis of the notion that immigrants maintain fertility rates from their native countries.

DISCUSSION

These findings demonstrate how assumptions about post-migration fertility affect the potential effect of immigration. As was already indicated, there is evidence that immigrants to Sweden adapt to Swedish standards, which supports the idea that immigration will not cause the significant changes in the age structure required to stop population ageing. The EU15 would have to bring in 700 million immigrants between 1995 and 2050 only to maintain the same ratio of people in working age to those over 65, demonstrating the impossibility of a migration solution. Immigration requires more than just an increase in the number of persons who are of reproductive age or younger if population ageing issues are to be solved.

The biggest issue brought on by population aging is the rise in healthcare and pension expenditures, which come at the expense of a shrinking labor force. Immigrants must successfully integrate into the Swedish labor force in order for immigration to act as an effective brake on population ageing. Given Sweden's experiences with immigration over the previous 20 years, this is not a very reasonable expectation. In Sweden, attempts to integrate immigrants have failed since the 1970s. Men who were born abroad had unemployment that was 7 percentage points greater than that of men who were born domestically in 2001 although this is just a portion of the issue. The situation seems less serious than it is since unemployment statistics are based on those who are actively seeking jobs. In 2001, only 78% of males who were born abroad were employed, compared to 86% of men who were born in Sweden.

Thus, in 2001, 22% of all males who were foreign-born and aged 20 to 59 were either enrolled in programs for retraining for the labor market or not working at all. This results in a real unemployment rate for immigrants of around 30% and only about 18% for natives (defined as those without employment/all those aged 20–59). It is important to consider the inability of Sweden to integrate those immigrants as a warning sign for future integration. This notion has been largely disputed by assertions that new immigrants would be hired for open positions, therefore avoiding the integration difficulties experienced by refugees and other immigrants who arrive without a job offer in hand. This argument seems logical, yet there are historical factors present that call into question its long-term viability. From the 1950s until the early 1970s, this particular category of labor migration dominated immigration to Sweden. When we advance the clock by 40 years, we may see that the labor migrants from that era have greater unemployment rates, higher rates of sick leave, and are disproportionately represented among those who get disability pensions.

Alternative Solutions to the Issue? How can we raise the tax base if an increase in fertility won't have any beneficial effects over the next 25 to 30 years and immigration will only have a marginal impact? Is increasing the amount of hours that each worker really puts in, as well as increasing the proportion of people who are truly employed, the answer? The tax base might be expanded significantly by raising the number of hours worked. In comparison to Americans, Europeans work, on average, several weeks less each year. For instance, whereas Americans worked weeks on average in 2009, Swedes worked an average of weeks. Longer vacations are a big part of what separates Sweden from the United States. Sickness absence and other non-vacation absence in the Swedish example contribute significantly to the variance from the European average. These statistics only apply to people who are employed.

Take Sweden as an example. Up until 1990, a peak of nearly 80% of people who were of working age were genuinely employed. After that, the percentage fell to roughly 70%. This suggests that a significant share of the prospective labor was not employed. Reasons for this include early retirement owing to sickness or accident or the fact that a portion of the population has never been able to effectively enter the workforce. A few of the more apparent strategies to expand the tax base include: lowering the unemployment rate, shrinking the size of the informal labor market, shifting from home to market work, lowering the number of sick days taken, and raising the retirement age. All of these actions would be beneficial, and in order to accomplish them, incentives and opportunities are required. However, a recent analysis for Denmark has demonstrated that the potential benefits of boosting the older labor supply outweigh those of increasing the supply in other age groups.

The issue is how much the pension age has to rise in order to counteract the negative consequences of population ageing because the situation is somewhat similar in Sweden. We have determined the additional years that people would need to stay in work in order to prevent a decline in age-specific consumption based on the age-specific income and consumption patterns shown in and the official population predictions that we previously utilized. When the difference between labor earnings and consumptions is at its peak, which is around age 50 years, we discover that we would need to add 5 years of work to sustain the 2008 life cycle deficit on the supposition that we could add more of our best years. However, it is more probable that extra years of work would start at 65 years old rather than 50 years old if the retirement age were raised. According to this supposition, Sweden would have to raise the retirement age by around 12 years in order to prevent a decline in spending among older consumers. In what ways does this differ from future improvements in life expectancy?

Our estimates are based on Statistics Sweden's official prediction, which assumes that, by 2050, the average male and female life expectancy at birth would grow by 3.9 and 2.35 years, respectively, to 83 and 85.5 years, respectively. In contrast, a rise in retirement age of even 4 or 5 years looks excessive. However, we must also include the rise in life expectancy in earlier decades, when the retirement age was steady or even falling. Currently, males may expect to live another 18 years after turning 65, while women can expect to live another 21. It should be noted that Statistics Sweden's predictions for life expectancy are quite gloomy. Sweden may very easily experience life expectancies greater than the official prediction for 2050, even if we fall short of the best practice in the world. The percentage of the elderly will rise much more quickly than was anticipated as a result, but there are also good reasons to explore raising the retirement age. Since a significant portion of healthcare expenditures are associated with inpatient treatment during the latter years of life, extending our lifespan is likely to result in a delay in healthcare costs. However,

as life expectancy rises, adding years of employment necessitates adding years of health, and it is unclear if this is really the case for a broad overview.

As a result, it's possible that the answer lies not just in raising the retirement age but also in increasing labor force participation at other ages, both of which depend on the concurrent growth of employment to accommodate these increases. The pension system is a significant concern since a greater percentage of the population is spending a longer amount of time in retirement, even if the expenditures of healthcare at later ages seem especially onerous. This is the case with the "pay-as-you-go" approach of funding the pensions, but the issue could be resolved thanks to the recent modification in the system, which makes people aware of the life-cycle element of pension systems, as addressed in Kruse. The goal of the new pension system is to maintain the overall cost of public pensions at a constant level of roughly 11% of GDP. The percentage of retirees must remain steady at around 18%, as it is now, in order to prevent the value of pensions from declining compared to income of other categories. By 2050, the retirement age will be raised to 70.5 years, achieving that [7]–[9].

Fighting Intergenerational Poverty: Social welfare policies may contribute to a reduction in long-term economic inequality by making investments in the education and welfare of children from poor homes. This will help break the cycle of intergenerational poverty. **Trade-offs and Obstacles:** Social welfare programs may also encounter obstacles including questions about the financial viability of the program and possible obstacles to employment. It's difficult to strike the ideal balance between developing self-sufficiency and offering a safety net. **Political and Ideological Factors:** Political ideologies and public opinion often have an impact on the structure and reach of social welfare programs. Social welfare policies may take on different forms depending on how often debates on the role of government in tackling economic inequality take place. Economic inequality and social wellbeing are fundamentally linked. Social welfare policies and initiatives have the power to reduce economic inequality, advance social justice, and build a more fair society. To balance the aims of economic efficiency with social justice within the framework of each society's particular circumstances and beliefs, however, needs rigorous planning, examination, and dedication

CONCLUSION

In conclusion, there are many different ways in which social wellbeing and economic inequality are related. Programs and policies for social welfare may be very important in addressing and reducing economic inequality in a country. The connection of social welfare and economic inequality is highlighted by a few important points: **Resource Redistribution:** Social welfare systems like progressive taxation, income transfers, and means-tested subsidies may efficiently move money and wealth from the wealthy to the poor. The goal of these methods is to narrow the wealth and poverty divide. **Access to Essential Services:** Social welfare systems often provide access to necessities including housing, healthcare, and education. Making sure that everyone may use these services, regardless of their financial situation, can help level the playing field and lessen disparity in opportunities and results. **Poverty Alleviation:** By offering low-income people and families financial help, food security, and housing support, targeted welfare programs may effectively combat poverty. The improvement of disadvantaged groups' economic well-being depends on these initiatives. Economic development that benefits a wider part of society may be fostered through social welfare policies that support access to healthcare, education, and training. This will lead to a more productive and inclusive workforce. **Social Safety Nets:** In times of

economic crisis or downturn, welfare programs' social safety nets may prevent individuals and families from slipping into poverty, stabilizing the economy as a whole.

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CHAPTER 11

DISABILITY SUPPORT AND INCLUSION

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ABSTRACT:

In conclusion, a fair and equitable society must prioritize inclusion and assistance for people with disabilities. This subject emphasizes a number of crucial points: Disability support and inclusion are based on the idea that everyone has inherent dignity and deserves to be treated with respect and equity, regardless of their abilities. International agreements and national regulations place a strong emphasis on the rights and inclusion of people with disabilities. These legal systems emphasize the moral duty to eliminate obstacles and guarantee equality. A broad variety of services and accommodations, including accessible infrastructure, healthcare, education, career opportunities, and social services, are included in comprehensive assistance for people with disabilities. These policies are designed to enable people with disabilities to live happy, meaningful lives. Social inclusion: Inclusion encourages social integration and full involvement; it goes beyond simple accessibility. Disability-inclusive policies and practices guarantee that people with disabilities be contributing members of their neighborhoods, educational institutions, workplaces, and general society. Economic Benefits: Inclusive policies are advantageous for society as a whole as well as for people with disabilities. Businesses and economies may prosper by using a varied workforce's abilities and skills. Raising awareness of disability problems and spreading education about them are essential first steps in creating a more inclusive society. Stereotypes and preconceptions may be shattered via education. Intersectionality: It's critical to understand that people with disabilities may be a part of many marginalized communities, like racial or ethnic minorities or the LGBTQ+ community. Inclusion and assistance for people with disabilities must take intersectionality into account.

KEYWORDS:

Culture, Disability, Innovation, Inclusion, Support.

INTRODUCTION

A child's entitlement to an education, lowering the likelihood that they will live in poverty, and a sound economic case all support investing in the education of children with disabilities. Millions of youngsters will continue to be excluded from school, and as a consequence, society, if these expenditures are not made. There are three main reasons for the current lack of funding and investment: a widely held misconception that it is too expensive to include children with disabilities; expectations of low returns on education; and a dearth of trustworthy data on incidence, educational participation, and achievement of children with disabilities. Disability exclusion from schooling may result in large expenditures for states and restrict overall economic expansion. Because it does not take into consideration the effect on family members' employment experiences, the ILO estimates that the cost of excluding people with disabilities may range up to 7% for low- and middle-income countries.

Technology and innovation: New inclusion opportunities have been made possible by technological and assistive device advancements, allowing people with disabilities to get around obstacles and fully engage in a variety of activities. Collaboration is required for governments, organizations, communities, and individuals to assist and include people with disabilities. It is a joint obligation. Disability assistance and inclusion are continual commitments rather than static goals. To meet the changing demands and difficulties of the disability population, ongoing efforts are required. In conclusion, a caring and inclusive society must assist and value people with disabilities. No matter what their ability, they promote the values of human rights, equality, and respect for all people. Societies may strive toward a future where everyone has the chance to prosper and contribute their particular abilities to the development of everyone by actively eliminating obstacles, encouraging inclusion, and cultivating a culture of understanding and acceptance.

This number is most likely an underestimate. The economic gains of enrolling all children in elementary education are bigger than years of economic progress in nine nations with high rates of non-attendance. This applies to countries like Nigeria and Mali, where the expense of having children not in school is said to be more than "two years of average GDP growth". The predicted economic benefits of incorporating marginalized groups in education are still more than the public expenditure costs of enrollment, even in nations with relatively low rates of out-of-school youth, like Brazil and Indonesia. According to a research that examined the connection between education, disability, and poverty, "adults with disabilities typically live in poorer than average households: disability is associated with about a 10% probability of falling in the two poorest quintiles." Furthermore, the likelihood of being in the two lowest quintiles is reduced by around 2 to 5 percentage points with every extra year of education'. Disability is linked to long-term poverty, according to evidence that suggests, as children with impairments are less likely to attend school and develop the human capital that would allow them to earn greater salaries than other children [1]–[3].

A link between poverty and disability was reported in 80% of the studies, and the results of a systematic literature review on the economic costs of exclusion (focusing on health, education, and employment) offer "a robust empirical basis to support the theorised disability-poverty link." With one research from Nepal estimating salary returns to education for adults with impairments ranging from 19.3% to 25.6%, the data shows that higher schooling for children with disabilities is linked with significant income gains.

According to a comparable study conducted in the Philippines, people with disabilities who attended more school had higher earnings, with returns of more than 25%. In China, each additional year of education leads to wage increases for people with disabilities of about 5% for rural residents and 8% for urban residents. Studies have demonstrated that learners with specific impairments (such as hearing impairments) who do not get the necessary assistance have lower returns to education.

This is in addition to the fact that educational benefits for children with disabilities are larger than those for persons without disabilities. The global community must make sure that educational investments are inclusive and that indicators especially focus on children with disabilities in order to assist the attainment of the proposed objective on education of the Sustainable Development Goals. Future financial initiatives at the international and national levels must be better coordinated. Implementation plans also need increased collaboration, as well as strict structures

for monitoring and accountability. The creation of a global inclusive education facility for children with disabilities is one suggested method for achieving the goals. This facility would facilitate coordination, gather data, improve policy dialogue, and track progress. Global funding mechanisms for education must take into account the rights and resources needed to meet the unique needs of children with disabilities. Children with disabilities must be taken into account when submitting financing requests under the Global Partnership for Education (GPE), the proposed Global Book Fund, and the planned Education in Emergencies Fund. Disaggregated data on important characteristics including gender, different kinds of disability, and socioeconomic status must be included in reporting formats. Through its current rules and updated financing model, GPE can assist nations in making the required modifications to their educational policies and specifically include children with disabilities. Countries working on include children with impairments have a great possibility to be rewarded thanks to results-based financial arrangements.

Plans and investments for the national education system must expressly take into account children with disabilities and address both local and national requirements by creating more equitable and disability inclusive policies. The potential costs of exclusion will be reduced later on by accounting for children with impairments in the planning phases. Ministries of Finance should assist Ministries of Education in making targeted investments in schools and communities to fulfill the needs of children with disabilities via domestic resource mobilization initiatives and budgetary allocations. Investing in technologies that will meet the educational and living requirements of kids with disabilities. Widespread distribution of affordable assistive technologies is required to enable access to education and learning. To offer a high-quality education and improve the learning results for students with disabilities, more funding is required for the provision of accessible and efficient teaching and learning resources.

A Global Book Fund might be very helpful in promoting the creation and greater dissemination of teaching and learning resources that are accessible. Universal Design should be followed in all investments. To make the most of outside resources for inclusion, a wider interaction with the corporate sector and other non-traditional contributors is required. The private sector is expanding its investments in education, and more may be done to meet the needs of kids with disabilities. The business sector may fund assistive technologies and encourage creative approaches to inclusion via corporate social responsibility programs and other means.

Investing in trustworthy methods for gathering data on children with disabilities that are broken down by age, gender, and kind of disability. Disability-specific data collection should be required by organizations like the OECD, UNESCO, and UIS. Strengthening national education management information systems (EMIS) is necessary on a nationwide scale. The Washington Group and UNICEF are actively working to create survey modules to identify children with impairments in order to better understand their needs, facilitate inclusive planning, and track their development. These initiatives may contribute to the creation of inclusive national education programs and ultimately result in the production of reliable cross-national comparison statistics. Create a "Global Inclusive Education Facility for Children with Disabilities." This facility will work to close the present coordination gap between countries and agencies, improve policy discussions, and foster learning and innovation by generating evidence. The Incheon World Education Forum's renewed pledges to inclusion and their promotion in the new Sustainable Development Goals will be maintained and followed up on by the facility.

The Facility will build alliances and guarantee a vigorous policy discussion by learning from the successes of programs like the United Nations Girls' Education Initiative, or UNGEI. It is crucial that the world debates the need to enhance student learning, especially in the early grades to create a solid basis for further learning. Despite the fact that more people now have access to education than ever before (15 years), 58 million children two thirds of them are disabled children remain out of school. They face increased risks of worse health, lower incomes, and a lifetime of poverty if they are unable to overcome the obstacles and disadvantages keeping them from attending school and from having the chance to study.

According to an analysis of data from 51 nations' 2011 World Health Survey, there are statistically substantial inequalities in school completion across all age categories for both high- and low-income countries²¹. A study of persons with disabilities conducted in 15 low-income countries found a correlation between multidimensional poverty and disadvantage and poorer educational attainment²². It is critical to place a fresh focus on finding ways to enroll, assist, and effectively facilitate the learning of children with disabilities. A decent education for kids with disabilities must be planned far in advance of the first day of school. To ensure that children with disabilities are not left behind, it is equally essential to provide an enabling environment at home and in the community.

If we want children with disabilities to go to school, stay in school, have successful learning experiences, and have more career options, we must provide them with an accessible school, assistive devices, well-trained and supported teachers, and appropriate teaching and learning materials. To guarantee that education systems, infrastructure, and learning environments are created with the benefit of all children in mind, radical changes and large resources will be required. This section goes into further detail on ways to guarantee that students with disabilities get an equitable education and have equal opportunity to show their learning.

The suggestions are based on the duties outlined in the UNCRPD as well as experiences in implementing inclusive education for kids with disabilities in a variety of situations and nations throughout the world. The national standard for teacher preparation should be updated, inclusive education for students with disabilities should be included, and teacher training institutes' capacity should be increased. Pre-service education must be hands-on, and freshly certified teachers need mentorship. Additionally, there is a need for comprehensive, contextually appropriate in-service teacher training programs that provide teachers the opportunity to study, practice, and reflect on their methods.

Work on creating efficient support systems for teachers, such as mobile itinerant teachers that visit different schools, pedagogical resource centers, etc., with staff that is appropriately resourced, well-trained, and supportive of cooperation with other teachers. Improve the knowledge, skills, and abilities of educators who manage, lead, and provide assistance for students with disabilities. Robust pedagogical research is required to help policy makers, planners, and practitioners understand how effective teachers teach all children, in particular those with disabilities. New technology and innovation can provide learning and professional knowledge platforms for teachers and offer teacher training at scale, via courses in digital formats that could be delivered to mobile phones, etc. Such empirical findings will make it possible to make robust, evidence-based recommendations that will enhance teacher preparation programs as well as teaching and learning practices, especially in low-income settings.

Collaboration with organizations for disabled people to promote inclusive strategies and develop and share best practices. Easily accessible teaching and learning resources All children should have access to excellent, relevant teaching and learning resources. Access to alternate and extra teaching and learning resources may be necessary for both instructors and students with impairments.

The idea of universal design is gaining popularity and momentum for use in all educational products. The required expertise and technology already exist and might be expanded. Digital textbook distribution, which may include video versions in sign language, simplified English, audio, Daisy, and other media accessible to a variety of learners with and without impairments, may be a wise investment in certain nations and circumstances. Over the last fifteen years, the cost of generating digital textbooks as well as the cost of portable readers and tablets have fallen dramatically, possibly making digital resources accessible to a larger number of students. Making physical text books and teaching and learning materials accessible will still be crucial in addition to these innovative and exciting advancements.

All students gain from having well-trained teachers, schools benefit from professional administration, and educational institutions benefit from visionary leadership. Professional development of educators. After familial variables, teacher effectiveness and textbook quality may be important drivers of educational quality. Teachers' views toward pupils with impairments aren't always unfavorable. Instead of focusing on their rejection of the kid with disabilities, they often lament their lack of professional knowledge, skill, and confidence to teach in demanding classroom settings. National standards and curricula for initial teacher training and programs for ongoing professional development that take into account local and national contexts, support personal and professional reflection, and reflect research findings on what works in inclusion would be beneficial to teachers [4]–[6].

The promise of inclusive, equitable quality education and lifelong learning for everyone must be professionally fulfilled by inclusive instructors who have received the necessary training. Learning resource creators voluntarily implement Universal Design guidelines and standards with globally accepted, open access, technological requirements. These guidelines and criteria need to be adopted and promoted by a Global Book Fund. Only 5 to 15% of children in low-income countries currently have access to the assistive technologies they need, making it difficult for them to attend school, limiting their participation and impacting their learning outcomes, as well as delaying their independence and social inclusion.

Any item, tool, piece of machinery, or piece of technology that has been expressly created or modified to enhance the functionality of a person with a handicap is considered to be an assistive technology/device. By giving learners with disabilities access to learning and teaching resources, encouraging greater learning, and fostering independence and social inclusion, they have the potential to significantly improve their learning experience. Individual children may become more mobile, speak more effectively, see and hear better, and engage more completely in educational activities with the use of assistive technology.

It enables increased physical and mental function and enhanced self-confidence and lowers the cost of educational services and individual support²⁸. It also gives the means of access to engage in educational, social, and recreational possibilities. Accessible features are already standard on many popular computer products, which lowers the cost. Additionally, nations are investing more money in e-learning and digital learning for regular schools, which, if Universal Design principles are followed, has a huge potential to help students with disabilities. Recommendations Support

current efforts aimed at the establishment of a Global Assistive Technology Fund, expand access to and enhance the quality, availability, and affordability of assistive technologies and devices, particularly for school-age children. Assistive technology can have positive socioeconomic effects on the lives of children with disabilities by improving access to education and increasing academic achievement. Supportive environment at home and in the community Conditions at home and in the communities of children from poorer and more disadvantaged socioeconomic backgrounds, in particular children with disabilities, have a significant impact on their learning achievement levels and future life opportunities. While some parents and communities continue to obstruct school access due to concerns about child safety and health, research in African and Asian contexts reveals that there are significant improvements in these conditions.

For their handicapped children, parents pick schools based in large part on perception, prevalent cultural attitudes, availability of educational options, and experience. One strategy that has worked well in creating an enabling home and community environment and promoting access to health, education, and social protection services is community-based rehabilitation (CBR), in which CBR workers work with teachers and the school administration team to prepare for an inclusive environment enabling all children to attend school. Recommendations Cross-ministerial and cross-sectoral strategies and plans may assist parents and communities in accessing resources and support, allowing for increased school attendance for children with disabilities. Campaigns in communities to raise awareness of certain issues may help to lessen stigma.

In all education-related programs involving the construction of schools, water and sanitation systems, urban development, transportation, and other built environments supported by development and humanitarian aid, donors, implementing agencies, and governments should specify accessibility standards and Universal Design. Provide funding for studies that will show how community-based strategies and inclusive education have an influence on learning results, livelihood, well-being, and wealth. Access to Early Childhood Development Access to early childhood development interventions can offer a crucial entry point to vulnerable kids, offering a solid foundation for a child's future health, socialization, academic performance, and earnings potential.

They can also help children overcome social disadvantages. By offering eyeglasses and hearing aids, early identification and intervention may lessen the impact of impairments or chronic illnesses. Additionally, it may be used to pinpoint cognitive growth, which is important for learning. The learning outcomes for children with disabilities are improved by more systematically integrating ECD programming, as existing programs rarely accommodate children with disabilities and referral systems and services to address the needs of children identified early with a disability are frequently not in place.

Exams and examinations often fail to provide the required modifications for students with impairments, which puts them at a disadvantage. Students with impairments are often excluded from most international achievement examinations. This just serves to perpetuate the notion that kids with impairments do not belong in an environment that values accomplishment. Informing policymakers on the best method to create educational systems that are respectful of and sensitive to the learning requirements of all children may be done by integrating qualitative and quantitative research.

Integrating quantitative and qualitative research, sometimes in novel ways, is necessary to understand how children and young people with disabilities are experiencing these learning

processes and their influence on short- and long-term learning outcomes. Around 8 million displaced people with disabilities live in other countries. Children and young people with disabilities are especially vulnerable during wars and catastrophes and sometimes have no access to or restricted access to programs for education and protection. This vulnerability is often associated with the loss of caretakers, the inability to perceive danger and flee from it, a lack of assistance technologies for communication and movement, as well as a high risk of physical abuse and violence. Indeed, studies have shown that children with disabilities are almost twice more likely to experience violence and abuse than their non-disabled peers. Conflicts and emergencies also lead to an increase in the number of disabilities because of factors like higher injury rates (for example, injuries from landmines and small arms), a lack of medical care, and disruptions of preventive health care programs like vaccination campaigns. For children and young people with disabilities to overcome their vulnerability, protection measures are crucial.

DISCUSSION

Programs for Education in Emergencies (EIE) may promote access to safety nets including food services, psychological support services, assistive technology, and kid-friendly areas where children may engage with one another without fear of exploitation or abuse. Children with disabilities, however, often go unnoticed in emergency registration systems and are denied access to necessities like food, water, clothes, and educational opportunities. Data scarcity brought on by inadequate reporting and registration mechanisms is still a problem. It is challenging to estimate the number of children who are denied their right to an education and to plan and finance properly given the absence of regular reporting on disability in Education in Emergencies programs. EIE expenditures, on the other hand, are often not adaptable enough to guarantee accessible and disability-friendly programming. Despite the fact that the UN and many humanitarian organizations have policies targeting vulnerable children, including children with disabilities, it may be difficult to turn these principles into workable plans and practices. Although there are some helpful standards, they are not consistently followed, which further excludes children with disabilities in emergency and crisis situations.

While there is a lot of knowledge on the challenges faced by children with disabilities in emergency circumstances, there is a major knowledge vacuum when it comes to best practices that have been recorded. There were no studies of children with disabilities in emergency circumstances that fulfilled their methodological requirements, according to a forthcoming systematic literature evaluation of what works to enhance children's educational access, quality of learning, and well-being in crises. Given the rates of exposure among children in crises and the fact that children with disabilities are disproportionately impacted, this is especially startling. Inaccessible infrastructure, teachers who are reluctant to accept students with disabilities into their classes, and a lack of appropriate training and knowledge are some of the challenges mentioned in one report on Syrian refugees with disabilities. This report also highlights the financial difficulties faced by parents as a significant barrier to sending children with disabilities to school. Therefore, emergency access to education for children with disabilities should include identify physical, social, and economic limitations as well as requirements for health and rehabilitation.

Recommendations for Disability Inclusive Education in Emergencies Children with disabilities must be included in the planning and reporting stages of humanitarian response plans, appeals systems, and needs assessments. To guarantee that disaggregated disability data is gathered in accordance with Sphere standards, Child Protection Working Group Minimum Standards, and

INEE's Education Minimum Standards (Preparedness, Response, and Recovery), it may be necessary to revise different guidelines and reporting formats. This might be done in conjunction with staff members receiving further training on the value of incorporating kids with impairments. All humanitarian programs must provide funds to their EiE programming to include children with disabilities. These requirements include inclusive pedagogy capacity development, inclusive learning materials, accessible transportation, assistive equipment, accessible information and management systems, and accessible physical infrastructures, including those for water and sanitation. As part of their reporting systems, donors to UN agencies and NGOs running humanitarian programs should ask for disaggregated data on disability. This data should be submitted according to defined deadlines, with clear penalties for those who don't comply. Disabled People's Organizations must be actively involved in making sure that disability inclusive programming is included in government plans and programs, as well as those of the UN, INGOs, and funders.

In the post-emergency phase, it is important to "build back better" to make sure that school buildings are built in accordance with Universal Design principles and that learning materials, tests, and exams are provided in accessible formats. Disabled People's Organizations should also be involved in identification, interventions, awareness raising, and facilitating school participation. Revisions should be made to building codes and construction norms, and future planning for the education sector should take accessibility into consideration. Local education organizations made up of donors, UN agencies, civil society, and organizations for disabled people may be very helpful to governments.

Invest in thorough research to learn more about the best strategies for supporting educational access, learning quality, and wellbeing for kids with disabilities in emergency situations, according to the 2011 World Report on Disability. According to this report, the prevalence rate for men and women with disabilities, respectively, is 19.2% and 11%, respectively, for women. Gender discrimination and discriminatory behaviors such as early and child marriage, early childbearing, and genital female mutilation are also connected to increased female disability rates. Even after 15 years of concentrated work throughout the MDGs (2000-2015), gender inequalities in education still exist, despite the fact that the right of girls to school is nearly generally recognized and the many advantages of girls' education are thoroughly documented and well understood. For disabled females in particular, this is true.

The highest gender inequalities are seen in the poorest nations, among poorer families, and when girls experience numerous disadvantages due to poverty, ethnicity, and geography, according to data on girls' enrollment and learning across time. Studies and general knowledge of girls with impairments indicate that a variety of other variables influence whether or not these girls attend school. These elements may include infrastructure for accessible schools and transportation, water and sewage systems, as well as teaching and learning resources and assistive technology. Poor expectations and poor perceived benefits of education by the kid, her family, and her society may also be contributing factors. Due to extra challenges they confront as a result of their impairment, girls with disabilities are more likely to miss school or drop out. For females who have intellectual or developmental challenges, this is especially true. Studies have shown that women and girls with disabilities are three times more likely to experience gender-based violence than non-disabled women. They also experience higher rates of sexual abuse, neglect, maltreatment, and exploitation than women and girls without disabilities. Such violence may occur everywhere, including in households, institutions, and schools. Given these numerous, interrelated factors affecting their

education, it is not surprising that a UNDP study found the global literacy rate for all adults with disabilities is as low as 3%, and one percent for women with disabilities. These shockingly low literacy rates are due to the fact that 24% of disabled girls reported experiencing sexual violence at school, compared to 12% of non-disabled girls. Men with disabilities are found to be almost twice as likely to be employed as women with disabilities, despite the fact that all people with disabilities face barriers to employment⁵⁰. Despite this disparity and repeated commitments from policymakers, strategies for girls rarely mention girls with disabilities, making them invisible in plans, monitoring reports, and statistics. Due to their high incidence of primary school dropout, females with impairments are unable to enroll in secondary and university education [7]–[9].

Social welfare programs may also encounter obstacles including questions about the financial viability of the program and possible obstacles to employment. It's difficult to strike the ideal balance between developing self-sufficiency and offering a safety net. Political ideologies and public opinion often have an impact on the structure and reach of social welfare programs. Social welfare policies may take on different forms depending on how often debates on the role of government in tackling economic inequality take place. Economic inequality and social wellbeing are fundamentally linked. Social welfare policies and initiatives have the power to reduce economic inequality, advance social justice, and build a fairer society.

CONCLUSION

In conclusion, there are many different ways in which social wellbeing and economic inequality are related. Programs and policies for social welfare may be very important in addressing and reducing economic inequality in a country. Social welfare systems like progressive taxation, income transfers, and means-tested subsidies may efficiently move money and wealth from the wealthy to the poor. The goal of these methods is to narrow the wealth and poverty divide. Social welfare systems often provide access to necessities including housing, healthcare, and education. Making sure that everyone may use these services, regardless of their financial situation, can help level the playing field and lessen disparity in opportunities and results. By offering low-income people and families financial help, food security, and housing support, targeted welfare programs may effectively combat poverty. The improvement of disadvantaged groups' economic well-being depends on these initiatives. Economic development that benefits a wider part of society may be fostered through social welfare policies that support access to healthcare, education, and training. This will lead to a more productive and inclusive workforce. In times of economic crisis or downturn, welfare programs' social safety nets may prevent individuals and families from slipping into poverty, stabilizing the economy as a whole. Social welfare policies may contribute to a reduction in long-term economic inequality by making investments in the education and welfare of children from poor homes. This will help break the cycle of intergenerational poverty. To balance the aims of economic efficiency with social justice within the framework of each society's particular circumstances and beliefs, however, needs rigorous planning, examination, and dedication.

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CHAPTER 12

SOCIAL WELFARE AND MENTAL HEALTH

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ABSTRACT:

In order to address the overall well-being of people and communities, the convergence of social welfare and mental health is crucial. This abstract examines the significant influence of social welfare efforts and policies on mental health outcomes, highlighting the need of a holistic strategy for mental well-being promotion. Although it is a crucial element of total well-being, physical health often takes precedence in debates of policy. In addressing socioeconomic factors, lowering stigma, and increasing access to mental health treatments, social welfare systems may be crucial in promoting mental health, as this abstract highlights. The abstract explores the complex linkages between social welfare and mental health, highlighting the need of a stable economy, strong social ties, and easy access to medical treatment. It talks on how risk factors for poor mental health, such as unemployment, housing instability, and poverty, may be reduced through social safety nets. The crucial role of de-stigmatizing mental health concerns and raising mental health awareness is also explored in this abstract. It emphasizes the importance of education, neighborhood initiatives, and workplace regulations in creating settings where people feel at ease asking for support and assistance. The debate here is heavily focused on inclusive mental health policy and services. The abstract highlights the need for community-based programs that provide early intervention and support for those dealing with mental health issues, as well as for easily accessible and reasonably priced mental healthcare. The abstract also discusses how social welfare policies might be modified to suit the particular mental health needs of vulnerable groups, such as children, veterans, and the elderly. In conclusion, the relationship between social welfare and mental health is an important aspect of general well-being. The main point of this abstract is that a strong social welfare system, together with education on mental health difficulties and easy access to treatment, may make a substantial difference in lowering the stigma associated with mental health problems. Societies may seek to create more tolerant, inclusive, and mentally healthy communities for everyone by acknowledging the link between social welfare and mental health.

KEYWORDS:

Community, Health, Mental, Social, Welfare.

INTRODUCTION

Societies are heavily burdened by issues with mental health. The World Health Organization (WHO) estimates that more than 20% of all people will experience a mental disorder at some point in their lifetime. Since 1990, the prevalence of depression and anxiety has increased by almost 50%, and depression alone now affects more than 300 million people worldwide, making it one of the leading causes of disability globally. It is well known that low socioeconomic status (SES) associates with worse mental health, irrespective of whether status is proxied by income, material wealth, financial strain, education or by labour market position or security (e.g., Watson and Osberg Rohde Reiss Fryers, Melzer, and Jenkins Marmot and Bell Szanton, Thorpe, and However, the pathways underpinning the relationship are less well documented. The social causation

hypothesis (Dohrenwend and Dohrenwend predicts that low SES by itself causes worse health; individuals with low income may be unable to invest in their health via preventive care or to cover pharmaceutical costs related to mental illness. More indirectly, mental health may be affected by psychosocial mechanisms running through the experience of stress, shame and guilt due to economic hardship. As stated by Sen shame is at the ‘irreducible absolutist core’ of the idea of poverty and inability to support oneself. A large strand of research in psychology suggests that shame is a very destructive emotion, causing feelings of incompetence and powerlessness (Tangney and Dearing negative emotions that have deleterious effects on mental wellbeing (Mirowsky and Ross. This research examines welfare-dependent persons who receive income assistance in the form of means-tested Social Assistance Benefits (SAB), with an emphasis on the psychological processes of the social causality hypothesis in this setting. SAB is associated with a poor level of living, but sociological studies also contend that the experience of SAB dependence itself is associated with psychological distress (see Mayer and Timms on Britain, Rank on the USA, and Angelin and Dahlgren and Starrin on Sweden).

We use comprehensive yearly administrative panel data on more than 140,000 Swedes from 2006 to 2012 to study the association between welfare reliance and mental health. We can separate the social causation channel for a SAB-mental health relationship from important competing hypotheses using our data. The social selection hypothesis holds that the causality runs from health to SAB (i.e., that people with mental disorders drift down in SES position due to psychopathology and inability to fulfill expected role obligations), but we can ignore this by taking advantage of the longitudinal dimension of our data. We decrease the possibility that the connections between SAB and mental health that have been reported are due to omitted confounding variables by including individual-specific fixed effects into the regression models.

A few number of prior quantitative research on SAB and mental health exist. An American prospective study shows that mothers on welfare benefits are more likely to develop mental problems similar to the results of a Swedish study examining self-reported general health among mothers (Fritzell et al. Comparing the mental health of individuals entitled to various social benefits in England, Ford et al. find that uptake of income support is associated with a higher risk of mental problems, conditional on employment status. Rodriguez, Lasch, and Mead show that the gap in the prevalence of depression between unemployed and employed Americans is largely explained by unemployed individuals on means-tested welfare benefits. Furthermore, the association between welfare and depression persists in the long run (Rodriguez, Frongillo, and Chandra and welfare is also negatively correlated with general health measures in the US, UK, and Germany Huber, Lechner, and Wunsch study a sample of Germans making the transition from welfare benefits into employment and use a propensity score matching design to account for selection bias. They find that the transition to employment associated with improved mental health, though mainly among men.

Except Huber, Lechner, and Wunsch none of the previous studies employs a research design that deals with the empirical challenge that SAB may correlate with other individual determinants of mental health. Our approach enables us to discriminate between the key competing hypotheses in the SAB-mental health nexus. Our paper also contributes to the literature by using objective mental measures from administrative registers on the consumption of psychopharmaca – antidepressants, anxiolytics, and hypnotics (for another recent example of using pharmaceutical data to proxy mental health, see Lyk-Jensen, Weatherall, and Jepsen – rather than self-reported measures of mental health. As shown by e.g. Kjellsson, Clarke, and Gerdtham and Ljungvall, Gerdtham, and

Lindblad self-reported health measures often generate measurement errors that may matter for estimated disparities in health. Our measures have the advantage of not being susceptible to non-response bias, under-reporting, or justification bias (Huber, Lechner, and Wunsch and therefore complement the existing literature.

The elevated drug risks among SAB beneficiaries fall from 21 to less than 2 percent for women, and from 44 to 9 percent for men, when adding individual fixed effects to the model. A bounds analysis also suggests that the relationship for men at least partially reflects a causal effect of SAB. Although we are unable to clearly distinguish between psychosocial aspects, we do show that highly educated males are the main drivers of the SAB and mental health connection with fixed effects. This is congruent with qualitative studies on SAB and mental health, which indicates that SAB-related sentiments of guilt and shame are more prevalent among high-SES people. The background of the SAB institution and Swedish healthcare is provided in the next section. We next outline our data and empirical specification before presenting the empirical results. The discussion of interpretations and constraints, as well as the paper's final observations, come towards the end.

II. background in academia

SAB: Social Assistance Benefit

People without access to the labor market might get financial assistance through Sweden's extensive social safety net. The majority of benefits, such as those for illness, unemployment, parents, and pensions, are proportionate to the recipient's prior earnings from work, are granted for extended periods of time, and have no impact on their consumption or wealth. The means-tested SAB, a kind of cash income allowance designed to make sure that all families can afford essential living expenditures like food, rent, clothes, medicine, etc., is available to those whose income and wealth (both from work and from non-work) fall below a statutory threshold. SAB applicants must submit monthly applications, and the application procedure requires a careful analysis of the household's financial situation. The person must be actively looking for employment and have exhausted all other income sources, including financial assets, in order to qualify. Unusual costs need previous clearance. Social services in the municipality examine and accept SAB applications.

DISCUSSION

Approximately 4% of Swedes get SAB each year. Nearly 60% of all SAB families include at least one member who was born outside of the country, and 40% of beneficiaries are younger than 30. Although the typical episode lasts roughly six months, over 40% of families with SAB have bouts lasting more than ten months. The SAB is awarded at the municipal level, hence the benefit rate varies considerably among regions. The average SAB beneficiary gets around 7,500 SEK (about €750) each month; however, a quarter of beneficiaries earn less than 5,000 SEK (roughly €500) per year, indicating that the SAB is a supplement to other sources of income for this group.

The Price Of Prescription Drugs And Medical Treatment

In Sweden, medical appointments and prescription medications are extensively subsidized. The only pharmacies that can fill prescriptions are those. All citizens are covered by the national health insurance, which also covers outpatient pharmaceutical expenses up to SEK 2,200 (€220) in out-of-pocket costs each 12-month rolling period. For the balance of the 12-month insurance term, any costs in excess of the payment limit are completely covered. Similar to that, the maximum cost for

medical consultations is SEK 1,100 (€110). Importantly, the SAB covers out-of-pocket expenses for prescription medications as well as necessary GP visits.

III. Information and empirical tactics

Based on information from three government databases owned by Statistics Sweden (the Longitudinal integration database for health insurance and labor market studies, or LISA), as well as the National Board of Health and Welfare (the Prescribed Drug Register, or PDR, and the National Patient Register, or NPR), we create an individual-level panel dataset for the years 2006 to 2012. The LISA database comprises background data on all adults over 16 who were registered as residents in Sweden on December 31. This data includes age, gender, country of birth, family composition, information on the labor market, socioeconomic conditions, and educational background. Additionally, LISA takes into account sources of income, such as wages, SAB, pensions, unemployment benefits, and illness benefits.

The Anatomical Therapeutic Chemical (ATC) categorization of each prescription drug is included in the PDR's thorough information on every drug dispensation, while the NPR includes information on every episode of inpatient or specialty outpatient treatment. In all, more than 1,500,000 life-year observations were collected for our research population, which consists of an annual population-representative sample of around 140,000 people who participated in at least one survey for Statistics Sweden's Swedish Survey of Living Conditions (SILC/ULF) between 1980 and 2012.

It might be difficult to assess mental wellness. Using data on psychiatric medications that have been prescribed, as per the PDR, we operationalize mental health in this research. If a person has at least once throughout the course of the year redeemed a prescription for a medicine that falls under one or more ATC categories, we define them as having mental issues for that year. If a person redeemed medications from any of the three categories N06A (antidepressants), N05B (anxiolytics), or N05C (hypnotics and sedatives), our most comprehensive dependent variable, the dummy variable *psychopharmaca*, equals one. The three ATCs are further examined as distinct dummy variables.

The dependent variable *drug* ($j = \text{psychopharmaca}, N06A, N05B, \text{ or } N05C$), measured for person i in year t , our main independent variable *SA*, a dummy equal to one if the person received SAB at any time in the prior year ($t-1$), a vector of calendar year dummies capturing year-specific fluctuations in the use of *psychopharmaca*, and an idiosyncratic error term. The OLS model is then enhanced with four different kinds of variables. General Background (BG) variables are included in both sets. *refers* to factors that were assessed in the same year as the SAB status, including age group dummies (in 10-year intervals) and dummies for educational level, immigration status, and metropolitan area residency. *includes* covariates measured in earlier years y : the natural logarithm of disposable income (in SEK; we recode the income to 1 for people with 0 income); dummies for uptake of parental benefit, old-age pension, single-person households, and households with children in year $t-2$; and dummies for uptake of SAB or unemployment benefit in any of the five years preceding year t .

We alleviate the issue of reverse causation, i.e. that mental issues precede and cause SAB, by evaluating SAB the year before the (possible) *psychopharmaca* intake. We add two sets of health-related covariates, including dummies for disability benefit in year $t-2$ or sickness benefit in any of the five years prior to $t-1$, as well as a dummy for hospitalizations with depression as the primary

diagnosis in any of the nine years prior to year $t-1$, in order to further mitigate the reverse causality problem and to account for confounding factors. The same three variables that were assessed in the same year as SAB are also included in the collection of health covariates; so, year $t-1$ depicts the time frame for the measurements of the variables included in our analysis.

There may be unobserved confounders that the OLS models fail to account for even after adjusting for a broad variety of variables. In particular, the health variables may be unreliable indicators of mental health since disability and sickness payments may be awarded for unrelated causes and hospitalizations for depression only accurately reflect the most severe forms of depression. Because of this, in the next step we add individual Fixed Effects to our model, removing any unobserved confounders that have a constant effect across time. To put it another way, the FE model accounts for each person's propensity for mental health issues. The FE model is our favorite model because of this significant benefit.

We use LPMs in the study because they make the understanding of interaction terms simpler and enable the convenient incorporation of individual FE. The fundamental drawback of LPM is that it may provide predictions outside the $[0, 1]$ interval, as opposed to models created expressly for binary dependent variables (such as logit or probit). However, this argument is less persuasive since we are more interested in inferences than in predictions. Standard errors cluster at the individual level.

Statistically descriptive

Gives descriptive data by gender, weighted by the frequency of panel appearances. Two percent of both genders in our sample are SAB beneficiaries each year. The age structure of our sample, which consists of repeated cross-sections, is reflected by the fact that this is half the proportion for the whole Swedish population. In the previous five years, five percent of our sample had gotten SAB at least once. When it comes to psychopharmaceutical usage, more women than men 29% of all women have taken medications from any of the three investigated ATC categories in a given year. When we examine the various pharmacological categories, we find that hypnotics (N05C) are the most popular (17/10% of women and men), followed by antidepressants (N06A; 15/8%) and anxiolytics (N05B; 10/6%). We further note that the higher prevalence of mental illness among women is also visible in their higher risk of the previous hospitalization with depression as the main diagnosis, although it should be noted that hospitalizations with this diagnosis are very rare for both genders. Our sample roughly approximates the psychotropic drug use pattern for the entire Swedish population (National Board of Health and).

CONCLUSION

In conclusion, the relationship between social welfare and mental health is an important and intricately linked component of societal well-being. Social welfare systems are essential for meeting the needs of people and communities in terms of mental health since mental health is a crucial aspect of total well-being. By fostering understanding, acceptance, and accessibility to mental health care, social welfare programs and policies may help lessen the stigma attached to mental health conditions. A core goal of social welfare is to ensure that everyone has fair access to mental health treatment. This involves offering counseling, therapy, and mental health treatments that are both inexpensive and accessible. Social welfare systems may use early intervention and prevention tactics to deal with mental health concerns before they become crises, lessening the total load on people and society. People who are homeless, disabled, or struggling financially are

examples of vulnerable groups that often have higher rates of mental health issues. In order to assist and serve these populations, social welfare initiatives are crucial. Programs for workplace mental health, social welfare laws that support a good work-life balance, and accommodations for mental health disorders all contribute to the workforce's mental health. Creating caring communities via social welfare projects may lessen social isolation and provide a network of support for those with mental health concerns.

By effectively collaborating with larger social welfare systems, mental health services may provide people with all-encompassing, holistic assistance that takes into account both their mental health and social determinants of wellbeing. Social welfare may play a part in supporting mental health education and awareness initiatives, assisting people and communities in better understanding mental health issues and how to get treatment. In order to pinpoint areas for development and best practices, it is crucial to continuously investigate and evaluate social welfare systems' mental health policies and initiatives. In conclusion, there is a reciprocal link between social welfare and mental health, with social welfare programs addressing the socioeconomic determinants of mental health and mental health services enhancing societal well-being in general. Societies may promote more accepting, caring, and mentally healthy communities where people have access to the resources and assistance, they need to succeed by giving mental health the attention it deserves within social welfare systems.

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