



Szent István University

Doctoral School of Management and Business Administration

**A comparative study between social policy in Qatar and
social policy in the developed countries of Europe: with
special focus on old age care in Qatar and Hungary**

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1. INTRODUCTION

1. 1. The study problem

Humans are social beings. One of the most important field and activity of our lives is the creation, maintenance and improvement of relationships with other people. Caring people is one of the most basic values and instincts of all human beings regardless their religion or traditions. It can be seen as an organizing idea of humans living together – caring, cooperating and communicating in very sophisticated ways are among the main distinctive features of human beings from the nature. All over the course of human history, the idea and practice of mutual cooperation, support, and nursing of those who are considered to be near to us have been around. Up until recently, family used to be considered the smallest and most important building bloc of society, irrespective of civilization or location. Throughout the long centuries of history, larger and larger human populations started to claim to be of same roots and belonging to each other which lead to the creation of the concept of modern nation. This progress necessarily came in parallel with the institutionalization of human relations and caring of those belonging to the same community.

Rooted firmly in Christianity and building on the conception of solidarity and selfless support of others, European and North American countries are seen as flagships of the continuous improvement of social care. Their social care spending is by far the highest all over the world. Social care and benefits have become central issues of public awareness in the Western World and are influencing factors of high politics. Thanks to globalization, improvement of technology and flow of information around the globe, masses of people living in other parts of the world have started to long for higher living standards and the security of this higher living standard.

If we take a look at the world map of social care, we find that there exist several types of unrelated models which share some common features but are in many aspects different from each other. Finding the basic assumptions on which these social care systems rely on is something that has not been in the focus of the literature of this field, therefore problematizing and theorizing the social care system in Qatar with relation to the European origins of modern social care systems constitute the main contribution of this work to the field.

1. 2. The research scopes – defining social care

Social care basically means the provision of any kind of support for individuals irrespective of their gender, age, abilities or social status, in order to enable them to live a more enjoyable life and to proceed towards self-fulfilment.

Social care has a twofold vision. First, it stands for enabling the individual to find support provided by the community the individual belongs to, in case of hardships arising in any stages of life. Second, it aims at a more equal society by the reduction of differences between living standards of people.

Generally, there is a differentiation between two sub segments of social care: private and public social care. Private social care is concerned with any effort exerted by an individual or a group of individuals upon the improvement of the life quality of someone else, driven by religious or any other kind of personal motivation. Public social care, however, refers to the institutional-

zed form of social care, where the role of supporting the individual in any case of harm or problem is undertaken by the state. Notwithstanding, both branches of social care would be worth examining in detail, however, the subject of research is confined to the discussion of public social care as the “Western” and the Qatari social care systems belong to the public form of social care provision.

Without aiming at the disclosure of a complete list, some fields of public social assistance and related examples are listed here:

- health (sick pay, accident allowance, disability allowance)
- old age (pension, free transportation of pensioners)
- job and career (unemployment benefit, entrepreneurial allowance, job searching benefit before pension)
- family and relatives (housing provision, child care, family allowance, orphan care, widow’s pension)
- education support (state scholarships, loans), etc.

1. 3. Study objectives and the main hypotheses

This research focuses on public social care, and more specifically on the examination of two selected social care models. The first model discussed is the one applied in the European Union, while the second one is the model applied in the state of Qatar. The first one represents the most original way of development in modern social care services (social care systems of the developed countries) – a basis that every newly developing social care system have to build upon. However, this assumption can be problematic in practice as societies with different (economic, governmental, social and cultural) background try to follow this model. The Qatari model signifies these dilemmas; however, it not only provides an interesting case that is from a different culture than the European, it is supposed to have one of the best financial background due to Qatar’s favourable economic position.

By the larger scope, my aim is to relate the Qatari social care system to the original, “Western” type social care and in that framework, highlight the best practices useful for the development of the Qatari system. For a more nuanced analysis, I had to focus my attention only to one country that is Hungary having a Western orientation, but “Eastern” legacies as well, just like Qatar has. Besides, this limitation makes the comparison more balanced (a comparison between two countries in general and in a specific area of social care, namely elderly care) and I had the possibility to collect more data only on the Hungarian case.

Besides the detailed description and analysis of the two models, I am addressing the question of effectiveness and quality of these models. I am searching for answers about how these features of each model could be improved, learning from the strengths and weaknesses of the other model.

Concerning these complex issues mentioned above, I outline the following hypotheses:

- H1: I try to prove that different approach is needed when we attempt to tackle the question of social care in Qatar than in Europe. In practice, the same way of thinking in the Gulf countries and in Europe cannot be effective and suitable to the local situation. Western social care practices might be partly applicable to the situation in Qatar, however, local cul-

ture, social values, economic and administrative practices and constraints always influence these attempts that finally end up in a “distorted” application of external practices.

- H2: High amount of money is involved in the maintenance of the Qatari social care system, it does not necessarily mean success. The rapid development cannot be digested by a relatively conservative society, social initiatives will not formulate themselves in an organic way even if they are well-financed.
- H3: Social care systems are deeply rooted in the local historical and cultural environment; therefore, societies have differing views on what belongs to the realm of social care and what is the role of the state and the individuals in the maintenance of these systems.
- H4: Contrary to these differences listed above, there is a significant volume of commonalities that make the two models comparable. Qatari social care and governmental planning largely relies on European (and Western, in general) social and governmental experiences not only by following the “trend” itself, but through the application of European counsel and staff in the renovation of the Qatari society.

1. 4. Methods of analysis

In order to underpin the evidences of my statements, I will use historical arguments thus identifying the relevance of values and traditions in the construction of different social care systems. Since this dissertation contains a significant part on the analysis of the European social care system, I apply the method of comparative analysis (by applying comparative analysis) when it comes to the evaluation of the Qatari and European social care.

Since the uniqueness of this work lies in the comparative assessment between the two models (Qatar and Europe and Hungary, specifically) and there has been no such a work in the field before, I review the existing literature and datasets at each subtopic where they have the biggest relevance.

The comparative method is utilized in chapter 4, where I chose a specific area of social care for analysis, namely the elderly care. This area of research serves as the main mean of empirical comparison between Hungary and Qatar. To this end, I rely on previous empirical research on home care services in these countries. By doing so, my aims are the following:

The analysis enables to draw lessons from successes and failures of these two different systems and can assist policy makers in the formulation of adequate responses to the existing and upcoming challenges. This research also brings forward recommendations by focusing on aspects that can be improved.

I argue that the idea of human rights and their application can provide an improvement not only in interpersonal relations but with regard to state–citizen respects as well. This process of development is in the modern states’ own interest and essential to build a better society. Although universal human rights are products of modern times, I believe they are the determinants of future, a scale should be applied to the everyday requirements of modern societies.

1. 5. Structure of the dissertation

As for the main body of the text, the dissertation consists of four chapters and is summed up with the conclusion and recommendations.

The first part of the second chapter (literature review) is devoted to the detailed introduction and evaluation of the European Social Model. Due to its increasing significance regarding Europe's future in light of aging and migration, this model is heavily and widely researched. Researchers treat the 'European Social Model' as an umbrella term rather than one referring to an organic entity, because following Esping-Andersen's seminal work on this issue, there are four clearly separable variations in existence, covering different regions of the continent. Besides the history of social care on this continent, these model variations, namely the Nordic, the Anglo-Saxon, Mediterranean and Continental models are discussed one by one. The chapter is concluded by the general evaluation of the European social care, touching on all positive and negative aspects which can be identified, in addition to the challenges of the future.

In the second part of the second chapter, the social care model applied in the state of Qatar is examined. Throughout this part of the dissertation – in a similar manner to the previous chapter – numerous aspects are discussed, including: its history and its connection to the cultural and religious background, its underlying principles, its different fields, its operations and administrative challenges, the envisioned goals and the predictable challenges which are likely to appear in the short or long term, in addition to the model's strengths and weaknesses.

In the framework of the fourth chapter, the comparison of two models takes place, listing all significant similarities and differences between them. The question of the dissertation will be brought into focus here: in what sense or to what extent can the European social care model applied to Qatar. Also, I raise the question of what lesson learnt from the European experience of social care systems. In this chapter, it will be revealed to what extent the cultural and religious values and historical background contribute to the current status of social care both in Europe and in Qatar. For a more specific understanding of the situation, I chose Hungary as a country and elderly care as a special field of social care for qualitative analysis. I resorted to an analysis of this comparison by adopting economic and social indicators in these countries.

Based on the findings revealed in chapter four, chapter five stands for meaningful proposals aiming to improve the effectiveness and quality of the social care models analysed above. These proposals are designed to contribute to the enhancement of both the European and Qatari models through a comprehensive understanding of which factors are worth paying extra attention and which are irrelevant when it comes to planning for the future.

2. LITERATURE REVIEW

2. 1. Social Care in Western Europe

Interstate rivalry in Europe fostered technological development in the continent, especially in the Western part that was more open to natural resources coming from the colonies. The revolution of technology and constant power game induced a conceptual change in the role of states leading to the establishment of an extended administrative staff dealing not only with strictly state affairs but with related social issues as well.

Public social care services have been always connected to a certain level of populist policies. States and societies have been constrained by huge demographic boom that the cities had to encounter. Organizing life and ways of cohabitation in the early modern Europe needed intervention from the ruler – as more and more people were involved in the society affecting political decisions, the rulers had to gain and resort to the sympathy of the lower classes as they could constitute an existential threat to their rules in case of deprivation and social anxieties.

The main idea behind the eligibility of certain services of the state is the notion of citizenship in the Western societies. The importance of citizenship can be seen by its division into three parts as T. H. Marshall offers: civil, political and social (Marshall, 1950:10). Social rights together with economic and cultural rights are part of an independent group of rights. In the legal system, the emergence of this so called second generation of rights is the outcome of growing expansion of the state. In reality, the level of quality of social care is always relative meaning that it cannot be measured on absolute standards. Therefore, the state has the right to interpret social care dynamically, in accordance with the disposable material goods.

By the development of social rights and social care activities, the most important elements of social rights are:

- social security (social insurance, social help and health insurance)
- rights to protect vulnerable groups
- defending the rights of workers
- right to residence

Some critics of the welfare systems contended that the aid itself has been serving as a conservative tool for managing the society, therefore helping to maintain the traditional integrity of the family without querying the role of male breadwinner and by the subordination of the role of women (Darity, 2008:632). Regarding the gender aspect, it must be mentioned that in general, the practitioners of public services are mainly women, but the administration of charity is placed firmly in the hands of men (Parrot, 2001:27).

It is obvious that the primary role of the European project was to increase the openness of the markets (The Search for Europe 2015:130). The question is that by now, whether the Union intends to overcome this idea or remain only a common market with some common elements of social policy and redistribution. In my opinion, the problem lies in the nature of social policy: states tend to keep the means of redistribution and care with the people in their own hands, since it gives them the legitimacy and robustness to be state-like. It is therefore a structural problem: states are not interested in reducing their own role neither at home or in the

international arena. Thus, we can see that the idea of social care and protection is one of the most politicized areas of social interactions in Europe.

As a result, the EU is composed of diverse policy traditions and institutional arrangements. Member States have various welfare regimes and values, making it difficult to reach consensus to adopt policies. Sometimes the directives accepted had limited influence on the development of national social care systems, but they are considered important on the community level.

Researchers treat the 'European Social Model' as an umbrella term rather than one referring to an organic entity, because there are four clearly separable variations in existence, each covering different regions of the continent. These model variations, namely the Nordic, the Anglo-Saxon, Mediterranean and Continental models are discussed one by one together with the history of social care of all the relevant countries including Hungary as well (Esping, 1990).

As for the contemporary social challenges for the European economy and society, the social composition of the continent has changed inevitably. Despite the multicultural character of the Western European cities, the harmonious social cohabitation between the migrants and the local population could not be realized. Social, economic and cultural rifts led to the emergence of parallel societies in many Western European countries.

Historically, educational system and gender equality has been the primary channels of integration in Europe, but these "equalizing" attempts tend to fail in managing cultural diversity caused by the immigration of people having non-European origin and cultural affiliations. This is where nation state becomes important again, because it seems that extending social rights to members of lower classes of the same nation is one thing (and in most of the Western countries it was a successful process), but the massive migration undermines the common basis of citizenship that has been evolved as a result of hundreds of years of "organic" development.

The "discovery" and analysis of old age as a phenomenon in human life and its societal recognition is the result of the social processes of the 20th century (Hareven, 2000:219). The long process of ageing became a common social "experience", old people nowadays constitute not only a generation, but a social category as well. This new approach increases the importance of relatively new realms of social care such as long-term care and "gerontechnology" meaning the practical use of intelligent assistance systems in the help of elderly people. To address the questions and conditions of old people, there are expectations that take the emergence of pensioner parties into account in the future political arena of Europe.

The ordinariness of oldness has caused a shift in the emphasis of social care: with the dramatic rise of pensioners, the generational approach in the basically health and poor-centred social care appeared. The separation among generations has taken place in Europe with regard not only to set of values and technology, but physically as well. As a consequence, nowadays multigenerational households are absolutely not common in Europe (Fargion, 2000:61).

Another generational challenge is coming from changes in the traditional household structure: the emancipation of women and their participation in the labour market implied decreasing attention for child-care in families. Thus, for these women having good position in the labour market and having a baby at the same time became a very demanding task (Fargion, 2000:60).

Globalization and the emergence of international trade to the world level factually pose serious challenge to the international competitiveness of the continent. The expansion of world trade coincided with the era of decreasing growth in the European Economic Community, and as a result, European companies started to outsource their activities to non-European markets leaving the local labour without occupation. (This is, however, not only a European phenomenon.) The process of automatization in certain sectors of labour market has been holding serious challenges for the “traditional” work-based societies. A significant amount of substitution of workforce will bring a new system of social distribution.

Nordic model	male breadwinner model employment-based insurance
well-developed services central role of the state in public services and locality at the same time inclusivity and universalism emphasis on gender equality (female employment) transparency	enhancing conservative social layout
large taxpayer contribution constantly needs full employment	exclusion of certain groups
Nordic countries will most probably maintain their economic momentum social justice can be maintained	Mediterranean model
demographic challenge can alter the labour market and lead to social frictions	family-centeredness (multigenerational) health and social care by relatives high pensions strong role of trade unions
	conditioned access to formal care too high dependency on family support lack of universalism
	enhancing conservative social layout
Anglo-Saxon model	economic instability youth unemployment
lower tax rates increased role of individual responsibility	
individuals can be more exposed to the risk of exclusion lack of universalism weakness of trade unions	East European model
develop an individually responsible society where the focus is on the local initiatives that may replace the role of government in welfare distribution	strong welfare tradition universalism strong insurance tradition
high income dispersion large portion of low-wage employments	ineffectiveness discrimination transformation crisis (mixture of reform directions) low level of social solidarity
	these countries can apply the best practices from Europe
Continental model	social services may become means of populism and politics
social insurance system built on the traditional role of family statism, corporativism strong trade unions	

Table 1. These tables summarize the Comparative analysis for the evaluation of European social care models. Compiled by the author

According to Lipset and Rokkan (Lipset, 1967) there were four substantial cleavages in Europe in the '50s and '60s: stockholders and employers; urban people and peasants; secularists and religious people; and centrum-periphery in the society. By now, we can see the erosion of these structures; these categories are not really the agendas for policy-making with the exception of centrum-periphery distinctions that are still causing significant disparity among regions and member states.

Broadly speaking, we may distinguish between economic, fiscal, and demographic pressures, all of which challenge the sustainability of national pension arrangements (Schludi, 2005:13). There are political hindrances to implement sustainable reforms: governments generally do not intend to make commitment to one strategic direction, because the implementation process is always longer than the political payback period of the reforms. A comprehensive reform has to cope with serious institutional obstacles as well: welfare states oftentimes remain “immovable objects” and “immune to change” (Kersbergen, 2014:23).

2. 2. Social Care in Qatar

The form of governance in Qatar was characterized in many ways in the literature, such as “rentier state”, “pluralized autocracy”, “tribal democracy”, “soft authoritarianism”. From the point of view of this dissertation project, I phrase the term “welfare autocracy” that implies the aim of the leadership to create a sustainable welfare state as it is expressed in the Qatar National Vision 2030 (published in 2008) and the style of governance that relies on the un-challenged constitutional power of the emir. The main aim of the Qatar National Vision 2030 is to lead the transformation of the society to the modern times and prepare the country for an era without natural gas. The current situation in Qatar is particularly interesting from the perspective of the ongoing social experiment that is a well-defined transformation process coordinated from above and has theoretically the necessary financial resources to be fully implemented. At the same time, however, building state capacities and society-wide reforms is a challenging task for any country, since the outside world is also constantly undergoing change that is to a certain degree necessary to be adopted on the domestic level. As the examination of changes provides the best way of scientific inquiry, analysing a traditional society in transition to a modern one is the most important aim of this part of the dissertation. Finding possible answers for the challenges of this transformation process is the reason why the Qatari social care system has to be compared with the most developed social care systems of Europe.

Institutionalization occurred around the existing leader in a top-down manner resulting in high level of personalization and lacking any popular initiatives (or revolution) that could have shaped the administrative system (its traditions, aims, resources, structure) in a different way. As Fromherz describes, Qatar is like “a corporation with the Sheikh as CEO” (Biygautane, 2016:15). Beyond some political institutions, there is no formal possibility of popular opinion-making on the issue of distribution of wealth by the government. There are no parties in Qatar and the civil society has a weak role in organizing the people. Majority of the local organizations are government funded (Biygautane, 2016:8) therefore they belong to the category of GONGO (Government-organized non-governmental organization).

Different categorizations highlighted the different aspects of the Qatari political traditions. Hisham Sharabi developed the concept of neopatriarchal state meaning that the state relies on

both modern (Western) and traditional (Middle Eastern or local) institutions and social relationships to maintain itself and its control over the population (Karshenas, 2006:223). Neopatriarchal countries might be the signatories of international conventions on human rights issues, but in practice, the application of these Western-based value systems is often inhibited by the dominance of local regulations. “Political tribalism” is a concept of governance in societies with tribal origin and based on the assumption that the relations between the actors both within the state and outside the state structure are influenced by the old patterns in which kinship is the determinant of the distribution of economic and social resources (Gulf Societies in Transition, 2016:8).

The well-secured and outsourced defence of Qatar makes it possible for the country to avoid the militaristic approach and concentrate more on civil policy issues. Even if Qatar sometimes seems to be isolated politically, the political leadership of the country has good relations with those powers (USA, China) that play a crucial role in Qatari security and economy. The huge financial resources of the country contribute to this “enlarged” and influential position that Qatar plays in the global arena.

Qatar’s Human Development Index (referred as HDI) value for 2017 is 0.856—which places the country in the “very high human development” category—positioning it at 37 out of 189 countries and territories. Between 1990 and 2017, Qatar’s HDI value increased from 0.754 to 0.856, that is an increase of 13.5 percent (Human Development Indices and Indicators, n.d.). If the HDI is analysed from gender perspective, the differences in males and females are striking. It is in correlation with the higher Gross National Income (GNI) attributed to men as they partake in the labour market more significantly than women. However, males are more underrepresented in the education as their dropout rate is higher. The reason is that males are expected to hold an office (mainly in the public sphere) as soon as possible in order to provide the family with the necessary financial background.

Currently, the Qatari economy is highly dependent on the export of raw materials (oil and gas) and the import of goods and services for its own citizens. Building an economy based on import substitution (meaning that developing a more or less self-sustainable economy that produces the necessary goods and services locally) is problematic due to the limited size of the local market (2.7 million people) that makes the attempts of domestic industrial development uneconomic. As a consequence, it must be accepted both for the leadership and the population that Qatar cannot be a self-sufficient country, it will always need resources coming from outside. Translated to the social sphere, this economic reality means that openness of the Qatari society as a basic value is a must and any attempt of the locals to act against this basic fact is equal to suicide.

Unfortunately, economic and social data in Qatar is not always available, up-to-date and consistent to a degree as they are in Western Europe, therefore the researcher has to cope with the problems by relying on biased data or no specific data at all. Lack of precise information about expenditures, investments and so on renders it difficult to evaluate the performance of the government (al-Yousef, 2016:264). This situation is due to the non-Western traditions in business culture and the state’s influence and interests in the economy that does not always consider accountability and market audition important criteria of economic performance.

The literature regards the Qatari economic system as state capitalism, in which the market share of the state is more than any other economic actors combined. In this system, there is no absolute dominance of the state over the market, but as the largest investor and employer, the state is capable of defining the basic mechanisms of the market. Therefore, it can be regarded as a kind of controlled capitalism.

Due to the high number of people with ethnically and religiously diverse background coming to work to Qatar, the population of the country can be described by several, overlapping social structure systems. None of these systems can be applied universally to describe the existing social conditions in Qatar:

1. Islamic universalism that advocates for the unity of the *umma* and prefers no distinction along national or cultural lines.
2. Hierarchy of the Indian caste system that is connected to the migrant society with Indian and Southeast Asian origin
3. Tribalism as a tradition coming from the pre-Islamic period, but in fact has been influencing the whole history of the local Arab population
4. Western-style democratic pluralism as an ideal that has taken root recently but seems to be not applicable to the local conditions (Nagy, 2006:122).

Keeping possible social tensions at bay and ensuring social security and well-being of the Qatari citizens pose huge challenges to the government and resulted in the massive utilization of the so-called *kafaala* system. This defines the employer–employee relationship in the GCC countries and provides the legal framework for migrants for residency and employment. “Unlike in the USA and Europe, where migrant workers can eventually become permanent residents and naturalized citizens, immigration in the GCC countries offers no path to permanent naturalization” (Diop, 2012:175). In the modern-day state capitalist environment of Qatar, these guests of the country come to satisfy the demand for labour, consequently, the *kafaala* system changed its earlier features to serve three targets. First, to provide entry for the migrant worker, second, to be responsible for the workers working and living conditions, third, to provide permission for the worker to exit the country (Diop, 2015:119). The *kafaala* system attaches the foreign worker to a particular position and renders the *kaafil* as the primary representative of the worker in front of the public institutions (Gardner, 2013: 7). *Kafaala* is in between law and custom, as only a few issues are regulated in a form of law.

In Qatari environment, social integration is not the target of “minority policies” of the state. Instead, the state of Qatar promotes a peaceful segregation of communities contradicting the Western values of eliminating the processes of segregation (Vora, 2015: 549). This system is based on a belief that people with different background needs a different environment that may provide them the opportunity to live together in their own communities. This way of separation creates less tension between individuals, however, leads to the formation of parallel societies (that still cooperate through the economic interests of the members). It is a different style of inclusivity as it operates not in a liberal sense that is still dominant in the European public discourses.

Qatar has the highest HDI in the Middle East being the 36th out of 187 countries, (Morakabati, 2014: 419) thus having a good basis for producing meaningful results in the fields of education, research and development (R&D). In spite of the huge amount of money that these areas received in the last two decades, the “culture of education” is still something in which the Qatari society lags behind the more moderately funded, but traditional Western educational and research institutions.

To build an innovative and knowledge-centred society, Qatar needs to become a place with a culture that supports creativity. Fostering creativity is indispensable for producing successful innovations. Achieving the development of knowledge economy needs more than just financial incentives and a massive incorporation of both local citizens and high-skilled expatriates.

The 2017 Legatum Prosperity comprehensively reviewed the healthcare systems according to basic mental and physical health, health infrastructure and the availability of preventative care. The Qatar Health System was rated 13th best in the world among 149 countries in that year and also ranked 1st in the Middle East. The Qatar Health System ranking has improved in the past ten years from 27th to 13th. (The Legatum Prosperity Index 2017)

In Muslim societies, there are clear-cut roles of the two genders, therefore everybody is aware of his or her social position and role as there are no overlapping fields of responsibilities, a factor that might contribute to decreasing the intra-family conflicts. Together with the general disapproval of divorce, this can be a reason for a smaller number of divorces than in Western societies. Nevertheless, the different roles and therefore rights that the two genders have in the sense of traditional Muslim law cause a serious contradiction with the universality criterion that is the central notion of any social policy in a Western sense (meaning that social policy is to ensure social equity) (Karshenas, 2006:224).

3. RESULTS

The following points summarize the most general results of the literature review and comparative study (description of the European and the Qatari social model).

- Different approach is needed when we attempt to tackle the question of social care in Qatar than in Europe. In practice, the same way of thinking in the Gulf countries and in Europe cannot be effective and suitable to the local situation. Qatar is a conservative country of high oil revenues and has a society consisting largely of migrants and young Qataris. These basic differences from Western Europe constitute totally new challenges for the country. Western social care practices might be partly applicable to the situation in Qatar, however, local culture, social values, economic and administrative practices and constraints always influence these attempts that finally end up in a distorted application of external practices.
- High amount of money is involved in the maintenance of the Qatari social care system, it does not necessarily mean success. The rapid development cannot be digested by a relatively conservative society, social initiatives will not formulate themselves in an organic way even if they are well-financed. The differences can be seen by statistical means: per capita income, GDP, cost of services, the measure of financial support by the state.
- Although social care as scientific field can be generalized and analysed in different countries and cultures, social care systems are deeply rooted in the local historical and cultural environment, therefore societies have differing views on what belongs to the realm of social care and what is the role of the state and the individuals in the maintenance of these systems.
- Contrary to these differences listed above, there is a significant volume of commonalities that make the two models comparable. Qatari social care and governmental planning largely relies on European (and Western, in general) social and governmental experiences not only by following the “trend” by itself, but through the application of European counsel and staff in the renovation of the Qatari society.

4.MATERIALS AND METHODS

4.1. Comparing two models: Europe and Qatar

Table 2: Two models: similarities and differences between Europe and Qatar

Territory	Historically	Politically	Socially	Economically
Europe	<ul style="list-style-type: none"> - richer history - oldest continent - stemmed in the world of middle ages when Christianity dominated the public sphere - civic and industrial revolution - realized the destruction of two world wars 	<ul style="list-style-type: none"> - the idea of nationalism as the identity for the whole community - govern itself by putting emphasis on local initiatives - parties taking part in political sphere 	<ul style="list-style-type: none"> - comprehensive and inclusive social care - reaches high degree of organization and service level - highly urbanized - classification of society based on income distribution (every citizen has access to decision making on economic, social, cultural and political) - dual earner model - gender equality - high human development category 	<ul style="list-style-type: none"> - competition of capitalist actors (free market) - internal resources from the taxes - spends significant part of GDP on public services - steady economic growth and general welfare
Qatar	<ul style="list-style-type: none"> - living in harsh conditions in the past - Islam dominated the public sphere - without large internal conflicts or external wars - in state coordination period 	<ul style="list-style-type: none"> - political rights are a marginal issue in Qatar - discourse revolves around the economic and social sides of welfare not on political foundation - the state (the leadership) is responsible for all regulations and legislations 	<ul style="list-style-type: none"> - exclusive social care only for Qatari citizens - highly influenced by the traditions and local customs - highly urbanized - political power and kinship are the most important to classification of the society - male breadwinner model - inactive women in labour force - high level of HDI 	<ul style="list-style-type: none"> - highest GDP based on income coming from natural resources (oil and gas) - lack of internal material supports (in the form of taxes) - the government spending is below 30% of GDP on social services - capitalist market restricted by the state - highly reliant on migrant labour

Source: Table prepared by the researcher according to the literature review.

4.2 A comparative study of elderly care in Qatar and Hungary

4.2.1. Ageing and elderly care in general

- Rapid population growth resulted an increasing number of elderly people – a relatively new feature in the history of humankind.
- Ageing has been one of the central themes in the study of demography and social policy nexus.
- Ageing in general is considered as a challenge or a problem in the modern societies, and it is only rarely mentioned that ageing in fact is a huge achievement both for the present and the future generations.
- As older people tend to have more problems with basic activities in their everyday life, elderly care services offered by the state, or non-state institutions have to deal with the possible challenges that ageing might entails:
 - need for informal caregivers (higher reliance on family members)
 - increased importance of formal care
 - need for long-term care (LTC)
 - higher widowhood prevalence among older women
 - increased trend of living alone
 - increased trend of living with dementia and other mental illnesses

4.2.2. Statistical data on Hungarian elderly care

- Hungary has a highly unfavourable position as the birth rate is very low (1.44 children for a woman in 2015).
- Hungarian population, leading to one of the highest old-age dependency ratios in Europe.
- According to forecasts, by 2050 the proportion of persons over the age of 65 will reach 30%.
- According to the 2009 health survey of the population (ELEF), 93% of pensioners, including also younger old persons, reported having a chronic illness.
- In 2014, 90,311 persons received residential care:
- In Hungary, long-term care expenditure as a share of the GDP is among the lowest (0.5%) in OECD countries. (Széman, 2015:246).
- Hungarian social care system is highly overburdened, as the past 20 years saw a three-fold increase in the number of recipients (from 44,449 to 132,985 people in 1995 and 2014, respectively).

- Workers serving demand increased minimally: their total number was 12,448 persons in 1995 and 14,946 in 2014.
- In 2015 as the Hungarian government launched its huge public employment program the number of employees in the social service sector has increased.
- The employment of untrained and unskilled labour in this sector will have its consequences.
- While wages are on the rise concerning the total economy, wages of social and health services workers decreased in relative sense since 2008.

4.2. 3. Elderly care in Qatar – data and analysis

- The statistics indicate growth in Qatar population of both male and female.
- It is evident that the overall death rate significantly decreases from 2007. This in return, indicates that there is an increased life expectancy due to socio-economic change, reduction in fertility rate and significant changes in family structures.
- There is an increased growth in life expectancy of Qatari citizens and with citizens living longer, there is bound to be pressure on those providing support to the elderly.
- Elderly care also involves the government directly: elderly citizens (defined as “anyone over sixty years of age and has no source of income sufficient to live”)
- Elderly people who were previously employed by the government, are entitled to receive a pension and can also apply for social security aid to the Ministry of Administrative Development, Labour and Social Affairs for assistance.
- Non-Qatari citizens are not entitled to receive any formal assistance from the government beyond subsidized medications.
- Due to the relatively new phenomenon, the home health care services in Qatar are “fragmented across primary and tertiary health organizations and small community organizations.
- Elderly care is defined as an important pillar in official documents. (National Development Strategy 2011-2016) The Population Policy of the State of Qatar 2017-2022 has stipulated the specific goals for the improvement in caring for elderly persons.
- Qatar has seen a vast economic growth in the health care system with new hospitals being used to provide elderly citizens with medical care through hospitalization.
- Elderly People Care (IHSAN) was founded to provide an organization that focusses on the elderly and disabled citizens of Qatar.
- The Primary Health Care Corporation (PHCC) was established as an independent corporation in 2012 as the state-owned Primary Healthcare Provider. The PHCC is operating through 23 primary health care centres distributed into three regions. PHCC has around 5300 employees in 2016 and served 2.5 million visitors in the same year. The institution recorded 84,761 home healthcare visits in 2016 and 98% of the recipients were satisfied.
- Women in Qatar are seen as the main source for care and emotional support.
- Qatari citizens place a high regard on religion and cultural standards that stipulates that the younger generations should take care of their elders and to avoid a stigma where elderly relatives are placed in nursing homes.

- Its values are expected to break up in line with the demographic change and as a result of modernization and globalization.
- Qatar has seen a growth in the participation of women in the labour force and this may negatively affect informal care providers as being unavailable to take care of elderly family members.

4.3. Statistical analysis of the economic indicators in the Qatari environment compared to the Hungarian environment.

In order to enhance the results of the comparison between the State of Qatar and Hungary in terms of social policies, I resorted to an analysis of this comparison by adopting indicators from the reality of the economies of these countries, within three levels of economic indicators and growth indicators and other indicators. for a period of 5 years from 2013 to 2017. The following tables show the computational mean of these indicators by Qatari and Hungarian test environment.

Table 3: Indicators for the State of Qatar

Economic indicators:						
		2013	2014	2015	2016	2017
1.	Annual income per capita	68899.5	67901.2	67277.2	66410.8	65696.39 ¹
2.	GNP (PPP billion USD)	270.7194	288.6747	309.5855	325.216	337.9694 ²
3.	Export rate to GDP (%)	72.718	67.998	56.056	47.489	n.a. ³
4.	Import rate to GDP (%)	29.665	31.036	36	41.625	n.a. ⁴
5.	Debt rate to GDP (%)	33.1	32.3	34.9	56.5	54.4 ⁵

Development Indicators:						
		2013	2014	2015	2016	2017
1.	Government expenditure on health (% of GDP)	2.1	2.4	3.1	n.a.	n.a. ⁶
2.	Government expenditure on education (% of GDP)	4.1	3.6	n.a.	n.a.	n.a. ⁷
3.	Inequality in income (%)	n.a.	n.a.	n.a.	n.a.	n.a. ⁸

¹ <https://tradingeconomics.com/qatar/gdp-per-capita>

² Source: World Bank

³ Source: World Bank

⁴ Source: World Bank

⁵ <https://tradingeconomics.com/qatar/government-debt-to-gdp>

⁶ <http://hdr.undp.org/en/data>

⁷ <http://hdr.undp.org/en/data>

⁸ No data on inequality related questions in Qatar. <http://hdr.undp.org/en/data>

4.	Human security / Homicide rate (per 100,000 people)	0.4	0.4	n.a.	n.a.	n. a ⁹
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Other indicators:						
		2013	2014	2015	2016	2017
1.	The Index of Economic Freedom(%)	71.2	70.8	70.7	73.1	72.6 ¹⁰
2.	Transparency index (Corruption Perception Index)	68	69	71	61	65 ¹¹
3.	Financial corruption index = Transparency Index	68	69	71	61	65
4.	Press Freedom Index	67	67	69	70	n.a. ¹²
5.	Human Development Index	0.854	0.853	0.854	0.855	0.856 ¹³

Source: Table prepared by the researcher.

Table 4: Indicators for the State of Hungary

Economic indicators:						
		2013	2014	2015	2016	2017
1.	Annual income per capita	13509.92	14119.07	14629.24	14997.2	15647.85 ¹⁴
2.	GNP (PPP billion USD)	234.8	239.9	243	247.4	266.2 ¹⁵
3.	Export rate to GDP (%)	85.659	87.654	90.213	89.537	90.09 ¹⁶
4.	Import rate to GDP (%)	78.684	81.269	81.353	79.456	82.27 ¹⁷
5.	Debt rate to GDP (%)	76.6	76.6	76.7	76	73.6 ¹⁸

Development Indicators:						
		2013	2014	2015	2016	2017

⁹ <http://hdr.undp.org/en/data>

¹⁰ <https://www.heritage.org/index/visualize>

¹¹ https://www.transparency.org/news/feature/corruption_perceptions_index_2017?gclid=CjwKCAiAuMTfBRACeIwAV4SDkeKkxzKnRcrGYmVrpwe2-ExcrqbNU2TO9soOcJPhqDVu0LI2lSmlohoCXG4QAvD_BwE

¹² <https://freedomhouse.org/report-types/freedom-press>

¹³ <http://hdr.undp.org/en/data>

¹⁴ <https://tradingeconomics.com/hungary/government-debt-to-gdp>

¹⁵ Source: World Bank

¹⁶ Source: World Bank

¹⁷ Source: World Bank

¹⁸ <https://tradingeconomics.com/hungary/government-debt-to-gdp>

1.	Government expenditure on health (% of GDP)	7.3	7.1	7.2	n.a.	n.a. ¹⁹
2.	Government expenditure on education (% of GDP)	4.2	4.6	n.a.	n. a	n.a. ²⁰
3.	Inequality in income (%)	13.1	12.6	14.6	15.5	15.2
4.	Human security / Homicide rate (per 100,000 people)	1.6	1.5	2.3	2.1	n.a. ²¹

Other indicators:						
		2013	2014	2015	2016	2017
1.	The Index of Economic Freedom (%)	67.0	66.8	66.0	65.8	66.7 ²²
2.	Transparency index (Corruption Perception Index)	54	54	51	48	45 ²³
3.	Financial corruption index = Transparency Index	54	54	51	48	45
4.	Press Freedom Index	36	35	37	40	44 ²⁴
5.	Human Development Index	0.835	0.833	0.834	0.835	0.838 ²⁵

Source: Table prepared by the researcher.

Table 5. The economic mean of economic indicators in the Qatari environment compared to the Hungarian environment

N	Indicators	Qatar	Hungary
1	Annual income per capita	67237.02	14580.66
2	GNP (PPP billion USD)	306.433	246.26
3	Export rate to GDP (%)	58.35	88.6306
4	Import rate to GDP (%)	35.9902	80.6064
5	Debt rate to GDP (%)	42.24	75.9

Source: Table prepared by the researcher, according to the data analysis results.

¹⁹ <http://hdr.undp.org/en/data>

²⁰ <http://hdr.undp.org/en/data>

²¹ <http://hdr.undp.org/en/data>

²² <https://www.heritage.org/index/visualize>

²³ https://www.transparency.org/news/feature/corruption_perceptions_index_2017

²⁴ <https://freedomhouse.org/report-types/freedom-press>

²⁵ <http://hdr.undp.org/en/data>

Table 5 shows that income per capita indicating that the average per capita income in Qatar in a given year is five times better than Hungary (Average per capita income by dividing the total income of the state on its total population). This economic advantage enhances GDP, is better in Qatar than Hungary, while the export-to-GDP ratio is more than 88% higher for Hungary than 58% for Qatar, as is the ratio of imports to GDP. While the debt-to-GDP ratio is the best in Qatar, at 42% compared with 76% in Hungary. In general, these indicators favour the economies of the State of Qatar in significantly strengthening its social policy compared to Hungary.

Table 6. The Development Indicators in the Qatari Environment Compared to the Hungarian Environment

N	Indicators	Qatar	Hungary
1	Government expenditure on health (% of GDP)	2.533333	7.2
2	Government expenditure on education (% of GDP)	3.766667	4.466667
3	Human security / Homicide rate (per 100,000 people)	0.4	1.8

Source: Table prepared by the researcher, according to the data analysis results.

Table 6 shows that the government expenditure index on health relative to GDP is the best in Hungary, compared to Qatar in a very large way, indicating greater government interest in Hungary in supporting social policies than in Qatar. The government expenditure indicator on education confirms the ratio of domestic output, which also supports the economic efforts in Hungary compared to Qatar, while the human security index shows the rate of crimes, which represents the number of illegal deaths intentionally inflicted on someone by another person, this number per 100,000 people, and notes that Qatari environment shows a safer proportion compared to Hungary.

Table 7. The mean of other indicators in the Qatari environment compared to the Hungarian environment

N	Indicators	Qatar	Hungary
1	The Index of Economic Freedom (%)	71.68	66.46
2	Transparency index (Corruption Perception Index)	66.8	50.4
3	Press Freedom Index	68.6	38.4
4	Human Development Index	0.8544	0.835

Source: Table prepared by the researcher, according to the data analysis results.

Table 7 shows that the index of economic freedom is better in Qatar than in Hungary, where the Index of Economic Freedom is a series of 10 economic measures created by a specialized

institution. Its goal is to measure the degree of economic freedom in the countries of the world. The Corruption Perception Index (CPI), which is 66% in Qatar, 50% in Hungary, shows a low level of corruption in Qatar compared with Hungary, which supports the possibility of harnessing economic potential to support social responsibility in the country.

In spite of the obvious superiority of the economic indicators in the State of Qatar compared to the Hungarian state and even in the field of transparency, it is possible to say that social policies are a more important location in the country of Hungary compared to Qatar.

5. New results

Based on the discussion of my research results, the new results that are important in the following:

1. In spite of the obvious superiority of the economic indicators in the State of Qatar compared to the Hungarian state and even in the field of transparency, it is possible to say that social policies are a more important location in the country of Hungary compared to Qatar.
2. There is a need for government to create long-term care provisions and facilities to support family members that provide informal care. This can be mainly done through education and raising awareness on specific, elderly-related issues. It is highly important, since there is a risk that an informal care provider may not have the necessary skills or training to provide elderly care to persons suffering from dementia, Alzheimer or complex illnesses. There is also a need for providing flexible and supportive working environments to enable informal care givers more flexibility to take care of the elderly family members.
3. Western experiences show that the most efficient institutional background can be provided by a stronger relationship between civil society, private sector organisations and the state.
4. Qatar is not yet prepared for the consequences of the upcoming demographic shift and this is the right time to formulate a well-defined direction of elderly care.
5. The Hungarian elderly care system is not a policy priority for the government and its management lacks a strategic direction to follow.

6. CONCLUSION AND RECOMMENDATIONS

6. 1. Conclusion

I conclude the research in a comparative analysis applied for the European and the Qatari social care systems. First, I list the challenges of sustainability for the European social care model (threats) followed by the same in the case of Qatar.

Threats to the European social care model:

- identity crisis: lack of a solidified European identity that could be a basis for the European model
- erosion of peace in Europe and the world
- emergence of the elderly as a social category: shifting emphasis of social care towards health care
- atomization of the family structure
- labour shortage in Europe
- decreasing demographic output and as a consequence, the maintenance of social allowance system by taxes is at risk – the sustainability of national pension agreement is in question
- enlarging gap between the rich and the poor
- cohabitation between migrants and locals (low level of assimilation) – failure of managing cultural diversity that is in principle one of the core ideas of the European social care system. It is connected to the ultimate question: is Europe multicultural or a collection of nation states?
- growing level of migrants that are included in the benefit system, however, not part of the nation according to their identity (failure of assimilation)
- the growing visibility of Muslims. As Islam places religion in the public sphere, it is a challenge to the secular foundation of Europe.

The threats for the European model indicated above are overwhelmingly belong to the cultural and identity issues: in this sense, the European model should learn some forms of exclusivity from the Qatari society. An all-inclusive European society (and social care system, as a consequence) cannot be sustainable politically, economically and socially.

Threats to the Qatari social care model:

- conflictual situation with the neighbours in the Gulf region.
- small chance to reform the *kafaala* system.
- decreasing positive attitude towards migrant workers in the Qatari society.
- environmental sustainability of the country (water, food, material products).
- unsustainable economic background of the country (post oil and gas era).

- inflation can be high and volatile in Qatar, whereas it is mostly smooth and moderate in European countries that are not so exposed to circumstances originating outside the state.
- excessive state expenses (huge development projects).
- small population engulfed by different cultural backgrounds of the migrant labour force. The significant drop in fertility rate in the beginning of the 2010s, as it was previously shown, made Qatar demographically similar to the EU countries, where the average total fertility rate is 1.6.
- unpreparedness to an increasing number of elderly people (lack of doctors).
- the youth is eager to play a more important role in the formation of political, economic and social questions and answers of the country.

According to the results, the study hypotheses are evaluated in the following table:

Table 8. Evaluation of the hypotheses derived from the literature

Hypothesis	The reason of acceptance
H1:	The hypothesis is accepted according to the comparative study of social care in Qatar and Europe: <ul style="list-style-type: none"> • A different approach is needed when we attempt to tackle the question of social care in Qatar than in Europe.
H2:	The hypothesis is accepted according to the comparative study of social care in Qatar and Europe: <ul style="list-style-type: none"> • Huge financial resources do not necessarily mean more efficiency in the social care.
H3:	The hypothesis is accepted according to the literature review on the social systems in Qatar and Europe: <ul style="list-style-type: none"> • Although social care as scientific field can be generalized and analysed in different countries and cultures, social care systems are deeply rooted in the local historical and cultural environment.
H4:	The hypothesis is accepted according to the comparative study of social care in Qatar and Europe: <ul style="list-style-type: none"> • There is a significant volume of commonalities that make the two models comparable.

Source: Author's own

6. 2. Recommendations

In this work, my aim was to call attention to the problems of social care systems in Western Europe and in Qatar and tries to understand the roots and backgrounds of different systems. By doing so, the evaluation of the strength and challenges has become possible. Putting the recommendations into real policy is the responsibility of the policy makers and all researchers.

1. More transparency allows for more shared learning as data became available on the international level and make it possible to compare and standardize the information gathered through these communication channels. Statistics are also important for measuring performance, effectiveness and planning.
2. In Qatar, the collective move towards a knowledge economy is not only important from the perspective of greater diversification of social and economic activities. This change has also relevance with respect to the huge technological developments.
3. Qatar needs to put more emphasis on the dual earner model and enhancing training and education to achieve more flexibility of employees in the labour market (flexicurity).
4. Qatar can learn from the way through which European nations have been fighting against inequality in employment.
5. As in the European model, there is the dual existence of top-down and bottom-up approaches. However, bottom-up approach is important for the sustainability of the existing economic and social system as local initiatives can find solutions to local problems more effectively in terms of administration and financial costs.
6. In any social systems, keeping families empowered is an indispensable part of social policy and a key to balanced and successful lives both individually and on the community level as well. Family is the most important core of any social relations that has to be strengthened and endorsed.
7. Qatari policy has to be prepared for the aging of the society and elaborate the necessary schemes of employment and finance to maintain the balance between the generations.
8. The principle of comprehensiveness, interconnectedness is well visible in the complex issue of social care and social policy, and a reminder to social workers and researchers to always think and analyse in a holistic way. the concept of “shared security” is an important view and targeting a balance between community and individual is crucial in order to obtain a sustainable security.

7. SUMMARY

Social care is embedded in all societies (private social care), however, its highly institutionalized form (public social care) managed and provided by the state is one of the definitive aspects of modern human existence. In this dissertation, I aimed to focus on public social care, and more specifically on the examination of two selected social care models. The first model discussed is the one applied in the European Union (in many variations), while the second one is the model applied in the state of Qatar. The first one represents the most original way of development in modern social care services (social care systems of the developed countries) that is considered as a basis that every newly developing social care system has to build upon. However, this assumption can be problematic in practice as societies with different (economic, governmental, social and cultural) background try to follow this model. The Qatari model signifies these dilemmas; however, it not only provides an interesting case from a different culture than the European, it is supposed to have one of the best financial background. The dilemma is also perceived in the categorization of Qatar: according to economic data, the country is a developed and a modern country, nevertheless it is not a developed country in the Western sense concerning its social and state relations.

Beside the detailed description and analysis of the two models, I addressed the question of effectiveness and quality of these models. I was searching for answers about how the features of the Qatari social care could be improved, learning from the strengths and weaknesses of the European countries in this regard. I applied the method of comparative analysis when it came to the evaluation of the Qatari and European social care. For a country-to country comparison, I utilized a case study, in which I chose a specific area of social care for analysis, namely the elderly care. This area of research served as the main mean of empirical comparison between Hungary and Qatar. To this end, I relied on previous empirical research on home care services in these countries to show the strengths, weaknesses of these systems and formulate adequate policy responses to the challenges in the near future.

Western social care practices might be partly applicable to the situation in Qatar, however, local culture, social values, economic and administrative practices and constraints always influence these attempts that finally end up in a distorted application of external practices.

However high amount of money is involved in the maintenance of the Qatari social care system, it does not necessarily mean success. The rapid development cannot be digested by a relatively conservative society, social initiatives will not formulate themselves in an organic way even if they are well-financed.

Although social care as scientific field can be generalized and analysed in different countries and cultures, social care systems are deeply rooted in the local historical and cultural

environment, therefore societies have differing views on what belongs to the realm of social care and what is the role of the state and the individuals in the maintenance of these systems.

There is a significant volume of commonalities that make the two models comparable. Qatari social care and governmental planning largely relies on European (and Western, in general) social and governmental experiences not only by following the “trend” by itself, but through the application of European counsel and staff in the renovation of the Qatari society.

I believe that this research paves the way for further research on the topic. Connected to the issues analysed here, I envision possible avenues for future research in two directions: first, there can be a possible extension by deepening the area of the comparative analysis between Hungary and Qatar (e.g. examining other areas of social care than elderly care), or second, Hungary (and the European model) can be replaced by the models of other, non-Western social care traditions (such as Singapore) and can be compared to the model of Qatar.

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2. Publications

1. **Aysha Almahmoud**: History of Social Rights Development in Europe. International Journal of Current Research. Vol. 10, Issue, 05, pp.69269-69274, May, 2018. ISSN: 0975-833X
2. **Aysha Almahmoud**: Care of the Elderly in Qatar. International Journal of Sciences: Basic and Applied Research (IJSBAR) Vol. 39, No 1, 2018. pp 142 -147. ISSN 2307-4531 <http://gssrr.org/index.php?journal=JournalOfBasicAndApplied>
3. **Aysha Almahmoud**: Orphan Care. International Journal of Development Research. Vol. 08, Issue, 07, pp.21880-21885, July, 2018. ISSN: 2230-9926. journalijdr.com@gmail.com

4. **Aysha Almahmoud**: Contemporary social care challenges in western Europe. International Journal of applied science and research (IJASR). 2018 VOL. 1, issu.1, pp. 61-72. <http://www.ijasr.org/>

5. **Prof.Csaba Mako, Dr. Miklos Illessy, Aysha Almahmoud**: المفاهيم الحديثه في مجال الابتكار و تأثيراتها على سياسة تشكيل الابتكار من المنظور الاوربي (Modern concepts in innovation and their impact on the policy of shaping innovation from the European perspective). The Arab Journal of Sciences and Research Publishing (AJSRP)November 2018.pp73-83. ISSN: 2522-3380. <https://www.ajsrp.com>

3. Chapter of book

6. **Prof.Csaba Mako, Dr. Miklos Illessy, Aysha Almahmoud**: Theoretical Foundation of Innovation Policy formation. Multi-level governance gov. 12.5.2016 Budapest, Hungary. ISBN 978-3-903035-11-9. pp531-550