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The Role of the Family in Denmark

Shared responsibilities between the family and the state in social service provision

John Jimah '08

WMST 324

This paper reports on the current nature of the interplay between the Danish Welfare State and the family in catering to the needs of individuals living in Denmark. The researcher findings show that the Danish welfare state offers basic social services, such as child-care, health and education. However, the effectiveness of the social service provision was augmented when families served as a link between the service providers and service receivers.

The Danish Welfare State and Social Service Provision

Denmark is a welfare State, which means that the state has the responsibility of securing some basic modicum of Welfare for its citizens (Esping Andersen, 1992). Welfare States such as Denmark offer these social services to ensure that all citizens have access to a certain standard of living. Universalism is one of the elements characteristic of the Danish Social system. All citizens are entitled to social security benefits regardless of their attachment to the labor market (Social Policy in Denmark). This element of the Danish Welfare system is one of the reasons why the Danish Welfare state has been characterized as an adherent of the "individual" approach to social services. This characterization implies that "Those in need receive assistance from the state, and that the family is rarely required to offer any support" (Millar and Warman, 1994). In Denmark, like in other Scandinavian countries, emphasis is on individual entitlements and citizenship

rights available to all. Thus the welfare system in Denmark unlike that in southern Europe does not rely on the extended family in social service provision. In fact, social policy in Denmark considers the family as only comprising parents and children. The Danish Welfare State is characterized by social services and income transfers. Social services include child day-care, schools/education and health services while income transfers include social assistance for the unemployed, unemployment insurance and elderly pension (Andersen, 2006). This paper focuses on the social services offered by the Danish Welfare State.

The family once used to be the largest and one of the few social service providers in Denmark. (Gullestad and Segalen, 1997). However, Danish social Policy in the postworld war II period has failed to consider the role of the family in this sector (Gullestad and Segalen, 1997). This change in the Danish society is probably due to the State's increasing focus on equal access to social services and the State's obligation of ensuring that

all citizens, regardless of their family, have access to basic social services. In the 1980's however, the family was rediscovered. Helen Bosanquet argues that natural interest of family members in each other's welfare was a powerful tie, binding families together and that the family was an integral social service provider. The family has historically served as a "halfway house" between the community and the individual. The current state of public social service provision, which frequently leaves the family out, neglects this traditional role of the family.

As an introduction to the interplay between the family and the public sphere in social service provision, we look to the Social Policy in Denmark. Child and family policy in Denmark has as its fundamental principle that the family is the foundation of children's growth and development and that, children's living conditions are primarily the parents' responsibility (Social Policy in Denmark). There is no mention of the extended family network in the social policy. The public sector, as outlined by the social policy, provides guidance and support to parents about how they may exercise their parental responsibilities. The public sector is responsible for creating the social framework for families with children and protects children and young people against ill treatment and neglect. Support to families is granted by way of services allocated on the principle that anyone in need should have an equal right to the services and to financial assistance for all families with children.

Changing family patterns primarily due to women's increased labor participation, marital instability and declining fertility rates puts a strain on the family. It is becoming harder and harder for the family, at least the nuclear family, to provide for the needs of those

traditionally in their care (Saraceno, 1997). The State responded to this strain on families. This is evident when we consider that increases in social service provision and child-care services occurred during the economic boom of the 1960s, which resulted in women's move into the labor market.

Today, we observe that parents are offered more freedom with respect to the fulfillment of their caring responsibilities. Parental leaves have increased from 3 weeks in the 1960s to over 40 weeks today. Thus parents have the option of self-care or publicly provided care. It will be interesting to see which policy measures the state will take to increase labor force participation considering that the recent 2006 Welfare commission report urges people to spend more time in the labor market.

Research Method

Danish Social policy outlines the various social services provided by the state. The "individual" thesis of the Danish Welfare provision supposes that social services are provided to individuals and are independent of family participation. This research set out to find the current nature of the interplay between social service providers (the public sector in the Danish case) and the service receivers, the citizens. The research focused on these two players independently and investigated the trends in service provision and use. The aim of the research was to investigate whether public social service providers were relying more and more on the family.

Various questions were asked to the publicly funded social service providers to ascertain the effectiveness of their work. The extent of family involvement in their service provision was also investigated. Three main questions were asked:

1. What services did their institutions offer and how did family/parents contribute to enhance service provision?

2. Is the work of their social service institution independent of family participation, and can their work be efficient in the absence of participation from the family?

3. In what way can families cooperate for better service provision?

Questions were also posed to social service receivers, mostly individual citizens and family members. This was done to understand the "customer satisfaction" of Danes with their publicly run social system. Questions did not only look for criticisms of the current nature of social provision but it also looked for suggestions as to how to improve the services they received. Four main questions were posed to social service receivers:

1. Which social services do you use?

2. What is your responsibility, with regards to complementing the services provided by the state?

3. Which of these responsibilities do you really carry out?

4. What does law require of you, with respect to complementing social services offered?

Findings from social service providers.

Social services offered and family responsibilities.

In the area of education, two institutions were analyzed. They were a child-care center, Krausevej, and an elementary/middle school, Stengaardsskolen. This nursery school focuses on providing daycare services for 3-10 yr olds as well as informal education (learning through play). The Elementary/middle School offered more formalized learning as well as daycare services, after school. Both these

institutions viewed the family as a valuable partner in the provision of their services. Parents were expected to monitor their child's schoolwork. Parents were also expected to ensure that children are well rested and well fed. Additionally, parents were responsible for transmitting Danish values to their children. Danish social policy outlines that local authority day-care centers, local authority child minding institutions and private self – governing institutions all have Parents Boards, in which parents are expected to participate in (Social Policy in Denmark).

The research also considered issues of health care and domestic abuse. Health care is free for all Danish citizens. The current shortage of medical personnel as well as increased health consciousness has created long waiting lists in hospitals. Health care is equally accessible to all citizens; however it is obvious that certain non-medical public services or the family might contribute to good health care. Stender, a child psychologist and a parent, explained that most cases brought to her were made by referrals from pedagogues, or from other social workers. Thus efficient health care provision relies on good health-care personnel as well as a good family or public support system. Before the 1930's, most babies were born in the family home, and elder women often assisted pregnant women in childbirth. This used to be one of the ways in which the family contributed to the health of their members. The effect of family on one's health is greater evidence of the importance of family in health service provision (CHRISTENSEN, 2004). With respect to domestic violence, as with other violent crimes, it is the responsibility of family members to report instances of violence to the right authorities.

Is the work of the social service institution independent of family participation, and can service provision be efficient in the absence of participation from the family?

In the case of the child caring and educational institutions, family participation in their service provision was highly valued. Parents interested in creating a child-care centre that met their needs established Krausevej, the nursery school studied. This nursery school is modeled after the "traditional home". Children of mixed age groups are allowed to interact and there are no divisions made according to age differences. This allows this child-care center to replicate the home, allowing siblings to interact in the centre just as they would at home. In the Elementary/middle School, parents and families were seen to contribute in any ways to enhance their children's education. For example, parents regularly visit the school to inform students about their individual professions. As evident from the examples of these educational facilities, their work and even their existence is influenced greatly by the participation of the family. It can also be inferred that for these two educational/childcare institutions to be efficient in their service provision, they have to rely on family participation. Work done independently of the family might result in the use of scarce funds. For example schools might have to pay professionals to take time off their schedule to visit their school and share their "career" with students.

With respect to health care provision and the case of domestic violence, the social services offered are highly dependent on family contribution. The efficiency of care for the sick is highly dependent on assistance from other family members. For example, it is very rare that the sick are hospitalized for long

periods of time. Most health care professionals rely on the family in fostering good health. Nutrition at home is important and so is rest. As Stender, the child psychologist and parent explained, the care of children goes hand in hand with parental participation. Her work with children who have psychological problems cannot be done independently of parental/family participation. Another example is with the nurses attached to newly born babies. These nurses offer nutritional and other advice to parents, and parents are responsible for following the advice to enhance their child's health. The final example considered deals with domestic violence. The issue of domestic violence is quite prevalent in Denmark, with 41,000 women subject to violence from their partner each year (Voetman, 2006). Voetman, the director of a shelter for battered women-Dannerhuset, explained that most of their clients were foreign women. These women often are without a family support network in Denmark and frequently have to rely on their centre when these unfortunate events occur. She further explained that Danish women, when abused, often have an extended network of family and friends to whom they can turn to for support.

In what way can families cooperate for better service provision?

With regards to the educational/caring facilities analyzed in this paper, families were viewed as partners in service provision. When these service providers were asked how families could contribute to better their service provision, they were full of suggestions. A pedagogue, Erik, was concerned about the long hours children were spending in the childcare center because of their parents' long working hours. He explained that long hours in the day-care center could be stressful to children- there is too much

noise in the centre and children also needed their own personal space. To understand the effect of parents' long working hours - Stender, a child psychologist and a parent, explained that it was normal for fathers to drop their children off at the child care center at 7am, when they went to work, and for mothers to pick these children later in the afternoon, usually at 4pm. Erik's suggestion was that parents and other family members spent more time with their young children. In the Elementary/middle School, the main concern of a teacher, Aaestrup, was that children were well rested and that the atmosphere at home was good so that children could concentrate at school. As Voetman, the director of a shelter of battered women, explained children in abusive homes often find it very hard to concentrate in school and this often results in poor schoolwork and socialization processes.

Families play a big part in health care provision of their members. Parents and family members can contribute to the better health care of their members by following advice given by health care institutions. They could improve health care by educating themselves on health matters and by spending more time with family members and observing the development, especially of children. Kirsten Gomard, a historian, explained that when her child was down with measles, she relied on her mother to care for the sick child. Extended family care is thus greatly valued especially because parents' work often constraints them from spending more time with their sick children. Stender, a child psychologist and parent, also explained how valuable her in-law is in caring for her children.

Findings from social service receivers

Which social services do you use?

Most families did use childcare/educational facilities. In fact basic education is compulsory in Denmark. The Danish constitution stipulates that all children are entitled to public primary education or its equivalent private education (The Constitution of Denmark, 1953). Thus most citizens did make use of childcare/educational facilities. With respect to childcare, the trend is that more children are being cared for in publicly funded child-care centers. Ten years ago only 9% of 0-1 year olds were in these centers, today over 26% are in child-care centers (Gomard, 2006).

The Danish citizenry is using health institutions extensively. In fact there are currently long waiting lists in most hospitals- this might also be due to a shortage of health-care personnel. Thus both social service areas investigated, health care and education, were being used by the Danish citizenry.

Unfortunately the situation is different for new Danes. For the first seven years, immigrants have lower access to social service compared to native Danes. Also most information on social services offered is in Danish making it harder for new Danes to access them.

What is responsibility, with regards to complementing the service provided by the state?

Parents, on behalf of their children, often access the childcare/educational services offered by the state. Newly born babies cannot make decisions about how they are cared for, or where they will be educated. Stender, a child psychologist and parent, explained that as soon as her child was born it was her responsibility to find a day-care center and to add her child's name to the center's waiting list. Parents are also expected to

contribute no more than 30% of the budgeted cost of these childcare/educational centers. The government provides subsidies to parents who cannot cover their contribution (Social Policy in Denmark). With respect to health care, parents have the primary responsibility of caring for their children (Social Policy in Denmark). "It is the parents' responsibility of finding care for their sick child", Stender says. The biggest way family and parents complement services provided by the state is accessing them for their children. Parents also partake in school governance through their participation in school Parent Boards and PTA meetings.

Which of these responsibilities do you really carry out?

With regards to educational/childcare facilities there are few responsibilities that parents are expected to carry out. Most parents do carry out all their responsibilities. Most are interested in the educational success of their children. Parents have the option of being highly involved in their child's education- through active participation in the PTA, Parent Boards of schools or taking part in social events organized by the school. Erik, the pedagogue, explained that parents were highly active in matters concerning the school. Parents spend a lot of time at work and they do their best to ensure that their children are in excellent care. This excessive concern for one's children as exhibited by parents is a phenomenon known as "helicopter parents". As mentioned earlier it is the parent's responsibility to offer a conducive atmosphere at home. Since the right to primary education is enshrined in the constitution, most parents do contribute their part to their children's education.

Due to the filial duty of family members, it is a norm that family members

care for each other when one of them falls sick or is subject to violence in the home.

What does law require of you, with respect to complementing social services offered.

With respect to childcare and education and health care Danish social policy and law outline their expectations of parents. Childcare is primarily viewed as the responsibility of parents. The state does provide child-care facilities and paid parental leaves. With respect to education, it is the parent's obligation to ensure that their children attain primary education.

Discussion of findings

In the 1960's there was an economic boom. This resulted in increased participation of women in the labor market. Women began to combine a very active work life with family life. Today there are even more women in the labor force. In the 1960s, only 26% of the workforce was made up of women; today 50% of work force comprises of women. One way the state dealt with increasing women's labor participation was by allowing reproduction to go public. This change was good as reproduction, which had traditionally been done in the family was now public and could be counted as part of the nation's Gross Domestic Product (GDP) (Borchorst, 2006). In fact, Denmark became characterized as a Women friendly state. Affordable day care, paid parental leaves, provision for work absence when children are ill were all made available to families.

The results of this research confirm the initial assumption that the provisions of social services provided by the state were more efficient and frequently relied on participation from the family. Sometimes Danish law enforces the role offered by the family in social service provision. For example, Danish

law dictates that parents must ensure that their children receive primary education. It is also enshrined in the law that parents are the primary care givers of their children.

The next assumption this research set out to find was whether the Danish state was relying more and more on the family to provide social services. Some findings support this; there has been an increase in the length of paid parental leave from 3 weeks in the 1960s to over 40 weeks today. The child-care institutions and schools examined all relied on participation of the family and their parents in the provision of their services. However the trend of family participation in social service provision has not been observed to change.

Other findings suggest that social service providers are still working as they have always done, but parents are much more worried about the services offered. For example, Erik explains the phenomenon of helicopter parents. Parents, as a result of them spending more time at work and less time with their children, are more critical of the services offered to their children. Stender, the child psychologist, also explained that parents are becoming better educated about psychological disorders and thus use the services more and more.

Immigrants and new Danes are a unique group with respect to the interplay between family and the state in social service provision. Immigrants have limited access to social services, due to laws (New Danes have to live in Denmark for at least seven years before they can access social services fully) (Chandrabose, 2006). Language is another barrier that often makes it harder for new Danes to access social services. Thus immigrants often rely on family, or volunteer/non-governmental organizations (for example Dannerhuset and Eva's ark) for social services.

With regards to the research I carried out, there are certain questions, which remain unanswered. It is quite challenging to obtain data in English concerning trends in Welfare service provision. I would have wished to observe the historical trends in Welfare service provision by the Danish State. The availability of the Danish Welfare commission's report in English would have been beneficial in my study of the implications for the family with regards to the new proposals. I also wished that I found more subjects for my research- to allow for a more accurate representation of the current state of the interplay between the state and the family in the provision of social services. I would have also wished to study the interaction of the family and the private workplace. The Danish Welfare state is characterized as being almost women-friendly however I doubt that the non-public workplace is women-friendly or family-friendly. In fact, the strains these non-public workplaces have on parents in the labor force their affects care provision.

Conclusion

The role of the welfare state and the family were observed to rely on each other in social service provision. The question is whether the Danish Welfare state is moving towards more provision from the family. Currently, the Danish Welfare State offers more social services than the family. I make this statement because the Danish Welfare State ensures that all social services are available to all citizens. The Universalism element of the Welfare State supposes that services can be offered independently of the family.

The results of my research show that Danes are still receiving very good social services and are generally happy with the services they receive from the

state. This is very good for a country, as Public Welfare allows affectional solidarity to replace the duty of filial solidarity. Family members do not have to provide services to each other out of filial duty but rather as a sign of their affection for one another (Gullestad and Segalen, 1997).

We must also consider the myth of antagonism between the public and the private (Waerness, 1990). The family is an important mediator in social service provision by the state. The public and private sector should not be regarded as

opposing poles but they should rather be seen as partners in service provision.

I would wish that the Danish Welfare commission report had been made available in English, as this would allow me see proposals that might affect the family. The Welfare commission report generally says that there might be a strain on the state as more people are relying on the state and fewer people are actually working to support the state. I imagine that cuts in social service provision and increased family provided social services is one way to cut these costs.

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Response of macroinvertebrates to calcium addition in the Adirondack Mountains, USA

Abigail Cahill '07

Biology

Acid deposition is a well-studied phenomenon in the lakes and streams of the northeastern United States and in northern Europe, but the effect of acid deposition on terrestrial communities is less well-known. I examined the effects of large-scale calcium addition on the communities of macroinvertebrates present in the litter layer of maple-beech forests in the Adirondacks, which are strongly affected by acidic deposition due to poor buffering capacities in the soils. Lime was added to five treatment plots over the course of a year. Untreated deciduous and coniferous forests in Madison County, which has a well-buffered soil, were used as reference sites, and untreated plots in the coniferous Earlville State Forest were used as outgroups. Invertebrates were sampled in both Madison County and the Adirondacks. Discriminant analysis showed differences in calcium-rich invertebrate groups (Diplopoda, Arionidae, and Isopoda) between the three regions. All were more abundant in the calcium-rich Madison County sites, indicating that the need for calcium to form external structures (millipedes and isopods) or eggs (slugs) may be a factor in their distribution. One year after liming, invertebrate communities did not measurably differ between limed and control plots in the Adirondacks. Physical factors of the litter (pH, percent organic matter, elemental composition, etc.) were measured to correlate invertebrate communities to their microhabitats.

Acid deposition is a well-studied disturbance of lakes and streams of the northeastern United States and in northern Europe (Stoddard et al. 1999; Tipping et al. 2002). However, the effects of decreased pH on the terrestrial fauna are less well-known (Bouwman et al. 2002). Earthworms are known to be particularly vulnerable, in part due to the increased toxicity of aluminum at low pH levels, resulting in lower growth rates and less cocoon formation (van Gestel and Hoogerwerf 2001). Snails and millipedes have been shown to increase in size and density when exposed to calcareous dust at roadsides (Kalisz and Powell 2003) or calcium addition on the forest floor

(Johannessen and Solhoy 2000). The decline of snail shells and other macroinvertebrate calcium sources in forests affected by acid deposition has been shown to cause a decline in the reproductive success of birds (Graveland et al. 1994; Ramsay and Houston 1999). However, there has been very little work to date examining whole-community responses of forest-floor macroinvertebrates to acid deposition.

Macroinvertebrates are an integral part of a forest ecosystem, in particular as part of the forest-floor community, but they also affect above-ground trophic levels and interactions (Miyashita et al. 2003). In British