7. Migrants' attitudes towards the government providing welfare

In this chapter, we explore what role the 14 migrant groups envision the government having in providing welfare. The term welfare covers a wide range of services and benefits that combined aim to alleviate the issues that citizens of any society will face. This includes issues such as how to provide healthcare for the sick, education, childcare, or ensure a reasonable living for those outside the labour market like the unemployed, disabled, or old (Castles, 2008; Titmuss, 1974). While such needs are almost universal between societies, the way of organizing the provision of welfare differs quite a lot. Both the degree of government involvement in providing welfare and the specific way of providing welfare varies a lot between countries (Castles & Obinger, 2007; Esping-Andersen, 1990). Though many factors, such as historical legacies and economic development, affect the level of government involvement in the provision of welfare, the attitudes of the public do remain a determining factor in how the welfare state develops (Brooks & Manza, 2007; Pierson, 1996). Therefore, it is interesting to look at different migrant groups' views of what role the state should have in providing welfare.

WHAT IS AND WHAT OUGHT TO BE

When one considers the question of the provision of welfare, and attitudes to the organization of it, it is difficult to get around Gøsta Esping-Andersen and his seminal book *The Three Worlds of Welfare Capitalism* (1990). As the argument is introduced in Chapter 2, we will not cover it in full detail, but instead, jump right to the core of the argument. In essence, the provision of welfare can be organized in three ways. One option is to say that each individual is responsible for his or her welfare, and therefore if they want help they can get it via the market through insurance or direct payments. Another option is to say that the responsibility falls on the families, charities, or the local community. Finally, a third option is to organize welfare through the state and thereby socialize responsibility and risk (Esping-Andersen, 1990). All societies use all three ways of providing welfare but to different degrees. Denmark, and the other Nordic countries, have often been characterized as state-centric, as they tend to draw more on the state in providing welfare than other countries.

This means that the government plays a more central role in organizing and providing welfare, and the benefits and services tend to be more universalistic in nature (Hedegaard, 2015; Kautto, 2010). Universalism refers to the fact that many benefits and services are awarded based on citizenship, and not as earned right or as a selective benefit (Andersen, 2015). This differs from the countries where the migrants originate from, as they tend to draw more on either the family or the market as providers of welfare (Alestalo, Hort, & Kuhnle, 2009; Kautto, 2010).

So, what is the impact of this on attitudes? The core of institutional theory is the argument that the organization of welfare affects attitudes to how welfare should be organized. The argument is that experiences of how things *are* affect perceptions of how things *should be*. For this reason, this type of argument is also sometimes known as policy feedback theory, as the premise is that the development of policy is not only an outcome of what the public thinks, but also affects, or feeds back into the public attitudes (Pierson, 2000). Following this kind of argument this state-centric organization of welfare should affect attitudes to the role of government in providing welfare. For instance, Esping-Andersen (1990) argues that a state-centric and universalistic welfare state should result in a welfare state carried by the middle class where “All benefit; all are dependent, and all will presumably feel obliged to pay” (Esping-Andersen, 1990:28). Esping-Andersen’s (1990) theory thus provides predictions of the impact of a historically state-centric and universal welfare state on public support, though the clues about how it should work are very vague. Other authors have expanded on the argument of how institutions affect attitudes. Pierson (1994) argues that this happens through a combination of incentives and learning. The welfare state shapes incentives both through taxes and policies, for instance, the combination of high taxes and childcare institutions making dual-earner families both necessary and possible (Pierson, 1994). The learning effect works through welfare policies sending out implicit “signals” of what is and is not a government responsibility, and how the specific target groups should be perceived. For instance, when the state offers childcare services, it signals that this is a government responsibility and that it is of high importance, given the relatively generous spending on it (Seibel & Hedegaard, 2017). Svallfors (2003) phrases this learning effect in another way, arguing that the welfare “... institutions provide ‘normalcy’, that is, they suggest to people what is ‘the normal state of affairs’, and what is deviant or even impermissible” (Svallfors, 2003:172). Empirically the results of this “welfare institution theory” have been mixed at best, though the Nordic countries do tend to stand out as more positive towards state responsibility to welfare, likely due to them living in a more state-centric welfare state (Bean & Papadakis, 1998; Jæger, 2006; Svallfors, 2003). Thus, following the institu-

Table 7.1 Public spending on healthcare, old age pensions, and unemployment benefits in origin countries (as a percentage of GDP)

	Healthcare	Old age pensions	Unemployment benefits
DNK	10.1	8.1	1.4
CHN	5.1		
ESP	8.8	11	1.8
GBR	9.6	6.2	0.3
IRQ	4.1	4.2	
JPN	10.9	9.4	
LBN	8.2		
PAK	2.9	1.8	
PHN	4.5		
POL	6.5	11.2	0.3
ROU	5.1	8	0.2
RUS	5.3		
TUR	4.1	6.2	0.3
USA	17	7.1	
YOU	6.7	10.6	0.4

Note: For healthcare, the data is comprised of data from the World Bank (2017), except in the cases of Denmark, Turkey, USA, and Japan where we used the OECD SOCX database (OECD, 2020a). For old age pensions and unemployment benefits, we used Eurostat (2015). As Yugoslavia does not exist anymore, we used Croatia as a substitute. The results are similar if we had used Serbia instead. Data on Bosnia and Herzegovina is less widely available.

tional argument, then the migrants should become more or less like the Danes, in terms of welfare state support.

All the 14 migrant groups from the two surveys have lived parts of their lives in another country, and might, therefore, have been socialized into a different welfare system. In Table 7.1 we have collected data on public spending on healthcare, old age pensions, and unemployment benefits in the 14 origin countries (when possible). This is measured as a percentage of Gross Domestic Product (GDP), as it gives a rough idea of the differences in spending across the countries.

As we can see in Table 7.1, the 14 migrant groups originate from countries that generally rely less on the state and more on the market as the primary provider of welfare (Alestalo, Hort, & Kuhnle, 2009; Kautto, 2010). This is the case for healthcare where we cover all 14 countries. Only in Japan and the USA is the public spending larger, and for the USA that is partly due to the institutional issues of their healthcare system. For spending on old age pensions, Denmark is closer to many of the origin countries, though it is much

lower for Pakistan and Lebanon. The data for unemployment benefits is much more spotty in coverage, partly because many countries do not offer this, but shows the same overall pattern. Following the logic presented above, this might affect perceptions of how welfare ought to be provided. This “socialization hypothesis” is not necessarily in opposition to the institutional theory, but more of an addition to it, as it argues that prior experiences with institution might matter more than resent experiences (Hedegaard, 2019). A number of recent studies among migrant populations have suggested that socialization from the origin country might affect attitudes, as argued in Chapter 2 and shown in other chapters. If this is also the case regarding attitudes to government responsibility for welfare, then differences might arise between the 14 migrant groups and the Danes.

OUTLINE

The analysis will follow the three questions outlined in Chapter 1. First, we show the attitudes in the countries of origin, where this is possible, using the comparative survey the International Social Survey Programme (ISSP). Then we will move on to show the attitudes among the 14 migrant groups, and the Danes, using the two surveys. Finally, we will look at to what degree the attitudes in the origin country, presented in the first part, can explain attitudes to welfare. The first two parts will rely on both surveys, while the third part will draw on the Mifare survey alone.

In the analysis below we explore whether the migrant groups think that a number of societal challenges should be a government responsibility or not. Specifically, we will look at whether it should be a public responsibility to provide help for the sick, the old, and the unemployed. The three tasks can be said to be some of the main challenges to all societies and to represent the core of what welfare states do, as well as the majority of social spending in all welfare states (Castles & Obinger, 2007). The results from the different surveys are presented on a scale ranging from 0 to 100. A score of 100 represents a situation in which the group, on average, thinks that it should definitely be a government responsibility, while a score of 0 represents the exact opposite. Besides comparing the scores, a simple analysis, that compares whether the groups are statistically different, is used.

COMPARATIVELY DIFFERENT, NATIONALLY ALIKE

Figure 7.1 shows attitudes to government responsibility for the three tasks in the country of origin from the ISSP “Role of Government” survey. It was not possible to match attitudes in the country of origin to the ISSP survey for all the groups and from the Comcon survey only the Turks are included. The

reason the groups from the Mifare survey are better represented here is that the migrant groups in this survey were partially selected so they could be matched to attitudes in the country of origin using the ISSP. So, with the reservation that only 8 of the 14 groups we are interested in are represented here, we will now look at how the attitudes in the origin country differ from the attitudes in Denmark.

Note: Origin countries (ISSP survey on the role of government). Scale ranging from fully disagree (0) to fully agree (100) that helping the relevant group is a government responsibility. Sorted by mean attitudes to the government helping the sick.

Source: Data collected from the ISSP Role of Government Module V (ISSP Research Group, 2018), except for Poland which is from the ISSP Role of Government Module IV (ISSP Research Group, 2008).

Figure 7.1 Attitudes towards government responsibility for helping the sick, the old, and ensuring a reasonable standard of living for the unemployed

Figure 7.1 shows that there are somewhat large differences between the Danes and most of the migrant groups. If we start with attitudes to government responsibility for helping the sick, then we can see that the Danes have a mean score of 92 on the scale from 0 to 100. This represents almost universal support for the idea that helping the sick is a government responsibility. This attitude is mirrored in most of the countries of origin, where the mean score is somewhere between the mid-eighties and low-nineties. However, two of the origin countries do stand out here. The mean score for the United States is 78 and for Japan, it is 68. This represents that the role of the government in providing healthcare is seen differently in these countries. The attitudes to the government's respon-

sibility for helping the old is a bit different. Here the Danes score an average of 85, representing high support for this. Here attitudes in the origin countries are slightly higher in some countries (Philippines, Russia, Spain, and Poland) and slightly lower in others (Turkey, Great Britain, and the United States). All of these scores are within 11 points. Again, the outlier is Japan with a score of 68. Finally, regarding the government's responsibility for ensuring a reasonable standard of living for the unemployed, we see much lower support. The Danes score 66, which represents somewhat mixed attitudes to this. As with care for the sick, we also see that attitudes in the origin countries are both lower and higher. However, the variation is much bigger here, representing a much more debated issue, where attitudes tend to move with the business cycle (Uunk & van Oorschot, 2017) and potentially get inflicted with a moral assessment of "the poor" (see Chapter 8). Combined, this shows that attitudes in the origin countries do vary when comparing with the Danes. This variation tends to be larger the less overall support there is for government responsibility for that task. This could give some credence to the socialization ideas presented above, as there are differences in the origin countries.

Next, we move on to the Mifare and Comcon surveys. When looking at the two surveys it is important to take note of the differences in how the questions are worded. The Comcon survey asks whether it is the "... *government or the individual who has the responsibility?*" for providing welfare, while the Mifare survey asks whether it "... *all in all [...] is the government's responsibility?*". Though this is quite similar, the questions do pose slightly different dilemmas, as one outlines the difference between public and private, while the other does not state what the alternative is. The three target groups, who might deserve help from the government, are also described in slightly different ways. We know from the literature on surveys that even small changes in wording can have quite large effects on attitudes (Schuman & Presser, 1977). As a result, the results cannot be directly compared between the surveys, but only within the surveys.

Figure 7.2 gives us the answers to the first two questions posed in this chapter. First, the figure shows that among both the migrant groups and the Danes there is large support for the government providing help for the three groups in question. As in Figure 7.1, based on the ISSP, the support is largest in regards to the government helping the sick and the old, while support for ensuring the living standards of the unemployed is a bit smaller. That there is larger public support for helping the sick and the old than there is for helping the unemployed is sometimes explained by the fact that while the unemployed have some level of control over their situation, sickness and old age are risks that everyone can be affected by (van Oorschot, 2005). However, for none of the groups do we see a value anything close to going under 50, which would reflect overall support for the government taking less responsibility in favour

Note: Immigrants and natives in Denmark (Mifare survey). Scale ranging from fully disagree (0) to fully agree (100) that helping the relevant group is a government responsibility.
Source: Data collected from the Mifare survey (2018).

Figure 7.2 Attitudes towards government responsibility for helping the sick, the old, and ensuring a reasonable standard of living for the unemployed

of the market or the family. There is thus support for the government providing welfare, among both the migrant groups and the Danes.

Second, if we dig into the two surveys we see that there are some differences when comparing the Danes and the migrant groups. In the Mifare survey, we can see that in terms of having the government responsible for helping the sick the migrants from Japan, China, and the US are significantly less supportive, while the Spanish, British, Turkish, Filipino, and Russian migrants are significantly more supportive. Interestingly, it was also the migrants from Japan and the US who stand out as less supportive of government responsibility in the origin country in Figure 7.1. The differences are, however, quite small and much smaller than in the comparative survey. For attitudes to government responsibility to the sick, the largest differences are between the Spanish migrants (97) and the Japanese migrants (87), on a scale from 0 to 100. This shows that the support is somewhere between very large and almost unanimous. So more than representing differences, this reflects an overall agreement in the view of whether this should be a government responsibility.

We see a somewhat similar pattern when it comes to attitudes to government responsibility for helping the old. Here we can see that seven of the ten migrant groups are slightly more supportive of government responsibility than

the Danes are. However, again it is important to notice that the attitudes exist within a 6-point range between 0 and 100, reflecting very small differences in the level of agreement. For attitudes to the government helping the unemployed, we here find a larger range of attitudes. When asked this question, the migrants originating from Romania, Spain, Turkey, Japan, and Russia were more positive towards government responsibility than the Danes, while the Filipinos were less positive towards the government ensuring a reasonable standard of living for the unemployed. Next, we move on to the Comcon survey.

Figure 7.3 shows that, among the migrant groups represented in the Comcon survey, there is a small difference compared to the Mifare survey. For this survey, we find that in regard to government responsibility for the sick migrants originating from ex-Yugoslavia, Iraq, and Pakistan are less supportive than the Danes. However, again the differences are within a quite small range of nine points on the 100-point scale. For attitudes to government responsibility for the old and the unemployed, the Comcon survey shows even smaller numerical differences. Here we only find that migrants from Iraq are a little less supportive of government responsibility for the old than the Danes, while the migrants from Lebanon are a little more supportive of the govern-

Note: Immigrants and natives in Denmark (Comcon survey). Scale ranging from fully disagree (0) to fully agree (100) that helping the relevant group is a government responsibility.

Source: Data collected from the Comcon survey (2015).

Figure 7.3 *Attitudes towards government responsibility for helping the sick, the old, and ensuring a reasonable standard of living for the unemployed*

ment ensuring a reasonable standard of living for the unemployed. Finally, it is also noticeable how there is a difference in levels of support between the two surveys. For instance, the average support for helping the sick is 92 in the Mifare survey and 82 in the Comcon survey. Even for groups that should be more or less the same across the surveys, like the Danes and the Turks, we see some differences. This we interpret to be the cumulative effect of the differences in questions detailed above, and therefore we do not make the direct comparisons between surveys.

To briefly conclude on the sections above, we see that when it comes to attitudes to the role of government then the differences in both Danes and the migrant groups are in favour of government responsibility for the three tasks. We do find some minor differences in attitudes, both between Danes and migrants and between the migrant groups. However, these differences cannot be explained by the variables we outlined in Chapters 4 and 5 – age, education, employment, income, benefits, religiosity, and origin country of the partner – which should capture the large differences in the composition and self-interest of the groups. We also find that the identification variables – years lived in Denmark, identification with the origin country, citizenship, and language skills – does not help to explain differences between the migrant groups (while also controlling for compositional and self-interest variables). Therefore, we will not show these figures. However, we still believe that this is a noticeable result. Despite large differences in factors like age, gender, income, and benefits this does not explain the differences in attitudes. Similarly, the differences between the migrant groups cannot be explained by factors that are often linked to integration like time spent in the recipient country, language skills, or being a citizen.

IMPACT OF THE ORIGIN COUNTRY

As a final attempt to explain variations in attitudes we will draw on attitudes to government responsibility in the origin country, to show whether this can explain the variation in attitudes. To do this we will draw on the attitudes in the origin country from the ISSP shown in Figure 7.1. To see the impact of the attitudes in the origin country we will substitute the origin country with these numbers. For this final analysis, only the Mifare-data is used and only migrants from Poland, Spain, Great Britain, Turkey, the US, Japan, the Philippines, and Russia are included. Therefore, these results are more limited in their scope, but can still give us an indication of whether the attitudes in the origin country structure the attitudes of the migrant groups living in Denmark. We also included an interaction between the number of years lived in Denmark and the attitudes in the country of origin. This is meant to capture whether the impact of the attitudes in the origin country becomes larger or smaller over

Table 7.2 *The impact of attitudes in the country of origin on attitudes towards government responsibility for helping the sick, the old, and ensuring a reasonable standard of living for the unemployed among the eight migrant groups in the Mifare survey*

	Healthcare		Old age		Unemployment	
Years since first settlement in DK	0.08		0.09		0.20	
Attitudes in CO	0.40**		0.12		0.12	
Years since the first settlement in DK x Attitudes in CO		-0.0053		-0.0094		0.005
R ²	0.04	0.04	0.02	0.02	0.05	0.05
N	1934	1934	1914	1914	1875	1875

Note: * = statistically significant at $p > 0.05$, ** = statistically significant at $p > 0.01$. Scale ranging from fully disagree (0) to fully agree (100) that helping the relevant group is a government responsibility. Reported with unstandardized coefficients and p-levels. All models have been controlled for gender, age, household type, education, income, benefits received, employment, identification, citizenship, and time in Denmark, as shown in Figures 7.1 and 7.2. Data from the Mifare survey, drawing on migrants from Poland, Spain, GB, Turkey, USA, Japan, Philippines, and Russia.

Source: Data collected from the Mifare survey (2018) and ISSP Research Group (2018).

time. All the models presented in Table 7.2 are controlled for the standard set variables used in the other chapters: gender, age, household type, education, income, benefits received, employment, identification, citizenship, and time in Denmark, however, for clarity we will only show the origin country attitudes and the interaction term.

From Table 7.2 we can see that attitudes in the origin country do seem to matter, but that the impact does not seem to be dependent on the time lived in Denmark. For attitudes to government responsibility for the sick, we find that attitudes in the country of origin have a significant impact on attitudes (0.40**). The effect is positive, which means that more positive perceptions in the origin country lead to more positive perceptions among the migrant groups. We find a similar pattern when it comes to the perceptions of the state's responsibility for the old (0.12). Here the effect is, however, only significant if we apply a standard of 90 per cent certainty. Finally, for attitudes to the unemployed, we again see that attitudes are not significant. The effect was strongest for attitudes to the state providing healthcare for the sick, but present in two of the three cases (at least at $p > 0.9$).

While we find that the attitudes in the country of origin matter, we do not find an impact of the interaction with the number of years in Denmark. All

these interaction terms are insignificant, both when running them as categorical variables as in the table and when using the variable as interval scaled (not shown). This means that though attitude in the origin country matters, it does not seem to be a socialization effect. The impact of this is equally strong from day one. This result runs counter to other studies that have used similar methods to study socialization, as they tend to find that the time dimension matters (Fernández & Fogli, 2009; Voicu & Vasile, 2014). One interpretation of this could be that while the other studies look at deeply rooted values or habits, like having children and life satisfaction in the studies quoted before, then perceptions of welfare provision are more pragmatic and easily “mouldable” (Navas, García, Sánchez, Rojas, Pumares, & Fernández, 2005).

To add to the overall question of whether migrants assimilate to the attitudes and values of the welfare state, this chapter takes on the central question of what role the state should have in providing welfare. In answering this, we first showed that when looking at the origin countries through comparative surveys we can show that attitudes differs quite a lot. Generally speaking then the Danes are more positive of government responsibility than the populations in the countries the migrants originate from. Second, we show that these differences in attitudes are very minor when comparing the 14 migrant groups to the Danes, though some do exist. These differences in attitudes we cannot explain with the standard variables used throughout the book. Finally, we show that a small part of the variation in the migrants' attitudes to government responsibility for welfare can be explained by attitudes to welfare in the origin country. Thus, more positive attitudes in the origin country have a small positive impact on migrants' attitudes in the recipient country. The effect is, however, only significant for attitudes to government responsibility for healthcare.