

The Relations of Social Security and Social Welfare Services

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THE PAST few years have seen a growing interest in countries at varying stages of economic and social development in the appropriate development and organization of social welfare services. Concepts and definitions as well as methods of providing social services vary greatly, but it seems evident that industrialization and urbanization have created certain community needs to which people everywhere are responding in greater or lesser measure.

The United Nations, primarily through the activities of the Social Commission, has given considerable attention to the need for social services. Until very recently its primary emphasis has been on the training of social workers. An expert group appointed by the United Nations, which reported in early 1959 on "The Development of National Social Service Programs," noted the potentially close relations between social security and social service programs and recommended that the United Nations and the International Labor Organization jointly make a special study of the interrelations of such programs. This recommendation was approved by the Social Commission and the Economic and Social Council, but because of the pressure of other work concentrated studies are only now getting under way.¹

In the meantime the International Social Security Association had become interested in this question. The member agencies of I.S.S.A. include national social security institutions, social security and mutual benefit funds, and government departments administering one or more branches of social insurance or social security in some 80 countries.² As early as 1955 or 1956, a question was raised as to whether the Association should not set up a special committee on social services, comparable to its committees on Medico-

Social Problems, Old-Age Insurance, Unemployment Insurance, and others. Experience with and the extent of interest in the social services vary markedly among different member institutions. There was consequently some uncertainty as to how much of its effort and limited resources I.S.S.A. should devote to this area of activity. To help resolve the question, the Bureau (Executive Committee) decided at its 1959 meeting, held in Rome, to place on the agenda for the 1961 General Meeting a special report on the relations of social security and social welfare services. The author was requested to prepare and present this report.

The report aroused considerable interest at the General Meeting. The topic is also of great interest in the United States at the present time. Because of the numerous requests that have been received for copies of the material, it has seemed appropriate to present in the BULLETIN the body of the report and a brief account of the decision taken by I.S.S.A. concerning its future activities in this field.

The Report

The term "social services" can have a number of different meanings. It may be used to refer broadly to all types of social programs, including social security, health, education, housing, community development, and others. It is also used to refer specifically to programs and activities closely identified with the field of professional social work. Neither the broadest nor the narrowest definition seems fully useful when one is considering the relations between social security and social welfare services. Rather than attempt one more definition, this paper starts from the particular interests of the I.S.S.A. and identifies several groupings of related social service activities.

The problem of definition is complicated by the fact that the outer boundaries of social security are themselves somewhat vague. Activities which in one country are carried on as part of the social

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¹ An article, "Social Security and Social Services" in the *International Social Service Review*, September 1959, pages 27-36, prepared by members of the staff of the UN Department of Economic and Social Affairs, presents a useful preliminary review of the general subject.

² For an account of the Fourteenth General Meeting of I.S.S.A. see pages 3-6 of this issue of the *Bulletin*.

security program, in other countries may be administered by an entirely separate agency, at a different level of government or outside of the governmental structure. In some countries the social security program itself includes social services, which in this case are regarded not as something separate but as an aspect of social security.

The most useful approach to the question of the relation between social security and social services may therefore be to analyze functions, and only thereafter to consider the various organizational patterns through which different objectives can be carried out.

There is no question as to the central function of social security programs. That function is the provision of a cash income to individuals and families in designated sectors of the population under specified conditions. One of the characteristic features of an industrialized economy, whether organized on a free enterprise or a collective control basis, is the increasing dependence of the individual on a money income to provide himself and his family with the necessities and some of the amenities of living. Urban life, mobility of population and the gradual breakup of extended family ties tend to concentrate responsibility for income support on the individual worker and his immediate family. Social insurance or pension programs provide the mechanism for assuring a continuing income to individuals or families when earnings are interrupted by sickness or disability, maternity, unemployment, work accident, or the retirement or death of the major breadwinner. Social insurance may also provide the means to pay for medical care. Family allowance programs supplement the cash income of earners with dependents. In countries that have not yet developed a comprehensive social insurance program, relief for those in need may be provided largely in kind—through the distribution of food, clothing, etc. In the industrialized countries, public assistance to meet individual need not covered by social insurance is ordinarily given as a cash payment.

The effectiveness of a social security program in providing income support and the achievement of the social goals underlying the concept of family support may depend, however, on the availability of non-cash services. Such non-cash services have, in general, two major functions. They may bring to the individual certain goods in kind, usually

including a large element of personal service, that are most effectively organized and made available through some form of community action. They may also involve services designed to help him with his personal adjustment to others and to society. These functions frequently merge in practice. Most if not all these non-cash services are needed by other persons as well as by social security beneficiaries. The circumstances which lead to the payment of cash benefits—illness, old-age, unemployment, childbirth, support of children, etc.—may, however, intensify the need for special services and their importance for this group.

The most familiar example for social security administrators, of the provision of services rather than cash payments is in the field of health and medical care. Particularly where existing medical facilities and personnel are limited, the best or only way to assure medical services to persons covered by workmen's compensation, or by a sickness insurance scheme, may be the use of the social insurance funds and organization to build and staff hospitals and clinics. In other circumstances, a number of countries have chosen to organize and make available all or some (e.g., hospital) medical services through a public health program for the entire population. Thus social security programs in different countries may provide medical care services directly, make cash reimbursements for medical expenditures incurred by social insurance beneficiaries, pay providers of service directly for care furnished to beneficiaries, or contribute from social insurance funds toward the cost of public health services. This paper will not discuss the question of the organization of health services.

SOCIAL SERVICES TO SUPPLEMENT CASH BENEFITS

For many of the persons and families protected by social security, the receipt of a regular cash benefit—if it is adequate in amount—is all that is necessary to provide a satisfactory basis of life and enable the family to retain a place of independence in the community.

The very circumstances which lead to the payment of a cash benefit, however, may create special needs which can only be met through supplemental services. Persons who are ill and their families, the very old, children in broken families

and in families where the mother works or is temporarily absent, need something more than a cash benefit if the income provided through social security is to be meaningful or to serve its intended purposes.

Help With Living at Home

A variety of specialized services have been developed in recent years in different countries to help families who are temporarily or permanently unable to carry on themselves all the normal functions of personal care or of housekeeping. Organized homemaker services provide help with the care of children and with cooking, housecleaning, marketing or other household tasks to the mother who is ill or immediately before and after childbirth, to families with children when the mother is away (as in the hospital or elsewhere) or for a temporary period after a mother's death. Many old persons or severely disabled persons who would otherwise have to live in an institution can remain in their own homes if such homemaker services are available.

Some communities have organized special feeding services that deliver complete cooked meals to homebound persons without families able to care for them or who are left alone during the day while the other members of the family are at work. A somewhat similar purpose may be served by special communal feeding arrangements, such as communal dining places for older persons or meals provided through the schools for school children.

Visiting nurse services should perhaps be classified as health rather than social services. They also play an important role in making it possible for persons who are ill or disabled to live at home. Rehabilitative services to help restore independent living may also be provided to persons in their own homes.

Such organized home services are in part a substitute for the informal help of relatives, neighbors and friends that enable families in villages and small towns to get along. They may also bring into the home special skills and training that many relatives and neighbors do not have. As cities grow in size and family units become smaller, there is an increasing place for organized arrangements of some kind to meet such needs.

Day-Care Centers

Another type of service that has developed in widely different settings is that of day-care centers. Such day-care arrangements for children may be of particular importance in the case of broken families—widowed, divorced, or unmarried mothers who must work to supplement a meager social insurance benefit or to stay off relief. Day-care centers for the children of working mothers have been organized under one auspice or another in most industrialized countries. The nursery associated with the factory is one pattern. Nurseries and complete day-care arrangements associated with schools is another. There are also separate day-care centers for pre-school and sometimes for school-age children. The organized provision of such services becomes increasingly important as more women work outside their homes and often far from the neighborhood where the family lives.

There has been a beginning in the development of day-care centers for old persons in a few countries. Such centers may provide the main hot meal for the day, as well as needed companionship and occupation. In other countries urban social centers designed to provide services for persons in all age groups may serve this special function for the aged.

Sheltered workshops may provide both day care and a satisfying work experience, as well as some supplementary income, for disabled and marginally competent persons.

Recreational and Other Community Services

Certain kinds of recreational services are also designed in some countries to supplement cash social security benefits and particularly to supplement family allowances. Free camps for children, reduced-cost vacations for families, free or low-cost tickets for theaters, concerts or other entertainments, all may be used to increase the real income (the total goods and services) available to certain categories of individuals or families. It is very difficult to define the boundaries of "social services" of this nature. A broad concept might include all community services that involve a special subsidy for low-income or other groups. Public or subsidized low-rent housing for low-income families or for aged persons or persons

living on social insurance benefits would fall in this category. Loans for housing or other purposes may be important where commercial credit is not readily available at rates that families can afford to pay. Social security agencies in some countries have used their reserve funds for housing and other loans to insured persons.

SOCIAL SERVICES AS A SUBSTITUTE FOR CASH BENEFITS

There are some circumstances in which individuals cannot live adequately and satisfactorily in their own homes even with home help services to supplement a cash benefit. The basic purpose of a social security program may be better met, in such cases, by the provision of direct support in kind. The most frequent circumstances of this kind are the case of children who have lost their parents or whose parents do not provide what society regards as suitable homes, and adults whose physical or mental condition is such that they need almost constant care.

Institutional Care

Long before the development of social security programs, most societies had provided some kind of institutional care for the aged, for the sick and for orphans or other homeless children. Frequently such institutions were operated by religious bodies or developed under religious auspices. Where family ties were close and the family economic base secure, relatively few persons might actually go into such institutions. Where famine or war or large movements of populations brought widespread insecurity, they have at times been a refuge for many.

Modern social security programs were in part designed to provide an alternative to institutional care. And this they can do for the great majority of the aged, the disabled and the orphaned. There remain, however, some persons in each of these groups for whom institutional care is necessary.

Particularly in the case of aged persons and also of disabled persons, the need for a place to live may merge into the need for extensive medical or skilled nursing services. As modern medicine has prolonged life it has also brought

the need for continuing care for more partially disabled persons. There is developing in many countries a type of institution midway between a hospital equipped to provide for the acutely ill and an old person's home equipped to provide only for persons in reasonably good health. Such an institution may be called a convalescent home or a skilled nursing home or by some other name. It may be planned for and thought of as part either of a health program or of a welfare program or both. In any case there would appear to be a growing need for such institutions where older persons who are physically or mentally unable to care for themselves can get the skilled care and attention they need, but at a lower cost and with a lesser demand on scarce medical resources than were they kept in a general hospital.

Practices differ greatly in different countries as to the relation of institutional care and the right to social security benefits. In some cases, the individual must choose between institutional care and a pension or social security benefit. In others the amount of the pension may be lower if the beneficiary is living in an institution. In other cases, he may continue to receive his full benefit but use it to purchase care in an institution.

Foster-Family Care

Increasingly, placement in foster families is being used as an alternative to institutional care for children. Children left homeless because of the death or desertion of their parents, or children removed from their parents by courts or social agencies because of neglect or maltreatment, may have a better opportunity for healthy development if they can live in a family environment until they are adopted or are able to care for themselves. The problem of finding suitable families to provide such foster care is not easily solved, but the service can be of great value. As in the case of institutional care, social insurance benefits or family allowance programs may provide the necessary funds to pay for foster-family care whether or not the social security agency administers the service.

A few countries are experimenting with supervised foster-family care for older persons and for disabled persons. For many of them, too, such arrangements may be more satisfactory than institutional care, if a suitable home can be found.

SERVICES TO HELP FAMILIES USE THEIR SOCIAL SECURITY BENEFITS EFFECTIVELY

In the complex, rapidly changing world of today all of us may need guidance and help from time to time in the most effective use of our own resources or of the public and other community services that are available. Many of the persons whose income is primarily from social security may have special need of such adjustments and guidance services.

Socio-Legal Protection-Guardianship

The great bulk of social security payments—whether under social insurance, pension, family allowance or public assistance programs—go to persons who are capable of handling their own affairs, or those of their children on whose behalf the payment is made. But for a small number of children and of confused and marginally competent old persons, questions will arise as to whether in the interests of the persons entitled to the benefit, someone other than the parent or the individual himself should receive and manage the funds. Such decisions call for special skills. They may or may not involve court action and legal guardianship arrangements. In such cases courts are also turning increasingly to social workers and the services of specialized social agencies to help work out the most desirable arrangements and to help the child or old person adjust to his new situation.

Family Counseling and Adjustment Services

Some of the families who are receiving social security payments—as well as others in the population—have a variety of personal problems that threaten their functioning and with which they need help if they are to become or remain independent. These may be deep-seated problems of emotional adjustment and of interpersonal relations. They may be problems of health, or of attitudes towards work and authority or of adjustment to an urban way of life. It is in this area of service that the modern trained social worker has a primary role to play. In some circumstances, the social worker's main function may be that of preparing individuals and families to

accept and make use of health services or educational or other services. Many sickness insurance and other health agencies utilize the services of social workers to increase the effectiveness of the medical services they provide.

Family counseling, work with juvenile delinquents, protective services for children, help with adoptions and child placement, individual counseling services for older persons, are among the kinds of specialized services needed in any urban community. Such welfare services may be particularly important for the families with whom family allowance and public assistance programs are concerned.

Referral Services

In some cases, the help needed may be primarily that of placing the person in contact with other community resources. Persons coming from rural areas to the city frequently have no idea where to turn for help in finding a job, or housing or medical care or emergency aid. Even persons who have lived in a city all their lives may be confused as to where to go for help in different situations. In some countries "friendly visitors" from the social security agency provide such help and advice. In the absence of other arrangements social security agencies may find people turning to them as a source of information and referrals whether or not they plan to provide such a service.

Advice in Home Management

With changing technology, new knowledge as to health and nutrition, and the movement of families from rural to urban areas, many families need instruction and advice if they are to make effective use of their money whether it is earned or a social security payment. Home economics, nutrition and child-care training are provided in different countries through a variety of social agencies and programs.

Urban social service centers.—Although they represent primarily a method of providing services, separate mention should perhaps be made of community social service centers. These are developing in a number of countries as the place where counseling, adjustment, home economics

and recreational services are brought together for an entire neighborhood. They also serve an additional purpose of stimulation and education and of the development of neighborhood leaders.

PHYSICAL REHABILITATION AND ACCIDENT PREVENTION SERVICES

Great advances have been made in recent years in methods of restoring physical functioning and occupational ability of persons injured and disabled by accidents, illness or war. Rehabilitation services may involve medical care, special physical therapy, occupational training, special counseling and adjustment services and the provision, fitting and training in the use of prosthetic appliances.

Social security programs that provide income support for disabled persons have a direct interest in the availability of rehabilitation services. Such services can pay for themselves in purely economic terms by enabling persons who would otherwise remain on the benefit rolls to become self-supporting again. If occupational rehabilitation is impossible, the individual may nevertheless become able to take care of his personal needs and thus require less continuing care from other people.

There is also a potentially close relation between the administration of accident or invalidity benefits and rehabilitative services. The determination of eligibility for invalidity benefits ordinarily involves some judgment not only as to the fact that an individual is currently too disabled to work, but also that this condition is likely to persist. An evaluation of the possibility for some restoration of functioning and beyond that of a return to employment can be made at the same time and as part of the medico-social examination through which this judgment is arrived at.

Some social insurance programs make provisions for continuing cash benefits and even for the payment of special allowances to persons undergoing rehabilitation and during a trial work period.

Accident Prevention Services

The vast increase in disabling conditions resulting from machinery or harmful substances in the factory, on the roads and at home has led to the development of a variety of accident prevention

techniques and services. Safety regulations for places of work, safety standards for consumer goods and education of the individual are among the more important. Whether or not they are closely associated with social security programs, such services are of interest to work-accident and invalidity insurance funds.

EMPLOYMENT SERVICES

There is a very close relation between unemployment insurance or unemployment benefit programs and employment services. The effective administration of unemployment insurance requires some test of whether the person claiming benefits is actually seeking work. It is also better for the worker to find a new job than to continue living on part-pay till his benefit rights are exhausted. And it is possible to provide more adequate benefits for those who remain unemployed if other jobs can be found fairly quickly for most of those who experience some unemployment.

The organization of employment services to help workers find suitable jobs and employers find suitable workers has actually preceded the establishment of unemployment insurance in most of the countries having such programs. Because active registration with the employment office is usually one test of eligibility for unemployment benefits, the administration of unemployment insurance and the employment services is frequently combined in one organization. The employment services, however, are generally available to all workers and employers and not merely to those covered by the social security system.

In addition to its placement functions, an employment service usually provides some vocational counseling and perhaps vocational testing. Related services that minimize the need for unemployment benefits are vocational training and retraining programs. Grants or loans to help unemployed or marginally employed workers move to other areas of the country may also help assure the most effective use of manpower and a reduction of dependency.

ORGANIZATION OF SOCIAL SERVICES

Probably every one of the social services that has been discussed is provided as part of the social

security program, or is administered by a social security agency in at least one country in the world. On the other hand there are undoubtedly some—possibly many—members of the I.S.S.A. that have no responsibility for any of these services. There are many different factors that may determine the relations between social security and social service programs in different countries.

It is evident that a considerable number of different skills and competencies are involved in the provision of the full range of social welfare services that may be needed in a highly industrialized and urban society or a society that is moving in this direction. The availability and grouping of the various services, as well as the degree of specialization of function, may differ in countries at different stages of economic development or with differing cultural history and background. The development of particular services may depend also on the availability of trained personnel—whether the training needed is that of the social worker, the nurse, the rehabilitation specialist, the nutritionist, the occupational counselor or the community planner. Services may play a larger part than cash benefits in the total social welfare program of a country that is in an early stage of industrialization when most of the population are not yet dependent on a cash income. At a later period, the development of a broad and adequate social insurance or pension program may be the most basic welfare measure. The existence and operation of such a program in turn highlights the non-cash needs of families and the value of preventive and rehabilitative services.

Whether or not a particular social service is administered by a social security agency would also appear to depend on a combination of factors. There is an inherently closer administrative relationship between services and cash benefits for some programs than for others. Unemployment insurance and employment services, for instance, must be operated in close conjunction.

Most if not all of the social services that may be important for social security beneficiaries are also needed by other groups in the population. Where virtually the entire population is covered by a social insurance or other social security program, administrative convenience may lead to the entrusting of certain services—such as rehabilitation or institutional care or child welfare services—to the social security agency. Or where the coverage of the social security program is still limited

because only a small part of the labor force is industrialized, the most effective way of developing certain services may be to provide them initially for the same groups and through use of social security funds and the social security administrative agency.

On the other hand, there are many situations in which it will appear preferable to develop the various services separately from the social security program. It may be desirable to stress the community-wide character of the service and thus not to link it directly with the social security system. The level of government primarily involved in the social security program and in the provision of services, if both are governmentally administered, may be different. Earmarked employer-employee contributions, usually the preferred method of financing social insurance, may not be regarded as the most appropriate source of revenue for the services. The accepted division of responsibility as between government, autonomous quasi-public bodies and private welfare agencies may be different for the social services than for cash benefit programs. And some services may be regarded as more closely related to other social programs—such as public health, education, labor relations or community development—than they are to any social security program.

Even where a social security agency does not provide a particular service, it may pay for services received by its beneficiaries from another agency, public or private. The variety of arrangements that have developed in the case of health services was mentioned earlier. Rehabilitation services provided by a separate public or private rehabilitation agency may be paid for by a social insurance system. Similar arrangements have developed in some countries for selected family and child welfare services. Among the problems involved in this kind of administrative arrangement is the question of how much responsibility the social security agency should take for the quality of the services for which it is paying and how that responsibility can be exercised.

A social security agency, particularly a national system of broad scope, may well have an interest in the availability of social services for which it has no administrative or financial responsibility. In evaluating the adequacy of the protection and benefits provided through the social security program, it must take account of the other resources—including all types of community services—

available to the beneficiaries. It may find various ways of coordinating its activities with those of agencies responsible for specific services. It may join with other groups in identifying emergency needs for services and in formulating broad social policy.

FUTURE ACTIVITIES OF I.S.S.A. IN THIS FIELD

In concluding the report to the General Meeting, the Reporter presented certain recommendations for future action by I.S.S.A. It was suggested that in considering whether I.S.S.A. should embark on a special program in this general area, two matters should be weighed with special care. One is the great complexity and diversity of the social services and of the policy issues relating to them. The second is the fact that the United Nations has already done a considerable amount of work and plans to do more in this general field.

Any study of the relationship between social security and social service programs will, however, have to build upon information with respect to both types of program. There is in most countries no one source for such information. The Association could make an important contribution to the overall study of the question by undertaking to obtain, from each of its members, information on (a) what services they administer and (b) what planned and formalized relationships they maintain with the agencies (public or private) responsible for the administration of specified services.

It was therefore recommended that I.S.S.A. undertake to assemble such information from its members. To assure its maximum usefulness, it was also recommended that the inquiry be planned in consultation with the appropriate staffs in the United Nations and the International Labor Office.

In the discussion that followed, representatives of the United Nations Bureau of Social Affairs and of the International Labor Organization indicated that their agencies would welcome such an inquiry and be happy to cooperate with I.S.S.A. A representative of the International Conference of Social Work also expressed great interest and hope that the project would go forward, as did a representative of the European Economic Community.

It was evident from the numerous and enthusiastic comments by representatives of member agencies that there is more widespread interest in the relations of social security and social services than had been anticipated. There was considerable emphasis on the importance of preventive services and of services for families. It was pointed out by a number of speakers that, even where social services are organized outside the social security system as such, they contribute to the overall objectives of social security and must be of interest to those who are responsible for social security policies.

The General Meeting endorsed the recommendation for an inquiry to be addressed to all members. A Working Group will be set up to help plan the details of the inquiry and to review the replies. The chairman of the Working Group is to be Dr. Giora Lotan of Israel, and the Reporter is Mrs. Ida Merriam. The other members have not yet been named. It is hoped that a questionnaire can be developed and sent out by mid-1962. An interim informational report based on the replies will then be prepared and released to members of I.S.S.A. and other interested agencies. On the basis of this report and its own consideration of the problem, the Working Group is to develop recommendations, which can be presented to the Fifteenth General Meeting of I.S.S.A. in 1964, concerning I.S.S.A.'s further program in this field.