Universalism versus Selection

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[...]

Universalist and Selective Social Services

In any discussion today of the future of (what is called) ‘The Welfare State’ much of the argument revolves around the principles and objectives of universalist social services and selective social services.

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Consider, first, the nature of the broad principles which helped to shape substantial sections of British welfare legislation in the past, and particularly the principle of universalism embodied in such postwar enactments as the National Health Service Act, the Education Act of 1944, the National Insurance Act and the Family Allowances Act.

One fundamental historical reason for the adoption of this principle was the aim of making services available and accessible to the whole population in such ways as would not involve users in any humiliating loss of status, dignity or self-respect. There should be no sense of inferiority, pauperism, shame or stigma in the use of a publicly-provided service; no attribution that one was being or becoming a ‘public burden’. Hence the emphasis on the social rights of all citizens to use or not to use as responsible people the services made available by the community in respect of certain needs which the private market and the family were unable or unwilling to provide universally. If these services were not provided for everybody by everybody they would either not be available at all, or only for those who could afford them, and for others
command-over-resources either immediately and/or in the future (for example, subsidies to owner-occupiers and council tenants, tax deductibles for interest charges, pensions, supplementary benefits, curative medical care, etc.).

7 As an element in an integrative objective which is an essential characteristic distinguishing social policy from economic policy. As Kenneth Boulding has said, ‘… social policy is that which is centred in those institutions that create integration and discourage alienation’. It is thus profoundly concerned with questions of personal identity whereas economic policy centres round exchange or bilateral transfer.

This represents little more than an elementary and partial structural map which can assist in the understanding of the welfare complex [. . .]. Needless to say, a more sophisticated (inch to the mile) guide is essential for anything approaching a thorough analysis of the actual functioning of welfare benefit systems. I do not, however, propose to refine further this frame of study now, nor can I analyse by these classifications the several hundred distinctive and functionally separate services and benefits actually in operation in Britain [in the 1960s].

Further study would also have to take account of the pattern and operation of means-tested services. It has been estimated by Mr M. J. Reddin, my research assistant, that in England and Wales today local authorities are responsible for administering at least 3,000 means tests, of which about 1,500 are different from each other. This estimate applies only to services falling within the responsibilities of education, child care, health, housing and welfare departments. It follows that in these fields alone there exist some 1,500 different definitions of poverty or financial hardship, ability to pay and rules for charges, which affect the individual and the family. There must be substantial numbers of poor families with multiple needs and multiple handicaps whose perception [. . .] of the realities of welfare is to see only a means-testing world. Who helps them, I wonder, to fill out all those forms?

I mention these social facts, by way of illustration, because they do form part of the operational complex of welfare in 1967. My main purpose, however, in presenting this analytical framework was twofold. First, to underline the difficulties of conceptualizing and categorizing needs, causes, entitlement or gatekeeper functions, utilization patterns, benefits and compensations. Second, to suggest that those students of welfare who are seeing the main problem today in terms of universalism versus selective services are presenting a naive and oversimplified picture of policy choices.

Some of the reasons for this simple and superficial view are, I think, due to the fact that the approach is dominated by the concept or model of welfare as a ‘burden’; as a waste of resources in the provision of benefits
for those who, it is said, do not need them. The general solution is thus deceptively simple and romantically appealing: abolish all this welfare complexity and concentrate help on those whose needs are greatest.

Quite apart from the theoretical and practical immaturity of this solution, which would restrict the public services to a minority in the population leaving the majority to buy their own education, social security, medical care and other services in a supposedly free market, certain other important questions need to be considered.

As all selective services for this minority would have to apply some test of need-eligibility, on what bases would tests be applied and, even more crucial, where would the lines be drawn for benefits which function as compensation for identified disservices, compensation for unidentifiable disservices, compensation for unmerited handicap, as a form of social protection, as an investment, or as an increment to personal welfare? Can rules of entitlement and access be drawn on purely ‘ability to pay’ criteria without distinction of cause? And if the causal agents of need cannot be identified or are so diffuse as to defy the wit of law – as they so often are [. . .] – then is not the answer ‘no compensation and no redress’? In other words, the case for concentrated selective services resolves itself into an argument for allowing the social costs or diswelfares of the economic system to lie where they fall.

The emphasis [. . .] on ‘welfare’ and the ‘benefits of welfare’ often tends to obscure the fundamental fact that for many consumers the services used are not essentially benefits or increments to welfare at all; they represent partial compensations for disservices, for social costs and social insecurities which are the product of a rapidly changing industrial-urban society. They are part of the price we pay to some people for bearing part of the costs of other people’s progress; the obsolescence of skills, redundancies, premature retirements, accidents, many categories of disease and handicap, urban blight and slum clearance, smoke pollution, and a hundred-and-one other socially generated disservices. They are the socially caused diswelfares; the losses involved in aggregate welfare gains.

What is also of major importance [. . .] is that modern society is finding it increasingly difficult to identify the causal agent or agencies, and thus to allocate the costs of disservices and charge those who are responsible. It is not just a question of benefit allocation – of whose ‘Welfare State’ – but also of loss allocation – whose ‘Diswelfare State’.

If identification of the agents of diswelfare were possible – if we could legally name and blame the culprits – then, in theory at least, redress could be obtained through the courts by the method of monetary compensation for damages. But multiple causality and the diffusion of disservices – the modern choleras of change — make this solution impossible. We have, therefore, as societies to make other choices; either to provide social services, or to allow the social costs of the system to lie where they fall. The
nineteenth century chose the latter – the laissez-faire solution – because it had neither a germ theory of disease nor a social theory of causality; an answer which can hardly be entertained today by a richer society equipped with more knowledge about the dynamics of change. But knowledge in this context must not, of course, be equated with wisdom.

If this argument can be sustained, we are thus compelled to return to our analytical framework of the functional concepts of benefit and, within this context, to consider the role of universalist and selective social services. Non-discriminating universalist services are in part the consequence of unidentifiable causality. If disservices are wasteful (to use the economists’ concept of ‘waste’) so welfare has to be ‘wasteful’.

The next question that presents itself is this: can we and should we, in providing benefits and compensation (which in practice can rarely be differentially provided), distinguish between ‘faults’ in the individual (moral, psychological or social) and the ‘faults of society’? If all services are provided – irrespective of whether they represent benefits, amenity, social protection or compensation – on a discriminatory, means-test basis, do we not foster both the sense of personal failure and the stigma of a public burden?

The fundamental objective of all such tests of eligibility is to keep people out; not to let them in. They must, therefore, be treated as applicants or supplicants; not beneficiaries or consumers.

It is a regrettable but human fact that money (and the lack of it) is linked to personal and family self-respect. This is one element in what has been called the ‘stigma of the means test’. Another element is the historical evidence we have that separate discriminatory services for poor people have always tended to be poor quality services; read the history of the panel system under National Health Insurance; read Beveridge on workmen’s compensation; Newsom on secondary modern schools; Plowden on standards of primary schools in slum areas; Townsend on Part III accommodations in The Last Refuge, and so on.

In the past, poor quality selective services for poor people were the product of a society which saw ‘welfare’ as a residual; as a public burden. The primary purpose of the system and the method of discrimination was, therefore, deterrence (it was also an effective rationing device). To this end, the most effective instrument was to induce among recipients (children as well as adults) a sense of personal fault, of personal failure, even if the benefit was wholly or partially a compensation for disservices inflicted by society.

The Real Challenge in Welfare

Today, with this heritage, we face the positive challenge of providing selective, high quality services for poor people over a large and complex
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range of welfare; of positively discriminating on a territorial, group or 'rights' basis in favour of the poor, the handicapped, the deprived, the coloured, the homeless, and the social casualties of our society. Universalism is not, by itself alone, enough: in medical care, in wage-related social security and in education. This much we have learnt in the past two decades from the facts about inequalities in the distribution of incomes and wealth, and in our failure to close many gaps in differential access to and effective utilization of particular branches of our social services.  

If I am right, I think that during the 1960s Britain was beginning to identify the dimensions of this challenge of positive, selective discrimination – in income maintenance, in education, in housing, in medical care and mental health, in child welfare, and in the tolerant integration of immigrants and citizens from overseas; of preventing especially the second generation from becoming (and of seeing themselves as) second-class citizens. We have continued to seek ways and means, values, methods and techniques, of positive discrimination without the infliction, actual or imagined, of a sense of personal failure and individual fault.  

At this point, considering the nature of the search in all its ramifying complexities, I must now state my general conclusion. It is this: The challenge that faces us is not the choice between universalist and selective social services. The real challenge resides in the question: what particular infrastructure of universalist services is needed in order to provide a framework of values and opportunity bases within and around which can be developed socially acceptable selective services aiming to discriminate positively, with the minimum risk of stigma, in favour of those whose needs are greatest.  

This, to me, is the fundamental challenge. In different ways and in particular areas it confronts the Supplementary Benefits Commission, the Seaboom Committee, the National Health Service, the Ministry of Housing and Local Government, the National Committee for Commonwealth Immigrants, the policy-making readers of the Newsom Report and the Plowden Report on educational priority areas, the Scottish Report, Social Work and the Community, and thousands of social workers and administrators all over the country wrestling with the problems of needs and priorities. In all the main spheres of need, some structure of universalism is an essential prerequisite to selective positive discrimination; it provides a general system of values and a sense of community; socially approved agencies for clients, patients and consumers, and also for the recruitment, training and deployment of staff at all levels; it sees welfare, not as a burden, but as complementary and as an instrument of change and, finally, it allows positive discriminatory services to be provided as rights for categories of people and for classes of need in terms of priority social areas and other impersonal classifications.
Without this infrastructure of welfare resources and framework of values we should not, I conclude, be able to identify and discuss the next steps in progress towards a ‘Welfare Society’.

Notes


4 This study is to be published by Mr M. J. Reddin as an Occasional Paper on Social Administration.