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International research on the social determinants of health has increasingly started to integrate a welfare state regimes perspective. Although this is to be welcomed, to date there has been an over-reliance on Esping-Andersen’s *Three Worlds of Welfare Capitalism* typology (1990). This is despite the fact that it has been subjected to extensive criticism and that there are a number of competing welfare state typologies within the comparative social policy literature. The purpose of this paper is to provide public health researchers with an up-to-date overview of the welfare state regime literature so that it can be reflected more accurately in future research. It outlines *Three Worlds of Welfare Capitalism* typology, and it presents the criticisms it received and an overview of alternative welfare state typologies. It concludes by suggesting new avenues of study in public health that could be explored by drawing upon this broader welfare state regimes literature.

This paper begins by summarising Esping-Andersen’s seminal work, *Three Worlds of Welfare Capitalism*; it then presents the various criticisms that this theory received and outlines the resulting alternative welfare state typologies that emerged. It concludes by suggesting new avenues of study in public health that could be explored by drawing upon this broader welfare state regimes literature. Although there are existing reviews of welfare state regime theory, these are somewhat outdated and, perhaps more importantly, they were not written specifically for or publicised to a public health audience.

**THE THREE WORLDS OF WELFARE**

*Three Worlds of Welfare Capitalism* typology has sparked a volatile and ongoing debate and, indeed, much of the burgeoning comparative social policy literature since 1990 can be seen as a “settling of accounts” with Esping-Andersen. This process has led to the development of alternative typologies, many of which are intended to reflect aspects that were not examined in Esping-Andersen’s original typology, that extend the range of countries included in the analysis, and that take more account of gender, politics or the role of public services. The criticism has been on three fronts: theoretical, methodological and empirical.
### Table 1  Welfare state typologies

<table>
<thead>
<tr>
<th>Author</th>
<th>Measures</th>
<th>Welfare state regimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esping-Andersen (1990)</td>
<td>18 countries</td>
<td>Liberal: Australia, Canada, Ireland, New Zealand, USA, UK</td>
</tr>
<tr>
<td>Leibfried (1992)</td>
<td>15 countries</td>
<td>Anglo-Saxon: Australia, New Zealand, USA</td>
</tr>
<tr>
<td>Castles and Mitchell (1993)</td>
<td>14 countries</td>
<td>Liberal: Ireland, Japan, Switzerland, USA</td>
</tr>
<tr>
<td>Kangas (1994)</td>
<td>15 countries</td>
<td>Liberal: Canada, USA</td>
</tr>
<tr>
<td>Ragin (1994)</td>
<td>18 countries</td>
<td>Liberal: Australia, Canada, Switzerland, USA</td>
</tr>
<tr>
<td>Ferrera (1996)</td>
<td>15 countries</td>
<td>Anglo-Saxon: Ireland, UK</td>
</tr>
<tr>
<td>Bonoli (1997)</td>
<td>16 countries</td>
<td>British: Ireland, UK</td>
</tr>
<tr>
<td>Korpi and Palme (1999)</td>
<td>18 countries</td>
<td>Basic security: Canada, Denmark, Ireland, The Netherlands, New Zealand, Switzerland, UK, USA</td>
</tr>
<tr>
<td>Pitzurrolo (1999)</td>
<td>18 countries</td>
<td>Liberal: Canada, Ireland, UK, USA</td>
</tr>
<tr>
<td>Navarro and Shi (2001)</td>
<td>18 countries</td>
<td>Liberal–Anglo Saxon: Canada, Ireland, UK, USA</td>
</tr>
<tr>
<td>Kautto (2002)</td>
<td>15 countries</td>
<td>Transfer approach: Belgium, The Netherlands, Austria, Italy</td>
</tr>
<tr>
<td>Bambra (2005)</td>
<td>18 countries</td>
<td>Liberal: Australia, Japan, USA</td>
</tr>
</tbody>
</table>

GDP, gross domestic product.
Theoretical critiques
The range of countries and regimes

The range of countries used to construct Esping-Andersen’s typology has met with criticism.7–10 22 Esping-Andersen only examined 18 OECD countries and in doing so he placed both Italy and Japan within the Conservative regime. Some commentators assert that when the Latin rim countries of the European Union (Spain, Portugal, Greece) are added into the analysis, a fourth “Southern” world of welfare emerges into which Italy can also be placed (Bonoli, Ferrera, Liebfried; Table 1).11–14 The Southern welfare states are described as “rudimentary” because they are characterised by their fragmented system of welfare provision, which consists of diverse income maintenance schemes, ranging from the meagre to the generous, and a healthcare system that provides only limited and partial coverage.15 Reliance on the family and voluntary sector is also a prominent feature.

Furthermore, research into East Asian welfare states (South Korea, Taiwan, Hong Kong, Singapore) has suggested that these countries, including Japan, form a further Confucian welfare state regime.16–20 27 The Confucian welfare state is characterised by low levels of government intervention and investment in social welfare, underdeveloped public service provision, and the fundamental importance of the family and voluntary sector in providing social safety nets. This minimalist approach is combined with Confucian social ethics (obligation for immediate family members, thrift, diligence, and a strong education and work ethic).21–23 Overall, the Confucian welfare state regime could be considered as combining some elements of the Liberal, Conservative and Southern regimes.

In addition, Castles and Mitchell (1993) cross-classified the same 18 OECD nations used by Esping-Andersen and examined their high- and low-aggregate expenditure levels, and their high and low degrees of benefit equality. On the basis of this analysis, they argued that the UK, Australia and New Zealand constitute a Radical, targeted form of welfare state, one in which “the welfare goals of poverty amelioration and income equality are pursued through redistributive instruments rather than by high expenditure levels” (Castles and Mitchell; Table 1).22 In the same vein, Korpi and Palme describe the existence of a Targeted welfare state regime (Korpi and Palme; Table 1).26

The gender-blind “worlds of welfare”

It has been argued that the analysis behind The three worlds of welfare capitalism typology was “gender-blind” (androgy nous).24–26 Aside from the overt absence of women in Esping-Andersen’s analysis, the critique revolves around three other issues: the gender-blind concept of decommmodification, the unawareness of the role of women and the family in the provision of welfare, and the lack of consideration given to gender as a form of social stratification.27–30 These criticisms suggest limitations to the comprehensiveness and generalisability of the Three Worlds thesis – especially in regard to any claims about women, welfare and the family.

The gender-blind critique of Esping-Andersen has led to both theoretical attempts to “gender” his analysis, and also, the construction of alternative welfare state typologies in which gender has been a more overt and centralised part of the analysis.31–36 Most notable amongst these new typologies are the defamilisation approaches that examine the extent to which welfare states, and welfare state regimes, facilitate female autonomy and economic independence from the family.16–25 29 31 The difference made to the composition, and number, of welfare state regimes made by the addition of a defamilisation-based analysis, however, is contested and is rather dependent on how the concept is operationalised.32
Empirical validity

Somewhat inevitably, this has led to the questioning of the ongoing empirical validity of The three worlds of welfare capitalism typology. Recently Esping-Andersen's study was replicated and the results differed substantially from the original. In addition, it has been found that the miscalculation of the mean and standard deviation in the original Three worlds of welfare capitalism data led to the misclassification of three borderline countries (Japan, UK and Ireland). Furthermore, an updated analysis of decommodification using data from 1998/9 has suggested that the relationships between the 18 OECD countries have changed significantly and that the composition of welfare state regimes is not static. Taken together, these pieces of research bring into question the extent to which The three worlds of welfare capitalism still exist, and indeed, at least in empirical terms, the extent to which they ever did.

PUBLIC HEALTH RESEARCH BEYOND THE THREE WORLDS OF WELFARE CAPITALISM

In light of this overview, it seems somewhat bizarre that public health research has been near oblivious to these substantial developments in social policy research since the publication of The three worlds of welfare capitalism in 1990 and that, with the notable exception of work by the political economy school, epidemiological research utilises Esping-Andersen's typology in a surprisingly uncritical manner. Indeed, a recent overview of welfare states and health inequalities makes scant mention of the existence of alternative regime typologies. Furthermore, Esping-Andersen's typology is often used to justify the choice of case study countries and subsequent findings are implicitly applied to all other countries in that particular regime. Although The three worlds of welfare capitalism is clearly an acceptable starting point in terms of examining within and between welfare state differences in health, it is vital for the ongoing utility of public health research in this area that in the future it is able to more adequately reflect, and therefore benefit from, the evolution of welfare state regime theory. More awareness of the wider regimes literature and going beyond The three worlds of welfare capitalism will be a useful first stage and one to which hopefully this paper has contributed.

Looking further ahead, there needs to be more critical engagement with the concept of regimes starting with an awareness that they are in fact “ideal types”. In practice, welfare provision varies extensively between countries of the same regime type. For example, research has indicated that some countries are more central to a particular regime than others (eg. Sweden or the USA) and offer a more coherent approach across both social transfers and welfare services. Other countries' profile (and therefore regime type) can vary extensively depending on which factors are used in regime construction. One avenue for future research would therefore be to examine the competing typologies and establish which works best in terms of health outcomes and public health research. For example, cluster analysis techniques could be used to create health-based taxonomies of welfare states which could be compared with existing welfare state typologies (Table 1).

This work would also enable more theoretical advancement in terms of how welfare state regimes are expected to impact on health and health inequalities. This is especially the case in terms of welfare states, gender and health where, for example, there is the opportunity to develop both theoretical and empirical accounts of how welfare state regimes may moderate the relationship between gender and health status. Indeed, concepts from the wider comparative social policy literature, such as defamilisation, could also be unpacked and operationalised in relation to health.