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### Developments and practices in the social security system in England

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| ARTICLE INFO                       | ABSTRACT  |  |  |  |  |  |  |  |
|------------------------------------|---|--|--|--|--|--|--|--|
| Keywords:                          |   |  |  |  |  |  |  |  |
| Social security system             | The aim of this study, which investigates the developments and practices in the social security system in the security is the president of a security system in the security system in |  |  |  |  |  |  |  |
| Magna Carta<br>Biomark autom       | UK, is to clarify whether it might contribute to and affect science, the social security system of our country ar the world by seeking answers to the questions whether there is a social security system in this country, ho   |  |  |  |  |  |  |  |
| Bismark system<br>Beveridge system | advanced it is, whether there have been current developments and practices, and whether it can influen  |  |  |  |  |  |  |  |
| Sevenage system                    | other countries. Books, dissertations and articles written in Turkish and English, publications and reports   |  |  |  |  |  |  |  |
|                                    | international organizations such as British Social Security Institution, ILO, OECD, UN and internet resourc   |  |  |  |  |  |  |  |
|                                    | were used in this qualitative study based on official & academic primary and secondary sources. After the   |  |  |  |  |  |  |  |
|                                    | introduction; the aim, method, conceptual framework, findings, conclusion, evaluation and resources we  |  |  |  |  |  |  |  |
|                                    | included. In the Introduction, information was given on the outlines of the subject. In the Conceptu  |  |  |  |  |  |  |  |
|                                    | Framework, the definition and development of the concept of social security as well as the Bismarck ar<br>Beveridge systems were discussed. In the Findings, the general socio-economic outlook of England, the   |  |  |  |  |  |  |  |
|                                    | relevant provisions of Magna Carta within the framework of the historical development of the social securi  |  |  |  |  |  |  |  |
|                                    | system, the British Poverty Act, the Unemployed Act, the Labour Compensation Act and the National Insuran   |  |  |  |  |  |  |  |
|                                    | Act were discussed. The Beveridge System and the period after it were evaluated. The British National Soci  |  |  |  |  |  |  |  |
|                                    | Security System was discussed together with the subsequent developments and current practices. In the   |  |  |  |  |  |  |  |
|                                    | Conclusion and Evaluation, the importance, impact & contributions and development & applications on the   |  |  |  |  |  |  |  |
|                                    | basis of the Beveridge System, which is the social security system peculiar to this country, were emphasize   |  |  |  |  |  |  |  |
|                                    | it was also stated that this system served as a model to other countries and it could be used by being adapte<br>Consequently, the social security system in our country and the Beveridge System were evaluated.   |  |  |  |  |  |  |  |

#### 1. Introduction

A person feels peaceful to the extent that he feels secure. The concept of individuals who are of the same species as him. The lifestyle of coexistence formed a network of relationships; it has expanded and developed day by day. rights, and responsibilities in the good-bad, comfortable-difficult, childhoodold age periods. The concept of social security is one of those rights and responsibilities.

Human beings have lived together since humanity started to live on the earth in the First Age, as man is a social being by his nature. Working life has existed everywhere where people have existed.

As socialization developed, the relationship network of people living together security has a wide spectrum. It is related to the security of life, property, developed primarily as a network of relationships among families, relatives, children, close-distant friends, relatives, country, and social security and neighbours, friends and those who shared the same place and the environment. personal security. As a social being, man must live together with other Consequently, man, who began to work based on his natural instinct to work or the impulse of need, became aware of the peculiar conditions in this field. Based on this point of view, different ways of solution have been sought in working life, It caused the individuals and the social environment to acquire liabilities, which functions based on oral-written rules, as a result of people's being unable to work in cases of illness, death, and so on.

The concept of social security that emerges at this point has actually existed since the time people began to socialize and work together. These structures, which were established to solve the problems that might occur in people's lives after they become incapable of working, tried to eliminate the deficiencies in working life by supporting people socially and economically.

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As in the laws of Hammurabi (Ateş, 2004), all societies, which complied with the call of religions and holv books to help the poor and disabled people. helped both the poor and the people who were no longer able to work by establishing solidarity and charity organizations.

In the societies that underwent industrial revolution, a new approach to social security emerged; social security has become a permanent phenomenon with the laws enacted by the countries, especially by the industrial societies. Concepts such as insurance, health benefits and indemnities emerged and settled after the Industrial Revolution. In this process, issues like establishing trade unions and confederations to prevent developments against workers in employer-employee relationships, seeking rights through various ways and methods to obtain social rights reveal that social security is a dynamic and multidimensional phenomenon. The governments of these countries sought answers to the demands and needs of the workers according to their welfare and sophistication levels, made some applications, developed systems and implemented these systems. One of those countries is England; the social security phenomenon that state administrators started to think about in the 16th century was systematized by reaching a different level after the Beveridge Report, also known as the Public Insurance (Savaş, 2009)

The right to social security is specified in Article 22 of the Universal Declaration of Human Rights. This right is also specified in Article 9 of the International Covenant on Economic, Social and Cultural Rights. The following is stated clearly in the covenant: "The States Parties to the present Covenant recognize the right of everyone to social security, including social insurance." (Definitions of the right to social security).

On the other hand, it is understood that there is a direct relationship between the economic development level of the countries and societies and the social security system (Işık, 2011). Based on this level of development, it is a natural phenomenon that social security systems of developed countries are stronger and more comprehensive than developing countries. The establishment and effective implementation of the social security system, which is a humanitarian case, should exist in every country and society, but avoidance of this by developing countries by using their political, administrative, legal and economic infrastructures and levels as an excuse is an approach that does not fit humanity, especially their own people and society (Senocak, 2009). It is an important issue for every country to make the necessary arrangements and take measures to prepare and maintain more humane and prosperous living conditions for their own people.

Answers to the following questions were sought in this qualitative research: - Is there a social security system in England?

- How did social security develop in England?

- Have there been any current developments and practices regarding social security in England?

- If yes, what are they?

- Does the English Social Security System have the ability to affect other countries?

The purpose of this qualitative research, in which the social security system in England is questioned and developments and practices, if any, are investigated, is to discuss whether it can contribute to the social security system in our country and in the world by searching the emergence, development and current status of the social security system in England.

#### 2. Method

In this qualitative research based on official, civil, academic, primary and secondary sources related to the field and topic, books, theses and articles in Turkish and English languages, publications and reports of international organizations such as the Department of Social Security in England, ILO, OECD and UN, and internet resources were used.

Evaluations were made on Current Developments and Applications in the Social Security System in England based on the information accessed and obtained from the above-mentioned resources.

#### 3. Conceptual framework 3.1. Social Security in General

Life becomes meaningful for man, who is a social being, when he feels safe throughout his life. The feeling of security is reinforced as he becomes free from dangers, risks, worries and anxieties in all aspects of his life. In this context, social security means all of the activities a country does in order to ensure the future and health of its citizens in all aspects. Another definition is as follows: "It is a set of institutions that aims to secure the present day and future of the people of a country and that has a tight unity and harmony among one other" (Hacıoğlu, 2004).

Many definitions have been made for the concept of social security by scientists. One of them is as follows:

Social Security is the self-protection of the society against economic problems and consequent social problems caused by reasons like illness, work accidents, giving birth, unemployment, incapacity, old age, and death, along with some regular public measures (Güvercin, 2004).

Another definition is as follows: "Social Security is a set of mechanisms providing individual security through social security measures under public responsibility to eliminate the effects of social risks that temporarily or permanently deprive a person of income due to illness, unemployment, old age or death" (Gülcan, 2006).

If we analyze the words forming the term social security in terms of meaning, we can reach the following information. The word 'social', which is the first one of the two words that make up the term, is one of the most commonly used words in this age. This word was transferred to Western languages from Latin. It was later transferred to Turkish from Western languages. In Turkish the word 'ictimai' is used for the word social. İctimai lexically means "belonging to a society". The second word, security, is used in the sense of safety (Karpuz, 2013).

The first example of social security in modern sense is the set of practices that emerged as a contemporary institutional structure in the central capitalist countries, especially after the Second World War in Germany in the late 19th century under the influence of Prince Bismarck, and similar examples of which are seen in the countries near the central countries. These practices are handled as a social protection mechanism in the plainest form (Ulutürk & Dane, 2009).

Although the concept of social security is a concept that entered the social sciences literature in the 1930s, it was born as the final result of the desire to be "sure of the future", which is one of the oldest needs of humanity, and was institutionalized over the years (Gül, 2000).

One of our resources defines social security as follows: "Social security is a system that meets the livelihood needs of people whose income or earnings are permanently or temporarily reduced due to an occupational, physiological or social and economic risk." (Gül, 2000; Talas, 1979).

When the issue of social security is viewed from a broader perspective, it can be seen that the purpose of the system is to protect not only working people but also all citizens from deficiencies and possible dangers with income guarantee (Bilman, 2007).

It is possible to summarize the concept of social security as follows: "Social security is a set of measures and institutions that have a tight unity and harmony among one another and that aim to secure the present day and future of a country's people (Talas, 1976).

#### 3.2. History of Social Security

The issue of social security has always been on the agenda as humans have lived as social beings. However, when the resources in literature are viewed in the historical development of social security, it is seen that this development consists of four periods. They are as follows chronologically: The First Age, the period from the beginning of the Middle Age to the Industrial Revolution, the period after the beginning of the Industrial Revolution, and the period when the first social security systems were established.

When the First Age is viewed, solidarity and mutual assistance are interpreted as natural ways of social security in the tribes and families, which were the small sub-parts of the tribe, in the ancient times before the invention of writing. The ancient hunting tribes lived in a kind of union of production and consumption. The livelihood of everybody who worked together and who could not work in some cases, was ensured according to the means each tribe (Dilik, 1988; Güvercin, 2004). The large and small unions formed among families in this way were important in the establishment and subsequent development of social security institutions.

Family solidarity played an important role in social security, especially in the process from transition to agricultural economy to industrialization. During this period, the family was a kind of unity of production and consumption, similar to the previous hunting tribes, but smaller in terms of influence. Generations changed, but children, people of working age, i.e. people between 15 and 65, and the elderly aged over 65 always lived together in the family (Dilik, 1988). Although human communities lived together in the form of primitive tribes compared to present day, it is understood that people at a certain age range worked in working life based on the age factor.

If the crops produced by a family ran out or if the family members that provided financial support fell ill, their neighbours would help the family. These practices were first seen in Egypt (Savaş, 2009).

Even if production was low in some cases, it was continuous. If one of the workers became ill, or became incapacitated by an accident or died, the other family members were able to continue their production activities though there

was some disruption (Dilik, 1988). The deficiencies in working life were completed by the workers in the ancient times too.

It is known that the poor were helped by the spiritual people who were active in Egypt between 2200 and 1800 BC (Savaş, 2009).

It was decreed that social aid be provided for the ill people, orphans and foreigners in need of protection in the primitive religions of the First Age, in Buddhism, the world's third largest religious belief, in the holy Torah, the book of Judaism, and even in the myths of the German gods.

According to the belief in those religions, beggars, seekers of help and foreigners were under the special protection of Allah.

There were also some other practices that were not based on religious motives. For example, there were charity foundations of tradesmen guilds, burial associations and patient aid associations in Greece, and illness-death funds and similar foundations in the Roman Civilization (Dilik, 1988). It can be seen in these examples how effective religious practices were on the society in the development of the history of social security.

In this process from the beginning of the Middle Ages to the Industrial Revolution, which is called the second part according to Dilik, aids that we can divide into two, both within and outside the professional organizations, took place. Social aids outside of professional organizations took place in monasteries in Christian countries. There was a small-scale hospital in every monastery. There was also a separate small hospital outside the monastery walls, i.e. in towns and villages. Patients received outpatient treatment in those hospitals. The care and treatment of the patients were carried out by the special priests who had knowledge and experience in the field of pharmacy and related to the diseases that the patients caught (Dilik, 1988). In the Ottoman Empire, medical aid was provided to citizens through the social complex system, which had similar aspects to monasteries in Christian countries. Free health services were provided in these social complexes, consisting of mosques, libraries, hospitals, bazaars, schools, etc. In addition, many other short-term and long-term services were provided free of charge<sup>1</sup>.

Cooperation in professional organizations is dealt with in two different groups as the cooperation of miners and other professional groups. The method of collecting money among other miners was used to eliminate the hardships in the economic situation of the ill or wounded miners. It is claimed that the first known pioneers of today's social security were actually the funds established by miners (Dilik, 1988).

In the Ottoman Empire, the Akhi organization, which dates back to old times and whose effectiveness started to attract attention beginning from the 13th century, was one of the first institutions that provided social security. "The Akhi organization is a socio-economic institution that is based on solidarity and mutual assistance in art and trade that developed and spread in Anatolia" (Arslan, 2015). When Akhi unions and guilds are compared to today's chambers of commerce and tradesmen, significant differences are observed (Demirci, 2003). See the source given in the footnote for detailed information about the history of our social security

In Islamic countries, social solidarity movements were established primarily through the religion of Islam and the organizations formed according to the commands of this religion. Social aids in accordance with the commands of giving alms, loans without interest (expecting Allah's consent only), ongoing charity, financial help and other orders of the Qur'an, the holy book of Muslims, related to social benefits and solidarity were carried out in the Muslim communities. In the guilds, which were regarded as a symbol of fraternity, aid was provided to the needy people living in the region through social funds (Dilik, 1988). It can be stated as an important determination that religion has an important effect on the formation of social security institutions.

Social life, which underwent radical changes with the advent of the industrial revolution, experienced one of its most important reforms in the field of social security. The social structure and division of labour changed due to the rapid change of production relations. Society was soon divided into two important and basic classes: the capitalist section that became very rich and the poor workers, whose only source of income was the labour force. Social class change, which influenced Western Europe first, spread to Europe and the other continents over time.

In the period when the first social security systems were established as the last period of the developments mentioned above, the development of social security systems in Western Europe was generally examined under two headings:

 The period called the classical period, which started with acceptance of social insurances for the first time as a result of the influence of Prince Bismarck in Germany.

• The period after World War I (Güvercin, 2004).

Based on the thought in the letter written by the Emperor William in Germany at the end of the 19th century to the parliament: "*The government* 

should take care of the disabled people who had to stop working due to their age and disability on this solid basis" (Social Security, 2019), the German Chancellor Otto von Bismarck (1815-1898) himself tried to share the social security issue, which he considered as an important social policy tool, with the public and explain it. He took the first step in the world in this field in the modern sense by designing a social security model that allowed the labour force to form again on the one hand and facilitated the unification of the workers with the system on the other hand. Other neighbouring European countries followed Germany. The works in the field of social security intensified after that, especially between the two world wars, that is, in the 1920s and 1940s, and in the post-World War II period (Güvercin, 2004).

The Bismarck model, called the worker insurance system, aimed to ensure that all workers in the country enjoy their social security rights. This system was implemented in Germany and continued in countries like France, Italy, Austria, Belgium, Sweden, Norway and Turkey (Çalışır, 2016).

The financing of this system is provided by the insurance premiums paid by the workers who benefit from this system. Only the people who pay premiums have the right to benefit from the system based on the principle called the "reciprocity principle" (Savaş, 2009).

When Bismarck brought forward fundamental changes in the law, which decreed that employers were responsible for work accidents, in 1880, he grouped his thoughts in 3 points and explained them as follows:

- An insurance institution should be established regarding the issue instead of regulating the responsibility of employers.
- Indemnities should be reduced, but the scope of the cases in which financial aid is provided, i.e. the risks faced by workers, should be extended.
- A state insurance system should be established (Dilik, 1988; A.R., 2008).

The system that Bismarck wanted to establish is considered to be one of the first social security systems of the modern world.

As it is mentioned above, Bismarck advocated the view that it would be healthy to carry out work accident insurance through the state, that is, through an insurance institution. In this regard, he submitted a "work accident insurance" draft that he prepared to the parliament on 08.03.1881 (Dilik, 1988; A.R., 2008). In the 1800s, the effects of the industrial revolution began to be seen in Germany, and legislative proposals on workers and work accidents started to be discussed in the parliament.

The German Parliament supported the draft partly, accepting compulsory insurance but rejecting state contribution to finance insurance. If the compulsory insurance system had continued like that, the system would have tried to survive only with aids and premiums to be taken from the salaries of the workers. However, the issue took a different course; the government discussed the establishment of disability insurance after this stage. As a result of these discussions, the German government submitted the draft regarding this issue to the parliament at the end of 1888 (Dilik, 1988; A.R., 2008).

During the discussion of this aforementioned draft, Prince Bismarck exerted his authority fully and enabled the draft to be enacted. With this initiative, he caused the establishment of the social security system that has been known by his name up to now and that has reached present day. The Bismarck law, called the Disability and Old Age Insurance Law, was published in the official gazette on 22.06.1889 and went into effect on 01.01.1891 (Dilik, 1988; A.R., 2008)

When the history of the concept of social security is analyzed, it will be seen that the emergence of movements to protect workers' rights and trade unionism played an important role in the European continent, primarily in England and then in all the countries of the world, especially after the Industrial Revolution. The formation and protection of the social rights and fringe benefits of the workers were reflected in the laws of these countries, and the concept of social security reached a legal basis. In addition, its inclusion in the Universal Declaration of Human Rights and its acceptance as a natural right like the right to work, encouraged states to make legal arrangements in this area (Hekimler, 02/2009; Definitions of the right to social security).

As it is understood from the research process of this study, every country established a social security system over the years in accordance with their own dynamics. While a very effective social security system was established in some countries, a modern system like that or a system that could meet the needs could not be established in others (Hekimler, 02/2009).

In this context, there may be some common principles in the social security system in many countries. They can be listed as principles such as adopting a model based on social insurance and social benefits, securing the economic security of large masses, establishing a minimum criterion in social protection, and the state's contribution to the financing of social security to a certain extent (Şenocak, 2009). Since humanity, as countries and states, has the ability to benefit from one another's experiences, it is possible for those who lack the whole system or some principles to be inspired by others and adapt the system or the principles to their own human & social conditions. With this point of view

view, we found it appropriate to investigate the Social Security System in England.

#### 4. Findings

#### 4.1. The socio-economic outlook of England

England has the fifth largest economy in the world today. In addition, England is the head of the Commonwealth group of countries, which consists of 53 countries (Mackrell, 2019) (British Council, 2018). The total population of these countries is about 2.4 billion. In that case, it is possible to say that England interacts socially, economically, politically and culturally with this population (British Commonwealth Countries 2019, 2019).

According to IMF data, the population of England exceeded 65 million in 2017. England accounts for 84% of the United Kingdom population. The population of England is expected to reach 66.5 million in 2018. In the country, 18% of the population is over the age of 65 while the ratio of the population under the age of 16 is 17.5%. The population in 2019 is 66,993,218 (https://www.worldometers.info/world-population/population-by-country/, 2019).

England is the second largest economy in the European Union after Germany. London and the Southeast region make up more than 30% of GDP. The area defined as Greater London is the area with the highest level of welfare in the EU. In London, the income distribution is quite unbalanced, and the people with the lowest income in the country also live in London.

Approximately two thirds of GDP in the economy of England is based on private consumption. As in many other developed countries, the share of the manufacturing industry is gradually decreasing.

GDP contracted by 4.9% in 2009. The national economy grew by 1.3% in 2010, and came out of recession. The growth rate, which was 1.9% in 2016, became 1.8% in 2017 (https://www.ticaret.gov.tr/, 2018).

According to the OECD economic report, the economic growth is expected to be 1.4% in 2018 and will remain at a moderate level with 1.3% in 2019 (OECD Economic Outlook, 2018, p. 233).

The unemployment rate in England is 3.90% as of January 2019. The highest unemployment rate was 12% throughout the history of the country. The lowest rate is 3.40%. In addition, the labour force participation rate is still at a very high level with 79.3% as of January 2019. The unemployment rate in the young population is around 10.6% (https://tr.tradingeconomics.com, 2019).

When the employment rates of this country are analyzed based on sectors, it will be seen that the service sector comes first. 79.7% of the employees work in the service sector while 18.5% work in the industry and 1.1% work in the agricultural sector (https://www.icep.com.tr/ulkeler-rehberi,2019)

The number of people participating in employment increased 28,000 per quarter to 32.75 million in three months until May 2019. The number of freelance professionals increased 123,000, reaching 4.96 million (record high). The number of economically inactive people aged between 18 and 24 increased 70,000, reaching 1.69 million. In this period, the unemployment rates of the ethnic minorities above average, lack of employment rate, and the number of people with second professions fell (Office For National Statistics, 2019).

When we look at the data related to women's employment, we see the following rates in summary: 15.3 million women aged 16 and over were employed in the period October-December 2018 in England. As of this date, the employment rate of women is 71.4%, which is the highest since the comparable records started in 1971. The employment rate of men is 80.3% (Powell, 8 March 2019).

In this framework, while 9.0 million women worked full time, 6.3 million women worked part time. While 41% of the employed women worked part time, the part-time employment rate of men was 13% (Powell, 8 March 2019).

The sectoral distribution of women's employment is as follows: health and social services (constituting 21% of all jobs done by women in September 2018), wholesale and retail (14%) and education (12%). 79% of jobs in the health and social services sector and 70% of jobs in the education sector were done by women (Powell, 8 March 2019).

For employment, unemployment, economic inactivity and other employment statistics data and forecasts related to the United Kingdom, see 'Office For National Statistics, 2019'.

#### 4.2. The Historical Development of Social Security in England

Throughout the history of humanity, the issue of social security has concerned both individuals and societies as well as governments. The issue of social security that arises in every sector where working life is in question is recognized with different laws in different countries. The practices of social security, which are considered as a right by the employees, are quite different from one another in the world. Social security is regarded as a human and citizen right. "Great Charter of Freedom", which is called "Magna Carta Libertatum" in Latin, is known as the pioneer of the inclusion of human rights and citizenship rights in the constitutions of Western countries (Breay, 2014). In addition to this law, other important developments in the context of social security in England are the British Poverty Act and the Beveridge System.

#### 4.2.1Magna Carta

Named as Britain's first constitutional legal document, Magna Carta was signed in 1215 between King John (1167 - 1216) and the Barons. With this document, the king waivered some of his rights and as a result of this, a social balance was achieved (Gülüşür, 2010; Breay, 2014).

King John, who lost several wars against France, increased taxes of his people in order to compensate for the financial loss. As a result, the Barons, who were overwhelmed by repressive policies, forced King John to sign Magna Carta after the riots they started in the country. Magna Carta is shown as the basis of English and American constitutions (Arif, 2015).

What makes Magna Carta so important in the world is the themes of justice and freedom that lie at the basis of the articles in it. It is necessary to read articles 39 and 40 in order to understand these themes.

Article 39 of the Magna Carta is as follows: "No free man shall be seized or imprisoned, or stripped of his rights or possessions, or outlawed or exiled, or deprived of his standing in any way, nor will we proceed with force against him, or send others to do so, except by the lawful judgment of his equals or by the law of the land."

Article 40 of the charter is as follows: "To no one will we sell, to no one deny or delay right or justice." (Breay, 2014).

These articles formed the basis of the British social security system. In addition to the personal rights and freedoms mentioned in these articles, the demand for the way of exercising the rights and justice would naturally affect the subsequent developments.

#### 4.2.2 British Poverty Act

It started to be perceived as a public imperative that the poor need to be helped in many countries of Europe, after the 16th century. While the states refrained from taking direct responsibility in this regard, the responsibility to help the poor started to be given to state administrations by law in England (Gül, 2000).

Poverty Laws were enacted and were in effect in the country from the middle of the 1300s to the 1800s. The responsibility for the enforcement of these laws was given to English and American local governments (Ersöz, 2005, 765; (Poverty and the Poor Laws, 2019)).

The first steps regarding the institutionalization of this state were taken at the beginning of the 17th century during the period of Queen Elizabeth I (1533 - 1603). With the "1601 Poor Law", it was revealed how high the levels of increasing impoverishment created by urbanization and industrialization were among the working class caused by poor working conditions (Gül, 2000, p. 55). In essence, this law entered into force for the protection of the people by the administration in cases when those who immigrated to the city from the country as workers could not adapt to the city life and became poor (McIntosh, 2019).

With this law, the poor to be assisted by the state were divided into three. The first group included those whose poverty was accepted by everyone, those who were blind and disabled, and those who became unemployed due to reasons beyond their control. It was planned to provide this group with accommodation and food as aid. The second group included the poor who did not have any disability and who could work but who did not work. It was decreed that they would be employed in public works based on the demand of the state, that they would be forced to work if necessary, and they would be punished if they did not work. The last group included the orphans. It was decreed that they would be provided with free accommodation and free education opportunities in public dormitories (Gül, 2000; McIntosh, 2019).

The aim of this law was to eliminate begging and social disorder in the country through small amounts of financial aid.

#### 4.2.3 After the Laws of Poverty

The concept of social security and the scope of social aid were expanded in the 19th century to cover workers and other classes of society. In this period, aid organizations called "Friendly Societies" started to emerge in England

The concept of social security and the scope of social aid were expanded in the 19th century to cover workers and other classes of society. In this period, aid organizations called "Friendly Societies" started to emerge in England and they developed rapidly with the aids of the state itself. The aids these charitable organizations provided covered the cases of death and illness only. Those aids were provided for the workers who paid the organizations (Gül, 2000; Chodes, 2019). We can partially liken these organizations in England to Akhi and guild organizations in the Ottoman Empire, though not exactly. The aims of those Ottoman organizations, which were similar to today's cooperative institutions as tradesmen solidarity, were to extend trade and provide vocational training. In these organizations, which strengthened both religious and commercial solidarity, tradesmen donated a certain amount of what they earned to the funds. The money that accumulated in the funds were spent for those in need. For detailed information regarding the issue, see the study called "Osmanlı Devleti'nde Ekonomik Hayatın Yerel Unsurları: Ahilik Teşkilatı ve Esnaf Loncaları" (Bayram, 2012; Chodes, 2019).

#### Unemployment Act (1905)

Numerous laws were enacted in England beginning from the second half of the 19th century, and these laws aimed to provide health and work standards at a minimum level to the vast majority of the English citizens. With the enaction of the Unemployed Workmen's Act of 1905, some local units were authorized to create jobs for the unemployed in addition to taxpayers, to establish work colonies and to exchange workforce (Ezer, 2016; Brown, 1971). The aim was to provide the minimum level of subsistence for all citizens.

#### Workmen's Compensation Act (1906)

The Workmen's Compensation Act 1906 was enacted in 1906, one year after the Unemployment Act; with this law, indemnity payments were made to the close relatives of those who died due to certain occupational diseases and to the disabled people themselves for the first time in England (Ezer, 2016; Williamson, 1911). Taking this law as an example, other European countries started to increase the number of social security laws.

An important step in the implementations of the British social security system was the acceptance of the fact that one of the main causes of poverty was old age. Thus, the Old-Age Pensions Act was adopted in 1908. With this law, it was decided that weekly payments would be made to those who were seventy years old and more and who did not have any criminal records (Ezer, 2016; Willis, 1913).

#### National Insurance Act (1911)

Another important step was taken in 1911 and the law called the British National Insurance Act was adopted (Gilbert, 1965). This law also formed the basis of England's social security laws that would come into force in the future; it enabled people to be entitled to benefits based on the level of the premiums they paid when they worked in the periods when they were unable to work due to unemployment or illness (Ezer, 2016; Gilbert, 1965). This law laid the foundations for the Beveridge Report and the Beveridge System introduced by it afterwards.

With this law, free medical treatment and illness aid for insured workers and maternity support for female workers were provided within the scope of health insurance, and unemployment benefits within the scope of unemployment insurance. A compulsory insurance system in which workers, employers and the state paid equal premiums for the worker was developed (Ezer, 2016; Gilbert, 1965).

#### 4.3. Beveridge system and after it

The Beveridge system can be explained as "a modern social security system financed by premiums, aiming to eliminate social injustice by including all individuals in the country without discrimination with the target of benefiting from social security". (Çalışır, 2016; Moisidou, 2017)

This system is based on the following basic principles:

- Inclusion of all English citizens in the system.
- Establishment of the National Health Network.
- Ensuring full employment.

This system, which was created with a report prepared by William Beveridge (1879–1963), a British member of parliament, (Walsh, 2000) was embodied with 5 laws in England. These laws are the National Health Service Act of 1946, Occupational Accidents and Occupational Diseases Act replacing the law of 1897, National Assistance Act of 1948, the Family Allowances Act of 1945 and the National Insurance Act of 1946 (Savaş, 2009; www.parliament.uk, 1946).

When the history of Europe is examined, it is seen that the social security system before the Beveridge System was the Bismarck System. The purpose of this system, which was established in the German Empire under the Prime Ministry of Prince Bismarck between 1883 and 1889, was to fight against socialist movements with traditional methods on the one hand, and to develop reforms in the field of social policy on the other hand. In the first stage, the system covered industrial workers whose income levels remained below a certain amount; then, the other paid workers were included. The system adopted the idea of private insurance fully (Özmen, 2017; A.R., 2008)

When Beveridge type social security system and Bismarck type social security system are compared, it is seen that Beveridge system is more comprehensive because all citizens are included in the Beveridge system but only active workers are included in the Bismarck system. Besides, since the funding is provided by taxes in the Beveridge system, there is no principle of reciprocity. The benefits are presented equally, regardless of the contributions of citizens to the system (Çalışır, 2016; Kutzin, 2011).

The law related to the National Health Service mentioned in the report was adopted in 1946 and entered into force in England in 1948. NHS is an abbreviation of this network. NHS is an organization that provides free health benefits to the English people and covers tooth and eye diseases. Its financing is provided by taxes from the general budget (Oral, 2002; Kutzin, 2011).

Other countries that use the National Health Service system like England can be listed as follows: Spain, most of the Scandinavian countries and New Zealand (Daștan and Çetinkaya, 2015; A.R., 2008).

When the structure of the system is examined, it is seen that all health services are free, that a 3-step structure is formed, and that there are general practitioners of tooth and eye diseases in the first step, specialists in the second step and advanced medical centres like training hospitals in the last step (Oral, 2002; AR, 2008).

In present-day England, the Beveridge System underwent major changes in the period of subsequent governments due to the different policies pursued by these governments. Meanwhile, a new mixed system was developed with the combination of the Bismarck and Beveridge systems and the Netherlands is one of the countries implementing this system. In Turkey, the social security system was formed according to the distribution method (Cural, 2016).

## 4.4. Developments in social security system in England (1970 and afterwards)

The developments in the social security system in England were dealt with chronologically in this part.

The scope of insurance payments and social benefits expanded in the late 1970s; therefore, the social security system became quite complicated.

In the era of Margaret Thatcher (Troitiño), the Social Security Law was analyzed in 1980 and general reforms were made regarding the cost of the system (Gough, 1980). These reforms included increasing social insurance premiums too (Stapleton, 2015; Ezer, 2016).

With the law dated 1982, which was enacted 2 years after the 1980 law, the sickness benefit was abolished and it was replaced by legal sickness benefit. Thus, a system of allowance in which employers would give to the workers at the minimum amount determined by the state during the first eight weeks of the disease starting from the fourth day of the disease was established (Blake, 2003; Ezer, 2016).

The law was reformed in 1986 and the name of the supplementary benefit was changed as income support. The family income benefits that had been paid previously were abolished. Family payments were arranged for families with low income and children (Ezer, 2016; Glennerster, 1995).

With this new reform, a new social fund was designed to cover maternity and funeral benefits, which were to be paid only once to those who received social benefits (Ezer, 2016; Glennerster, 1995).

The most radical change in the field of social security in the country since 1946 took place with the National Health Service and Community Care Act, which came into force in 1991 (legislation.gov.uk, 1991). With this system, which stipulated the establishment of the internal market in the health sector, hospitals and community buildings would be out of the control of the health authorities in their regions (Ezer, 2016; Glennerster, 1995).

New arrangements were made in 1992 related to the issues such as retirement conditions, legal illness and maternity payments to women workers. With this law, disability living allowance came into force (Ezer, 2016).

As for the retirement age, the retirement age for women and men were determined as 65, and the law related to this issue came into force in 1995 (Ezer, 2016). The state initially determined the retirement age as 65 for men and 60 for women. With a new law in 1995, the state increased the female state

pension age from 60 to 65 between the years 2010 and 2020. This means that women born in the 1950s and later would reach pension age later than they planned (Increasing the state pension age, 2017).

A new pension system planning was brought to the agenda with the Welfare Reform and Pensions Act of 1999 and the aim of the act was to provide a special pension for those who did not work within the scope of individual or professional pension (Ezer, 2016; Welfare Reform and Pensions Act 1999, 1999).

The Pensions Commission was established because the private sector pension income was not at the desired level and the attempts regarding this issue were insufficient (Ezer, 2016).

Different types of pension practices ended on April 6, 2006. A full-rate and standardized premium payment would be received from those who paid insurance premium within the scope of National Insurance. Accordingly, a person who was entitled to pension would have a single pension from then on instead of two different pensions, and the premiums paid for the additional pension in the past would be considered in this new pension. Pension would be paid for those who would reach the pension age for the first time after this date in accordance with the system The full amount of this pension was 155.65 pounds per week (Ezer, 2016; Pensions and ageing society)

With the new laws and regulations, especially the ones introduced during the premiership of Margaret Thatcher, radical changes were made in the social security system since the 1940s, moving away from the Beveridge System. A new market was created as the way for privatization in the health sector was opened.

According to what is stated in a study dealing with the Unemployment-Related Benefits System in the United Kingdom, the United Kingdom (England) government redesigned the social security system in the country in order to provide basic vital needs for all citizens. The government provided financial resources to achieve this goal. A number of social programs like unemployment benefit and child allowance were carried out after the financial resources were provided. Some benefits like unemployment benefits and retirement pensions depended on the payment of premiums. (Wu, 2000).

Regulations related to pensions were made by the pensions act in 1995 and the retirement ages of men and women were equalized. With this law, which took its present form in 2011, the retirement age was increased to 65 (Retirement, no date, pr. 1).

The government started to change the structure of social security since the mid-1990s after the expenses that increased continuously, and made changes in unemployment benefits and income support programs in April 1994 (Wu, 2000).

The government adopted the Employer Act, which was like a reform, in 1995. The article stipulating that job seekers and employers had to enter into a business relationship through contracts was included in the act (Wu, 2000).

Important changes took place in the social security legislation in 1999. Regulations were made related to stakeholder pensions, widow's allowance, jobseekers' allowance and disability (Brazier, Greener, Jarvis, Roll, and Wilson, 1999).

Sections 1-8 of this act consisted of stakeholder pension schemes; sections 9-18 consisted of general pensions arrangements; sections 19-51 consisted of pension sharing; sections 52-80 consisted of the issue of welfare and sections 81-91 consisted of general arrangements. (URL-1, pr. 1).

In 2000, a new law under the name of Child Support, Pensions and Social Security Act was published. The first part of the law dealt with child support. Information was given about maintenance calculations and terminology in this part. Calculations of category B retirement pension were included in the second part. Personal pension schemes war pensions were included in the last part of the law (URL-2, pr. 1).

The official website shown in the footnote can be visited to read those law articles published in 2000.  $^{\rm 1}$ 

The Employment Act was published in 2002 with important changes. The law contained articles related to the resolution of individual disputes in the workplace and equal treatment for fixed-term employees. According to the articles in this law,

- After 6 months of paid leave at the time of birth, the right of 6 months of leave without pay was granted.
- The increase in the statutory maternity pay would not be less than 100 GBP per week.
- The same conditions would be valid for adoptive individuals.

The website shown in the footnote can be visited to read those law articles published in 2002.

With the new pension law enacted in 2004, the Pension Protection Fund was established in April 2005. This fund is financed by social benefit schemes and tax payments (Bollard, 2010).

You can visit the page given in the footnote to read the pension law articles that came into force in 2004.

On 3 May 2007, the Welfare Reform Act came into force. According to the law, it is stipulated that local housing allowances will be presented nationally. In addition, the law stipulates changing employment and support allowance and income support (URL-4, 2007, pr. 1-5). You can access the law articles from the webpage in the footnote.<sup>1</sup>

In 2010, the Equality Act came into force. This law is a law that prevents people with certain protected characteristics from being discriminated against or treated unfairly due to these characteristics. Characteristics protected by this law are as follows: age, disability, gender, gender change, marital status, pregnancy and maternity, race, religion or belief, sexual orientation. This law is valid related to employment, educational settings, medical settings, restaurants, housing, banking and financial services (URL-5, 2017, pr.1-4). These law articles can be accessed from the link given below.

In 2012, another welfare reform act came into force. This law would be fully implemented gradually in five years. This law has been the most important legal change in the English Welfare System since 1940 (Congress, 2012, p. 1).

The main subject of the law combines all the benefits as a universal benefit. Those benefits are as follows:

- Income based jobseeker's allowance
- Income-related employment and support allowance
- Income support
- Housing benefit
- Child tax credit
- Working tax credit (URL-6, 2012, pr. 2).
- In addition, the "Health and Social Care Act", a health-based law, came into force in 2012. It included issues such as the duties of the Ministry of Health, the National Health Service foundations called NHS, the regulation of the rights of health and social care workers (URL-7, 2012, pr. 1-4).

#### 4.5. Current Practices

In England, one of the most advanced representatives of the Anglo-Saxon (liberal) welfare states, social policies for the elderly are divided into two. They are the pension system and social services. The pension system is carried out based on two levels. The pension age is 65 for men and 60 for women. These age ranges are planned to be increased gradually to 65 by being equated for both men and women in 2020 (Taşçı, 2010; Blake, 2003).

The pension system is carried out with both government and private sector practices. The system is based on three elements. They are as follows:

- · Basic pensions and earnings-related pensions operated by the state.
- Workplace pension operating by employers.
- Personal pension scheme (Uygun, 2006).

The basic pension in the first level of the system is in the form of public old age insurance. It is necessary to work for at least 44 years and to become a taxpayer in order to get full pension in the country in this respect. One of the basic and most important features of the system is that it has a compulsory basic public pension structure. Accordingly, this system is holistic for the country and has a fixed-rate payment system. It was indexed to inflation in the 1990s, However, the basic pension income is not sufficient to maintain minimum living standards and remains below the minimum level of living. Many pensioners continue their lives with state income supports based on other private sources or income test including minimum income guarantee (Taşçı, 2010; Blake, 2003).

In our country, the pension system is in the form of public pension, as it is practiced all over the world, with the state's social security policies and activities based on them. Compulsory and voluntary workplace and sector based occupational pension programs have not been very productive here. Personal pension system and practices have been implemented since 2003. Self-employed volunteer workers and members of a professional pension program benefit from personal pensions here.

In the second level, there are applications prepared by employers. Membership in these pension programs has not been compulsory since 1988, (Uygun, 2006; Blake, 2003)

#### Care Services

Apart from the personal pension system, there are different social policy schemes from which the elderly can benefit in England. One of them is the care services within the scope of social services. Home care, which is one of the care services, is one of the common services in England. The origin of the practice is based on the Poor Law, enacted by Queen Elizabeth in the 16th century, which included the understanding of the care of the elderly who were in hardship and in need (Taşçı, 2010; Brown, 1971).

The Poor Law was updated again with a report prepared by the Royal Commission. This report came into effect on 14.08.1834 under the name of "Act for the Amendment and Better Administration of the Laws relating to the Poor in England and Wales" (Yaman, 2007; workhouses). This commission focused on 5 main issues while preparing the law. The issues were as follows: centralization, workhouse test, uniformity, less eligibility and classification. It was decided that poor relief would be given only to the people staying in workhouses, and that central control management should be established for the distribution of relief (Güngör & Özuğurlu, 1997).

Care services are becoming more common day by day as a means of social policy and social security.

#### Elderly Villages

One of the social policy practices for the elderly in England is the implementation of the elderly villages, which are peculiar to this country. In England, there are special regions allocated to the elderly and called "elderly village". The elderly in those villages are in closer communication with the professionals who are in contact with them institutionally. At the same time, they can make their own decisions (Taşcı, 2010; Retirement villages, retirement communities and care villages directory in the UK).

In case of incapacity in England, that is, in cases of illness, disability, etc., "employment and support allowance" can be obtained for the first 3 days. A prerequisite to benefit from this allowance is the contribution having been paid (Commission, 2011; Retirement villages, retirement communities and care villages directory in the UK).

Most pregnant women are entitled to receive payments from their employers. It is necessary for a female worker to have worked for at least 26 weeks at the same employer's workplace in order to be eligible for these payments. However, these 26 weeks do not have to be consecutive. A female worker who complies with the employment rule can receive pregnancy allowance for a maximum of 39 weeks (Commission, 2011).

The scope of social insurance in England covers those who earn at least 162 pounds per week as of 2018. Retirement age is 65 for men and 63 for women as of 6 April 2016, with the condition of having worked for at least 30 years (Administration, 2018).

In our country, the retirement age will be gradually increased to 65 for both men and women until 2048; it is necessary to have worked for at least 7200 days to be eligible for the pension (Administration, 2018).

Death allowances are also available in England. These allowances are in the form of widowed parent's allowance payment, which is the partial payment given to women or men who lost their spouses, and their children (Commission, 2011).

These payments are 100 pounds per month for 18 months in 2018 (Administration, 2018).

Child benefit rates in England are as follows: For children older than 16 years who receive full-time education, the benefit is 20.3 pounds a week for the first child and 13.4 pounds for each additional child (Commission, 2011).

#### Social Security Services for Veterans and their Families

Apart from the importance given to the elderly in England and the social policies created for them, veterans are also given importance. Different social policies have been prepared and implemented for veterans.

The concept of veteran in England is defined as follows: "People who served in the UK Military Forces in normal or secret service units, their widows and other dependents" (Bellis, 2019). Based on this broad definition, the term veteran covers not a person but a veteran community with their widows and dependants. It is thought that this community consists of approximately 10 million people in the country today. This broad mass is dealt with in three groups. They are as follows:

- Those who successfully adapted to civil life in a short time and continued their normal life after their military service career, as the largest group receiving social security service.
- A smaller group consisting of the people who became ill, injured, wounded or the relatives of those lost their lives during military missions.
- A very small group consisting of those who could not adapt to civil life for various reasons as a result of a military mission (Arslan, n.d., pr. 8-9; Bellis, 2019).

These policies, which aim to help military personnel, to make those who take part in the defense of the country feel valued at the country level, and to make them realize the seriousness and responsibility of their work, are presented to veterans and their relatives. These services are carried out by the Veterans Agency organized within the Ministry of Defense and various units organized within the central government (Arslan, n.d., pr. 12-17; Bellis, 2019). Its financing is provided from the funds transferred to organizations providing services related to veterans by the Ministry of Defense, and the Veterans Assistance Fund. These policies are basically divided into three parts:

- Providing a perfect transition to civil life.
- Delivering services to individuals in compliance with their needs by government and volunteer organizations.
- Informing the society about veterans and their services, to ensure their adoption (Arslan, n.d., pr. 23-25; Alexander Bellis, 2019).
- After this general information, it is possible to list the main activities related to veterans as follows:
- Pensions and Indemnities: It is necessary for the individuals to have been disabled, wounded, got ill or their existing problems to have increased while in service in order to be entitled to this right. In addition, it is necessary to prove with documents that these problems occurred during service.
- Social Benefits and Supports: Veterans Advisory and Pensions Committees carry out these activities. In addition, the problems and complaints of the veterans are heard and forwarded to the state units. Veterans Welfare Service was established to raise the living standards of veterans who benefit from pension and indemnity scheme, and to provide support in their transition to civil life. Thanks to the communication and complaints units, veterans can get information about the services offered or to be offered to them via toll-free telephone numbers.
- Special Support Programs: They include issues like priority health services, free prescription service, psychological support services, homelessness service and services for veterans in prison (Arslan, n.d., pr. 28-40; Alexander Bellis, 2019).

It is clearly seen how diverse the social policies are in England. This originates from the high level of development of the country and its being a welfare society. In addition to the policies for the elderly, the country has a special sensitivity to veterans and their relatives; this sensitivity can be seen in the arrangements made for them.

#### Health Expenditure

Health Expenditure, which forms the most important part of the social security systems of England and Turkey, is dealt with and compared based on tables in this part. Tables are taken from the essay by Daştan and Çetinkaya (2015) and OECD data.

#### Table 1. Health Expenditure Per Capita of England and Turkey

| Country | 1980 | 1985 | 1990 | 1995 | 2000 | 2005 | 2010 | 2012 |
|---------|------|------|------|------|------|------|------|------|
|         |      |      |      |      |      |      |      |      |
| England | 467  | 688  | 958  | 1344 | 1827 | 2762 | 3422 | 3289 |
| Turkey  | 69   | 67   | 157  | 178  | 453  | 620  | 1039 | 984  |
| Average | 626  | 913  | 1182 | 1467 | 1885 | 2573 | 3340 | 3500 |

#### Source. OECD Health Data, 2014

The first table includes the data prepared based on USD according to the purchasing power parity of health expenditure per capita of England and Turkey, and OECD countries. When the table is examined, it is seen that the average of Turkey is much lower than the average of OECD countries. The expenditure in England is close to the average.

Table 2. The Share of Total Health Expenditure of England and Turkey in GDP

| <b>u</b> = 1 |      |      |      |      |      |      |      |      |
|--------------|------|------|------|------|------|------|------|------|
| Country      | 1980 | 1985 | 1990 | 1995 | 2000 | 2005 | 2010 | 2012 |
| England      | 5.6  | 5.8  | 5.8  | 6.8  | 7.0  | 8.3  | 9.6  | 9.3  |
| Turkey       | 2.4  | 1.6  | 2.7  | 2.5  | 4.9  | 5.4  | 6.7  | 5.4  |
| Average      | 6.6  | 6.7  | 6.9  | 7.5  | 7.8  | 8.7  | 9.5  | 9.3  |

#### Source. OECD Health Data, 2014

The second table includes the share of total health expenditure of England and Turkey in gross domestic product. England caught up with the average of OECD countries in recent years and passed it in 2010. Turkey lags behind in the share of health expenditure in gross domestic product as it is seen in the previous table. It is observed that the rates of Turkey are lower than the average of both OECD countries and England.

Table 3 shows the percentage of change of total health expenditures of England, Turkey and OECD countries in gross domestic product in general in five-year periods. Turkey displays a more undulating trend compared to England. England displays a positive trend in general.

#### Table 3. The Changes of the Share of Total Health Expenditure in GDP

| Country | 1980- | 1985- | 1990- | 1995- | 2000- | 2005- | 2010- |
|---------|-------|-------|-------|-------|-------|-------|-------|
|         | 85    | 90    | 95    | 2000  | 05    | 10    | 12    |
| England | 3.6   | 0     | 17.2  | 2.9   | 18.6  | 15.7  | -1.1  |
| Turkey  | -33.3 | 68.8  | -7.4  | 96.0  | 10.2  | 3.0   | -4.0  |
| Average | 1.5   | 3.0   | 8.7   | 4.0   | 11.5  | 9.2   | -0.9  |

Source. OECD Health Data, 2014

Acting upon the studies in this field, it is possible to divide health expenditure into two as public health expenditure and personal health expenditure.

### Table 4. The Share of Public Health Expenditure in Total Health Expenditure

| Country  | 1980                          | 1985 | 1990 | 1995 | 2000 | 2005 | 2010 | 2012 |  |  |  |
|----------|-------------------------------|------|------|------|------|------|------|------|--|--|--|
| England  | 89.4                          | 85.8 | 83.6 | 83.9 | 79.1 | 80.9 | 83.5 | 84.0 |  |  |  |
| Turkey   | 29.4                          | 50.6 | 61.0 | 70.3 | 62.9 | 67.8 | 74.7 | 76.8 |  |  |  |
| Average  | 73.2                          | 73.4 | 72.9 | 71.6 | 71.5 | 71.1 | 71.9 | 72.3 |  |  |  |
| <u> </u> | Courses OFCD Hardel Date 2014 |      |      |      |      |      |      |      |  |  |  |

Source. OECD Health Data, 2014

When Table 4 is examined, it is seen that a great percentage of health expenditure in England is made by the public. It is seen that it is more than even 70%, which is the average of OECD countries. The percentages in Turkey are generally between 50.6% and 76.8%.

Table 5. The Share of Personal Health Expenditure in Total Health Expenditure

| -   | Country                      | 1980 | 1985 | 1990 | 1995 | 2000 | 2005 | 2010 | 2012 |  |  |
|-----|------------------------------|------|------|------|------|------|------|------|------|--|--|
|     | England                      | 8.6  | -    | 10.6 | 10.9 | 11.1 | 9.8  | 9.2  | 9.0  |  |  |
|     | Turkey                       | -    | -    | -    | 29.7 | 27.6 | 22.7 | 16.2 | 15.4 |  |  |
|     | Average                      | 19.1 | 20.0 | 18.8 | 20.6 | 20.7 | 19.9 | 19.7 | 19.0 |  |  |
| - 7 | Source OECD Health Date 2014 |      |      |      |      |      |      |      |      |  |  |

#### Source. OECD Health Data, 2014

When Table 5 is examined, it is seen that the personal health expenditure made by the citizens themselves in Turkey is more than that of England. The effect of the citizens' benefitting from private health insurance is seen here. Thanks to England's deep-seated health system, NHS, the citizens make less personal health expenditure. However, it is possible to say easily that this state has changed thanks to the reforms and legislative regulations made recently in health and social security system in Turkey. It is possible to say that a new system in which everybody can benefit from social security system and health expenditure is limited to a small amount of contribution has started in place of those negative states remaining from the past. Thanks to the Integrated Social Assistance System (BSYS) in Turkey, the citizens who do not or cannot pay any social security and health expenditures are met by the state. Various social services are provided free of charge within this framework. (TR Ministry of Family, Labour and Social Policies, 2019).

#### Table 6. General Comparison of Health Systems

| Country                | Per                                      | Health                | Average Life | Infant            | Being Unable to                              | Not                                      |
|------------------------|--|-----------------------|--------------|-------------------|--|--|
|                        | Capita<br>Health<br>Expendi<br>ture (\$) | Expenditu<br>re (GDP) | Expectancy   | Mortality<br>Rate | Get<br>Appointment<br>on the Same<br>Day (%) | Getting<br>Service<br>due to Cost<br>(%) |
| Beveridge<br>Countries | 340<br>1                                 | 9.5                   | 79.9         | 3.2               | 48.5   | 9.5                                      |
| Turkey                 | 984                                      | 5.4                   | 74.6         | 7.4               | -  | -  |

Source. OECD Health Data, 2014

The countries mentioned as "Beveridge Countries" in Table 6 are England, Spain, New Zealand and most Scandinavian countries. When those countries are compared to the current general health insurance system in Turkey, it is seen that they are more developed. Per capita health expenditure in those countries is three times higher than that of Turkey. The rate of health expenditure to the gross domestic product in those countries is about twice higher than that of Turkey. In Beveridge Countries, the average life expectancy is higher and the mortality rate is lower than those of Turkey.

#### 5. Conclusion

Social security practices, which developed in the form of helping the poor,

#### 5. Conclusion

Social security practices, which developed in the form of helping the poor, the needy, the disabled and the homeless, have become an issue of social policy, which countries and governments have taken seriously by enacting laws in several countries of the world, especially in the western countries. England is one of those countries.

The social classes that changed after the industrial revolution affected quickly the concept of social security too; and studies on this subject intensified. The emergence of the industrial revolution in England and the consequent changes in the social structure caused England to be the first country to experience the returns of the changes. Afterwards, other countries enacted laws in this regard and tried to find solutions to the increasing demands and requests of the employees.

Following the social security understanding and related legal developments and practices that developed within the scope of human rights and freedoms that began with Magna Carta, the Poor Law, which was enacted in the early 1600s during the period of Queen Elizabeth I, was adopted in order to prevent workers from migrating from rural life to urban life but after the industrial revolution, it underwent change and covered all workers.

England, which was a pioneer in terms of the arrangements in the social security system compared to the other European states that underwent the industrial revolution, has given increasing importance to the issue of social security since the beginning of the 19th century and has enacted package laws regarding the issue.

England, which established a new social security system in the early 1940s with a special report prepared by the member of parliament William Beveridge, set an example for other countries in this regard. The formation of the National Health Service (NHS), in which health services are provided free of charge, and the employment of policies that encompass all citizens of England, were taken as an example by other countries.

It was concluded after the comparisons and evaluations that the Beveridge Model established with the idea of social welfare state was more comprehensive than the Bismarck Model established in Germany in terms of scope. Continuous reforms, updates and innovations were made in the national social security system along with the Beveridge system in 1970 and afterwards.

England, which is one of the few developed economies of the world, is a country with a high proportion of old people due to its social and demographic structure. This state brought about several social security practices for elderly people in the country.

In addition, due to the wide meaning of the concept of veteran and the title of veteran being valuable in the country, some of the rights and practices offered to the relatives of veterans put the country in a different position in this regard.

It was observed in the light of the findings that the social security system in England differentiated and developed after the Beveridge System.

In our country, three different social security institutions were merged under the umbrella of "Social Security Institution", and all citizens in Turkey were included in the scope of the compulsory health insurance.

The social security system in our country consists of a system that is based on premiums – financed by social insurances and the state - and a system without premiums - financed by social assistance and services. This two-level system is called mixed system.

According to research, 80% of Turkey's population is covered by social security. The Beveridge System is based on ensuring all people in the country. As a result of the latest reforms and legislative regulations in Turkey's social security and social aid system and with the implementation of the Integrated Social Assistance System (BSYS), people can benefit from social security and health services by paying premiums and those who are not within the scope of social security can benefit from them free of charge.

The financing method used in the social security system of our country is to use the premiums paid by the active employees to give to pensioners. This state may lead to negativities in some years as a result of the fluctuations in the economy reflected on the system.

Since there is no reciprocity principle in the Beveridge System, returns are made equally, regardless of the contribution rate of the active employees. However, changes, regulations and improvements have been made in the Beveridge System by different governments over time.

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