

# Which way for European disability policy?

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*Abstract: In this article we discuss the challenges facing European disability policy and in what direction it is likely to move in the years to come. We argue that the emerging interaction between transnational and national policy development is of crucial importance. At the core of this relationship is the division and interplay between policies of redistribution and of regulation. Redistributive provisions, especially schemes for income maintenance for people with impairment, are in many countries under substantial pressure, while certain forms of social regulation policy have recently gained a new momentum, especially through the emerging European Union strategy to combat discrimination and promote equal opportunities for all citizens. Yet, the future success of a European disability policy will to a great extent depend on whether one manages to develop a mutually supporting interaction between policies of redistribution and policies of regulation.*

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## **What do we mean by European disability policy?**

'European disability policy' is an ambiguous term. It may refer to policy at the level of the European Union, or alternatively, to the totality of relevant policies at the level of member states. Moreover, we are faced with the following challenge: A wide range of policies have consequences, intended or unintended, for the welfare, living conditions and opportunities for self-determination and participation for people with impairment. To the extent that policies have such implications, they are in one sense 'disability policy'. However, only a small section of these policies have 'disability' (or associated terms such as 'handicap' or

'impairment') in their titles or are specifically or exclusively directed towards people with impairment. Indeed, an important goal in many countries has been to get away from a separate and segregating system of provisions intended only for people with impairment. There is an on-going effort to mainstream provisions on the basis of what is in the Nordic countries called the principle of 'sector responsibility'. This means that all sectors or branches of public administration should have the same responsibility for taking into considerations the needs and requirements of people with impairment as they do for all other citizens. Similarly non-governmental actors such as enterprises, interest organisations and voluntary associations

are encouraged to take greater responsibility for ensuring equal treatment of all citizens, regardless of whether they have impairment or not, although there still may be a way to go before this is reality.

In this article we address European disability policy in both the meanings identified above, and discuss some of the possible interactions between them. However, when it comes to describing the existing variability of disability policy as it exists at the level of member states, we have had to be selective, as most of the comparative data currently available deal with provisions that have people with impairment as an explicit target group. For obvious reasons most of the data refer to the broad aims and associated costs of these provisions, rather than to their quality and adequacy and about how they are perceived, used and experienced by people with impairment. Income transfers tend to be better covered than services. Even with these serious limitations, the available comparative data bring out very clearly how varied and diverse public provisions aimed at people with impairment have been in European countries so far.

We have sought to take into account all comparative data available, but the results should be interpreted with caution as the quality of the statistics presented by the OECD and Eurostat varies, among others due to different or

deficient routines of reporting in the member states. We have for pragmatic considerations chosen to distinguish between three levels of spending, benefit reciprocity and participation. Although one may argue that the classifications we present are somewhat arbitrary, we have sought to balance the need to condense the data to present a comprehensible picture and avoid excessive over-simplifications. At this stage, given the data we have available at the moment, it is probably premature to draw strong conclusions about what relations there may be between the quantitative differences we analyse here and qualitative differences in policy design between the states.

#### **An overview of differences in the outputs of disability policy at national level**

Some key comparative data on the spending on disability protection are summarised in Table 1. Here 'disability protection' encompasses income transfers and the provision of goods and services (other than medical care) to people with impairment (Eurostat, 2001A: 54; 2002: 4). In order to increase comparability, the expenditure data are presented as percentage of the Gross Domestic Product (GDP) of each country. Among the sixteen countries covered here this measure varied between 0.7 and 4.6 percent of GDP in 1999 (ibid; Grammenos, 2003). The Nordic countries and the Netherlands

had the highest level of expenditure on overall disability protection in the late 1990s. Apart from this, the pattern of spending tended to cut across common typologies of welfare states or 'regimes'. This applies even more so to the level of spending on income transfers and special measures to assist people with impairment to find and

keep paid employment. Expenditure on income transfers varied between 0.4 and 2.8 percent of GDP for the sixteen countries. Spending on special labour market measures were in several countries less than 0.0 percent of GDP while for others it was up to 0.6 percent in the late 1990s.

**Table 1: Levels of national spending on disability protection in the late 1990s**

	Lowest levels of spending	Medium levels of spending	Highest levels of spending
Level of total spending on disability protection as % of GDP (1999)	France, Germany, Greece, Italy, Spain, Ireland	Luxembourg, United Kingdom, Austria, Belgium, Portugal	Norway, Sweden, Finland, Denmark, Netherlands
Level of spending on income transfers for people with impairment as % of GDP (1999)	Belgium, France, Italy, Ireland	Austria, Denmark, Germany, Finland, Sweden, Portugal, United Kingdom	Netherlands, Norway, Luxembourg, Finland, Sweden, Portugal
Level of spending on special labour market measures for people with impairment as % of GDP (late 1990s)	Greece, Portugal, Spain, United Kingdom	Denmark, Finland, Austria, Belgium, France	Norway, Sweden, Netherlands, Germany

Sources: Eurostat, 2001A; OECD, 2001B; OECD, 2003

Schemes for income transfers were more integrated and co-ordinated in some countries than in others where they appeared differentiated and fragmented. In some cases, some or most schemes meant to cover the needs of people with impairment are parts of broader or mainstream programmes, making it difficult to identify the exact number of beneficiaries of interest here. For these reasons international bodies such as the OECD and the Eurostat have until recently been reluctant to present comparative statistics regarding the number of recipients. Available statistics tend to refer to the number of beneficiaries of the 'main' income maintenance system for people with impairment, and are thus likely to be most reliable for countries with fairly unified systems of income protection. Taking these limitations into consideration, we can make the following tentative observations about levels and trends. First, the proportion of the adult population in receipt of these cash benefits varied considerably between European countries, ranging from 1 to 9 per cent. Given their overall level of

expenditure, it is not surprising that the Nordic countries and the Netherlands had also the highest rates of people receiving disability cash benefits in the late 1990s, with reciprocity rates around 8-9 per cent of the populations 20-64 years (Table 2).

Second, there appear to have been quite different trends in the last fifteen to twenty years of the 20<sup>th</sup> century (cf. OECD, 1999B). Finland, Norway, Sweden, Luxembourg and the Netherlands appeared to have the highest rate of benefit reciprocity in this period. With the exception of Finland the same countries also experienced an upward trend in this rate. This seemed also to be the case with Austria and the United Kingdom. In the other countries the rate was stable or fluctuating. There emerged no overall trend towards more similar rates of the population in receipt of income maintenance benefits for people with impairment; on the contrary the pattern of divergence was fairly stable.

**Table 2: Levels of reciprocity rate for disability cash benefits as % of the population 20-64 years**

Lowest rates of benefit reciprocity	Medium rates of benefit reciprocity	Highest rates of benefit reciprocity
Spain, France, Austria, Germany,	United Kingdom, Portugal, Belgium, Italy	Norway, Netherlands, Sweden, Denmark, Finland

Sources: OECD, 1999 (Table 2.9) & 2003 (Chart 3.13); Gould, 2003; NOSOSCO, 2002

**Table 3: Levels of employment rate of people with impairment**

Lowest rates of employment	Medium rates of employment	Highest rates of employment
United Kingdom, Belgium, Italy, Spain	Germany, Portugal, Austria, Netherlands	Sweden, Norway, Denmark, France

Sources: OECD, 2003; Bø, 2003; Eurostat, 2001B

From the current public discourse about disability policy, one would perhaps expect that the countries with highest benefit reciprocity rates had lower rates of labour market participation than countries with lower reciprocity rates. But there is no such clear and simple relationship, as becomes clear when one compares Tables 2 and 3 (cf. OECD, 2003: 45-47). Available comparative data suggest that the employment rate for people with impairment ranged from 22 to 62 per cent in the late 1990s. Admittedly the comparability of the employment data is uncertain as they are survey-based and the exact wording and perceived meaning of questions used are likely to have varied between countries. Therefore it is also instructive to look at the pattern of labour market participation in the somewhat older

part of the entire labour force. Generally speaking, it is well known that the risk of having an impairment that may affect one's prospects in the labour market tends to increase with age. For all men 55-64 years the labour market participation rate ranged from 36 to 76 percent, and for all women in the same age group from 16 to 65 percent, in 1999 (OECD, 2001A).

Table 4 shows a complex pattern where some of the countries with highest benefit reciprocity rates also figured as countries with high to medium level of labour market participation among the somewhat older part of the labour force. The inter-country differences in labour market participation rates for somewhat older men and women were fairly stable in the last decades of the 20<sup>th</sup> century.

**Table 4: Levels of labour market participation rate for men and women 55-64 years in 1999 (the entire population)**

	Lowest rates of labour market participation	Medium rates of labour market participation	Highest rates of labour market participation
For men 55-64 years	Netherlands, Finland, Austria, France, Luxembourg, Belgium	Denmark, Greece, Italy, Spain, Germany	Norway, Sweden, Portugal, Ireland, United Kingdom
For women 55-64 years	Italy, Netherlands, Spain, Austria, Belgium, Luxembourg	United Kingdom, Germany, France, Ireland, Greece	Sweden, Norway, Denmark, Finland, Portugal

Source: OECD, 2001A

There is a need for broader and more complete comparative statistics relating to provisions for people with impairment, especially regarding the availability and quality of services meant to promote independence in daily living and equal participation in social, cultural, political and economic life. However, on the basis of the crude comparative quantitative indicators summarised here and various institutional reviews of policy design and provisions (EC, 2001; van Oorschot & Hvinden, 2001; SSA, 1999; EC, 1998A; Thornton & Lunt, 1997; Thornton *et al.*, 1997; Machado & de Lorenzo, 1997; Aarts & de Jong, 1996; Aarts *et al.* 1996, 1998 & 1999; Wilson, 1996; Prins & Bloch, 2001; Einerhand *et al.* 1995; Leichsenring & Strümpel, 1995; OECD, 2003; Prinz, 2003; Grammenos, 2003) there were substantial and fairly stable differences among European countries with respect to

- How much of society's resources have been stipulated to meet the needs of people with impairment,
- How accessible and generous benefits and services allocated to each individual in need have been,
- How much of available resources have been directed to efforts to promote the employment of people with impairment, and
- What proportion of people with impairments who have been in paid employment.

So far we have concentrated on aspects of national disability policy that are more or less closely related to what may be called *redistributive* policy arrangements (Majone, 1993 & 1996). Programmes of income transfers, health, social, education and employment services are all examples of policies of redistribution. These are largely tax-financed provisions redistributing resources between citizens. Such policies may be contrasted with policies of *regulation*. The latter involve efforts on the part of public authorities to influence the behaviour of other, mainly non-governmental, actors (enterprises, organisations, families and individuals). Examples are planning, construction and building regulations, as well as health, safety and other work environment regulations. But regulation policies may also encompass efforts to influence non-governmental actors through the design of more appropriate financial incentive structures, through strategies of information, persuasion and negotiation, alone or in combination with legal instruments. In practice there may be a certain overlap between policies of redistribution and of regulation. Still what is significant here is the main objective; to meet the needs of citizens and enable them to live the life they want, or to get non-governmental actors to behave in a particular way that is desired by the government.

So far there is little systematic comparative research on the experience



with and achievements of regulation policies meant to improve the situation of people with impairment, for instance removing barriers to full participation and promoting equal treatment in different contexts, for instance through the prevention and combating of discrimination on the grounds of disability (see CoE, 2000, for an overview). Yet, there are reasons to believe that the full potential of such regulation policies have rarely been realised, where such policies exist. Possible reasons for this may include the following:

- Regulations have mainly been presented as recommendations and advice to the relevant actors, that is, they have not been binding or obligatory, and the sanctions against those who do not follow the regulations have been weak or non-existent.
- Regulations have contained formulations that are general, vague, discretionary and open to different interpretation, or no supporting administrative rules and authoritative operative guidance have been issued.
- Regulations are not followed up systematically and consistently by supervisory agencies that have the task to monitor the degree of compliance and sanction cases of non-compliance, or these agencies are too willing to grant dispensations or exemptions.

- Few, if any, formal complaints under the regulations are filed, and few cases are taken to court, for instance for reasons already suggested.
- There is generally a lack of knowledge about the regulations and their implications among the relevant parties, not only people with impairment and their organisations but also among for instance employers, trade union representatives, planners, architects and lawyers.

#### **Challenges to the two types of national disability policy**

Existing disability policy at national levels is currently challenged from differences quarters and perspectives. First, within many countries of Europe, existing redistributive policies have been criticised for being too expensive and leading to economic passivity because of the financial disincentives to work that benefit rates are believed to give. On this basis many have called for cuts in existing schemes, particularly income transfer schemes, that is, a reduction in the level and duration of benefits, a tightening of rules for eligibility and conditions for continued receipt of benefits, and/or stricter enforcement of requirements to participate in activation measures.

Second, disability policy is in many countries criticised for various

shortcomings in relation to its stated goals and promises. Benefits and services are claimed to be insufficient, ineffective or too weakly co-ordinated by the responsible public agencies. This criticism has for instance often been made in relation to public schemes for vocational rehabilitation or employment services for people with impairment. Others have argued that the attempts to achieve a cross-cutting and consistent public policy for people with impairment on the basis on the principle of sector responsibility have not been successful or convincing, and that especially people with severe impairment have been disadvantaged by this.

Third, there has been a criticism of bias or imbalance in the overall policy effort in the disability area. In particular, it has been argued that in practice too much emphasis has been put on administrating particular schemes for income maintenance or services for people with impairment. At the same time the policy efforts to remove barriers against equal participation in society and work have been insufficient and weak. Similarly, it is claimed that national and local governments have failed to give sufficient priority to the ways in which one can create practical conditions for independent living, for instance through providing personal assistance services or reimbursement of the expenses involved when people with impairment themselves are employers for personal assistants. In

others words, too much emphasis has been given to user or patient perspectives on people with impairment, at the expense of a more general citizen perspective. As a result the marginal status of people with impairment is reproduced, in spite of the espoused objectives of inclusion and equality.

A number of responses to these criticisms have been offered. Especially in relation to the last criticism, it is of significance that we have witnessed a broad international trend towards the adoption of a new rights-based model of disability policy where the emphasis is very much on universal design and non-discrimination. To the extent that the principles of universal design are fully implemented in planning and construction processes, it will make the physical environment, buildings, transport systems, technological solutions and other forms of equipment equally accessible and usable for everyone. There will be less need for special adjustments or adaptations for people with impairment. The principle of non-discrimination means that it should not be possible to treat people differently on the grounds of disability, for instance in relation to recruitment and employment. Both the principles of universal design and non-discrimination have to be binding and legally enforceable, that is, serve as rights-granting arrangements on the part of people with impairment. Several countries have started to introduce



aspects of this new model of disability policy, but the fact that the European Union has adopted a wide-ranging and ambitious disability strategy based on this model is likely to be an important stimulus to the further policy development in member states.

### **The emerging European Union disability strategy**

The European Union's engagement in the disability field changed substantially in the course of the last twenty years (Contreras & Riego, 1997; Geyer, 2000; Hantrais, 2000). For a long time this engagement was constrained by the EU's lack of legal competence in social policy in general and disability policy in particular. From the early 1980s until the mid-1990s the EU was primarily involved in disability issues through three successive action programmes; one with no particular name (1983-1987) and then HELIOS I (1988-1991) and II (1993-1996). These programmes encouraged the exchange of experience, dissemination of innovations, ideas and information to promote good practice in the member states. In this period the EU had a relatively cautious and non-directive role in this policy area. It was not in a position to influence established policy aims and practice of member states to any great extent. Indicative of this is that the Council's policy statement from 1986 on the employment possibilities for people with impairment had the

form of a Recommendation (CEU 1986).

Since the mid-1990s the EU has developed a new, broader disability strategy, together with a stronger ambition to influence the policies and practice of member states. This shift was signalled by a Communication from the Commission in 1996 (EC 1996). The aims and principles of this policy document were endorsed by the Council of Ministers at the end of the same year in the form of a Resolution (CEU 1996). Key elements in these statements were the notions of equal opportunities for people with impairment, non-discrimination, mainstreaming, the rights-based approach, inclusion, full participation, and to identifying and removing barriers to equal opportunities and full participation. Later policy papers from the Commission have elaborated these aims and instruments and discussed to what extent they are adopted and implemented in the member states (EC, 1998B, 1999, 2000 & 2003).

The Amsterdam Treaty of 1997 created a new basis for EU policy development and engagement in relation to disability issues (EU 1997). Article 13 of the Treaty opened the way for Community action to combat discrimination on grounds of sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. A significant next step in securing the EU with legal competence in this area was made with

the Council Directive of November 2000 establishing a general framework for equal treatment in employment and occupation (CEU 2000A). According to Articles 1 and 2 of this Directive, there shall be no direct or indirect discrimination on the grounds of religion or belief, disability, age or sexual orientation in this area. When judging whether a person with impairment is discriminated against it shall be taken into account whether the employer has provided 'reasonable accommodation', that is, taken appropriate measures to enable the person to have access to, participate in, advance in employment or undergo training, unless this would imply a disproportionate burden for the employer (Article 5). The Council agreed on an ambitious Community Action programme to combat a wider range of discrimination (CEU, 2000B). The Community Action programme covers treatment by public agencies and services (e.g. police, judicial systems, health, social security, and education), the media, participation in decision-making, and access to goods and services (including housing, transport, culture, leisure and sport). Much emphasis is also given to raising awareness, for instance through the European Year of People with Disabilities 2003.

In terms of Majone's distinction between *redistribution* and *regulation policies*, one may argue that most EU policy provisions have been of the

regulation type, with the common agricultural policy and the structural funds, for instance the European Social Fund (ESF), as important exceptions. The emphasis on regulation rather than redistribution has first of all been related to the dominant focus of removing restrictions on market exchange and the free movement of capital, labour, goods and services, within the history of the European Communities. Secondly, there has been strong resistance from member states to let the Union take over policy provisions that have traditionally been under the control of national or even sub-national levels of governance (Newman, 1997: 77-108). It has been argued that these provisions comprise tasks that most appropriately are taken care of at these lower levels, and that is it neither necessary nor desirable to move the responsibility for them up to a higher level (the 'subsidiarity' principle). Moreover, redistributive social provisions have been an important source of legitimacy and electoral support for national governments. In combination, this implies that income maintenance, employment and social care provisions aimed at people with impairment- as they exist in member states – are areas where a development towards a joint EU system is less likely to take place in the foreseeable future. However, the EU does seek to harmonise member states policies in areas such as social protection, pensions, unemployment and social exclusion through the so-called 'open

method of co-ordination' (Porte & Pochet, 2002).

The emphasis of the disability strategy that the EU Commission initiated and developed from the mid-1990s was mainly on regulation. For the time being, common regulatory provisions from the EU are likely to be more acceptable for the member states than common redistributive provisions would be. Thus, the Commission has to a large extent been able to develop its new strategy within the limits of the subsidiarity principle as few member states had introduced a specific anti-discrimination legislation previously. In these countries the November 2002 Directive has added a new dimension. It has opened a policy area with relatively few established and national interests who will object to common European rules. One has also been able to build on the basic action rules and areas of competence for the Community established since the 1957 Treaty of Rome. This has included regulations to secure that the member states, employers and sellers of goods and services do not discriminate against certain categories of actors in the European Communities. But even so, the legitimacy of an EU disability strategy based on a regulatory approach may be questioned from member states or powerful interests within member states.

The achievements of the EU disability strategy so far have been to put

disability issues more firmly on the overall EU agenda and to have set in gear a process of establishing the necessary legal instruments to promote equal opportunities for people with impairment in Europe. Moreover, the EU has recognised and involved people with impairment as partners in an on-going dialogue about the future development of European disability policy. But there are also a number of challenges and unsolved issues in this area:

1. *What definitions of 'disability' will be adopted in member states and eventually by the European Court of Justice? One important issue is whether the definition will be a narrow medicalised one, or whether it will be open to a more relational perspective giving emphasis to environmental and situational factors affecting the extent to which people with impairment are disabled.*
2. *To what extent will the member states follow up the objectives and spirits of the EU disability strategy – as a dynamic, evolving process towards a more inclusive and pluralistic society providing equal opportunities for all? Responsibility for implementing the new anti-discrimination policy will rest principally with the member states. They are to adopt the laws, regulations and administrative provisions necessary to comply with the Directive by December 2003. In*

- order to take into account particular traditions, member states may be given an additional period of 3 years from December 2003, that is, a total of 6 years from November 2000, to implement the provisions relating to age and disability discrimination (Article 18). Here it is essential how member states will change and amend existing legislation to comply with the Directive, especially to make the full implications clear and visible.
3. *To what extent will member states introduce the necessary supporting measures to make the aims and rules of the Directive operative?* There will be a need for accessible information about the changes to citizens with impairment and all other affected parties. Similarly, governments must set up institutional arrangements and specialised supervisory bodies with sufficient resources and powers to monitor implementation and enforcement, and provide advice and support to complainants and litigants. This is important as there have been a number of examples at the level of member states of new legal provisions that were never really implemented or enforced with strength and commitment (cf. van Oorschot & Hvinden, 2001). Such implementation failures mean that new policies remain symbolic statements of good intentions.
  4. *To what extent will the organisations of people with impairment, trade unions and others non-governmental organisations succeed in contributing to making the new rights and opportunities under the Directive operational?* Arguably, the Directive opens up new opportunity structures for people with impairment in Europe. However, whether this potential will be realised will largely depend on the degree of self-activity and mobilisation of EU citizens themselves. This could include campaigns to get national governments to make legal rights clear and visible, to inform people about these rights and encourage their use, and support members who experience discrimination and who may potentially present complaints.
  5. *Will the EU itself manage to follow up the promises of Article 13 and the Directive from 2000?* One issue is the extent to which there will be stronger legal provisions under future treaties or a coming EU constitution, opening for a qualified majority in the anti-discrimination field, instead of unanimous agreement. Another issue is whether there will be a comprehensive disability-specific Directive, as proposed by the European Disability Forum, that is, a Directive not limited to employment as the existing one (EDF 2003). A third related issue is the extent to which principles of non-discrimination,

equal opportunities, mainstreaming and universal design will actually filter through in all areas of EU legislation. This refers for instance to the market regulations for public transport, construction and building, telecommunications, information technology and public procurement of goods and services from private producers. Regulations have to be binding and enforceable and not only recommendations that the relevant actors may choose to follow or not. A fourth issue is the inter-relationship between the EU non-discrimination provisions and other EU programmes that may have considerable implications for people with impairment, that is, current EU engagements in fields such as employment, social protection, pensions and social inclusion. In some of these programmes people with impairment are mentioned, in others they have only a silent presence. Over time considerations for people with impairment became less explicit and visible in the guidelines for the employment programme. An evaluation of the first five years of the employment programme suggests that it has varied significantly to what extent member states addressed the inclusion of people with impairment, set clear targets for their efforts and provided information about the achievements vis-à-vis this group (EMCO, 2002).

6. *How will the on-going implementation of the Directive interact with other provisions at the level of member states?* Here we are referring to key provisions such as income maintenance, employment measures and services to promote independent living, which we have touched upon earlier. Arguably, these redistributive policies are under pressure on the basis of concerns for rising costs, demographic changes and issues of sustainability, and the perceived need to limit or reduce deficits on public budgets. There may be a temptation to see a strengthening of regulation policies (for example, the new anti-discrimination measures and the firmer establishment of universal design) as an opportunity to reduce the spending on redistributive policies. To some extent it may be the case that such regulation policies will diminish costs, for instance expenses related to special transport for people with impairment because collective transport is becoming accessible for all. Similarly, a non-discriminating educational system and working life should have the potential of giving more people with impairment the possibility to earn their own income and thus create less need for income transfers. But until such outcomes are well documented, it may be premature to reduce provisions of the redistributive type. Rather than seeing regulation policies as an alternative to redistributive policies



it may be more appropriate to regard them as complements.

7. *How will the issue of sharing the costs related to accommodation in the workplace be handled?* Under Article 5 of the Directive one must take into consideration whether there are public schemes that could cover part of the costs related to workplace accommodation for people with impairment, when judging what it is reasonable to expect from the employer in this respect. In other words, one is supposed to expect more on the part of the employer when he or she may have some of the costs entailed reimbursed by public authorities. Thus, it is an important challenge for the governments of member states to develop existing schemes or introduce new ones that will ensure that people with impairment are not denied the possibility to find and keep employment because the costs associated with workplace accommodation would have been a disproportionate or undue burden for the employer. This may mean that some of the resources currently redistributed under social security or employment provisions for people with impairment need to be redirected for this purpose. Here it is essential that public schemes for reimbursing the costs of on-the-job accommodation are designed in a way that is not seen to distort competition in the evolving internal

market in Europe, and thus the rules on competition in the Treaty of the European Community. It may be necessary to make it clear that such schemes provide a social right to the person with impairment, and that they are not a hidden state aid or subsidy that would favour particular enterprises to the disadvantage of others.

### **Concluding comments**

The comparative data summarised in the first part of this article indicate that European countries will have extremely different points of departure when they are to follow up the EU disability strategy, and more specifically, in implementing the Directive from November 2000. From one perspective, some countries are in a more favourable position in the sense that they already have fairly encompassing redistributive policies aimed at people with impairment, and some of the resources allocated for these purposes may potentially be redirected to facilitate the implementation of the Directive, especially regarding the sharing of the costs of workplace accommodation. At the same time, the fairly high levels of expenditure on disability-related provisions are in many countries regarded as a problem or liability that needs to be addressed through radical steps. This creates a complex situation where several important processes will take place in European countries at the



same time. Many have great expectations about the possible achievements of the new rights-based approach to disability policy, emphasising non-discrimination and universal design. But it is important to clarify the conditions that need to be fulfilled to ensure that this approach will reach its objectives. Similarly, we need to give attention to the ways in which the position and well-being of people with impairment are likely to be affected by an interaction between the on-going changes in established redistributive types of disability provisions and the implementation of the new more regulatory type of disability policy, based on non-discrimination and universal design. Finally, we have indicated that there are many open questions regarding which way the European Union's further engagement in the disability field might take. It is an important challenge for the community of researchers within the disability field to address these issues in the years to come.

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