

**Promoting the Right to Work of Disabled
People? A Historical Comparative Analysis
of Sweden, Great Britain and Taiwan**

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Doctoral thesis for
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ABSTRACT

This study aims to compare and analyse the similarities and differences in the approaches adopted by Sweden, Great Britain and Taiwan, on the issue of the right to work of disabled people. Drawing from the three welfare models proposed by Esping-Andersen (1990, 1999), the study attempts to examine the validity of the three models in explaining the differing approaches taken by the three countries. The historical comparative analysis method is used to answer the three research questions posed in this study. Data was collected mainly by the documentary analysis method. However, to fill the gap in information that the documents did not provide, in-depth interviews, email, postal, and telephone contacts were also carried out as complementary data collection methods

This study shows that the welfare models are useful in explaining the differing degrees of inclusiveness in terms of the main policy directions of the three countries. However, a distinction between the 'provision' type and 'market intervention' type of programmes should be made, in order to capture the differences in the power structure and the mechanisms in the differing welfare models. In addition, in all three countries, the role of the disability movement in changing the definitions of disability in the policies has to be highlighted. Furthermore, I argue that in all three countries, the labour market programmes specifically designed for disabled people are based on the capitalist value of individual market merits. If this value is not changed fundamentally and if the right to work does not include the right to participate in the labour market and to be included in the society, regardless of an individual's market merits, labour market programmes in all three countries will continue to promote the right to work of only those groups of disabled people who tend to be more competitive in the labour market.

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FOR MY PARENTS:

Yi-chun Yang & Jiunn-shong Wang

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LIST OF ABBREVIATIONS

| | |
|----------|--|
| AfSE | Association for Supported Employment (Great Britain) |
| AMU | Vocational Training Agencies (Sweden) |
| ATCs | Adult Training Centres (Great Britain) |
| BCODP | British Council of Disabled People (Great Britain) |
| DDA | Disability Discrimination Act (Great Britain) |
| DEAs | Disability Employment Advisers (Great Britain) |
| DfEE | Department for Education and Employment (Great Britain) |
| DIG | The Disablement Income Group (Great Britain) |
| DP(E)A | Disabled Persons (Employment) Act 1944 |
| DPI | Disabled People International |
| DPP | The Democratic Progressive Party (Taiwan) |
| DROs | Disablement Resettlement Officers (Great Britain) |
| DSS | The Department of Social Security (Great Britain) |
| ERCs | Employment Rehabilitation Centres (Great Britain) |
| ES | Employment Service (Great Britain) |
| EVTA | Employment and Vocational Training Administration (Taiwan) |
| GHS | General Household Survey (Great Britain) |
| GIO | Government Information Office (Taiwan) |
| GSS | Government Statistical Service (Great Britain) |
| GTC | Government Training Centre (Great Britain) |
| HSO | The Swedish Cooperative Organisation of Disabled People (Sweden) |
| HWL 1980 | Handicap Welfare Law 1980 (Taiwan) |

| | |
|--------------------|---|
| HW(A)L 1990 | Handicap Welfare (Amendment) Law 1990 (Taiwan) |
| IAPES | International Association of Personnel in Employment Security (Taiwan) |
| ICIDH | International Classification of Impairments, Disabilities and Handicap |
| ILO | International Labour Organisation |
| JIS | Job Introduction Scheme (Great Britain) |
| KMT | The Kuomintang Party (Taiwan) |
| LASS | The Assistance Benefit Act (Sweden) |
| LFS | Labour Force Survey (Great Britain) |
| LSS | Act Concerning Support and Service for Persons with Certain Functional Impairments |
| MOI | The Ministry of the Interior (Taiwan) |
| OPCS | Office of Population Census Surveys (Great Britain) |
| PACTs | Placement, Assessment and Consultant Teams (Great Britain) |
| PMDPE Funds | Physically and Mentally Disabled People Employment Funds |
| PMDPPL | The Physically and Mentally Disabled People Protection Law (Taiwan) |
| SAE | The Special Aids to Employment Scheme |
| SIUS | Special Working Life Induction and Follow-up Support for Persons with Functional Impairments |
| SCPR | Social and Community Planning Research (Great Britain) |
| SPA | Social Policy Association (Great Britain) |
| TPG | Taiwan Provincial Government (Taiwan) |
| UPIAS | The Union of the Physically Impaired Against Segregation (Great Britain) |
| WBLA | Work Based Learning for Adults (Great Britain) |
| WHO | World Health Organisation |

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CHAPTER ONE INTRODUCTION

Since the mid-1990s, there have been some significant changes in the development of labour market policies for disabled people in Sweden, Great Britain and Taiwan. For instance, in Sweden, the Wage Subsidies Scheme and the Sheltered Employment Scheme have been the two major labour market programmes for disabled people since 1980. *The Law Against Employment Discrimination of People with Functional Impairments 1999* (translation made by Professor Eskil Wadensjö) came into force in May 1999. In Great Britain, the major government measures for promoting the employment of disabled people had been: the Quota Scheme, the Sheltered Employment Scheme, and the Reserved Occupations Scheme, since 1944. However, since the Employment Section of the *Disability Discrimination Act 1995 (DDA 1995)* came into force in December 1996, the Quota Scheme and the Reserved Occupations Scheme were abolished. In Taiwan, the Quota Scheme has been the most important labour market measure for disabled people since 1990. The *Physically and Mentally Disabled People Protection Law 1997 (PMDPPL 1997)* requires the Labour authorities to adopt a variety of measures in promoting the employment of disabled people. It also stated that the state should provide technical aids for disabled workers.

The similar trends observed within all three countries include: first, the identification of eliminating environmental barriers; second, the philosophy of equal participation of disabled people; and third, the definition of 'work' as a "rights" issue rather than a "charity" issue.

Despite these similarities, differences among the three countries are still maintained in their approaches to the issue of the right to work of disabled people. For example, the Quota Scheme, which is widely adopted in European countries, has never been adopted in Sweden. Great Britain had adopted the Quota Scheme in 1944 but abolished it in 1996. The Quota Scheme has been and still is the most important labour market measure for disabled people in Taiwan. Furthermore, there are the differing approaches taken towards discrimination: Sweden, Great Britain and Taiwan all forbid discrimination against disabled people, however, the scope of the legislation and the enforcing mechanisms among these three countries are different. In addition, the Wage Subsidies

Scheme, which has long been adopted by Sweden as one of the main measures to promote the employment of disabled people, has not been taken as a major scheme in either Great Britain or Taiwan. Finally, both Sweden and Great Britain have set up state-owned sheltered workshops for disabled people, whereas Taiwan has not.

Why do the three different societies have the above-mentioned similarities in their labour market policies for disabled people? Why, despite the similar trends, do Sweden, Great Britain and Taiwan adopt different labour market programmes for disabled people? What forces have promoted the recent changes; and what implications do these have for the future? Will the three countries have more capacities for disabled people in the labour market because of the new changes as discussed earlier? To understand the similarities and differences among the three countries, on the issue of the right to work of disabled people, this study has adopted the historical comparative approach, to look at the labour market policies for this group.

This introductory chapter will be divided into five sections, as follows:

1.1 Research Hypotheses

1.2 Research Questions

1.3 Defining the Key Concepts

1.4 Some General Background Information on Sweden, Great Britain and Taiwan

1.5 Conclusion

1.6 Structure of the Thesis

1.1 Research Hypotheses

In analysing disability policies, Drake (1999) proposed a spectrum of approaches to disability policy. These include: '1) Negative policies: the deliberate annihilation of disabled people. 2) Negative policies: the desire to eradicate physiological and cognitive disorders, thus minimising the numbers of children born with impairments. 3) Policies aimed at ignoring or denying the existence of problems connected with disability. 4) Policies intended to isolate disabled people (from society and from each other), for example through the use of institutions. 5) Policies seeking to integrate disabled people but which offer a limited and piecemeal approach to supporting nominated individuals within specified services. 6) Policies based on hybrid solutions involving some environmental change and the provision of individual aids and adaptations. 7) Policies

conceived radically to change the contours of everyday life in order to open a society to all its citizens, including disabled people' (Drake, 1999, pp. 37-41). Drake's (1999) categorisation of the disability policies is based on the ideology of disability these policies entail. This classification of disability policies is useful for understanding how ideologies of disability influence the formation of policies. However, it disregards the policy context such as the state and the different policy-making mechanisms. It also has its limitations when analysing specific policies. For example, in analysing labour market policies for disabled people, it is important to look at the ideology of disability yet other dimensions such as: the strategies used to promote employment for disabled people and the kinds of employment led to through the specific programmes.

The hypotheses in this study are formulated on the basis of Esping-Andersen's studies of welfare states rather than Drake's (1999) study of disability policies in order to analyse the labour market policies for disabled people in the three countries, from their specific policy contexts. Nevertheless, the ideology of disability is taken as an important dimension in the analysis of these policies.

Esping-Andersen's (1990) classification of welfare regimes is influential in that it helps us to understand welfare states in terms of the contents and the types of their policies rather than earlier approaches such as comparing the amount of social expenditures. However, it was the social security system that Esping-Andersen studied. It would be interesting to see if the three welfare models are still useful in understanding the welfare provisions of different countries, if we look at other areas of social policy such as labour market policies for disabled people. Drawing from the work of Esping-Andersen (1990), the hypotheses of this study were formulated.

Esping-Andersen (1990) compared the social security systems of eighteen industrialised, capitalist countries and proposed three models of welfare: Social Democratic, Liberal and Conservative. According to his analysis, the Social Democratic Model provides welfare according to citizenship and socialises many costs of the family. In the Liberal Model, the ideas of "help to self-help" and "a minimum of collectivism" are emphasised (Esping-Andersen 1990, p. 26). In addition, the Liberal Model sees the market as the main determinant of access to resources. The Conservative welfare model maintains the idea of family responsibility and social hierarchy. Social insurance schemes of this model are status-differentiated (Esping-Andersen 1990).

In categorising the three welfare models, Esping-Andersen (1990) used two indicators: the extent of “de-commodification” and “social stratification”. According to his ranking measures of these two indicators, Sweden was seen to be an example of the Social Democratic model; The United Kingdom had medium rank in both the Social Democratic and the Liberal models but had low rank in the Conservative model. Ginsburg (1992) suggested that the UK can be seen as a “Liberal-Collectivist model”:

‘The term Liberal Collectivism comes closest to encapsulating the post-war welfare consensus...The “Liberal” element is appropriate because the architects of the consensus were Keynes and Beveridge, both of whom were Liberals...The term “Collectivism” signals the emphasis in the post-war settlement on direct public provision of welfare benefits and services, the commitment to universal access to those benefits and services, and the national uniformity of the system. Thus at the centre of the post-war Liberal Collectivist consensus is an ideology which accepted an extended role for the state in economic and social policy and implicitly guaranteed social rights of citizenship for the whole population’ (p. 141).

In other words, according to Ginsburg (1992), although based on Liberal ideas, a stronger state commitment in providing welfare can be seen in British social policies. However, Ginsburg (1992) also emphasised, by referring to Dunleavy’s (1989) view, that this ‘Collectivist’ part of British social policy is based upon ‘an “ungrounded statism” inherited from war-time mobilisation’ (p. 141). Dunleavy (1989) contended that in Britain statism is ungrounded ‘in that it did not have secure roots in a strong Social Democratic movement as in Sweden or within a more conservative corporate statist tradition as in Germany’ (Ginsburg 1999, p. 141). Instead of using the term ‘Liberal-Collectivism’, King (1995) contended that British work-welfare policies are based on Liberal principles which:

‘respects individual freedom, privileges the market over government in the organization of economic activity, accepts a commitment to providing a safety-net for the least well-off and destitute though reserves a particular wrath for the able-bodied mendicant, promotes the claim of limited government and a narrow sense of self-sufficiency. These political values set the framework for early work-welfare decisions, though legislation did not replicate them exactly’ (p. 12).

From King’s (1995) viewpoint, British social policies are based mainly on Liberal principles, with a combination of the reluctant post-war state commitments of welfare. This view is coherent with Dunleavy’s (1989) emphasis on the ‘ungrounded statism’. In this study, I use the term ‘Liberal-Collectivism’ to refer to state commitments which are

based on certain temporary social backgrounds while emphasising the Liberal values as Esping-Andersen (1990, p. 26) described: 'help to self-help' and 'a minimum of collectivism'.

In this study, Sweden will be taken as an example of the Social Democratic model, and Great Britain will be taken as an example of the Liberal-Collectivist model.

Esping-Andersen's (1990) study has been influential in providing a framework for understanding differing welfare states. However, his study has also been heavily criticised. For example, Ginsburg (1992) commented that race and gender issues were not considered in Esping-Andersen's (1990) analysis. In addition, Orloff (1993) argued that opportunities to be "commodified" rather than "de-commodification" is more relevant to women's social rights. Similarly, both Taylor-Gooby (1991) and Lewis (1997) highlighted the importance of unpaid work in analysing welfare regimes. In response to these criticisms, Esping-Andersen's recent work (1999) has taken the role of the family into his analysis while maintaining that his three welfare models remain valid in understanding the welfare developments in the western world.

Instead of using the indicators adopted by Esping-Andersen, this study draws from the characteristics of the three welfare models proposed by Esping-Andersen, to formulate the hypotheses regarding the approaches taken in the labour market policies for disabled people in Sweden, Great Britain and Taiwan. The indicator for 'social stratification' does not appear to be suitable for analysing labour market policies for disabled people as it was constructed for analysing social security systems. Furthermore, as labour market policies aim to promote employment of disabled people, they are not 'de-commodifying' measures and thus the idea of 'de-commodification' is not deemed as suitable for analysing labour market policies.

Some studies proposed a 'Confucian welfare model' or an 'East-Asian welfare model', in understanding East-Asian welfare states (Jones 1993; Kwon 1997). These studies proposed factors shaping the welfare policies of East-Asian countries such as Confucian ideology of family responsibilities and welfare programmes shaped by the state to 'fit the strategic priority of rapid industrialisation' (Goodman, White and Kwon 1997). Finder (1999) suggests that it is still too early to adopt this model for the purpose of comparative social policy. She stated: 'The literature on the developing, democratising "Confucian" polities of Asia Pacific is as yet in its infancy for the purposes of

comparative social policy'. On the other hand, Esping-Andersen suggests that Confucian teachings throughout Japanese social policy can be seen as 'functional equivalent of Catholic familialism' (Esping-Andersen 1999, p. 82). Therefore, for the purpose of comparing welfare policies in Taiwan and in two western countries, Sweden and Great Britain, this study assumes Taiwan as an example of the Conservative welfare model. With its authoritarian past and the status-differentiated social insurance system, as Fu (1999) has suggested, Taiwan shows Conservative welfare model characteristics.

For the above reasons, this study will take Sweden as an example of the Social Democratic model; Great Britain as an example of the Liberal-Collectivist model; and Taiwan as an example of the Conservative welfare model. Taiwan was not included in Esping-Andersen's (1990) study, however, with its authoritarian past and the status-differentiated social insurance system, as Fu (1999) has suggested, it shows Conservative welfare model characteristics.

There are three hypotheses in this study:

- I Sweden is likely to adopt more inclusive labour market policies for disabled people and will recognise and have more capacity to guarantee disabled people's right to work.
- II. Great Britain will provide moderate protection of disabled people's employment but will be more reluctant to recognise the right to work of disabled people and adopt inclusive labour market measures for disabled people.
- III. Taiwan will adopt labour market measures for disabled people that are the least inclusive and are most stigmatising. It will have the least commitment to guarantee disabled people's right to work and is likely to see disabled people as dependants whose care needs are the assumed responsibility of the family.

1.2 Research Questions

The research questions which this study aims to answer are:

- I. How and why is disability defined and addressed as it is in the labour market policies in Sweden, Great Britain and Taiwan?
- II. What are the main labour market policy measures adopted by Sweden, Great Britain

- and Taiwan and what are their advantages and limitations?
- III. How adequate are welfare models (Social Democratic; Liberal Collectivist; Conservative) in explaining the different approaches which Sweden, Great Britain and Taiwan have adopted in addressing the issue of the right to work of disabled people?

1.3 Defining the Key Concepts

Defining “the Right to Work”

The Definition of “Work”

The Encyclopedia Britannica defines “work” as: ‘the activities and labour necessary to the survival of society’ (Encyclopedia Britannica Online). Similarly, Giddens (1997) defines work as:

‘whether paid or unpaid, as being the carrying out of tasks requiring the expenditure of mental and physical effort, which has as its objective the production of goods and services that cater to human needs’ (p. 307).

Giddens (1997) pointed out that unpaid work such as housework and voluntary work are often not counted in the official employment statistics (p. 307). The official employment statistics tend to include paid work only. Although it is important to give recognition to many forms of “unpaid work” such as housework, this study focuses on paid work. In this study, therefore, “the right to work” refers to “the right to paid work”. The main reason for focusing on paid work is to emphasise that disabled people should have the same right as non-disabled people. It has long been assumed that disabled people are less able to work, and thus many forms of low-paid or unpaid work have been designed for disabled people, such as sheltered workshops which created segregated and low-paid work, and many un-paid activities in the day centres for disabled people. Many of these activities involve labour that should be rewarded by salary. However, only token “pocket money” is given to disabled people because these activities were seen as “therapeutic”. To argue against these exploitative practices, the focus on paid work as a right of disabled people is important.

The "Right to Work" as a Universal Human Right

The "right to work" has been recognised as a universal human right by the United Nations since 1948. *The Universal Declaration of Human Rights 1948* (UN 1948) stated in its Article 23 that: 'Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment'. In Article 6 of *The International Covenant on Economic, Social and Cultural Rights 1976* (UN 1976), the right to work 'includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts'.

In 1994, the Committee on Economic, Social and Cultural Rights of United Nations (UN 1994a) commented on the above rights with relevance to disabled people. It stated that 'the right to "the enjoyment of just and favourable conditions of work" applies to all disabled workers, whether they work in sheltered facilities or in the labour market. Disabled workers may not be discriminated against with respect to wages or other conditions if their work is equal to that of non-disabled workers' (UN 1994a). The Committee also proposed that an anti-discrimination legislation is 'indispensable', which could promote equal opportunities for the participation of disabled people. Furthermore, the Committee emphasised the governments' responsibility in 'developing policies which promote and regulate flexible and alternative work arrangements that reasonably accommodate the needs of disabled workers'.

Although neither the *UN Declaration of Human Rights* nor the comments of the above committee have the force of law (Collins 1992), the importance of the *Declaration* is that it sets an international standard which, ideally, will be pursued by every country. The idea of "the right to work" in the UN documents is thus a desirable goal, but not necessarily a reality in every country. Whether and how a country incorporates the goals set by the United Nations depend on many factors such as the government's commitment and the legislative framework of the country.

In the European Union, the goals of "equal opportunities" and eliminating discrimination in employment for disabled people were stated in the *Recommendation on the Employment of Disabled People 1986*. It proposed that member states should take suitable measures 'to promote fair opportunities for disabled people in the field of

employment and vocational training' (Article 1, see Doyle 1995, pp. 57-58). In addition, it stated that governments should adopt policies to assist disabled people 'in particular, by taking steps to eliminate negative discrimination and to provide for positive action' (Article 2, see Doyle 1995, p. 58). Like the two UN documents discussed above, this EC Recommendation does not have a legally binding effect.

A very significant UN document on the issue of disability which has been signed up to by Sweden and Great Britain is the United Nation's *The Standard Rules on the Equalisation of Opportunities for Persons with Disabilities 1993* (UN 1994b). It does not have the force of law but all countries of the United Nations had signed up to this document (Zarb 1995). It includes eighteen targeted areas for equal participation of disabled people. In the area of employment, it recognised paid employment as a human right of disabled people and proposed that efforts should be made to increase equal opportunities. The first paragraph stated:

'States should recognise the principle that persons with disabilities must be empowered to exercise their human rights, particularly in the field of employment. In both rural and urban areas they must have equal opportunities for productive and gainful employment in the labour market' (UN 1994b).

Taiwan is not a member state of either the United Nations or the European Union. Thus, Taiwan did not sign up to any of the above documents. However, the UN documents on the issue of disability have always been used by the disability movements in making appeals to the government. The government has also paid attention to the developments in the United Nations on the issue of disability. For example, the revision of the *Handicap Welfare Law 1980* in 1990 stated in its introduction that 'the purpose of this revision is to look after disabled people and to guarantee the livelihood of disabled people, to synthesise social opinions and to respond to the United Nation's *Work Action Programme of Disabled People*' (Legislative Yuan 1989), which emphasises the idea of 'full participation and equality' of disabled people. As Taiwan is working hard to earn the recognition of the international community, it will be in Taiwan's interest to follow the goals stated in these documents.

The international principles stated by the above UN and EC documents will be used to propose five basic elements of "the right to work" of disabled people:

1. The work should be paid fair and square.

2. The work should be freely chosen.
3. There should be just and favourable work conditions.
4. Discrimination against disabled people should be prohibited.
5. Work adaptation should be provided with the support from the government.

The realisation of these five elements of disabled people's right to work can not be achieved by any single measure. Various measures have to be adopted. However, I categorise the various labour market measures specifically designed for disabled people into four types. The purpose of doing so is to have more understanding of the approaches adopted by Sweden, Great Britain and Taiwan, in terms of their protection of the right to work of disabled people. Chapter Seven will have more detailed explanation about this categorisation.

"The Right to Work" in the Contexts of Sweden, Great Britain and Taiwan

In Sweden, Great Britain and Taiwan, "work" is intrinsically related to the benefit systems. The social security systems are adopted in such a way that they cannot replace the role of "work" as the primary source of an individual's material well-being. Therefore, work is commonly seen as the obligation of each individual in all three countries. The difference, however, is that Sweden provides universal and more generous social security benefits and more support for unemployed people to secure work through its active labour market policies than Great Britain and Taiwan. In Great Britain, because of the residual characteristics of social security benefits, and because the social security benefits are designed in a way which has strong control over and links with work – work or looking for work, is seen as a duty of the individual. Whereas in Taiwan, the social security benefits do not provide reasonable material well-being for unemployed people. Thus, except for relying on the family, work is almost the only and the main means of survival for most working-age people.

As work is seen as an obligation in all three countries, it is important that the right to work of people is ensured. In the following, I will analyse what 'the right to work' means in the contexts of Sweden, Great Britain and Taiwan.

"The Right to Work" in the Swedish Context

Sweden has acceded to the 1948 UN *Declaration on Human Rights* (Swedish Institute webpage). In Sweden, the concept of “the right to work” refers to “the right to paid employment”. It is a right that is recognised in the Swedish Constitution. Chapter One of the *Instrument of Government* contains a section which deals with certain social, economic and cultural rights. It states, ‘...The personal, economic and cultural welfare of the individual shall be fundamental goals for the public sector. It shall especially rest with the community at large to secure the right to work, shelter and education..’ (Swedish Institute webpage). Besides, a parliamentary commission report called ‘Work For All’, which was published in 1975 (“Arbete åt alla” in Swedish), stated: ‘each person who is able to, and wants to work, should have the right to paid employment’ (SOU 1975: 90; translation made by Sonja Calais van Stokkom, a researcher specialising in disability studies).

In addition to the recognition of an individual’s right to paid employment, the Swedish government has formed a long commitment to full employment. Ginsburg (1983) recorded that when the Social Democrats came to power in 1932, their first measure was to expand the economy and to stimulate employment through the use of public expenditure (p. 112). The active labour market policies were proposed as one of the measures to fulfil the goal of full employment in the late 1940s by two trade union economists, Gösta Rehn and Rudolf Meidner (Ginsburg 1983, p. 112). Until now, full employment is still seen as an important goal of the Swedish government’s economic policy. The active labour market policies also remain as important strategies to reach the goal of full employment.

For instance, the National Labour Market Board stated:

‘Despite expected economic growth during the latter half of the decade, unemployment will remain at an unprecedented high level. One of the objectives of economic policy remains, however, to be full employment’ (National Labour Market Board 1996).

Another document of the National Labour Market Board stated: ‘Swedish labour market policy is characterised by an endeavour to activate the unemployed through various policy programmes’ (National Labour Market Board 1998b). Furthermore, in another document, it stated:

'The Riksdag (the parliament) has affirmed, most recently in 1996, that the public Employment Service shall continue to be grant-financed, comprehensive and free of charge, and a pivotal component of labour market policy' (National Labour Market Board 1997).

In other words, the Swedish government has not only recognised "the right to work" of individuals, but also has maintained its commitment to support individuals into work. An official at the Handicap Ombudsman argued, however, on the nature of the right:

'The National Labour Market Board's services for unemployed people can mainly be said to be based on obligations rather than rights. By this is meant that the various labour market policy measures which could be considered for a particular job seeker are not rights. There is usually no right of appeal against a decision to refer an individual to a measure. This may be contrasted with the benefits which follow from social insurance, which can usually be reconsidered by a higher instance or administrative court following an appeal by the person claiming the benefit' (Karlsson 1998, p. 48).

Therefore, in Sweden, paid employment is recognised as a right. Whereas, as Karlsson contended, the fulfilment of this right depends on the government's commitment in providing active labour market policies for unemployed people. Interestingly, the enactment of the anti-discrimination legislation on gender, nationality and disability issues in the 1990s changed this tradition. The right not to be discriminated against in the labour market was recognised as an important element of the right to work. The mechanism for enforcing this right is not dependent on state provisions. Instead, this right is enforced in the court. Chapter Eight will address this issue further.

"The Right to Work" in the Context of Great Britain

In Great Britain, there is no document giving a clear recognition to people's right to work. However, like Sweden, full employment had once been the major objective of Great Britain's labour market policy. In 1944, the coalition wartime government published a White Paper on Employment Policy which declared this central objective (Cahill 1994, p. 129). Lonsdale (1985, p. 180) analysed the meaning of "full employment" entailed in William Beveridge's report which the government's policy was based on:

'It means having always more vacant jobs than unemployed men, not slightly fewer jobs. It means that the jobs are at fair wages, of such a kind, and so located that the unemployed men can reasonably be expected to take them; it means, by consequence, that the normal lag between losing one job and finding another will be very short'.

However, the post-war consensus on the policy objective of full employment was ended when the Conservative Party came to power in 1979. Cahill (1994, p. 129) suggested that this was due to the Conservative ideologies as well as the high unemployment rate during the mid-1970s. Thornton et al. described (1997, p. 105) the new approach:

'Programmes for the unemployed, including long-term disabled people, focused on reducing the value of benefits, restricting eligibility, tightening their administration and introducing new programmes to assist access to work. Links between benefit payment and active job search were strengthened'.

Thus, the idea of "work" shifted from "full employment" to "the duty to work". The new Labour Government came into power in 1997 and announced its Welfare to Work policy objective. In addition to programmes which provide training and job preparation, new Labour share the same principles which the Conservative government held, namely, the assumptions of people's dependency and the emphasis on the duty to work. This can be seen in the following statement of David Blunkett, the then Education and Employment Secretary:

'The Government is determined to act. We want to return to the driving force which created the welfare state – self-help through mutual help and not state welfare dominated by benefit dependency' (Department for Education and Employment, DfEE 1999a).

Therefore, the idea of "the right to work" in Great Britain, as in Sweden, refers to "the right to paid employment" before the 1980s. Since the 1980s, the "duty" is more emphasised than the "right" to work.

Although in Great Britain, there is no positive recognition of the right to work, there is recognition of the right not to be discriminated against. The enactment of the *Sex Discrimination Act 1975*, the *Race Relations Act 1976* and the *Disability Discrimination Act 1995* are the evidences.

"The Right to Work" in the Taiwanese Context

In Taiwan, “the right to work” is recognised in *the Constitution of the Republic of China on Taiwan*. Article 15 of *the Constitution* stated: ‘People’s right to live, to work and to property should be protected’. Besides, Article 152 stated, ‘The State should give appropriate work opportunities to People who have work capacity’. In addition, the right not to be discriminated against is provided in Article 5 of the *Employment Service Law 1992*. It stated: ‘In order to protect equal opportunities of People, employers cannot discriminate against an individual, on the grounds of his/her race, class, language, thinking, religion, political party, place of birth, sex, appearance, five senses, disability and former membership of trade unions’. In Article 4 of the *PMDPPL 1997*, it stated: ‘ Unless it can be proved that a disabled person is incapable of doing the task, disability alone cannot be justified as the excuse for rejecting his/her opportunities to education, examination, recruitment or other unequal treatment’.

Although the principle of “the right to work” was recognised, it was not clearly defined in *the Constitution*. Similarly, although “the right not to be discriminated against” is recognised, there is no clear definition of what constitutes “discrimination”. Chapter Eight shall discuss this issue further.

Unlike Sweden and Great Britain, full employment has never been the main objective of government labour market policies or economic policies in Taiwan. In contrast, workers’ rights have been undermined under the objective of prioritising economic development. Therefore, the *Vocational Training Law* was not enacted until 1983. In addition, the employment services system developed very late -- the *Employment Service Law* was not enacted until 1992.

Therefore, although Taiwan showed its clear recognition of people’s “right to work”, the commitment to put this ideal into practice started very late. In addition, there is a lack of clear definition of “the right to work” and “discrimination” and thus the enforcement of the laws becomes difficult.

The Definition of “the Right to Work” in this Study

As discussed earlier, “work” is seen as an obligation of the citizens in all the three countries, with the strong link between work and the social security systems. However, Sweden, Great Britain and Taiwan address ‘the right to work’ differently. This study

sees “work” as a right rather than an obligation or duty and focuses on paid work. Drawing from the principles stated in some important international documents, I proposed five main elements (as shown on Pages 9-10) of the meaning of the right to work of disabled people. However, as I shall discuss in Chapter Three (Section 3.4), these five elements have to be extended into six.

Defining “Disabled People”

In referring to disabled people, both “disabled people” and “people with disabilities” are viewed as “politically correct” terms in Sweden. In Great Britain, the term “disabled people” has recently gained political correctness. In Taiwan, the term “mentally and physically disabled people” has become the “politically correct” term since 1997. These “politically correct” languages encapsulate the politics of disability in the three countries. Before analysing the emergence of the “politically correct” terms in the three countries, I shall describe the development of the international definitions of disability. It is important to look at the international scene for the following three reasons: Firstly, the changes in the international definitions revealed the influences of disabled people in contrast to the medical professions. Second, both Sweden and Great Britain participated actively in this development. Third, Taiwan has always paid attention to the UN documents in revising its disability legislation

International Definitions of Disability

The first international definition of disability was formulated by the World Health Organisation (WHO) in 1980. The aim of this classification was to identify the consequences of diseases. Thus the basic framework behind this classification is the *International Classification of Diseases*. A set of three concepts in defining disability were used:

‘The manual contains three distinct and independent classifications, each relating to a different plane of experience consequent upon disease.

(a) Impairments (I Code), concerned with abnormalities of body structure and appearance and with organ or system function, resulting from any cause; in principle, impairments represent disturbances at the organ level.

(b) Disabilities (D Code), reflecting the consequences of impairment in terms of

functional performance and activity by the individual; disabilities thus represent disturbances at the level of the person.

(c) **Handicap (H Code)**, concerned with the disadvantages experienced by the individual as a result of impairments and disabilities; handicaps thus reflect interaction with and adaptation to the individual's surroundings' (WHO 1980, pp. 13-14).

This *International Classification of Impairments, Disabilities and Handicap (ICIDH)* was not accepted by disabled people mainly for its focus on the problem of the individual. The Disabled People's International (DPI), which was the first international organisation controlled and run by disabled people, proposed an alternative definition one year later on (Driedger 1989):

'Impairment is the functional limitation within the individual caused by physical, mental or sensory impairment.

Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers'.

In contrast to the *ICIDH*, DPI's definition emphasised that disability is caused not only by impairments (as opposed to the *ICIDH*) but also social barriers. Due to the strong dissatisfaction of disabled people internationally, the WHO invited a group of representatives, including Swedish and British representatives, to study the issue. As a result, the draft of the *ICIDH-2*, was produced for field trial in 1997. The term "disabilities" has been replaced by "activity"; whereas the term "handicap" has been replaced by "participation":

'Impairment is a loss or abnormality of body structure or of a physiological or psychological function.

Activity is the nature and extent of functioning at the level of the person. Activities may be limited in nature, duration and quality.

Participation is the nature and extent of a person's involvement in life situations in relation to Impairments, Activities, Health Conditions and Contextual factors. Participation may be restricted in nature, duration and quality' (WHO 1997, p. 14).

In the Introduction of this new manual, it stated that the goal of the *ICIDH-2* was to 'provide a synthesis that offers a coherent view of different dimensions of health at both biological and social levels' (WHO 1997). Therefore, it revolutionised the earlier use of the terms and it pays more attentions to the social factors of disability. The terms 'activity' and 'participation' are used instead of "disability" and "handicap". Another significant change was that the causal link of "Impairments → Disabilities → Handicap"

was taken out. In other words, disability is no longer seen as caused by individual abnormality.

Thus, at the international level, the definition of disability has been changing and even the terms have been changed. Despite WHO's efforts in providing a universal definition of disability, the rejection of the *ICIDH* by disabled people and the *DPI*, promoted increasing awareness of seeing social barriers as an important source of disability. How, in the contexts of Sweden, Great Britain and Taiwan, is disability defined?

Defining Disability in the Contexts of Sweden, Great Britain and Taiwan

Defining Disability in the Swedish Context

In Sweden, "handicap" ("handikapp" in Swedish), is a common term used in daily language. Carlsson and Carlsson (1982, p. 5) described the "ambiguous and all-embracing" nature of the way this term is used:

'In Sweden, when we speak of handicaps, we mean a wide variety of conditions. It may refer to the condition of an individual. It may also mean that factors in people's environment cause them to be handicapped, or it may allude to combinations of these conditions. Handicaps may be related both to individuals and environments'.

Therefore in Swedish daily language, what "handicap" means depends on the contexts in which it is used. When it refers to the individuals, the term "handicapped people" is used (Carlsson and Carlsson 1982, p. 6).

Nevertheless, the official definition, or the "politically correct" language, adopted a "relative definition of disability". The fact sheet on Sweden recognised the importance of the disability movement in shaping the official definition (Swedish Institute 1994):

'The environmentally related concept of disability, originally introduced by the active and strong movement of disabled people, plays a central role in Swedish handicap policy. Accordingly, handicap is defined as a problem in the interface between individuals and the environment they find themselves in, not as a characteristic of individual people'.

"Handicap" is used to refer to the situation encountered by disabled people in an inaccessible environment. The focus of this relative definition of disability, is on the accessibility of the environment. For example, the fact sheet stated: 'This approach lays

responsibility on all organisers, both public and private, to ensure that the activities they run are accessible to all, and that they do nothing to make an injury or illness into a handicap' (Swedish Institute 1994). Nevertheless, when it comes to the description of the individuals, the term "disabled people" or "people with disabilities" ("funktionshinder" in Swedish) are used instead. The focus, then, is on the individuals' functional limitations in performing daily activities such as getting up, bathing, and so forth.

Defining Disability in the Context of Great Britain

In Great Britain, as in Sweden, the disability movement had a strong influence on the definitions of disability. In the daily language, despite terms referring to specific types of disability such as "epileptics", "blind", "spastics", "moron", "lunatic" and "retards", terms such as "handicap" and "invalid" are commonly used to refer to disabled people in general. Behind these terms is the assumption that disabilities are caused by defects or abnormality of the individual's mind or body. The disability movement, in contrast, emphasised social barriers as the source of disability. An important journal, *Disability, Handicap and Society*, which was run by disability researchers, declared in 1993 that (Editorial 1993, pp. 109-10):

'Words such as "cripple", "spastic", "Mongol", "defective" undermine disabled people's role in society...Any word or phrase which reflects what has been referred to as "the medical appropriation of disability", is considered unacceptable'.

It was then made clear that the term "persons with disabilities", which implied the medical approach of disability, and the term "handicap", which had negative and oppressive implications (as it is related to the analogy of 'cap in hand'), should both be abolished. As a result of this declaration, the journal was renamed '*Disability and Society*' in 1994. The term "disability" was 'taken to refer to the complex system of economic and social constraints imposed on people with impairments by the organisation of society' (Editorial 1993, p. 110).

Berthoud, et al. (1993) had an interesting discussion on the use of the terms:

'Within the personal model, it is useful to talk of "people with disabilities" (i.e., individuals who are unable to do something). Within the social model, they are

“disabled people” (i.e., the opposite of “enabled”). These words do not carry these precise meanings in general English, and the distinctions can seem absurd to the non-specialist. But they have become important symbols in the debate about disability’.

The declaration in the editorial of the journal in 1993, however, is not the beginning of the challenge of the terms from the disability movement. Instead, it represented an emerging consensus of the terminology among the movement after around two decades.

To challenge the existing medical approach of disability, the *Union of the Physically Impaired Against Segregation (UPIAS)* proposed an alternative definition:

‘Impairment: lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body;

Disability: the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities (UPIAS 1976, pp.3-4).

In contrast to the *ICIDH* classification, which was called ‘the medical model’ by the British disability movement, this classification was referred to as ‘the social model’. Although the social model put the issue of disability on the political agenda, it was criticised that, like the *ICIDH* classification, it objectified disability. For instance, Morris (1993a) contended that although the social model of disability is important in setting the debates from the “rights” perspective, the emphasis on social barriers as a single factor of disability, denies disabled people’s experiences. She stated:

‘Such a perspective is a crucial part of our demand for our needs to be treated as a civil rights issue. However, there is a tendency within the social model of disability to deny the experience of our own bodies, insisting that our physical differences and restrictions are entirely socially created’ (p. 10).

Similarly, French (1993, p.18) argued that the social model which depicts disability as caused by social barriers only, and which dichotomises “impairments” and “disabilities”, denied some disabilities such as visual disabilities, chronic pain and fatigue, and reduced them to “impairments”. Thus, earlier in 1987, Abberley argued that “impairment” should be understood under its “social origins”. That is, to ‘recognise and oppose the social, financial, environmental and psychological disadvantages inflicted on impaired people’ (Abberley 1987, p.17).

Therefore, in Great Britain, although there is a general consensus of using “disabled people” as a “politically correct” term, it is still difficult to reach a consensus on the

definitions of disability.

Defining Disability in the Taiwanese Context

In Taiwan, terms such as “cripple”, “blind”, “deaf”, etc., are used in daily language to refer to specific types of disabilities. However, the term “handicap and useless” (“Tsan-Fei” in Chinese, which is closer to the term “invalid” in English) had significance in referring to disabled people in general. In a famous article which depicted Confucius’ ideal world in the *Book of Rites* which was published more than fifteen hundred years ago in ancient China, it stated: ‘the elderly are cared for, the strong ones are productive, children are looked after in their upbringing, the widows, the orphans, the useless and ill people are all looked after’. Based on this idea of disability, until now the social insurance system still adopts this term “handicap and useless” (“Tsan-Fei” in Chinese). The assumption behind this terminology is that people are seen as useless if they cannot work and have to rely on their family, charity, or the benefit system.

In enacting the *Handicap Welfare Law 1980 (HWL 1980)*, however, the government consciously avoided using the term “handicap and useless”, for the aim of the *Law* was ‘to protect handicapped people’s livelihood, to provide welfare measures, and to help handicapped people to earn their own living’ (Article One of the *HWL 1980*). The introduction of the *HWL* stated, the purpose of the *Law* is:

‘to protect and look after handicapped people, help them to earn their own living, so that they are *handicapped but not useless*, and have the ability to contribute to society. These are important measures of modern welfare states. The *Law* is not just based on humanism but also the responsibility of the welfare state’ (Legislative Yuan 1980, p. 25).

The breakthrough is in abolishing the equation of “handicap = useless”. Although disabled people were no longer assumed to be useless, the definition of disability in this *Law* was based on the medical tests on the individual. The *HWL 1980* was enacted during the period when Taiwan was still very authoritarian politically. During the period from 1949 to 1986, *Martial Law* was enforced and thus there was no right to free association. Therefore, there was no disability movement to exercise their influence on this *Law*. During the legislative process of the *HWL 1980*, six private rehabilitation agencies for disabled people were consulted. However, their opinions were not adopted

by the government. According to Kuo-yu Wang's (1991) interview finding, the *HWL 1980* was one of the government's tools, along with the *Old Age Welfare Law* and the *Social Assistance Law*, to legitimatise its regime.

The second wave of the development of the idea of "disability" has to be understood under the influence of the disability movement. Since the late 1980s, the issue of disability was put on the political agenda due to the influence of the disability movement, and the emphasis on "rights" was made. Therefore, in the *Handicap Welfare (Amendment) Law 1990 (HW(A)L 1990)*, the aim of the *Law* was: 'to protect disabled people's livelihood and legal rights, to provide welfare and assistance measures, and to help disabled people to earn their own living' (Article One of the *HW(A)L 1990*). Under this *Law*, the officially recognised categories of disability were expanded and the protection of rights were emphasised.

Under strong pressure from the disability movement, the categories of the officially-recognised disability was expanded further in the 1990s, and the *HWL 1980* was revised for the second time in 1997. The "politically correct" term, then changed from "handicapped people" to "physically and mentally disabled people". Unlike the old *Laws* of 1980 and 1990 which only listed the categories of officially-recognised disabilities without giving a clear definition of disability, the *PMDPPL 1997* gave a definition of the disability. Article Three of the *Law* stated: 'Disabled people are people whose functions of participating in the society and engaging in the production activities are restricted or can not be brought into full play due to physical or mental factors...'. Then it listed the categories of the officially-recognised disabilities (*PMDPPL 1997*).

Although this definition seems to reveal a change from viewing disability as abnormality in the organ level (as in the previous *Laws*), to emphasising the restrictions which an individual encounters in the environment, the system of registering disability which is based on the medical test of the individual's mind and body is still maintained. In other words, despite the attempt of the disability movement to emphasise the social barriers as important factors of disability, and despite the fact that the categories of disabilities have been expanded, the definition of disability has not been challenged fundamentally.

The Definition of "Disabled People" in this Study

In this study, I choose to use the term “disabled people” for two reasons: First, in all the three countries, the environmental barriers are recognised as important factors of disability. The term “disabled people” can best express the idea of people being disabled by the environmental barriers. Second, this term has been widely accepted in both Great Britain and Sweden. Whereas in Taiwan, the meaning of disability entailed in the *PMDPPL 1997* is closer to the term “disabled people”. Therefore it is hoped that the use of the term “disabled people” in this study, will be more convenient and less confusing in communication than would any other term. This study, however, does not seek to define disability. Initially, an attempt was made to estimate the numbers of disabled people in Sweden and Taiwan by using the definition and measurement of the Office of Population Census and Surveys (OPCS) of Great Britain. However, after considering the main purposes of this study were to look at how disability is defined in the context of each of the three countries, this attempt was dropped. A constructed measure which is not based on the social context of each country would be meaningless.

Furthermore, this study is not confined to particular types of disabilities; instead, the focus is on analysing how the labour market policies define “disability” and “disabled people” in all three countries. The main interest is to see how “disability”, in general, is addressed in all three countries, and how they are related to the different welfare models.

As mentioned, this study does not attempt to construct a ‘standard’ definition or a ‘standard’ measure of disability. Instead, this study is more concerned with looking at how the policies in the three countries view disability. However, it is undeniable that there is a view of disability underlying this study. Underlying the three hypotheses posed in this study, there is the value that inclusive policies are the more desirable ones. As I shall discuss in Section 2.4 of Chapter Two, ‘inclusion’ has always been the goal which disabled people have been struggling for. A large part of this struggle is due to the prevalent ‘medicalised definition of disability’ which sees disabled people as abnormal and who need treatment in order to be ‘normal’ (see Section 3.1 of Chapter Three for more detailed discussion of this definition of disability). This view of disability fails to recognise the injustice in the society which is constructed on the basis of the non-disabled norms and which denies disabled people’s equal rights as equal members of the society. Therefore, underlying this thesis is a view that sees disability as being a social injustice which results from the oppression of people with impairments created by a

society which does not take the needs and aspirations of this group into account.

1.4 Some General Background Information of Sweden, Great Britain and Taiwan

To provide a general picture of the backgrounds of Sweden, Great Britain and Taiwan, this section will give descriptions of some major economic and social indicators, political systems and educational systems of the three countries. The Geography and Demographic features of the three countries will also be shown in Appendix I. It should be noted that this study does not include the whole United Kingdom. The reason for including only Great Britain is that much of the legislation, policy measures and administration analysed in this study, apply only to Great Britain (Scotland, Wales and England) but not other parts of the United Kingdom.

Major Economic and Social Indicators

Table 1.1 shows some major economic and social indicators in the three countries. Sweden's Gross National Product per capita is higher than Great Britain's and is further higher than Taiwan's. The same situation applies with Gross Domestic Product per capita. It should be noted, however, that the methods of measuring unemployment which the three countries adopted are not quite the same. Thus, the statistics here cannot be used for comparison. They only show the official statistics of unemployment in each of the three countries. In all the three countries, employment in the Services sector is higher than the Industry sector and further higher than the Agriculture sector. The social welfare expenditure as a percentage of GDP in Taiwan, however, is much lower than that of Sweden and Great Britain. Although the statistics of the government showed that social welfare expenditure as a percentage of total government expenditure was 12.4 in 1999, Fu (1999) argued that the real figure should be 7.27 percent, since some expenditure should more appropriately be included in other categories instead, such as compensations for farmers because of the change of the Agricultural policies and the expenditure for raising the salaries of government officials and soldiers.

Table 1.1 Major economic and social indicators in Sweden, Great Britain and Taiwan

| | Sweden | Great Britain | Taiwan |
|---|--|---|---|
| GNP per capita (in US dollars) | 25,710 in 1996 | 19,600 in 1996 | 13,248 in 1999 |
| GDP per capita (in US dollars) | 26,253 in 1995 | 18,913 in 1995 | 12,488 in 1995 |
| exchange rate (to US dollars) | 6.706 in 1996 | 1.5837 in April 2000 | 31.4 in 1999 |
| unemployment rate (%) | 6.4 in January, 2000 | 5.8 in Quarter 1, 2000 | 2.7 in April 2000 |
| employment by economic activity (%) | Agriculture: male 5; female 2; Industry: male 34; female 11; Services: male 52; female 81 (1994) | Agriculture: male 3; female 1; Industry: male 32; female 13; Services: male 51; female 80; (1994) | Agriculture: 8.3; Industry: 37.2; Services: 54.5 (1999) |
| social welfare expenditure as % of GDP | 33.7 in 1997 | 26.8 in 1997 | in 1997; 4.9 in 1999 |
| social welfare expenditure as % of total government expenditure | 21.8 in 1994 | 8.7 in 1994 | 12.4 in 1999 |

Sources UN Statistical Yearbook 1997; UNESCO Statistical Yearbook 1998; National Statistics 2000a, 2000b, 2000c; ONS 1999b, 2000; Eurostat 1999; Executive Yuan 1998a, 1998b, 1999, 2000b, 2000c, 2000d, 2000f, 2000g, 2000h; GIO 2000.

Political System

Sweden is a parliamentary monarchy with a parliamentary form of government. The Swedish government consists of the Prime Minister and nineteen other ministers. There are ten ministries. The local administration is composed of 280 municipalities and 23 counties. Between 1932 and 1976, 1982-1991, and from 1994, the Social Democratic Party has been in power (Swedish Institute 1997).

Like Sweden, Great Britain is also a constitutional monarchy with a parliamentary form of government. However, the Constitution is not set out in any single document. Instead, it is made up of statute law, common law and conventions. Parliament is the legislature and the supreme authority. The executive consists of The Government – the Cabinet and other ministers, government departments and agencies, local authorities and so on. The judiciary determines common law and interprets statutes (ONS 1999a). The main political parties in power in British history include the Conservative Party and the

Labour Party.

The Constitution of the Republic of China on Taiwan provides for a central government with five “yuans” (branches) – the Executive, the Legislative (Legislature), the Judicial (Judiciary), the Examination, and the Control Yuans. As chief of state, the president represents the country in its foreign relations and at state functions. There were two municipalities, Taipei and Kaohsiung, administered by the municipalities, and one Taiwan Provincial Government (TPG) which administered fifteen counties and eight cities. Since 2000, the Taiwan Provincial Government’s administrative power was cut and the cities and counties which used to be administered by the TPG are now administered by their local authorities. The Kuomintang Party (The KMT Party) governed Taiwan from 1949 to 2000. The May 20, 2000 inauguration of President Chen Shui-bian, who was a nominee for president for the Democratic Progressive Party (The DPP Party) (formed in September 1986), ushered a new era in Taiwan’s democratic development. This is the first time in Taiwan’s history that another political party, other than the KMT Party, is the party-in-power.

Educational System

The compulsory education period includes: nine years (7-16 years of age) in Sweden; eleven years (5-16 years of age) in Great Britain; and nine years (7-15 years of age) in Taiwan. In Sweden, the first level education is 7-12 years of age; the first stage of the second level education is 13 - 16 years of age and the second stage of the second level education is 16 - 19 years of age. In Great Britain, the first level education is 5-11 years of age; the second level education is 11 -16/18 years of age. In Taiwan, the first level education is 7-12 years of age; the first stage of the second level education is 13 -15 years of age and the second stage of the second level education is 16 -18 years of age.

The statistics described above provide us a comparable ground for comparing policies of the three countries. In general, the three countries can be said to be politically democratic, and economically and socially developed. In addition, the structures of the economic activity are similar in the three countries, namely, more than half of the employed population worked in the Services sector, and the Industry sector plays a secondary role in employment; whereas the Agriculture sector is comparatively very small. Although in terms of GNP and GDP per capita, Sweden is higher than Great

Britain and again further higher than Taiwan and the amount of both in the three countries is ranked high in comparison with many other countries in the world. Thus, all the three countries have adequate resources for labour market policies for disabled people, providing there is justice in the distribution system.

1.5 Conclusion

The developments of the labour market policies for disabled people since mid-1990 in Sweden, Great Britain and Taiwan revealed both similar trends and differences among the three countries. To explain the similarities and differences, this study adopts a historical comparative approach. Section 1.1 shows the hypotheses of this study which were drawn from Esping-Andersen's (1990) models of welfare regimes. Section 1.2 stated the research Questions of this study. Section 1.3 defined two key concepts – “the right to work” and “disabled people”.

Drawing from the principles stated by various international documents on the idea of “the right to work”, this study proposed five basic elements (as shown on page 8) of the right to work of disabled people. Furthermore, the review of how Sweden, Great Britain and Taiwan address the concept of “the right to work” provides the readers with a contextual understanding of this concept. Because unpaid work has been used in exploitative ways especially in the disabled arena, this study holds that gaining paid work rather than unpaid work should be seen as a right of disabled people. Thus, the focus of the concept of “work” in this study is on “paid work”.

In defining “disabled people”, firstly the international definitions of disability were discussed, to show how the concept has been changed under the influence of disabled people at the international level. In addition, the developments of the idea of disability and the politically-correct terms were analysed in the contexts of Sweden, Great Britain and Taiwan, to highlight the disability politics in the three countries. In this study, “disability” will not be given a standard definition because one of the main purposes of this study is to look at how disability is defined and addressed in the labour market policies in the three countries.

Section 1.4 provided general background information of the three countries, including major economic and social indicators, and the political and educational systems. By doing so, the social, political and economic situations in the three countries can be

pictured and compared. The comparability of the three countries was also demonstrated.

Having defined the research hypotheses, research questions and the two key concepts and having provided some general background information in this chapter, the next chapter will focus more on the questions of why paid work is important to disabled people, the situations of disabled people's employment in the three countries, a review of past studies of labour market policies for disabled people, a review of past comparative studies, and a discussion of the four inter-related concepts: exclusion and segregation, versus inclusion and integration.

1.6 Structure of the Thesis

The chapters forming this thesis are structured in a way that attempts to answer the three research questions (as stated on Pages 6-7) in order. The underlying logic behind this way of structuring the text, however, is that: First of all, before analysing the various labour market programmes specifically designed for disabled people, it is crucial to analyse the views of disability, which labour market policies are based on, in the three countries. By looking at the politics of definition of disability, we can also see the main mechanisms which change the way the three societies view disability in their respective labour market policies. Thus, in Chapter Five, I will analyse the definitions of disability adopted in the labour market policies in each of the three countries. To be more specific about how the labour market policies define their entitlements, the way employability is assessed will also be analysed.

Secondly, after having an idea about how disability is defined and assessed in the labour market policies, it is important to discuss the issue of what 'special' means in these policies. The disability issue is often seen as a special issue in government policies. Being a special issue, it may mean providing exclusive and segregated policies in some countries; it may also mean providing extra support in addition to the existing policies for everyone including disabled people. To understand the degree of inclusiveness in the approaches taken by the three countries, it is important to know whether the mainstream labour market programmes are accessible to disabled people, before we look at the labour market programmes designed specifically for disabled people. Therefore, in Chapter Six, I will analyse whether the labour market policies for disabled people are based on an inclusive approach which takes disabled people into account in policy

development; also, how disabled people are seen as a special group in the labour market policies, and whether there is any group who are specially excluded from benefiting from these labour market policies.

Thirdly, after having analysed the views of disability and the meaning of treating disability as a special issue in the labour market policies, I will further narrow down the scope of the analysis to look at the labour market programmes specifically designed for disabled people. In Chapter Seven, I shall describe my categorisation of the various programmes and the developments of these programmes in each of the three countries. Then in Chapter Eight and Nine, I shall analyse the four types of labour market programmes specifically designed for disabled people in more detail one after another. In this way, we could gain more in-depth understanding of each of the various programmes.

To be brief, Chapter One gives an introduction which sets out the aims of this study; Chapter Two and Three establishes the background of the study by reviewing existing studies and theoretical debates; Chapter Four describes the research methods. From Chapter Five to Nine, I analyse the data in order to answer the research questions posed in Chapter One. Chapter Ten provides a summary, conclusions and discussions of the study.

CHAPTER TWO BACKGROUND OF THE STUDY

This chapter aims to demonstrate the importance of this study by addressing the following questions: Why is paid work important to disabled people? What are the employment situations of disabled people? What are the approaches of existing studies on the labour market policies for disabled people? Why is it important to address the issue of the right to work of disabled people from a comparative approach? Why is the idea of “inclusion” emphasised in the research hypotheses (as shown on page 6)?

This chapter will be divided into the following five sections:

- 2.1 The Importance of Paid Work for Disabled People**
- 2.2 The Statistics of Disabled People’s Employment Situations in Sweden, Great Britain and Taiwan**
- 2.3 Comparative Study as an Important Approach – Review of Existing Studies**
- 2.4 “Exclusion” and “Segregation” Versus “Inclusion” and “Integration”**
- 2.5 Conclusion**

2.1 The Importance of Paid Work for Disabled People

The importance of paid work in people’s life has been well-documented. In general, paid work provides financial, psychological and social functions. Paid work is the major source of economic security for most working age people. Besides, paid work provides a sense of personal identity (including self-esteem, responsibility, dignity and acceptance as an adult member of society). In addition, paid work also enables individuals to feel that he or she is making an active contribution to the community (Eales 1986; OECD 1988). Research demonstrates that the experience of unemployment is miserable for most people (Jahoda 1982, Warr 1987). People on government training programmes were found to be psychologically healthier than unemployed people (Breakwell 1985). Furthermore, paid work is an important basis on which social contacts and relationships are formed. Therefore, paid work plays a crucial role in people’s feeling of being integrated in the society (Borsay 1986; OECD 1988). Moreover, for many young people, paid work may be a landmark of successful transition from adolescence to adulthood.

Because of the importance of paid work to people's life, Marsh (1991) contended that social policy should deal with formal employment as distributive justice.

Some researchers linked the ideology of capitalism with the importance of paid work in capitalist societies. For instance, Coleridge (1993, p.75) contended that:

'... an historical overview of the development of capitalism would reveal the way in which "being productive" has become crucial to defining a person's value; people are defined by what they do and what they can produce, not by what they are' (Coleridge 1993, p. 75).

Although it is difficult to prove the relationship between paid work and the ideology of capitalism, it is hard to deny that paid work has become an important dimension for people to get to know each other. Paid work takes up a large portion of most people's daily life and thus to a great extent, it defines their way of life.

The importance of paid work to people as discussed above is significant to disabled people as well. Several studies have addressed this issue. For instance, Perry (1984) found that financial need is the overriding reason for disabled women who wanted paid work. Whereas Lonsdale (1990) found that paid work is important for disabled women for many reasons.

'Primarily, it provides company and the possibility of being with other people. It gives women confidence and increases their experience and skills. It provides challenges and... had overcome loneliness...Some women describe employment as helping them not to give up and to overcome the immense frustrations they sometimes feel...' (pp. 104-05).

In an interview survey with disabled people carried out in 1993, Rowlingson and Berthoud (1996) found that the three most important factors which encouraged disabled people to find and stay in paid work are: job security, good relations with your employer and good wages. Meager et al. (1998) interviewed 2,000 disabled people of working age (men aged 16-64; women aged 16-59) who have a long-term disability or health problem, and those who have had such a disability, in line with the definition of disability of the *DDA*. They found that most disabled people of working age agreed (64 percent agree strongly; 29 percent agree) that getting a job is important to them.

For many disabled people, the major struggle of their life is the struggle for independence (Lonsdale 1990; Oliver 1990, 1993; Finkelstein 1993; Morris 1993b). The fact that there are Independent Living Movements in both Sweden and Great Britain

shows the importance of independence in disabled people's struggle. These movements aim to promote the independence of disabled people through asking their governments to provide adequate funding and training that empower disabled people to hire their own personal assistants. There has not been an Independent Living Movement in Taiwan so far, nevertheless, the advocacy and the introduction of the Disability Living Allowance in Taipei in 1995, carried similar purposes. Despite these efforts, there has never been enough funding which supports disabled people to reach independence. Thus, Lonsdale (1990) highlighted the importance of paid work in people's independence:

'Independence is only possible when individuals have an adequate income or material base from which to proceed. In industrial society this comes primarily from employment...' (Lonsdale 1990, p. 98).

The denial of disabled people's right to work, thus forces disabled people into being dependent. Oliver (1999) pointed out the key role of paid work in social inclusion for disabled people:

'...while participation in the world of work remains the main mechanism for social inclusion, disabled people will continue quite rightly to demand a full and equal share of it' (Oliver 1999a, p. 13).

Therefore, Oliver (1999a) argued that the denial of disabled people's opportunity to work is the denial of human rights:

'To be constantly and consistently denied the opportunity to work, to make a material contribution to the well being of society is to be positioned as not being fully human, indeed in my view, is the root cause of us being labelled as "other" or "useless eaters" as the title of Simon Smith's CD suggests' (Oliver 1999a, p. 9).

The right to paid work, Oliver (1999) argued, should be 'involvement in the labour force, and not just in dead end jobs'. In other words, the right to work does not mean "any job is better than no job". Instead, disabled people's right to work can be guaranteed only when being included in the labour market. Thus, the *DPI* argued for opportunities for disabled people as opposed to discrimination against disabled people in the labour market (see Oliver and Barnes 1998, p. 115):

'Employment is the basis for all personal and shared prosperity. The right to gainful employment must be extended to include the disabled. The obvious discrimination of the disabled in the labour market must be substituted for by opportunities, so that

each and every individual, according to ability and capacity, can work and contribute to the maintenance of themselves and family’.

Therefore, in looking at the right to work of disabled people, the idea of “inclusion” is crucial.

2.2 The Statistics of Disabled People’s Employment Situation in Sweden, Great Britain and Taiwan

Haveman et al. (1984) estimated that individuals with long-standing work impairments form from five to 10 percent of the working-age population in western industrialised countries, despite the differences in the definitions of disability. The study of Haveman et al. (1984) had been well-known and other studies also found that the disabled population in many countries such as Sweden, the United States, Canada and Belgium fell roughly in this range in the early 1980s (OECD 1992). The importance of this estimation was that it showed the interesting similarity in the estimated proportion of disabled people in the western countries in the early 1980s, nevertheless, it can be misleading if factors such as the social and economic situations of the country, the purposes of the definition of disability and the measures adopted for estimating the disabled population are not considered in looking at the population of disabled people in different societies.

It was pointed out earlier (Section 1.3 of Chapter One) that not only the terms used to refer to disabled people are different in Sweden, Great Britain and Taiwan, their definitions of disability are very different as well. In addition to the fact that there is no “true” figure of disabled people, constructing a standard definition of disability or seeking a “true” figure of the population of disabled people, cannot tell us much about the three societies. As we know, all statistics in social sciences are the results of social construction. The ‘truth’ in social sciences will therefore be a socially constructed one, rather than a natural rule. Thus, there is a danger of looking at the statistics without taking account of who, why, when and how the statistics were established. Nevertheless, for many policy makers, statistics provide them with an idea of the scope and the nature of the problem. Therefore, in this section, I will describe the existing statistics on the population and employment situations of disabled people in the three countries. Special notice has to be paid, however, to the way disability is defined. In addition, it should be noted that in all three countries, disabled people are more disadvantaged in the labour

market than non-disabled people.

Sweden

The most recent government living conditions survey of disabled people was published in 1992 (Statistics Sweden 1992). Most information in this report referred to the years 1988 and 1989. Disability was categorised into twelve groups, according to the nature of the diseases or impairments of functions of working and daily activities like walking, cleaning, and so forth. Table 2.1 shows the numbers of disabled people aged sixteen or more, by types of disability. According to this survey, people with sharply reduced working capacity constitute 12 percent of the general population.

Table 2.1 The estimated numbers of disabled people aged sixteen or more by types of disability in Sweden

| Types of disability | Number of disabled people | Percentage in the general population |
|---|---------------------------|--------------------------------------|
| Persons with sharply reduced working capacity | 825,000 | 12 |
| Persons with impaired hearing | 780,000 | 11.5 |
| Mobility disability | 600,000 | 9 |
| of which: serious | 365,000 | 5.5 |
| Allergies | 485,000 | 7 |
| Cardiovascular (heart) disease | 315,000 | 4.5 |
| Asthma | 290,000 | 4.5 |
| Dependent on assistance | 265,000 | 4 |
| Pulmonary (lung) disease | 210,000 | 3 |
| Diabetes | 210,000 | 3 |
| Persons with low vision | 175,000 | 2.5 |
| Psoriasis | 160,000 | 2.5 |

Note: One person may have more than one type of disability and thus may be covered in several categories.

Source: Statistics Sweden 1992, p. 271.

This survey also shows that the proportions of disabled people who were gainfully employed vary greatly among different disability groups. The proportions who were gainfully employed among persons with allergies, psoriasis and impaired hearing, were similar to the general population, namely, 82 percent; whereas the proportions who were gainfully employed was only 44 percent of persons with mobility disabilities; 36 percent of those with serious mobility disabilities; and 42 percent of persons with low vision

(Statistics Sweden 1992, p. 277). It was also found that persons with impaired hearing (60 percent) and persons with sharply reduced working capacity (63 percent) were particularly more likely to be in manual work, when compared to other disabled groups and non-disabled people. The percentage in manual work among non-disabled people was 50 percent (Statistics Sweden 1992, p. 167).

In addition, Statistics Sweden also completed a study on the situation of the “functionally limited persons” on the labour market in 1997 (Statistics Sweden 1997). It used the term “functionally limited person” to refer to a person who ‘has a physical, medical, intellectual or mental limitation that may affect the person’s daily life’-- the limitation ‘may be congenital or having occurred later on as a consequence of an illness, accident or occupational injury’.

Table 2 2 The percentage in the general population who are not employed/ employed people with each type of disability in Sweden

| Type of disability | percentage of people in the general population who are not employed and with each type of disability | percentage of employed people in the general population with each type of disability | percentage of all population with each type of disability |
|-----------------------------|--|--|---|
| Mobility disability | 43.8±2.4 | 34.6±1.5 | 38.8±1.3 |
| Asthma | 19.2±1.9 | 22.9±1.3 | 21.2±1.1 |
| Mental disability | 8.8±1.3 | 2.1±0.5 | 5.1±0.6 |
| Heart, coronary disease | 7.5±1.3 | 3.9±0.6 | 5.5±0.6 |
| Visual impairment | 5.6±1.1 | 7.9±0.9 | 6.9±0.7 |
| Hearing | 4.8±1.0 | 8.5±0.9 | 6.8±0.7 |
| Diabetes | 4.7±1.0 | 4.7±0.7 | 4.7±0.6 |
| Stomach, intestine problems | 3.2±0.8 | 3.9±0.6 | 3.6±0.5 |
| Lung diseases | 2.8±0.8 | 1.0±0.3 | 1.8±0.4 |
| Epilepsy | 1.8±0.6 | 0.9±0.3 | 1.3±0.3 |
| Dyslexia | 1.7±0.6 | 1.0±0.3 | 1.3±0.3 |
| Psoriasis | 1.7±0.6 | 3.1±0.6 | 2.5±0.4 |
| Retarded development | 1.7±0.6 | 0.2±0.1 | 0.9±0.3 |
| Speech impairment | 0.9±0.4 | 0.8±0.3 | 0.8±0.2 |
| Deaf | 0.8±0.4 | 2.3±0.5 | 1.6±0.3 |
| Other | 12.9±1.6 | 12.9±1.1 | 12.9±0.9 |
| Don't know | 0.3±0.3 | 0±0.0 | 0.2±0.1 |

Source: Statistics Sweden 1997, p.23. English translation was made by Ms. Inga-Britt Lagerlöf.

This report estimated that a fifth of the population between the ages of 16 and 64 (19.2 percent) had a functional limitation. In addition, this study also showed that the proportion of employed people who had functional limitations was 14.3 percent. In terms of the employment situations, it was found that lower percentage (54.8 percent) of functionally limited people were in employment compared to the general population (70.9 percent). It was also found that functionally limited people were less likely to be in full-time employment compared to the general population. Furthermore, it was found that 27.9 percent of the functionally limited people said that they needed aids and workplace adaptation, nevertheless, 43.1 percent of their employers did nothing to adapt the workplace.

The figures described in the above two surveys were not comparable with each other, owing to the different categorisations of disability and coverage of the age groups. In the survey published in 1992, the categorisation of disability was based on diseases, impairments and functional limitations; whereas the 1997 survey looked at diseases and impairments only. In addition, the former estimated that 12 percent of the population above sixteen years of age had sharply reduced working capacity – no matter whether they are in employment or not; whereas the latter focused on the employed people aged 16-64 years of age and asked whether they had functional limitations and found 14.3 percent of the employed people reporting to have functional limitations. Bearing these differences in mind, the figures could still give us a picture of the scope and the nature of the problem. Special attention has to be paid to the fact that in comparison to non-disabled people, disabled people were: a) less likely to be in employment; b) less likely to have full-time jobs; c) less likely to be in non-manual jobs; and d) work adaptation was rarely provided for disabled people who needed it.

Great Britain

The most recent census surveys on disabled people were published in 1988 and 1989 by the *OPCS*. Four separate surveys were carried out between 1985 and 1988, covering adults and children in private households and communal establishments. These surveys are important because they aimed to provide the bases 'for the purposes of planning benefits and services' (Martin et al. 1989, p. ix). These surveys defined disability as 'a

restriction or lack of ability to perform normal activities, which have resulted from the impairment of a structure or function of the body or mind'. The surveys 'attempted to cover all types of disability' (Martin et al. 1988, p. xi). Disability was taken as a continuum in terms of severity, ranging from very slight to very severe. Thirteen types of disabilities were constructed, based on the *ICIDH*. The severity of disability in the thirteen areas of disability was decided. Then through a calculation formula, the severity of disability was categorised into ten scores. In these reports, the findings are compared with the findings of the *General Household Survey (GHS)* (Martin and White 1988; Martin et al. 1988; Martin et al. 1989).

It was estimated that there were 6,202,000 disabled people in Great Britain, which constituted 14.2 percent of the general population. Among them, 5,780,000 disabled people were living in private households and 422,000 were living in communal establishments. Among people who were aged 16 to 59, disabled people constituted 13.3 percent. Forty-three percent of all disabled people (men: 49 percent; women: 29 percent) were under pension age.

In terms of the employment situations, it was found that disabled people were less likely to be working than their non-disabled counterparts. The proportion of disabled adults under pension age living in private households who were working was 31 percent (men: 33 percent; women: 29 percent); whereas the *GHS (GHS) 1985* estimated 69 percent in the general population. It was also found that disabled people were more likely to be unemployed. The unemployment rate of economic active disabled people under pension age was 27 percent for men and 20 percent for women; whereas the *GHS 1985* found 11 percent and 9 percent respectively in the general economic active population. Furthermore, disabled people tended to earn less than their non-disabled counterparts. The average gross earnings per week of disabled male full-time workers was only 81 percent of that of their non-disabled counterparts; the relative figure for women was 88 percent. In addition, the average gross hourly pay of disabled male full-time workers was only 84 percent of that of their non-disabled counterparts; the relative figure for women was 91 percent.

Furthermore, compared to non-disabled people, disabled people were more likely to be in manual jobs. Thirty-seven percent of disabled men were in manual jobs and 18 percent were in professional and managerial jobs, compared to 46 percent and 28 percent in the general population respectively; Twenty-eight percent of disabled women were in

non-manual jobs, compared to 39 percent in the general population. Moreover, among those disabled people who were working, 15 percent said no work adaptation was needed; 27 percent had work adaptations; and 58 percent said nothing had been done to adapt the work

Unlike the *OPCS* surveys, the *Social and Community Planning Research (SCPR)* conducted a survey on behalf of the *Employment Service (ES)* (Prescott-Clarke 1990), which included only disabled people of working age (16-64 if male; 16-59 if female) who lived in private households and were economically active. However, it adopted the measure of disability constructed in the *OPCS* surveys and estimated that disabled employees constituted 4 percent of the population of all employees. This study compares its findings with the findings of *GHS 1985* and the *Labour Force Survey (LFS) 1985*. The percentage of the working age population who had functional limitations was found to be 8.4 (19 percent in *GHS 1985*; 11.6 percent in *LFS 1985*) (see Prescott-Clarke 1990). Table 2.3 shows the percentage of economically active disabled people by types of disability.

Table 2.3 Percentage of economically active disabled people by types of disability (Great Britain)

| Types of disability | Percentage |
|--------------------------|------------|
| Locomotion | 40 |
| Hearing | 20 |
| Intellectual functioning | 19 |
| Behaviour | 18 |
| Dexterity | 16 |
| Seeing | 14 |
| Communication | 9 |
| Digestion | 9 |
| Contenance | 8 |
| Disfigurement | 7 |
| Reaching and Stretching | 6 |
| Consciousness | 4 |

Note: One person may have more than one type of disability and thus may be covered in several categories.

Source: Prescott-Clarke 1990.

“Economically active” in this survey, referred to all those who wanted work, whether or not they were actively seeking it or claiming benefit on grounds of unemployment, and those who, although unable to work in open employment, felt they could work in a

sheltered environment and would like to do so. In terms of the employment situations, it was found that 78 percent of economically active disabled people were in work. Three percent of those in work were in sheltered employment. It was also found that disabled people were more likely to be long-term unemployed (over one year, up to three years). The percentage of long-term unemployed in the disabled population was 58 percent, compared to 38 percent in the general population. In addition, disabled people were less likely to be in professional, managerial and non-manual work. Forty-two percent of disabled people were in professional, managerial and non-manual work, compared to 54 percent in the general population. Furthermore, disabled people tended to earn less than non-disabled people. The average earnings in full-time work was 150-199 pounds for disabled men and 200-249 pounds for non-disabled men. Finally, disabled people were slightly more likely to be self-employed (14 percent; compared to 12 percent in the general population) (Prescott-Clarke 1990).

Special attention should be paid to the findings of the above surveys that disabled people were less likely to be employed; tended to have lower earnings and lower employment status than non-disabled people; and were more likely to be long-term unemployed. In addition, few work adaptations had been provided. Meager et al. (1998) had similar findings. They interviewed 2,000 disabled people of working age, who have a long-term disability or health problem, and those who have had such a disability, in line with the definition of disability in the *DDA 1995*. It was found that 46 percent of disabled people were in work. It was also found that disabled people were more likely to work in manual and lower skilled occupations, and less likely to work in managerial, professional and high skilled occupations (11 percent of disabled people are in managerial occupations, compared with 15 percent of non-disabled people). Furthermore, at 196 pounds per week, the average take home pay of disabled employees is lower than that of non-disabled employees (212 pounds).

Moreover, it was also found that over a quarter of disabled people who left their job because of their disability said that adaptations would have enabled them to stay in work; but less than one in five of this group say they were offered such changes. In addition, one in six disabled people (16 percent) who were or had been economically active said that they had experienced discrimination or unfair treatment in a work-related context. Finally, disabled people tended to have lower education than non-disabled people and were more likely to have no qualifications. Thirty-eight percent of disabled people did

not have qualifications, compared to 16 percent of their non-disabled counterparts (Meager et al. 1998).

Grundy et al. (1999) covered only disabled adults living in private households. They used the disability measure developed by the *OPCS* surveys 1985-1988 and estimated that there were 8,582,000 disabled people in Great Britain, constituting 19.8 percent of the general population. Among them, 53 percent were aged 16-64, compared with 44 percent of the general population. Table 2.4 shows the percentages of people in the disabled population with each type of disability. In terms of the employment situations, it was found that 37 percent of disabled men under 50 and 22 percent of disabled men aged 50-64 were working; 33 percent of disabled women under 50 and 25 percent of women aged 50-59 were working, compared with 78 percent for men and 67 percent for women in the general population (Grundy, et al. 1999).

Table 2.4 Percentage of people in the disabled population with each type of disability (Great Britain)

| Types of disability | percentage |
|-------------------------|------------|
| Locomotion | 72 |
| Dexterity | 35 |
| Personal care | 35 |
| Hearing | 34 |
| Behaviour | 32 |
| Intellectual | 29 |
| Seeing | 23 |
| Reaching and stretching | 20 |
| Contenance | 16 |
| Digestion | 12 |
| Communication | 6 |
| Disfigurement | 6 |
| Consciousness | 3 |

Note: One person may have more than one type of disability and thus may be covered in several categories.

Source: Grundy, et al. 1999.

Along with the above surveys, the *LFS* estimated that there were 6,516,000 people of working age with a current long-term disability or health problem that has a substantial adverse impact on their day-to-day activities or limits the work they do, which constituted 19 percent of the working population. Table 2.5 shows the estimated numbers of disabled people with each type of disability. It was found that compared to

non-disabled people, disabled people were more likely to have no qualifications, to be out of work and claim benefits, to be self-employed, to work part-time, and were less likely to be in employment. In addition, the *International Labour Organisation (ILO)* unemployment rate among disabled people was found to be higher than that of non-disabled people. See Table 2.6.

Table 2.5 Estimated numbers of disabled people with each type of disability (Great Britain)

| Type of disability | Estimated number of disabled people |
|--|-------------------------------------|
| Problems with back and neck | 1,259,000 |
| Chest, breathing problems | 909,000 |
| Problems with legs and feet | 742,000 |
| Problems with heart and blood pressure | 724,000 |
| Mental illness | 516,000 |
| Problems with arms and hands | 405,000 |
| Problems with stomach, liver, kidney and digestion | 307,000 |
| Diabetes | 272,000 |
| Progressive illness | 221,000 |
| Learning difficulties | 144,000 |
| Skin conditions, allergies | 143,000 |
| Difficulty in hearing | 132,000 |
| Epilepsy | 130,000 |
| Difficulty in seeing | 116,000 |
| Speech impediment | 11,000 |
| Other problems, disabilities | 463,000 |

Note: One person may have more than one type of disability and thus may be covered in several categories.

Source: *LFS*, summer 1999.

Table 2.6 Qualifications and the employment situations of disabled people, compared to non-disabled people (Great Britain)

| Items | disabled | non-disabled |
|--|----------|--------------|
| Percentage of those who were in employment | 47 | 81 |
| Percentage out of work and claiming benefits | 40 | 6 |
| Percentage with no qualifications | 30 | 14 |
| Percentage working part-time | 28 | 23 |
| Percentage self-employed | 13 | 11 |
| ILO unemployment rate | 10.1 | 5.7 |

Source: *LFS*, summer 1999.

So far, I have outlined statistics available for population and employment situations of

disabled people. It should be noted that most of the surveys shown above were based on the disability measure developed by the *OPCS* surveys in 1988 and 1989. The *OPCS* surveys adopted a functional definition of disability, that is, disabled people are people who have functional limitations. The medical and individualised view of disability entailed in this definition has been heavily criticised by disability researchers (Oliver 1990, 1992; Abberley 1991, 1992; Cooper and Vernon 1996).

Oliver argued that many studies in the personal social services engaged in the 'sterile business of head-counting', which were not only unreliable but also reinforcing oppression towards disabled people:

'if disability is really socially caused, then research should aim to identify those social causes with a view to eradication rather than further contributing to the individualisation of disability. It is also a waste of resources...no accurate and reliable data have ever been produced...Head-counts cannot, therefore, produce reliable data for planning and policy purposes and, in addition, they contribute to the further oppression of disabled people' (Oliver 1991, p. 64).

Therefore, although the statistics shown above provide an idea of the scope and the nature of the problem, special attention should be paid to the population included in the surveys, the definitions of disability and the ideologies of disability behind these surveys.

Taiwan

The most recent official survey on the living conditions of disabled people was carried out in June and July 1995 (The Ministry of the Interior, MOI 1996). This survey drew a sample of 6,418 disabled people from the 311,730 registered disabled people at the end of 1994. In the government registration system, disability is categorised according to diseases and impairments assessed by medical doctors. Each registered disabled person is issued with an identification booklet called "the Handicap Booklet", which functions like a passport to all the social services, welfare benefits and employment services for disabled people. Without this booklet, an individual will not be eligible for any of these welfare benefits and services. It was reported that there were 311,730 registered disabled people, constituting 1.47 percent of the general population at the end of 1994. Among them, 62.6 percent (195,060 disabled people) were aged 18-64 (MOI 1996).

This survey found that disabled people tended to have low education. Nearly half of

the disabled people aged 18-64 received no more than primary education (no education: 22 percent; primary education: 23.5 percent). In terms of the employment situations, among the 280,722 disabled people above 15 years of age, 42.63 percent (119,683 disabled persons) were working, compared to 10.55 percent in general in 1995; 57.37 percent (161,039 disabled persons) were not working, compared to 32.4 percent in general in 1995. The percentage working varied greatly among different disabilities. See Table 2.7.

Table 2.7 Percentages of registered disabled people who are working, in each registered disability group (Taiwan)

| Type of disability | percentage working |
|--|--------------------|
| Disfigurements | 77.0 |
| Physically handicapped | 62.4 |
| Autism | 52.0 |
| Speech or language ability handicapped | 37.5 |
| Deaf or auditory handicapped | 31.4 |
| Mentally retarded | 30.7 |
| Multiple-function impairments | 14.8 |
| Visually handicapped | 13.7 |
| Important organs to lose function | 6.2 |
| Alzheimer's Disease | 2.3 |
| Persons at Vegetation Stage | NA |
| Others | 51.9 |

Note: NA means not applicable.

Source: MOI 1996.

Compared to non-disabled people, disabled people were more likely to work in the Services sector (70.18 percent, compared to 50.71 percent in general in 1995), less likely to work in Agriculture, Forestry, Fishing and Farming (4.55 percent, compared to 38.74 percent in general in 1995), and slightly less likely to be in the Industry and Mining occupations (35.26 percent, compared to 38.74 percent in general in 1995). (MOI 1996; Executive Yuan 2000a). Among those who were working, 83.42 percent were employed and 15.58 percent were self-employed. Furthermore, around half of disabled people worked in manual, labour and clerical work. Table 2.8 shows the socio-economic status of disabled people who were working.

Table 2.8 Socio-economic status of registered disabled people who were working (Taiwan)

| Socio-economic status | Percentage |
|--|------------|
| Administrative & Managerial | 6.79 |
| Professional | 9.86 |
| Skilled & Assistant Professional | 10.27 |
| Clerical | 24.00 |
| Service & Sales | 19.30 |
| Agriculture, forestry, fishing & farming | 3.23 |
| Manual & Labour | 26.56 |

Source: MOI 1996

Alongside the above living conditions report, other government publications and surveys also provide basic statistics on the employment situations of disabled people. The Quarterly Bulletin of Statistics reported that at the end of 1994, among the disabled people above 15 years of age, most of them were not working -- only 27.6 percent were working. Among those who were working, 52 percent were in skilled or non-skilled manual work, compared with 38 percent of their non-disabled counterparts (Executive Yuan 1996). This figure is very different from the findings of the living conditions report in 1996. If we compare these two figures with two other surveys which excluded the two municipalities, Taipei and Kaohsiung, we can see that the statistics are very inconsistent. For instance, the Taiwan Governmental Department of the Social Welfare (1992) reported that 69.7 percent of disabled people were employed; whereas the Taiwan Governmental Department of the Labour Affairs (1996) reported that 43 percent of disabled people were employed (see Lin 1998).

The above surveys all adopted the same definition of disability, namely, according to the official registration of disabled people. Therefore, the inconsistency does not come from the differences in the definitions of disability. It may, however, result from measurement errors and thus the reliability of these surveys is doubtful. Nevertheless, these are the statistics available so far.

Shui and Chen (2000) found that disabled people tended to have low wages. In their survey with 204 employed disabled people, it was found that around one-third of working disabled people had salaries lower than monthly minimum wage (NT\$ 15,840; equivalent to around 316 pounds), and another one-third of them had salaries between fourteen to eighteen thousand New Taiwan dollars (see Chang 2000).

According to the MOI, until December 1999, there were 648,852 registered disabled people in Taiwan, constituting 2.94 percent of the general population (MOI 2000a, 2000b). This number increased significantly from the time the registration system was established in 1981. In 1981, there were only 166,784 disabled people, constituting 0.92 percent of the general population. This growth can be explained partly by the widening of the disability categories and the increasing awareness of the benefits of registration (Wang 1994). Table 2.9 shows the numbers and the percentages of disabled people by the types of disability.

Table 2.9 Population of disabled people by types of disability (Taiwan)

| Type of disability | Number of disabled people | Percentage |
|--|---------------------------|------------|
| Physically handicapped | 280,636 | 43.3 |
| Deaf | 69,034 | 10.6 |
| Mentally retarded | 68,043 | 10.5 |
| Multiple-function impairments | 66,114 | 10.2 |
| Important organs to lose function | 53,058 | 8.2 |
| Psychopath | 48,463 | 7.5 |
| Visually handicapped | 35,750 | 5.6 |
| Speech or language ability handicapped | 9,014 | 1.4 |
| Alzheimer's Disease | 7,888 | 1.2 |
| Persons at Vegetation Stage | 4,550 | 0.7 |
| Disfigurements | 2,209 | 0.3 |
| Autism | 1,549 | 0.2 |
| Auditory handicapped | 432 | 0.1 |
| Others | 2,121 | 0.3 |
| Total | 648,852 | 100.0 |

Note: Notice that new categories of disability groups have been added by the law.

Source: MOI 2000a.

Taking the statistics in the three countries together, two important differences have to be pointed out. First, the surveys in Sweden and Great Britain considered the functional limitations of individuals along with diseases and impairments; whereas the definitions in the surveys in Taiwan considered the diseases and impairments only. This can partly explain the sharp differences between the numbers of disabled people in Taiwan and that of Sweden and Great Britain. In Sweden, the percentage of functionally limited persons in the working age population was estimated to be 19.2 percent; in Great Britain, it was estimated to be somewhere between 8 to 19 percent. In contrast, in Taiwan, all registered disabled people only constituted less than 3 percent of the general population at the end of 1999. Second, the percentage of disabled people who were working seems

to be higher in Sweden than in Great Britain and Taiwan. The success of the Swedish active labour market policies could be an important reason.

On the other hand, the statistics in the three countries so far discussed, also revealed the similar trend that disabled people tended to have more difficulties in obtaining employment and tended to have less secure jobs than their non-disabled counterparts in all three countries. In other words, despite the social and economic differences and differences in welfare developments in the three countries, disabled people in all three countries were more disadvantaged in the labour market compared to their non-disabled counterparts. Why? I will discuss this question in Chapter Ten.

Having explained the problems of the existing patchy statistics with regard to the number of disabled people, it is also important to recognise the difficulties in using these existing statistics as found in the surveys, to compare the coverage of the labour market programmes for disabled people per head of the disabled population. Ideally, it would be interesting to compare the coverage of the services in the three countries. In practice, however, it is not feasible to do so. The main reason is that the statistics available so far were not constructed to reveal the coverage of the services 'per head of the disabled population' or 'per head of the whole population'. In addition, the three countries have very different statistical systems for their services. For example, with regard to the number of participants in each labour market programme, Sweden provides monthly figures only and there are no yearly figures available; Great Britain provides yearly figures; Taiwan has some figures for several years altogether and other yearly figures are incomplete. The differences in the statistical systems in the three countries thus make it very difficult to compare the coverage of the labour market programmes in the three countries.

Furthermore, in the Swedish case, the population statistics concerning disabled people in the surveys available so far, adopted different definitions from the one adopted in the labour market policies. In the labour market policies, a broader definition which includes persons with psycho-social problems such as drug and alcohol abuse problems. This makes it difficult to use the existing figures to calculate the coverage of the services. Moreover, as I have emphasised earlier in this section, there is no 'true figure' regarding the disabled population and all the statistics differ in their definitions of disability. Therefore, existing statistics provide a very weak base for comparison. Alternatively, we could have constructed a standard measure to estimate the disabled population in each of

the three countries, and then compared the coverage of each policy programme. Nevertheless, as I have mentioned, there was an initial attempt to do so but I decided not to continue with this after considering that one of the main purposes of this study is to look at how disability is defined in the context of each of the three countries.

To sum up, the differences in the definitions of disability in the surveys and in the labour market policies make it difficult to compare the scope of the 'disability' problem and the coverage of the services per head of the population. Alternatively, we could construct a standard definition of disability and estimate the number of the disabled population in the three countries. This was what I tried to do initially. I had attempted to adopt the definition of disability of the OPCS Survey in Great Britain, taking the age structure of the population in the three countries into account, to estimate the disabled population in Sweden and Taiwan. In doing so, we could see if the three countries adopt the same definition of disability, what the 'prevalence' of disability is in each country and we could also compare the coverage of the services. However, by doing so, we have only created social artifacts that do not really exist in reality. Sweden and Taiwan does not adopt the same definition of disability as Great Britain. Similarly, each available survey is not constructed to reveal the coverage of the services. Calculating the numbers of the participants in each programme per head of the population estimated by the surveys would be meaningless since their definitions of disability differ. Therefore, it is more fruitful to analyse how disability is defined in the policies than attempting to construct a standard statistical measure. Thus, in this study, the statistical figures of the number of participants in each programme could not be compared across the three countries. Instead, they can only be understood under the specific context of their own country, in comparison to other programmes available. Moreover, the main aims of the comparison of the labour market policies for disabled people, as stated in the research questions, are to look at how disability is defined and what and why certain labour market policy approaches and programmes have been adopted, as well as the advantages and disadvantages of these policies. Therefore, the limitations existing in the statistics available should not be seen as a major problem in this study.

2.3 Comparative Study as an Important Approach – Review of Existing Studies

There are several studies providing an overview or a historical analysis of the labour market programme for disabled people. However, there tended to be a lack of an analytical framework in looking at these policy programmes, in these studies. Some other studies focused on the evaluation of the labour market programmes for disabled people. The above approaches, in general, tended to deal with a single country. On the other hand, studies that claimed to compare the labour market policies for disabled people in various countries tended to be descriptive but not analytical. The existing comparative studies of welfare states, however, tended to neglect the issue of disability.

Studies which review the various labour market programmes give us a general idea of the programmes available; studies on the historical analysis of the labour market programmes tell us the story about how these programmes developed; whereas evaluation studies which evaluate the labour market programmes show us how these programmes work in practice. These three research approaches are helpful to understand the labour market programmes for disabled people in a country: a) from a bird's-eye view; b) from a historical point of view; and c) from the implementation of the policies. Nevertheless, the limitation of these three approaches is that the perspective does not go beyond a single country's experience. As mentioned in Chapter One, the labour market programmes adopted for disabled people vary considerably in the different countries. Therefore, the historical comparative analysis of labour market policies for disabled people can help us to look at each country's policy choices from a perspective of wider policy alternatives – why some programmes were adopted but not the others. By analysing the origins of the labour market policies for disabled people in different countries and comparing the substance and impacts of these policies, we can have a more critical view towards each country's choices (Ginsburg 1992).

Table 2.10, 2.11 and 2.12 list the existing studies of the labour market policies of disabled people. There are many studies on the origins, substances and impacts of the labour market policies for disabled people. Studies concerning the overview of the policies, the historical analysis and the evaluation of the labour market policies for disabled people can be found in all three countries. There is, however, a significant amount of studies in Taiwan which evaluated the implementation of the policy programmes using needs assessments. See Table 2.12.

Table 2.10 Existing studies of the origins of labour market policies for disabled people in Sweden, Great Britain and Taiwan

| Existing studies Respects of studies | Author and published year of the existing studies |
|---|--|
| A. historical analysis of the various employment programmes for disabled people | <i>Sweden:</i> not found. <i>Great Britain:</i> Topliss (1979); Birkett and Worman (1988); Barnes (1991); Towers (1993); Doyle (1995) <i>Taiwan:</i> Cheng (1983); Wang (1995) |
| B. historical analysis of particular employment programmes for disabled people | <i>Sweden:</i> not found. <i>Great Britain:</i> rehabilitation/ quota: Bridges (1979); Edwards (1982); Gregory (1982) <i>Taiwan:</i> Wang (1995) |

Table 2.11 Existing studies of the substances of labour market policies for disabled people in Sweden, Great Britain and Taiwan.

| Existing studies Respects of studies | Author and published year of the existing studies |
|---|---|
| A. overview of the various labour market programmes for disabled people | <i>Sweden:</i> Task Force Committee (1981); Croxen (1982); Söder (1984); Wadensjö (1984; 1994); Ginsburg (1983); Stokkom (1996); Stokkom and Stokkom (1996, 1998) <i>Great Britain:</i> Greaves and Massie (1977); Grover and Gladstone (1981); Robbins (1982); Lonsdale (1985, 1990); Floyd (1991); Bruce (1991); OECD (1992); Berthoud et al. (1993); Cooper and Vernon (1996); Howard (1997) <i>Taiwan:</i> Wang (1987); Shieh (1989); Shih (1991); Yeh (1992); Cheng (1997); Chou (1998) |
| B. review of particular labour market programmes for disabled people | <i>Sweden:</i> not found. <i>Great Britain:</i> quota: Disability Alliance (1980); supported employment: Beyer and Kilsby (1997); Beyer, et al. (1996) adaptation support: Kestenbaum and Cava (1998); Roulstone (1993). assessment, training and rehabilitation: Dalglish (1998) <i>Taiwan:</i> welfare at work: Liao (1997a); training & rehabilitation: Liao (1997b); Lin (1998b); vocational assessment: Chen (1998) |

Table 2.12 Existing studies of the impacts of labour market policies for disabled people in Sweden, Great Britain and Taiwan.

| Existing studies Respects of studies | Author and published year of the existing studies |
|--|---|
| A. Evaluations of the various labour market programmes for disabled people | <i>Sweden:</i> not found. <i>Great Britain:</i> Hyde (1996) <i>Taiwan:</i> not found. |
| B. Evaluations of particular labour market programmes for disabled people | <i>Sweden:</i> not found. <i>Great Britain:</i> supported employment: Bass and Drewett (1996); Corden (1997); Pozner and Hammond (1993); Zarb et al. (1996) Sheltered employment: Bridges (1979) <i>Taiwan:</i> supported employment: EVTA (1993); Lu-der Retarde Centre (1996) quota: Diao (1992); Shiao (1992); Lin (1994); Che (1995); Feng (1995); Wei (1998) rehabilitation & training: Wang (1985); Ho (1994); employment agencies: Cheng (1994); Fang (1998) reserved occupation: Wang (1995) |
| C. needs assessment | <i>Sweden:</i> not found. <i>Great Britain:</i> not found. <i>Taiwan:</i> Lin (1991); National League for Disabled People (1994); Lin et al. (1995); Wang (1994); Chou (1997a 1997b); Wang (1997) |

As shown in Table 2.10, 2.11 and 2.12, fewest studies on Sweden have been found, compared to Great Britain and Taiwan, partly due to the limited number of studies in English and the limited access to them. Table 2.10 shows that compared to Great Britain, Taiwan has very few studies on the origins of the labour market policies for disabled people. Table 2.11 shows a sufficient amount of studies on the overview of the various and particular labour market programmes for disabled people. Two points should be noted in Table 2.12. First, there are insufficient studies that evaluate various labour market programmes altogether. Second, evaluations of particular programmes in Great Britain tended to focus on supported employment and sheltered employment only.

So far, I have shown the existing studies on the origins, substances, and impacts of the labour market policies for disabled people. The focus will now shift towards the review of the existing “comparative” studies.

Several studies attempted to compare the labour market policies for disabled people,

but ended up describing the policies in each country individually and raised some issues for discussion at the end of the descriptions. These studies can not be called "comparative studies" as cases are described separately with no links among each other. For instance, Burkhauser (1986) reviewed the disability policies in the United States, Sweden and the Netherlands. Wang (1987), Shieh (1989), Shih (1991) and Yeh (1992) reviewed the labour market policies for disabled people in Taiwan and some other countries such as the United States, Great Britain, Germany, France and Japan. Lunt and Thornton (1993, 1997) reviewed the employment legislation and services for disabled people in fifteen western countries. Some other studies reviewed particular programmes in different countries. For example, Campling (1979) reviewed the quota schemes of the European countries; Calais and Stokkom (1974) reviewed the sheltered employment scheme in Sweden and the Netherlands; Floyd and North (1986) reviewed the quota schemes and the assessment of occupational disability in Great Britain and West Germany. Shiao (1992) reviewed the quota schemes in Great Britain, Germany and Taiwan.

On the other hand, the issue of the right to work of disabled people, tended to be neglected in the comparative studies. Oliver (1996, p. 111) had similar observations:

'Where comparative studies of policy issues in general have been done, disability has remained marginalised and where specific studies of disability policy in different countries have been done, they have become public relations vehicles for individual governments rather than serious academic studies'

The existing comparative studies on social policies tended to focus on the following issues: social expenditures, social security systems, social services, labour market policies, housing policies, and so forth (Wilensky and Lebaux 1958; Cutright 1965; Wilensky 1975; Esping-Andersen 1990, 1999; Cochrane and Clarke 1993; Alber 1995; Clasen 1999). These studies either neglected the issue of disability or assumed disabled people as dependants. The right to work of disabled people has not been seen as an issue. Esping-Andersen's (1990) famous study compared the social security systems in many industrialised countries. Commentators such as Ginsburg (1992) have contended that Esping-Andersen (1990) ignored the issue of gender and race. In his recent study, Esping-Andersen has incorporated the issue of gender (Esping-Andersen 1999); whereas disability remains a neglected issue. On the other hand, comparative studies that compare

the labour market policies including Sweden and Great Britain, such as Casey and Bruche's (1983) and Gould's (1993) studies, included reviews of the labour market policies for disabled people. However, disability was not treated as an issue of central concern.

Against this background, this study adopts the historical comparative approach in analysing how the issue of the right to work of disabled people is dealt with in Sweden, Great Britain and Taiwan. The historical comparative method was chosen because it can broaden our imagination of the policy alternatives and put each country's experiences in a wider context. The advantages and limitations of each policy programme can also be shown through comparisons.

2.4 "Exclusion" and "Segregation" versus "Inclusion" and "Integration"

As shown in Chapter One, the main hypothesis of this study is that states of differing welfare models have different capacities for including disabled people in the labour market. This section attempts to demonstrate why "inclusion" should be emphasised. Contrasting terms such as "exclusion", and "segregation", with the related term "integration", will also be discussed.

The terms "inclusion" and "tackling social exclusion" have become fashionable and have had high profile in recent political and academic debates in Great Britain (Oliver 1999a). One of the goals of social policies towards lone parents, unemployed people and disabled people was often referred to, by the government, as measures necessary to tackle "social exclusion". For example, David Blunkett, the Secretary of State for Education and Employment stated in the DfEE's 'Empowering People' homepage: 'Tackling poverty and social exclusion is one of the greatest challenges we face today. It is central to the pledge of national renewal on which this Government was elected. It is the key to realising our vision of a fairer, more inclusive society' (Empowering People webpage). Besides being used as a political slogan, what does 'an inclusive society' mean? It is important to make distinctions of the term 'inclusion' from 'integration', and to examine the capacities of policies in including disabled people in the labour market.

For many disabled people, "exclusion", or "segregation" can best depict their everyday experiences. Therefore, the main aim of the disability movements has been to fight against exclusion or segregation, and fight for social integration and inclusion. For

instance, in Great Britain, the *UPIAS* (1976) contended that: '... we are unnecessarily isolated and excluded from full participation in society' (p. 3). Besides, the objective for the International Year of Disabled People was the full and equal participation of disabled people in society. In 1983, the United Nations produced the World Programme of Action that set forth in a small booklet *recommendations for member states on how they could fulfil this objective of full and equal participation of disabled people*. (Hurst 1995, p. 92). In analysing the politics of community care, Priestley (1999) stated the forms of "segregation" – they can be physical and administrative:

'Segregation may be physical (in the case of residential, health, education and day care services) but it may also be administrative (in the creation of distinct bureaucratic systems and administrative structures)' (p. 50).

In addition, Zarb (1995) had a vivid description of disabled people's experiences of exclusion:

'There are many different types of barriers which prevent disabled people's full and equal participation in society: not only physical barriers created by lack of access to buildings and transport systems, but also social and economic barriers resulting from unequal access to education, employment and services; lack of representation and involvement in local planning and politics; and a limited understanding of the nature of disablement' (Zarb 1995, p. 4).

It should be pointed out, however, that debates on the difference between "integration" and "inclusion" have been held by many commentators and there is an increasing trend towards abolishing the term "integration" and opting for the term "inclusion". For instance, in examining the concept of "integration" in the practice of special education for disabled people, Oliver (1996) pointed out that there were "old" and "new" ideas of "integration". For the "new" idea of integration, he suggested the term "inclusion" instead. For him, the main difference between "integration" and "inclusion", is "empowerment" (p. 90):

'The old view sees integration as a humanitarian response to unintended consequences in our past history which can be changed by the development of paternalistic policies. The new view suggests that "Integration is not a thing that can be delivered by politicians, policy makers or educators, but a process of struggle that has to be joined" (Oliver 1991, p. 143). And in recognition of that, it is perhaps time we renamed that struggle as inclusion'.

Oliver (1996) argued that special education which was based on the old idea of "integration" failed to empower disabled children. Thus, a new idea of "inclusion" should be emphasised instead. Furthermore, Northway (1997) argued that "integration" and "inclusion" are based on different philosophies:

'Integration implies that disabled people need to be integrated into "mainstream" society and that it is they rather than society which is required to change. The policy response which results from this approach may thus be a technical one which focuses on physical integration alone. In contrast, inclusion takes as its starting-point the fact that a just state of affairs is one in which disabled people are included in society...' (p. 157).

Similarly, the Centre for Studies on Inclusive Education (1994, p. 1) contended that integration may be viewed as 'something which is done to disabled people by able-bodied people according to their standards and conditions' (see Northway 1997, p. 161). In other words, "segregation" and "exclusion" were used as inter-changeable terms, by the disability movements in Great Britain; whereas they abolished the term "integration" because it carries the paternalist idea that disabled people have to follow the norms of the non-disabled people in order to participate in the society. "Inclusion" is seen as a process whereby disabled people empower themselves and a process which the social barriers are eliminated and the equal rights of disabled people can be recognised. Policies which have potential for including disabled people will, therefore, be the ones which ensure an empowering environment.

How, then, can "inclusion" be achieved? Oliver (1999) pointed out three "big ideas" which emerged from the disability movements in fighting against exclusion: 'the social model of disability, independent living and civil rights' (p. 17). Zarb (1995) contended that the anti-discrimination legislation alone with two other solutions could help to tackle the barriers to inclusion. These include:

'The first and perhaps the most important of these is the need to develop policies which take the goals of "inclusion" and "participation" as their starting point....Second, adopting the full inclusion and participation of disabled people as a defining principle for anti-discrimination legislation also requires an equally inclusive definition of what constitutes discrimination' (Zarb 1995, p. 11).

Thus, in analysing the labour market policies for disabled people, it is crucial to look at the capacities of the programmes in including disabled people in the labour market.

In looking at the disability policies, Drake (1999) outlined a spectrum of disability policies based on differing views of disability. A very central concept in his categorisation of the policies is 'inclusion'. The spectrum of the approaches to disability policy is, therefore, a range 'from exclusion to inclusion' (Drake 1999, p. 183). It provides a good framework for analysing disability policies because the ideology of disability is treated as a central issue. Nevertheless, to understand differing labour market policies for disabled people, it is not sufficient just to pay attention to the ideology of disability alone. Several other aspects of these policies have to be taken into consideration, such as the strategies used to promote the employment for disabled people, and the kinds of employment led to through the specific programmes. These aspects of the labour market policies, in addition to the ideology of disability, are taken into account in my study, when categorising the various labour market programmes specifically designed for disabled people (as shown in Chapter Seven).

2.5 Conclusion

Section 2.1 reviewed studies on the importance of paid work for most people of working age, including disabled people. As mentioned, paid work is important for people for several reasons, such as financial security, psychological health and social inclusion. For many disabled people, without paid work, it is impossible to reach independence and keep their dignity. Therefore, the right to work, has to be seen as an important issue of social policies. Section 2.2 showed the existing statistics on population and the employment situation of disabled people. The limitation of these statistics is that they cannot be seen as "true" figures. Special attention has to be paid to the population included in the surveys, the definitions of disability, and the ideologies behind these statistics. Having recognised the social construction nature of statistics, the figures could still give us an idea of the scope and nature of the problem. A common phenomenon shown in the statistics is that, in all three countries, compared to non-disabled people, disabled people tended to have less job security – more likely to be unemployed, to earn less, to work part-time, and to be in manual jobs.

Section 2.3 showed that many existing studies focused on the origins, substances and impacts of the labour market policies for disabled people. The advantage of these studies

is in their close look at each labour market programme. What is lacking, however, is the study that goes beyond the imagination confined to the experience of only one country. As the labour market programmes for disabled people adopted in different countries vary greatly, it is important to ask why some policy alternatives were chosen and not the others. A historical comparative analysis of the labour market policies for disabled people in various countries, will be able to address this issue. However, as discussed in Section 2.4, studies that claimed to be “comparative” tended to be descriptive. A comparative framework that put together all the main labour market programmes for disabled people in a picture and locate each of them in this co-ordinated picture, is still to be established. This study aims to bridge this gap of knowledge, enabling that picture to come into visible forms.

In the next chapter, I will review the theoretical perspectives in addressing the issue of disability, labour market segregation, the disadvantages of disabled people in the labour market, and the theoretical perspectives on equality. I will also demonstrate, from the review of literature, the importance of adopting the historical comparative method and the framework of welfare models proposed by Esping-Andersen (1990, 1999), in this study. Chapter Four will focus on the description of the methodology. From Chapters Five to Nine, I will attempt to answer the research questions through the analyses of data collected. Finally, the conclusions of this study will be shown in Chapter Ten.

CHAPTER THREE THEORETICAL FRAMEWORKS – LITERATURE REVIEW

The aim of this chapter is to review the existing theoretical perspectives: 1) on the definitions of disability; 2) on labour market segregation in general; 3) on disabled people's disadvantages in the labour market; and 4) on equality. The purpose is to get a sense of how these issues have been debated and how the analysis of this study in the following chapters can seek to take the debate further.

First, as shown in Chapter One (p. 6), one of this study's research questions concerns how and why disability is defined in the labour market policies. Thus in Section 3.1 of this chapter, I will review various models of disability. Second, to analyse labour market policies for disabled people, the nature of the problem of disabled people's employment should be identified. Therefore, in Chapter Two (Section 2.2), I reviewed the existing statistics and highlighted that disabled people were found to be disadvantaged in the labour market when compared to non-disabled people. In Section 3.2 of this chapter, however, I will review theoretical perspectives on labour market segregation in general. In Section 3.3, I will review theoretical explanations of why disabled people are disadvantaged in the labour market and how disabled people can be liberated from this disadvantaged situation. Finally, Section 3.4 will review existing theoretical frameworks on equality in order to shed light on policies which have the potential to eliminate disadvantage and which bring forward equality.

This chapter will be divided into five sections:

- 3.1 Theoretical Perspectives on the Definition of Disability**
- 3.2 Theoretical Perspectives on Labour Market Segregation**
- 3.3 Theoretical Perspectives on the Disadvantages of Disabled People in the Labour Market**
- 3.4 Theoretical Perspectives on Equality**
- 3.5 Conclusion**

3.1 Theoretical Perspectives on the Definition of Disability

This section will review different perspectives on defining disability. Why do definitions of disability matter? Definitions reveal social attitudes and shape social policies, and thus have strong impacts on disabled people's lives. In looking at definitions, it is crucial to ask who makes them and for what purposes are they made. The development of the medical profession has increased the control of diseases; whereas its 'medicalised' view of disability has also had great impacts on disabled people's lives (Oliver 1990). For decades, disabled people have challenged this medical domination over the definition of disability, and over social policies (Campbell and Oliver 1996).

There are many ways of classifying approaches to disability. First, some studies look at the academic fields from which the approaches originate. For instance, Söder (1989) stated that there are three ways of taking social factors into account (pp. 247-249): 1) The Epidemiological Approach, which sees social factors as among possible causes contributing to the deficiency of the individual. 2) The Adaptability Approach, which focuses on the capability of the individual to adapt to different demands and expectations in the environment. 3) The Social Constructionist approach, which holds that disability is defined by the meaning we attach to different kinds of physical and mental deviations.

More explicitly, Oliver (1990, pp. 63-70) pointed out three academic fields and their related disability models which address the social dimension: 1) Adjustment – a psychological approach, which sees disabled people as maladjusted. 2) Stigma – a social psychological approach, which focuses on process and interpersonal interactions. Disabled people are seen as socially stigmatised individuals. 3) Social adjustment – a sociological approach, which addresses social oppression in capitalist societies. Disability is seen as resulting from social barriers.

Furthermore, Shakespeare (1996, pp. 97-98) listed a range of ways of understanding disability as a social construction: 1) The social model, which defines disability as the outcome of disabling barriers imposed by environmental or policy interventions. 2) The minority group approach, which sees disabled people as an oppressed minority. 3) A Weberian or Foucauldian approach, which emphasises that disability is a category of social policy. It stresses the importance of examining the statutory or policy processes which construct the idea of officially disabled. 4) Disability as the outcome of definitions inherent in social research methods, for example in the *OPCS* Disability Surveys. 5) Disability as a cultural category.

Third, Rioux (1997, pp. 103-106) divides the approaches into: 1) Formulations that focus on disability as residing in the individual (Individual Pathology); 2) Formulations that focus on the socio-political nature of disability (Social Pathology). The Individual Pathology formulations include: a. The bio-medical approach, which diagnoses disability on the bases of biological science. b. The functional approach, which sees functional incapacity as resulting from an individual's impairment. The Social Pathology formulations include: a. The environmental approach, which holds that limitations are not only the result of factors residing in the individual, but also the interaction between individuals and their environments. It seeks to adapt the environment, such as establishing an ergonomically adapted work space. b. The rights-outcome approach, which looks beyond particular environments to focus on broad systemic factors that keep certain people from participating as equals in society.

Fourth, Priestley's (1998) categorisations are based on two dimensions: individual versus social and materialist versus idealist. See Table 3.1.

Table 3.1 Priestley's (1998) categorisation of approaches on disability

| | Materialist | Idealist |
|------------|---|--|
| Individual | <p>Position 1 Individual materialist models Disability is the physical product of biology acting upon the functioning of material individuals (bodies)</p> <p>The units of analysis are impaired bodies</p> | <p>Position 2 Individual idealist models Disability is the product of voluntaristic individuals (disabled and non-disabled) engaged in the creation of identities and the negotiation of roles</p> <p>The unit of analysis are beliefs and identities</p> |
| Social | <p>Position 3 Social creationist models Disability is the material product of socio-economic relations developing within a specific historical context.</p> <p>The units of analysis are disabling barriers and material relations of power.</p> | <p>Position 4 Social Constructionist models Disability is the idealist product of societal development within a specific cultural context.</p> <p>The units of analysis are cultural values and representations.</p> |

Source: Priestley 1998, p. 77. Table II.

Priestley contended that (1998, pp. 85-86):

'To summarise, the individual model of disability outlined earlier (position 1 and 2) tend to stress difference over commonality by focusing attention on specific

impairments or individual experience. In doing so they may tend to marginalise the collective needs of disabled people for enhanced civil rights and the removal of disabling barriers. Conversely, the formulation of social models (position 3 and 4) has tended to stress commonality at the expense of difference’.

The above four ways of categorisation help us to look at the various perspectives from different angles. For current purposes, I will initially discuss the medicalised model, as it has been the most dominant and most criticised view of disability. Next, I will analyse the development of the social model, as it is the most predominant and influential view in the disability movement in Great Britain and in disability studies. Finally, as the social model heavily criticised the social construction model (also known as the minority group model) this latter model will also be analysed. With relevance to the Swedish context, the normalisation approach will also be discussed. Unlike Sweden and Great Britain, there is no academic debate on perspectives of disability in Taiwan. Thus the debates analysed in this section will be mainly based in the contexts of Sweden and Great Britain.

The Medicalised Model and Critiques

In an attempt to formulate the social model of disability, Oliver (1990) names the perspective which was developed by the medical profession the ‘medicalised model’. This model sees disability as resulting from individuals’ impairments; whereas handicap is a result of individuals’ impairments and disabilities. In other words, disability is seen as resulting from individual abnormality. This model originated from the medical control of diseases and was further advanced by the WHO (see Chapter One, pages15-16). The WHO’s definition further became the basis of the official *OPCS* disability surveys in Great Britain. The definition adopted in the *OPCS* surveys has been heavily criticised (Oliver 1990; Abberley 1991).

Oliver (1990) described the medicalised model as the ‘individual pathology’ approach. He has related this approach to capitalism (p. 47):

‘The idea of disability as individual pathology only becomes possible when we have an idea of individual able-bodiedness, which is itself related to the rise of capitalism and the development of wage labour...Under capitalism that is precisely what happened and disability became individual pathology; disabled people could not meet the demands of individual wage labour and so became controlled through exclusion’.

The medicalised model has been criticised mainly for the following reasons (Oliver 1990, pp. 4-5; Abberley 1991, pp. 15-16; Oliver and Barnes 1998, pp. 15-16; Pfeiffer 1998, p. 519): First, it assumes the “normality” which is based on the non-disabled standard. The situational and cultural relativity of normality is not recognised. Second, it sees the environment as given and inadaptable. Third, it views disability as static and fails to recognise the situational and experiential components of disability. Fourth, it medicalises and individualises the problem of disability and the solutions that are applied. Finally, it ‘reflects white, male, Western, middle class values’ (Pfeiffer 1998, p. 519).

The Social Model and Critiques

The Social Model of disability was developed from the disability movement in Great Britain. It sees disability as resulting from the environmental and social barriers, rather than individuals’ mental or physical abnormalities (as the medicalised model suggests). The Social Model has its origin in the definition provided by the *UPIAS* in 1976 (as cited earlier in Chapter One, page 19), which defines physical disability as ‘a particular form of social oppression’ (p. 14). It stated:

‘In our view, it is society which disabled physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society’ (p. 14).

This view of disability, Finkelstein later explained (1993, pp. 34-35), was inspired by Miller and Gwynne’s (1972, p. 89) account of the residential homes in their study:

‘..by the very fact of committing people to institutions of this type, society is defining them as, in effect, socially dead, the essential task to be carried out is to help the inmates make their transition from social death to physical death’.

Finkelstein (1980) views disability as ‘an oppressive social relationship’ (Summary); ‘discrimination’ and ‘social oppression’ (pp. 1-2), in contrast with the individualised view which sees disability as ‘personal tragedy’ (p. 2). The ‘social oppression’ view of disability is developed from ‘constant struggles and independent action’; whereas the ‘personal tragedy’ view of disability presents disabled people as ‘passive and dependent’ (pp. 1-2). The *DPI* developed the *UPIAS* definition further to include all disabled people

(as cited earlier in Chapter One, page 16). In addition, many other authors have also contributed to the development of the social model of disability. For example, Brisenden (1986, pp. 175-176) stated: 'On the whole, it is the organisation of society, its material construction and the attitudes of individuals within it, that results in certain people being dis-abled'.

Like Finkelstein, Abberley (1987, 1989) has suggested the importance of developing a 'theory of disability as oppression'. This theory of disability as oppression, he argued, 'asserts and stresses the real differences between disabled and non-disabled modes of living', and 'opposes the social, financial, environmental and psychological disadvantages inflicted on impaired people'. The emphasis is on the social origins of impairment (Abberley 1987, p. 17).

In addition, Oliver (1986, p. 5) pointed out that most writers in social policy have 'remained locked within a "personal tragedy theory of disability"', which attributes the failure of disabled people in participating in society fully, to the physical or psychological limitations of the disabled person (p. 6). In contrast, the social model of disability holds that:

'All disabled people experience disability as social restriction, whether those restrictions occur as a consequence of inaccessible built environments, questionable notions of intelligence and social competence, the inability of the general population to use sign language, the lack of reading material in braille or hostile public attitudes to people with non-visible disabilities (Oliver 1990, p. xiv)'.

Briefly speaking, the social model of disability sees disability as: 1) 'social oppression' (UPIAS 1976; Finkelstein 1980; Abberley 1987, 1989); 2) 'social restriction' and 'social barriers' (Brisenden 1986; Oliver 1986, 1990; Finkelstein 1993); 3) 'institutional discrimination' (Barnes 1991). In other words, as Oliver (1993, p. 65) stated:

'disabled people defining disability as a social creation: not as merely an individual or attitudinal problem, but as a problem created by the institutions, organisations and processes that constitute society in its totality'.

Oliver (1996, p. 34) provides a contrast of the individual model versus the social model, as shown in Table 3.2.

Table 3.2 The individual model versus the social model of disability

| The individual model | The social model |
|-----------------------------|--|
| personal tragedy theory | social oppression theory |
| personal problem | social problem |
| individual treatment | social action |
| medicalisation | self-help |
| professional dominance | individual and collective responsibility |
| expertise | experience |
| adjustment | affirmation |
| individual identity | collective identity |
| prejudice | discrimination |
| attitudes | behaviour |
| care | rights |
| control | choice |
| individual adaptation | social change |

Source: Oliver 1996, p. 34. Table 2.1.

In analysing social services, Finkelstein (1993, p. 37) contended that rehabilitation interventions and personal care services are based on the 'social death model'. In contrast, the social barriers model emphasises 'environment-based services' which are 'provided as a resource with clear access rights for disabled people', and which focuses on 'the integrated living support systems (CILs; including medical, educational, housing and transport services)'. In addition, 'barrier identification' and 'barrier removal', rather than 'functional assessment' are emphasised. In conjunction, he emphasised that, civil rights legislation should be enacted' (Finkelstein 1993, p. 42)

A lot of critiques of the social model have been made. The main critiques are on the social model's failure to: 1) Address the experiences of disability at the individual level (Morris 1993b; French 1993; Crow 1996); 2) Address the social origin of impairments (Crow 1996); and 3) Address multiple identities (Shakespeare 1996). Two examples of the first critique have been mentioned earlier in Chapter One (see page 19). Besides, Crow (1996, pp. 69-70) argued:

'Excluding the implications of impairment risks reducing the relevance of the social model of disability to certain social groups. For example, the most common cause of impairment amongst women is the chronic condition, arthritis, where the major manifestation of impairment is pain'.

As for the second failure, Crow (1996, p. 69) contended:

'Impairment can also be caused or compounded by disability...Discrimination in general can also cause major emotional stress and place mental health at risk. Our reluctance to discuss impairment obscures this aspect of disability...Like disability, other inequalities can also create impairment'.

Furthermore, as to the third critique of the social model, Shakespeare stated:

'It ignored the multiple identities and identity choices which people make in practice. For example, there is a danger of ignoring the fact that disabled people are also men and women, straight and gay, and come from various ethnic groups. Sometimes the values of the disability movement – for example, autonomy, independence, choices and rights – may in fact be specifically white, western values' (1996, p. 109).

He argued:

'It is dangerous to overlook multiple identities, and to assume that disability is the sole and significant identity' (1996, p. 110).

In response to these critiques, Oliver (1996, pp. 38-41) argued: First, 'the social model is not an attempt to deal with the personal restrictions of impairment but the social barriers of disability'; Second, 'this denial of the pain of impairment has not, in reality, been a denial at all. Rather it has been a pragmatic attempt to identify and address issues that can be changed through collective action rather than medical or other professional treatment'; Third, 'up to now and for *very important reasons*, the social model has insisted that there is no causal relationship between impairment and disability'. To explain what so-called '*important reasons*' refer to, Oliver cited Shakespeare's (1992) statements

'The achievement of the disability movement has been to break the link between our bodies and our social situation, and to focus on the real cause of disability, i.e. discrimination and prejudice. To mention biology, to admit pain, to confront our impairments, has been to risk the oppressors seizing on evidence that disability is 'really' about physical limitation after all' (Shakespeare 1992, p. 40).'

Furthermore, as to the critique of the social model's failure in addressing multiple identities, Oliver argued that 'the social model of disability is about personal experience and professional practice but it is not a substitute for social theory' (Oliver 1996, p. 41).

These responses, however, are unsatisfactory, in that the issues which the commentators raised were not dealt with directly but were either denied or put aside. Thus, if the social model cannot incorporate these issues of disabled people's concern,

establishing another model of disability could be an alternative. Against this background, Swain and French (2000) proposed the Affirmation model of disability (p. 569):

'we argue that a new model of disability is emerging within the literature by disabled people and within disability culture, expressed most clearly by the Disability Arts Movement'.

Swain and French (2000) contended that the social model shifted the focus from seeing disability as an individual problem to a social problem, but failed to emphasise disabled people's positive identity of disability. They stated:

'The social model sites 'the problem' within society: the affirmative model directly challenges the notion that 'the problem' lies within the individual or impairment...In affirming a positive identity of being impaired, disabled people are actively repudiating the dominant value of normality. The changes for individuals are not just a transforming of consciousness as to the meaning of 'disability', but an assertion of the value and validity of life as a person with an impairment' (Swain and French 2000, pp. 578-579)

In other words, Swain and French (2000) hold that shifting 'the problem' from personal to structural deals only with the problems that are created by social barriers; whereas at the individual level, only when disabled people's positive identity of disability is taken into account, can the non-disabled view of 'normality' be challenged. Earlier in 1993, Morris held a similar view (Morris 1993b, p 71):

'We need courage to say that there are awful things about being disabled, as well as the positive things in which we take pride...Unfortunately, the tendency of the disability movement to avoid giving expression to how we feel about being disabled means that non-disabled people have only their own feelings about disability to influence them'.

Thus, one could say that disabled people in Great Britain established the social model as an alternative to the medicalised model's emphasis on individuals' maladjustment in the society, and established the Affirmation model as an alternative to the medicalised model's non-disabled standard of 'normality'.

The Social Constructionist Model/The Minority Group Model

To distinguish the social model of disability, which emphasises eliminating disabling social and institutional barriers, from other perspectives which have different focuses,

several British disability researchers commented on the Social Constructionist Model, also known as the Minority Group Model (Borsay 1986; Abberley 1987; Liggett 1988; Oliver 1990, 1993; Shakespeare 1996), which emphasises the social construction of disability, or social attitudes towards disabled people.

The Social Constructionist Model is based on the labelling theory developed by Erving Goffman (Goffman 1965; Albrecht and Levy 1981). Stigmas are imposed on individuals who do not appear to follow the norm of a particular society. Goffman (1965, p. 5) stated.

'By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances...we use specific stigma terms such as cripple, bastard, moron in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning'.

Borsay (1986, p. 183) contended that this 'interpretative thinking' will be helpful only if 'it addresses the economic, social and political structures which underpin our value systems' Similarly, both Abberley (1987) and Oliver (1990, 1993) argued that the Social Constructionist approach reduces disability to 'attitudes' and fail to address social institutional origins of impairment and disability. Oliver (1993, p. 65) argued that this failure limits the Social Constructionist Model's potential in providing valid solutions. He stated

'This approach recognises the importance of defining the problem correctly in the first place and acknowledges that disability has a social dimension. However, it has tended to see the process of construction as important and has focused largely on attitudes, with the implications that if the attitudes of the able-bodied are to change then the problems of disability will be resolved. Unfortunately, there is ample evidence that awareness training does not work; for example, racism awareness training aimed at the attitudes of white people (Gumah 1984, Sivanandan 1986). Indeed, in the area of disability policies aimed at changing employers' attitudes have not worked either (Oliver 1985)'.

The Social Constructionist Model is also known as 'the Minority Group Model', which originated from the increased emphasis on legal or civil rights in the United States in the 1960s (Hahn 1985, 1986). This model holds that: 'In many respects, the struggle of disabled persons to gain an increased share of public resources seems to be essentially similar to the strivings of other deprived and disadvantaged minorities' (Hahn 1986, p. 125). The Minority Group Model, also called the 'socio-political definition of disability'

by Hahn (1986), sees disability as stemming from ‘the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather than from the inability of a disabled individual to adapt to the demands of society’ (Hahn 1986, p. 132). This view is similar to the Social Model of disability in that social barriers are seen as contributing to disability and that disability is seen as a human rights issue. Nevertheless, as a political strategy, it has flaws.

The main critique of the Minority Group Model, therefore, is that viewing disabled people as a minority group does not necessarily challenge non-disabled people’s dominance in decision-making, nor is the idea of normality based on non-disabled people’s standards challenged (Liggett 1988; Oliver 1990; Shakespeare 1996). Thus Oliver (1999, p. 106) argued. ‘accepting disabled people as a minority group also involves the accepting of the disabled/non-disabled distinction; accepting the “normalising society”’.

In the Swedish context, the Social Constructionist view of disability has been criticised against the background of the negative influence of the normalisation debates. The normalisation principles were formulated by Bengt Nirje to reflect Swedish parent organisations’ advocacy for services in the community as opposed to institutions in the 1960s Nirje (1993, pp 1-2) explained that his normalization principle means:

‘you act right when you make available to all persons with intellectual or other impairments or disabilities those patterns of life and conditions of everyday living that are as close as possible to, or indeed the same as, the regular circumstances and ways of life of their communities and their culture’.

As we can see from the above statement, this view is based on non-disabled people’s standards of normality Söder (1989) criticised the negative impacts of the debates on the normalisation principles He stated that ‘the idea of “non-labelling” is also, at least in most Scandinavian countries, taught in the training of different professions’ (Söder 1991, p. 17) He contended ‘The rather paradoxical consequence of the “anti-labelling” critique is that it creates a new social meaning for disability’ (Söder 1989, p. 253) – namely, ‘disability is no problem, it should be disregarded and not seen’ (Söder 1989, p. 254). Thus Söder argued:

‘Instead of traditional professionalism which led to labelling and segregation, we are thus facing a new professionalism urging denial of the experiences and problems of

people with disabilities' (Söder 1989, p. 255).

Therefore:

'Normalization and integration are used to deny persons with disabilities resources they want and need. Problems related to their disability are not dealt with, because the 'anti-labelling ideology' tells you not to focus on the disability' (Söder 1991, p. 18).

Like the social model which was established in Great Britain, Söder emphasised the importance of looking at discrimination and oppression (Söder 1991, p. 18).

As I have shown in this section, there are various ways of defining disability. At the individual level, disabled people may be seen as 'abnormal' in the medical eyes, or as 'pride' in disabled people's self-identity. At the social level, disabled people may be seen as 'maladjusted' in the non-disabled-biased thinking, or as victims of social barriers. These different views, as Finkelstein (1993) has contended, provide very different philosophies and frameworks for social policies. I shall discuss this issue further in Chapter Five and Chapter Six in relation to labour market policies for disabled people.

From the medicalised point of view, disabled people are 'the problem' and thus it is disabled people that need to be fixed. From the Social model of disability, it is the society which creates barriers and thus removing social barriers is the key to disabled people's participation in the labour market. From the Social Constructionist view of disability, adjusting the environment and social attitudes are essential for disabled people's inclusion in the society. Whereas from the Affirmation Model of disability, honoring disabled people's mode of living is crucial. What implications can these different explanations and prescriptions bring in terms of labour market policies for disabled people? Chapters Five to Nine will analyse this issue in a greater depth. Nevertheless, before entering Chapter Five, in the next section I will review theoretical perspectives on equality to draw out some implications for labour market policies for disabled people.

3.2 Theoretical Perspectives on Labour Market Segregation

In the late 1960s and 1970s, some economists developed theories to explain why women and ethnic minorities are disadvantaged in the labour market. Broadly speaking, there are two major approaches: the individual approach and the institutional approach. The individual approach attributes disadvantage in the labour market to individual

prejudice or inadequate investment in human resource skills; whereas the institutional approach sees the disadvantages as derived from the unequal labour market. The individual approach includes: 1) The Neoclassical Model, which suggests that employers seek to maximize their interest in the market and thus some groups are preferred and others are excluded in recruitment of the employees (Becker 1957; Bergmann 1971). 2) The Monopsony Model, which holds that women's lower wage than men is the result of their comparatively less elastic labour supply curve than men (Madden, 1973). 3) The Statistical Model, which contended that employers' assessment of the job applicant is based on pre-considered ideas about the average characteristics of the group or groups to which the applicant belongs rather than the individual's characteristics (Phelps 1972).

The institutional approach includes: 1) The Internal Labour Market approach, which suggests that while the wages of lower-level or entry jobs may be governed by the operation of competitive market forces, promotion ladders to upper-level jobs, are subject to formal administrative roles and informal information networks. Inequality arises from unequal access to the promotion ladders (Doeringer and Piore 1971). 2) Dual Labour Market approach, which maintains that the labour market is divided into two sectors the primary sector jobs are characterised by high wages, good working conditions, stability, opportunity for advancement and so forth; whereas the secondary jobs are poorly-paid, have poor working conditions and little security or possibility of advancement (Doeringer and Piore 1971)

Neither the individual nor the institutional approach addresses disabled people's disadvantage in the labour market. During the late 1960s and 1970s when these theories were developed, the disability issue had a very low profile. Thus, the failure of these theories to address the issue of disabled people's disadvantage in the labour market suggests that disabled people had not been viewed as potential contributors in the labour market. Since the 1980s and 1990s, increasing discussions of the concepts of "discrimination" and "disadvantage" emerged, which included the issue of disabled people's disadvantaged situations.

As we shall see in the following discussion, this individual approach and the institutional approach received many critiques from gender and racial studies. While the individual approach fails to explain why two persons from two different racial groups with the same qualifications still have different access to the labour market, the institutional approach does not explain why more white/men are in the primary sector of

the labour market than black/women. Loury (1978) has argued that in analysing racial economic differences, racial discrimination which stems from the effect of parental economic status on opportunities available to offspring and social relations between racial groups, perpetuate the black-white economic differences (Loury 1978). Feminist theorist, Heidi Hartmann (1979) contended that the interaction between patriarchal division of domestic work and the dual labour market, contribute to women's disadvantage in the labour market (Hartmann 1979).

Both racial studies and feminist studies highlighted the inadequacies of the individual and the institutional models which were developed by economists. Feminist researchers argued that Patriarchy is the main force of gender discrimination; whereas racial studies contended that Racism is the key factor of discrimination towards ethnic minority groups. In other words, labour market segregation does not stem only from the structure of the labour market but also from certain ideologies which play important parts in enforcing discrimination. What, then, are the important factors which shape the disadvantages of disabled people in the labour market? In the next section, I will review the existing debates on this issue

3.3 Theoretical Perspectives on the Disadvantages of Disabled People in the Labour Market

Why are disabled people disadvantaged in the labour market? Is it possible that disabled people can be liberated from this disadvantage? The labour market segregation theories discussed in Section 3.2 fail to address these questions. Several disability researchers, however, have attempted to provide explanations and/or prescriptions (Finkelstein 1980, 1991, Croxson 1982; Stone 1984; Abberley 1987; Hahn 1986; Oliver 1989, 1991, 1993, Oliver and Barnes 1998; Cornes 1992; Glesson 1993, 1997; Finkelstein and Stuart 1996, Piestley 1997; Barnes 1997; Roulstone 1993, 1998). The factors that contribute to the disadvantage of disabled people in the labour market mentioned by these studies include: the industrialised and capitalist values and mode of production; ideology of disability; and disability definition as a political tool for controlling labour. Some studies evaluated the potential of technology development in improving the employment situations of disabled people (Finkelstein 1980; Croxson 1982; Cornes 1992; Barnes 1991; Roulstone 1993, 1998); while Finkelstein and Stuart (1996)

stressed the importance of establishing universal standards in removing barriers for disabled people, due to global economic competition.

Industrialisation and capitalism are highlighted by several researchers as contributing to disabled people's disadvantage in the labour market (Finkelstein 1980, 1991; Stone 1984, Abberley 1987, Hahn 1986; Oliver 1989, 1990, 1991, 1993; Oliver and Barnes 1998; Gleson 1993, 1997). For instance, Finkelstein (1980, pp. 8-11) maintains that there are three phases of attitudes towards physically impaired people: Phase 1: Disabled people were not segregated from society for special treatments and service, although disability was seen as personal blame and personal misfortune, and although disabled people were at the bottom end of the social scale together with other social strata; Phase 2 With the development of industrialisation and capitalism, large scale industry with production-lines geared to able-bodied norms. As a result, disabled people were discriminated against and segregated into institutions, Phase 3 marks the beginning of the liberation of disabled people due to technological development which changed the mode of production and medical development which enabled disabled people to reach social independence and further challenge professional dominance.

Finkelstein (1991) stated that industrialisation and capitalism has not only changed the mode of production but also the way the physical environment is structured, due to the biased emphasis on the 'normal' body (p 29)

'The ability to integrate into an industrialised society not only required intact bodily functions in order to operate the machinery (ie varying degrees of finger dexterity, ambulation, sight and hearing, etc), but also the absence of various impairments to ensure access to public transport (designed to move physically normal workers between home and work), and an ability to read, write and listen so that the complicated skills for modern production could be acquired. Having a normal body was not only required in the area of production but also resumed for employment in the processes involving transportation of commodities from place of manufacture to site of sale and in the transactions across the counter with customers'.

Finkelstein argues, disabled people are thus made 'unemployable' (Finkelstein 1991, p. 29). Other researchers (Morris 1969, Topliss 1979, Hahn 1986, 1991; Ryan and Thomas 1987; Oliver 1989, 1991, 1993, Gleeson 1997) have also related the industrialised, factory-based mode of production with disabled people's disadvantage in the labour market Like Finkelstein, Oliver and Barnes (1998) have also related the emphasis on physical fitness in industrialised and capitalist society with disabled people's being seen

as unemployable (Oliver and Barnes 1998, p. 32). However, unlike Finkelstein, Oliver (1990) and Oliver and Barnes (1998) have highlighted factors other than industrialisation and capitalism, which segregated disabled people from the labour market. Oliver (1990) argued that Finkelstein's "three-phase" explanation is over-simplistic because Phase 1 was idealised. In contrast, Oliver and Barnes (1998, p. 35) argued that the discriminating attitudes towards disabled people had existed in western societies since the ancient world of Greece and Rome, whereas industrialisation and capitalism reinforced these attitudes:

'Although the philosophical and cultural foundations upon which the social oppression of disabled people rests were firmly entrenched in the ancient world of Greece and Rome, they were substantially reinforced by the economic and social upheavals of the eighteenth and nineteenth centuries. The growing importance of economic rationality, individualism and medical science during this period contributed to and compounded ancient fears and prejudices concerning perceived impairments, and provided intellectual legitimacy for relatively more extreme discriminatory policies and practices notably systematic removal of disabled people from the mainstream of economic and social life'.

Oliver (1990) has also contended that Finkelstein's (1980) Phase 3 is over-optimistic in its assumption of the positive effects of technology on disabled people's employment. Oliver (1989, 1990, 1991, 1993) argued that several other factors have to be considered, such as the development of welfare provision, the ideology of disablism, and politics and the effects of professional attitudes

Both Glesson (1993) and Priestley (1997) contended that the devaluation of disabled people in the labour market started earlier in the late fifteenth century. Priestley (1997, p. 89) stated

'...the commodification of agrarian production, the dislocation of village and family structures, the introduction of a wage economy, the decline of religious philanthropy, and increased geographical mobility would all have impacted differentially on people with impairments'.

During this time, he argued, the state defined disabled people as 'an administrative category of those "not able to work"' (Priestley 1997, p. 92) in order to control labour. Priestley's (1997) argument affirmed Stone's (1984) contention of disability as an administrative category to exercise state control of labour. According to Stone (1984, p. 118), the purpose of the disability category is to 'keep everyone in the work-based distributive system except for the very neediest people, those who have legitimate reason

for receiving social aid'. By doing so, the state can 'provide humane relief without undermining the forces that would drive agricultural labor into the cities' (p. 168). She contended further:

'Now, in the 1960s, 1970s and 1980s, the fundamental economic conditions have changed; many welfare states are faced with a surplus rather than a shortage of labor. Rates of unemployment are relatively high, and the economies are incapable of accommodating the entire working age population in the labor force. Yet an ideology of work-based distribution persists and perpetuates a public ethic that 'everyone should work'. In such a situation, when ideology mandates that everyone should work but society cannot provide employment for large segments of its population, the dilemma can be reconciled by defining a higher proportion of the population as disabled. Because disability is the most flexible of the categories of the need-based system, it is the one most readily available for use in this fashion. An expansion of the definition of disability can reduce the pressures of unemployed workers on the work-based distributive system and at the same time preserve the legitimacy of the work ideology' (Stone 1984, p. 179)

By this, she refers to the work-ethic:

'The disability concept was essential to the development of a workforce in early capitalism and remains indispensable as an instrument of the state in controlling labor supply' (Stone 1984, p. 168)

Therefore, she argued that disability evaluation is an instrument of the state to push some people into work and allow others out (Stone 1984, p. 180). It is based on the emphasis of work-ethic and the assumption of disabled people as being not able to work, that disabled people were pushed into the dependent category. Abberley (1987, p. 17) also emphasised the element of 'the compulsion to work' in capitalism as a key contributing factor to the oppression of disabled people.

Although both Stone (1984) and Priestley (1997) emphasise that the state uses the administrative category of disability as a tool for controlling labour, Stone's (1984) focus was on the distinction of needs-based versus work-based distributive systems; whereas Priestley's (1997) analysis highlighted the need of the state to rule out able-bodied people's chance of being beggars (Priestley 1997, p. 90). In other words, the impacts of the idea of 'the compulsion to work' on disabled people, for Stone (1984), is legitimating their position out of work and in the needs-based distributive systems; for Priestley (1997), is legitimating their position of being beggars. The common theme, however, is the equation of disability to 'being unable to work'.

In addition to the above explanations of disabled people's disadvantage in the labour market, several studies discussed the potential of technology in liberating disabled people from this disadvantage (Croxen 1982; Cornes 1987, 1992; Barnes 1997; Roulstone 1993, 1998). Some studies provided evidence of wider employment opportunities and enhanced employment for disabled people owing to technological developments (Ashok et al. 1985; Cornes 1987). Cornes (1992, p. 108) also suggests reasons for viewing technology as a positive factor in enhancing employment of disabled people:

'First, technological developments included a range of new technical aids, adaptations and ergonomic applications that would help overcome the handicap associated with some major physical and sensory disabilities. Second, many of the new jobs generated by new technologies make use of electronic skill, strength or precision rather than the physical strength of human operators, and such jobs should be particularly suited to the residual skills and abilities of persons with disabilities. Thirdly, progress in telecommunications is enabling some persons to work 'remotely' in their homes, a pattern of employment that is clearly appropriate for many people who previously have been handicapped by restricted mobility or inaccessible work sites'.

In contrast, Croxen (1982, p 15) argued that technological change disfavors disabled people

'The demands for the particular skills of the microtechnological environment puts the disabled at a particular disadvantage. A career in disability does not generally make for an independent autonomous thinker. Planning, communication skills, teamwork skills all require confidence and independence, which are rarely enhanced in a disabled person's life experience'.

Similarly, although recognising the potential benefits of technology, Roulstone (1993) highlighted the access problem. In Roulstone's (1993) view, because the total number of potentially accessible jobs is set to rise as more jobs are computerised; and as the cost of personal computers has reduced, disabled people could have more access to employment. However, the factors which might inhibit access include (Roulstone 1993, pp. 243-244):

- 1) Business-standard equipment might be costly and employers may be unwilling to pay even if the cost is not high.
- 2) Where technology is bought relatively cheaply for home use, it may not be compatible with business equipment;
- 3) As most disabled people are in manual work, technology may not benefit most disabled people who work in the traditional sector.
- 4) Technology may still be used in a disabling way, for example, disabled employees may be given such work because it is thought that it equates with the 'backroom' perceptions of the kind of work disabled people do.
- 5) As Croxen (1982)

has suggested, the experience of being dependent for a long time, put disabled people in a disadvantaged situation. Roulstone (1998, p. 37) stated:

'Low educational attainment and expectations (Booth and Swann 1987; Prescott-Clarke 1990), the experience of dependency relationships (Oliver in Barton 1989; Barnes 1990) and the compounding of dependency by unemployment (Kuh et al. 1988, p. 5) can all be seen as potential limits to employment advancement. *The historical concentration of disabled people in low grade clerical, semi-skilled and unskilled work can also be seen as factors militating against the rapid and smooth assimilation of disabled people into a technology-based working environment*'.

In addition, Roulstone highlighted the negative side of home-working (Roulstone 1998, p. 38)

'Research into disabled homeworkers suggests mixed experiences, with flexible working arrangements being tempered by isolation and the costs of overheads when working from home (Huws 1984, Ashok et al. 1985; Murray and Kenny 1990)'.

To conclude, Roulstone argued that although technology may widen the options and enhance flexibility of work for disabled people, disabled people might not have access to it, unless the view of disability is changed from focusing on an individual's impairments to disabling environments and unless access to technology is seen as a right of disabled people. Otherwise, some disabled people won't have access to technology and others might be trapped in a particular job, and afraid to move for fear of losing the technology provided (Roulstone 1993). Nevertheless, Roulstone contended that anti-discrimination legislation will not be enough because what matters is the power to decide the criteria of 'reasonable accommodation'. Thus, Roulstone argued that only a broader social movement representing disabled people can be seen as the way forward to ensure the positive impacts of technology on disabled people's employment. Barnes (1997) holds a similar view. He stated

'Technology for disabled people can be disempowering as well as empowering and, hitherto, professional vested interests have proved one of the biggest barriers to disabled people's empowerment' (Barnes 1997, p. 9).

Finkelstein and Stuart (1996) argued that because of global economic competition, the cost of removing employment barriers for disabled people should be seen as an international civil rights issue. They contended:

'It is folly to assume, however, that the removal of barriers to the employment of disabled people will not increase the costs of production or the cost of marketing and selling products and services. If one company, or the business enterprises in one country, include disabled employees while others do not this can influence the balance of competition. We are all aware of how access to 'cheap' labour can give industry in one country an edge in the international competition war. This has two implications. First, encouraging the employment of disabled people only makes sense when all competitors in the market are faced with the same, or similar costs – in other words the removal of disabling barriers to the employment of disabled people is an international civil rights issue and involves the establishment of a level ground in the international market. Clearly, this becomes an issue for the United Nations organisation in promoting international agreements and in ensuring international policing. Second, just as the international proscription against 'cheap' child labour represents an advance in the civilised state of a humanity we would argue that removing disabling barriers to the employment of disabled people at the international level reflects another gain for all human beings. This is no less than recognising the need for a world-wide campaign against a disabling culture that is sustained by the international market system' (Finkelstein and Stuart 1996, p. 183).

This view is in line with Mishra's (1998) contention that global social standards should be promoted due to increasing global economic competition.

This section has demonstrated, from literature review, that several factors influence the position of disabled people in the labour market: the industrialised and capitalist mode of production, the ideology of disability, disability definition as a political tool for controlling labour, technology, and so on. How do these very generalised factors and structures influence disabled people's experiences in countries with different mechanisms in their policy-making process? With these similar factors, how do different welfare states respond to the common phenomenon that disabled people are in a more disadvantaged position in the labour market than non-disabled people? What capacities do different welfare states have in guaranteeing the right to work of disabled people, taking these structural factors into account? What changing agents and mechanisms exist in different welfare states? Chapters Five to Ten will address these issues.

3.4 Theoretical Perspectives on Equality

There are several ways of defining equality. Young (1987) suggested two kinds of equality: equal treatment and equal share. Equal treatment implies 'an essentially regulatory policy pursued in the interests of procedural justice with no logical implications as to who will benefit from its application'; whereas equal share implies 'an

essentially redistributive policy pursued with clear presumptions as to who will benefit and who will lose from its application' (Young 1987, p. 97).

Similarly, Gooding (1994) proposes three equality models: the Formal Equality Model, the Special Treatment Model, and the Disparate Impact Model. The Formal Equality Model suggests that people should be treated in the same way, regardless of their sex, race, and other characteristics. Gooding (1994) argued that this model fails to address the structural inequalities. According to Gooding (1994), the Special treatment (i.e. reasonable accommodation approach) requires employers to make reasonable efforts to structure work schedules in order to accommodate employers' religious observances. Protective legislation for women is another example of this special treatment approach. Gooding argued that this approach 'perpetuates the stigmatisation of difference' and 'inevitably places severe limitations on the extent of alternatives which courts will be prepared to order' because 'it accepts existing structure as given' (Gooding 1994). In addressing disabled people's situation, Gooding quoted McClustkey's statement and argued that 'terming the needs of disabled people as "special" perpetuates the idea of disabled people's deviating from the non-disabled norm'. McClustkey's statement was quoted as follows

'This view fails to recognise that disability is normal. The needs of people with disabilities such as the need for ramps instead of stairs are basic human needs shared by large number of people. All people have physical limitations and all can expect to have more disabilities as they grow older'.

Gooding's (1994) third model, the Disparate Impact Model seeks to challenge the power that is attached to the labelling and the construction of hierarchies of difference. It recognises that institutional discrimination cannot be eliminated through 'neutral' practices. Instead, affirmative action is required to bring changes in eliminating structural barriers. Its aim is substantive equality rather than formal equality. The measures taken such as outreach recruitment targeted at particularly underrepresented groups, remedial training for groups who have less access to the normal training channels, as well as measures such as childcare provision which address the differing needs outside the workplace (Gooding 1994).

Gooding argued that it is important that employers should 'receive some social compensation for remedying broader historical and social discrimination, such as making the cost of structural alterations a tax deductible expense, payments to interpreters for

deaf people, readers for blind people, the purchase of additional equipment and so forth. However, we can argue that the examples given above can also be applicable to the Special Treatment Model. Thus, the distinction between the Special Treatment Model and the Disparate Impact Model is unclear. Besides, underlying Gooding's (1994) arguments is the view that disabled people should be seen as being as 'normal' as non-disabled people. The assumption of the non-disabled people's standard of normality can be found in her argument.

It is not clear in either Young's (1987) or Gooding's (1994) analysis whether employment which is based on the 'redistributive policy' or 'affirmative actions' is merit-oriented or not. Jewson and Mason (1987) have made a clearer distinction. They suggest two main approaches of equality: the Liberalist approach and the Radical approach. The Liberalist approach holds that the removal of barriers in market competition will lead to equality; whereas the Radical approach argues that inequality comes from the unequal labour market and thus active intervention in the labour market is required to ensure equal representation of the different groups in the labour market, such as quota scheme, reassessment of the significance of qualifications, and so on. Jewson and Mason (1987) argued that the Liberalist view of inequality can be found in both the Liberalist approach and the Radical approach. For example, ensuring adequate proportion of participation does not necessarily lead to equality. Only reverse discrimination (or positive discrimination), in their view, can ensure equality (Jewson and Mason 1987).

In contrast to positive action which seeks to provide education and training for disadvantaged groups in order to put individuals on an equal basis for competition with other groups, Jewson and Mason (1987) proposed "positive discrimination" instead. "Positive discrimination", as the two authors stated, 'involves the more radical policy of deliberately manipulating selection procedures and standards so as to ensure proportional placing and rewards'. In other words, individuals are selected according to their group membership rather than their market merit (Jewson and Mason 1987, pp. 135-136). This argument is similar to Gleeson's (1997) emphasis that labour market which is structured under the logic of competition, excludes disabled people from participation. This argument is also similar to Rioux's (1994) 'equality of outcome' ('equality-of-well-being model').

Rioux (1994) proposes three equality models: the Formal theory of equality (equal-treatment model), the Liberal theory of equality (incorporating both the ideals of equality

of opportunity and special treatment), and Equality of outcome (equality-of-well-being model). Rioux (1994) argued that both the Formal theory and the Liberal theory are inadequate in addressing inequalities faced by disabled people. What is required instead, he argued, is a focus on the equality outcome of disabled people's social and economic participation and inclusion, which is the equality-of-well-being model. Unlike Gooding (1994), Rioux (1994) argued that affirmative action is based on the Formal theory and the Liberal theory of equality, which assumes that barriers can be removed without substantially changing the nature of the work or of the provision of goods and services. Therefore, affirmative action does not challenge the idea of a hierarchical division of labour which is based on the difference in individual merit in the market. Thus, Rioux (1994, pp. 86-87) suggests a new idea of equality:

'Equality defined as the inclusion and participation of all groups in institutions and positions makes clear the onus to include even those people who cannot meet the standards of economic self-sufficiency. This interpretation of equality shifts the basis for distributive justice away from economic contribution as the primary factor of entitlement and recognises other forms of participation as valuable – including those non-market, non-productivity contributions that people with intellectual disabilities can make'.

Therefore, under Rioux's (1994) equality-of-well-being model and Jewson and Mason's (1987) radical approach, what is valued is the full participation of disabled people, rather than their market merits. However, there is a danger in Rioux's statement (as quoted above) since it might be used for justifying some activities which involve labour in the day centres for persons with learning disabilities. It should be emphasised that any activity which involves labour should be equally recognised and rewarded. In other words, the concept of 'the right to work' of disabled people, should not only include the five basic elements as drawn from the international documents (as shown earlier on pages 9-10), but also equal participation in the labour market, despite individual market merit

So far, I have presented the purposes and the background of this study. I have reviewed various theoretical perspectives on the definition of disability, on labour market segregation, on the disadvantages of disabled people in the labour market, and on equality. In addition, I have demonstrated why the historical comparative analysis is adopted as an appropriate research method for this study, and how data are collected. In

the following chapter, I shall focus on the analysis of the politics of 'definition', the politics of 'special', and the various labour market programmes specifically designed for disabled people.

3.5 Conclusion

In this chapter, I have reviewed the existing debates on the definition of disability, on labour market segregation, on disabled people's disadvantage in the labour market, and on equality. First, different models of disability provide different frameworks for social policies and have different impacts on disabled people. Therefore, in analysing labour market policies for disabled people, it is important to look at what views of disability they are based upon.

Second, existing theories on labour market segregation fail to address the issue of disability. However, several studies have attempted to explain the disadvantage of disabled people. The potential impacts of technology and globalisation on disabled people's employment have also been debated by several researchers. Various factors that contribute to disabled people's employment situation have been pointed out by these studies (see page 69). Generalising from these debates, it is important that labour market policies for disabled people challenge the value of competition and idea of normality in capitalism, abandon the equation of disability to 'being unable to work', provide support as a right, and include disabled people in the policy-making process.

Finally in Section 3.4, the discussion of the perspectives on equality provide us with frameworks for looking at the philosophical basis of the policies. As shown, there are various ways of defining equality and various strategies for reaching the ultimate goal of equality. In the case of disabled people, however, the equality of well-being, which values disabled people's participation, and which can be carried out through measures such as positive discrimination, have to be emphasised.

Taken together, the factors discussed in this chapter which are seen as contributing to the disadvantage or the liberation of disabled people in the labour market, such as the ideologies of disability, capitalism and technology, can not be generalised from one society to another – unless substantial comparative studies are carried out. In reality, these factors may work differently, through different mechanisms, in different societies,

and thus shape varied experiences of disabled people. To explain the differences of disabled people's experiences within different capitalist countries, to understand how, in different social and historical contexts, the ideologies of disability influence the experiences of disabled people, and to understand how government policies are formulated, the models of welfare which Esping-Andersen (1990, 1999) proposed, provide a framework for analysing these issues. A historical comparative analysis which is based on this framework allows us to examine the above issues and to understand how the impacts of the ideologies of disability, capitalism, technology, and so on, are shaped, and the contexts of disabled people's political struggle.

CHAPTER FOUR RESEARCH METHODS

This study adopts the historical comparative research method. Documentary analysis was used as the main data collection method as it appeared to be the most appropriate for the type of data that needed to be collected. In-depth interviews, telephone, email and postal contacts were also used as complementary data collection methods, to fill in the gaps in information which the documents did not provide. In this chapter, firstly, I will demonstrate why the historical comparative research method is suitable for the purposes of this study. Then I will explain why documentary analysis was taken as the main data collection method while other methods were adopted as complementary methods. Furthermore, I will identify the strengths and limitations of the historical comparative research method and the data collection methods employed.

This Chapter will be divided into three sections:

- 4.1 Methodology
- 4.2 Data Collection
- 4.3 Conclusion

4.1 Methodology

The main reasons for adopting the historical comparative method are: First, this method allows us to analyse the three countries under their own historical, social, political and economic contexts. Second, the historical comparative method also allows us to look at how these differing approaches fit into the wider social welfare systems (models) of the country concerned. In this section, I will explain why the historical comparative method was adopted in this study, after considering the advantages and challenges of the comparative method, case-oriented versus variable-oriented comparative methods, and other research methods.

Advantages and Challenges of the Comparative Method

The advantages of doing comparative studies have been well-documented. For

instance, Higgins (1981, p. 13) suggests that the comparative method 'widens our understanding of the range of policy options'. Similarly, Cochrane (1993, p. 1) stated that this method 'delivers useful insights by highlighting alternatives to existing arrangements which are frequently taken for granted'. In addition, both authors highlighted that the comparative method helps to identify and evaluate the similar trends of different countries (Higgins 1981; Cochrane 1993). Furthermore, Cochrane (1993) stated that this method helps to identify what is historically specific about each country within a wider global context. Despite these advantages, there are, however, many challenges in the comparative analysis as well. First, there may be big differences among countries in terms of the definitions of concepts and the terminology. Second, the amounts and availability of information is another issue. Third, the patterns or systems of service provision may be very different as well (Hantrais and Mangen 1996; Dex 1996; Eardley 1996; Schunk 1996). Fourth, the comparability of the cases is another issue of concern (Hantrais and Mangen 1996; Pickvance 1999).

The above advantages highlighted the appropriateness of the historical comparative method for this study. This study aims to analyse the approaches adopted by Sweden, Great Britain and Taiwan, in regard to the issue of the right to work of disabled people. The comparative method allows us to analyse the similarities and differences in their approaches and additionally, to analyse their approaches in their own historical contexts while having in mind the wider policy options, as determined by the policy choices in other countries. In addition, as mentioned in the previous chapter, a historical comparative method allows examination of differences between different capitalist societies and how factors such as ideologies of disability and technology take shape in having impacts on disabled people's employment.

On the other hand, several steps have been taken in tackling the above challenges. Firstly, in terms of the issue of differences in concepts and terminology, this study holds that it will be more fruitful to look at how each country defines the concepts than seeking to measure the performance of each country under a constructed standardised measure. By analysing concepts in the contexts of each country, the concepts will not be understood in vacuum. Therefore, instead of constructing a standard measure of "disability", the focus is on analysing how "disability" is defined in Sweden, Great Britain and Taiwan. Section 1.3 of Chapter One discussed how the three countries defined "disability" and "the right to work". The historical, social and political roots of the two

concepts in the three countries were analysed. Secondly, as for the issue of differences in the amounts of data and information, this study adopted complementary data collection methods such as in-depth interviews, telephone, postal and email contacts, while taking documentary analysis as the major data collection method. In addition, documents were collected from as many sources as possible, namely, public, private and voluntary agencies, libraries, the internet, and so forth.

Thirdly, differences in the service patterns or systems were the major challenge of the project. For instance, in both Sweden and Great Britain, the employment programmes for disabled people are financed and administered through the central government authority. Whereas in Taiwan, they are financed from a special fund administered by each local authority, namely, the *Physically and Mentally Disabled People Employment Fund (PMDPE Fund)*. Differences among the local authorities in terms of how the fund is spent and how records are kept are significant. It is, therefore, impossible for Taiwan to provide national figures which show the number of participants in each programme; whereas in Sweden and Great Britain, statistics can be acquired from the central governments. However, this should not hinder the comparison of the three countries. Instead, it highlights the marginalised status of the issue of the right to work of disabled people in Taiwan.

Finally, as for the issue of the comparability of the cases, Pickvance (1999) argued that “‘comparable’ is a relative term and there will always be arguments about how much difference is permissible before we say two objects are not comparable’ (p.14). Are Sweden, Great Britain and Taiwan comparable to each other? In the comparative studies carried out by western scholars, the commonly-used criteria for deciding the comparability of the countries included industrialisation, capitalisation, and democracy (Wilensky 1975; Castles 1982, 1993; Esping-Andersen 1990). However, the comparability of the countries depend mainly on the purpose of the comparison. For instance, the comparative studies that focus on some specific regions will adopt the region as the determinants of comparability. This study compares different welfare regimes and thus it is important to ensure the comparability in some key social, economic, and political respects among the three countries. See Section 1.4 of Chapter One.

“Case-oriented” versus “Variable-oriented” Comparative Method

Some researchers divided the comparative method, according to the approach of the analysis, into two types. For example, Ragin (1987) distinguishes “case-oriented” from “variable-oriented” comparative methods. The former ‘understands cases from their specific contexts and complexes of conditions’; the latter ‘treats cases as “collections of parts” or variables’ (Ragin 1987, p. ix-x), and attention is paid to “the parameters of calculation” (Ragin 1987, p. 61). Similarly, Janoski and Hicks (1994) called the two types of comparative method as “case-based” and “variable-based”.

In the “case-oriented” comparative method, cases can be understood under their own background and thus the historical, social and political contexts can be considered in a holistic way. The disadvantage, however, is that the number of the cases will be limited because much attention has to be paid on each case. This limitation, on the other hand, is the advantage of the “variable-oriented” comparative method. Relatively less attention has to be paid on each individual case because cases are measured by variables. Thus in the “variable-oriented” approach, many cases can be included in one study. The weakness, however, is that cases are understood in a divided manner. They are separated from their historical, social and political contexts (Ragin 1987; Ragin and Becker 1992; Janoski and Hicks 1994). Therefore, the case-oriented approach, namely, the historical comparative method, appeared to be most appropriate for the purpose of this study.

Other Research Methods Considered

Other research methods had been considered before the historical comparative method was adopted. For instance, postal questionnaires, telephone interviews and focus groups could have been adopted to evaluate the advantages and disadvantages of the policy programmes in the three countries. These research methods are important in disability studies because if the study is committed to promote the empowerment of disabled people, it is crucial that disabled people participate in the study and that the experiences of disabled people are valued. For example, Moore, et al. (1998, p. 14) argued that good disability research ‘should not exclude disabled people from its process or productions’ and ‘should not be controlled entirely by non-disabled people’. This approach can be very helpful in evaluating policy outcomes. For the present purposes in this study, however, the voices of disabled people can be included through analysing the documents

published by this group. In addition, some of the key informants in this study are disabled people and representatives from disability organisations. Therefore, although this study does not use interviewing disabled people as the main method, and although this study is 'controlled' by a non-disabled person, namely I, as a researcher, the voices of disabled people are not excluded.

This study chooses historical comparative analysis with documentary analysis as the main data collection method, complemented with in-depth interviews and other data collection methods. The major reason for doing this instead of the approach discussed above, is that this study is interested in understanding how and why the three countries define disability and the labour market policies they adopt to promote the employment of disabled people. To understand the different approaches taken by the three countries, it is crucial to look at the three countries as a whole unit with its specific social and historical background. Historical comparative analysis allows us to do so and also allows us to look at how these differing approaches fit into the wider social welfare systems (models) of the country concerned. Furthermore, in Section 2.3 of Chapter Two and in Chapter Three, I have tried to show that from existing studies and theoretical approaches, there are gaps in knowledge regarding the understanding of the labour market policies for disabled people from a historical comparative perspective. Therefore, for the various reasons as discussed above, the historical comparative method with documentary analysis as the main data collection method and supplemented with other data collection methods are deemed as most appropriate in collecting the necessary data to answer the research questions.

It may also be argued that the same amount of in-depth interviews should have been conducted in the three countries. Nevertheless, it was decided not to do so because the documentary analysis method allows us to collect most of the necessary data. Nonetheless, because of the limited availability of English documents in the Swedish case, the in-depth interview played a more important role than with the British and Taiwanese cases. The in-depth interviews filled the gaps in information in the documents, and helped to clarify misunderstandings or misinterpretations of the researcher in reading the documents. In the case of Great Britain, documents are fruitful enough to provide information for answering the research questions, partly because the researcher has spent more than three years collecting documents in Great Britain. For example, the in-depth interviews in Sweden tried to include people in different positions in the policy-making

process, whereas in Great Britain, many publications were produced by people in various positions in the policy-making process. Thus, the in-depth interview played a minor role. In the Taiwanese case, the amount of documents proved not as fruitful as with the case of Great Britain but were reasonable enough for answering the research questions. In addition, the researcher has been a participant observer on the disability issues for ten years and has more understanding of the development of the policies. Therefore, the in-depth interviews also played minor roles in the Taiwanese case.

4.2 Data Collection

The methods for data collection include documentary analysis, in-depth interviews, telephone, postal and email contacts. As mentioned earlier, this study adopted documentary analysis as the main data collection method. The in-depth interview method was used as a complementary method for the Swedish case. In the cases of Great Britain and Taiwan, the role of the in-depth interview method was relatively minor. Furthermore, some of the recent figures on the labour market programmes for disabled people were acquired through telephone, postal or email contacts with the civil servants in the three countries. Because of the rapid changes in the labour market policies, data obtained through postal, telephone and email contacts can complement the documents which are not produced in time to include the new changes or outcomes of the policy. Before illustrating how these different data collection methods were carried out, I shall firstly discuss the two techniques for enhancing credibility of the data and the analysis, namely, triangulation and member validation.

Triangulation

Denzin (1978) outlined four types of triangulation: 1. Data triangulation: by using several resources of data. 2. Investigator triangulation: by team research and multiple observers in the field. 3. Theory triangulation: by formulating several hypotheses to see how each fares in relation to the data. 4. Methodological triangulation: by adopting more than one research method or observation across different times and places (see Seale 1999).

This study adopted the first and the fourth types of triangulation methods, namely, data triangulation and methodological triangulation. The methods of data triangulation include collecting data from several perspectives – the government, voluntary organisations, private agencies and so on. By doing so, stories told and views from different actors in the policy structure can be taken together to draw a fuller picture of the policy processes with as many perspectives as possible. It was mentioned earlier in this section that there are limited English documents representing the voices from different perspectives in Sweden. The in-depth interviews, therefore, tried to include major policy actors as the key informants (interviewees), including government officials, activists, parliament members, disabled persons, and parents of disabled young persons. By interviewing these key actors in the policy-making process, data collected include different perspectives.

Member Validation

Along with “triangulation”, the technique of “member validation” was also employed. The technique of “member validation” was proposed by Lincoln and Guba in 1985 (see Seale 1999, p. 62). Seale (1999, p. 62) proposed four types of member validation:

- ‘1. Use researchers’ concepts to predict members’ descriptions.
2. Show that the researcher’s account can lead to successful “passing” as a member.
3. Ask members to judge the adequacy of the researcher’s account.
(a)strong version (e g. Members evaluate the final research report).
(b)weak version (e g. members comment on the accuracy of some interim document, such as an interview transcript).
4. Regard successful action research as a form of member validation.’

The third kind of member validation was adopted in this study in the following ways: Firstly, before the interviews, a research proposal was sent to all the interviewees. In addition, some main questions for interviews along with questions regarding the researcher’s interpretation of the documents were also sent to most of the interviewees before the interviews, except for eight interviewees because these eight interviewees were introduced by other interviewees and there was not enough time for sending the material. During interviews with them, however, discussions on the researcher’s accounts on comparisons were made. Secondly, a seminar was arranged at the Uppsala

University in Sweden in November 1998. This gave me, as the researcher, an opportunity to share my observations with the disability researchers at Uppsala University and receive comments from them.

Thirdly, the preliminary analysis of the data was presented in two conferences, one held by the North American Taiwan Study Association in the United States in June 2000, and the other held by the Social Policy Association in England in July 2000 (Wang 2000a, 2000b). Presenting the analysis in the two conferences gave the researcher the opportunity of receiving comments from both the Taiwanese and the British researchers. Comments were also received from three researchers specialising in this field – Professor M. Oliver in Great Britain, Professor E. Wadensjö in Sweden, and Dr. Y. Chou in Taiwan, on the preliminary analysis of data (Wang 2000b). Responses gained from the above three methods all helped the shaping and refining of the final analysis. Finally, this entire thesis which is submitted for viva voce examination, is also sent to Professor E. Wadensjö for comments.

Documentary Analysis

Documentary Analysis was adopted as the main data collection method. In general, two types of documents were collected:

- I. Government: laws, annual reports, brochures, leaflets, census data, research reports, programme reports, political speeches, parliamentary debates, government committee reports, and other government publications.
- II. Non-government: research reports, brochures, leaflets, lectures, books, newspapers, reports, journal articles, and other non-government publications and unpublished material.

The methods used for collecting documents included using the libraries and the internet, telephone, postal and email contacts; in addition, some data was obtained while doing the interviews. The documents about Sweden and Great Britain are in English; whereas most documents about Taiwan are in Chinese and thus were translated before being quoted.

Robson (1993, p. 230) stated that there are three advantages of documentary analysis:

- 'a. It is an "unobtrusive" measure (Webb et al. 1966). You can "observe" without

being observed. b. The data are in permanent form and hence can be subject to re-analysis, allowing reliability checks and replication studies. c. It may provide a “low cost” form of longitudinal analysis when a “run” or series of documents of a particular type is available’.

May (1999) emphasised the advantage of documents as giving information on past social events that the researcher did not participate in:

‘They can tell us a great deal about the way in which events were constructed at the time, the reasons employed, as well as providing materials upon which to base further research investigations... They tell us about the aspirations and intentions of the period to which they refer and describe places and social relationships at a time when we may not have been born, or were simply not present’ (pp. 157-58).

These advantages are essential in data collection for the analysis and comparison of the approaches adopted by the three countries on the issue of the right to work of disabled people. Documents from various perspectives which give information on the origins, the substances and the impacts of the policies, provide very good data for evaluating and comparing the existing approaches adopted by the three countries.

Given these advantages, however, the challenges of documentary analysis include: first, the availability of the documents; second, the nature of the documents – biases or distortions of the documents due to specific purposes for which they were produced; third, the difficulty in telling whether what is recorded in the document is the cause or reflections of the social phenomena (Robson 1993, p. 230). In tackling the first challenge, documents were obtained through various sources. In-depth interviews were also carried out for complementary purposes – to fill the gap in the information obtained from the documents. To tackle the second problem, documents were approached in a “hermeneutic” way, namely, ‘with awareness to the social and political context in which the documents were produced’ (May 1999, pp. 163-64). In addition, the documents from different sources and the data from the in-depth interviews provided the bases for triangulation. To tackle the third challenge, special attention was paid to the time the documents were produced. The data and methodological triangulation also helped to reduce this potential problem.

In-depth Interviews

As explained earlier in this chapter, the in-depth interview method was adopted as a complementary data collection method in this study. The main purpose of this study is to understand the historical, social and political forces which shaped the different approaches taken by the three countries, and documentary analysis can serve the main function in data collection. In the Swedish case, there were more limitations in the documents due to the language barriers and also the limited time available for collecting data in Sweden. Therefore, the in-depth interviews played a more important role in data collection than in Great Britain and Taiwan.

In the following, I will demonstrate why semi-structured interviews were seen as most appropriate for data collection in this study, compared to other forms of interviews. Then I will show the efforts made in order to perform “successful interviews”. The issue of rapport will also be discussed. Finally, the interviewees, the venues of the interviews, the interview time and the interview instruments will all be described.

Semi-structured Interviews

The interviews in this study were conducted in a semi-structured way. The researcher, as the interviewer, prepared the main questions and some topics for discussion in advance. There was no fixed order of the questions, nor any fixed number of questions in the interviews. The questions asked depended on the area of expertise of and the relevance to the informants (interviewees). Questions were asked according to the appropriateness in the contexts of each interview. Some questions that were prepared in advance were dropped because they appeared to be unnecessary during the interview. For example, answers to some questions could be found in the written documents provided by the interviewees. In this case, the focus of the interview was more on interpreting the documents. Likewise, some questions were added during the interviews to have a deeper understanding of some topics.

Generally, most of the interviews were composed of three main parts: first, information regarding the labour market policies for disabled people. Second, their personal experiences on participating in the policy formation processes and their interpretations on the approaches taken in their countries. Third, the interviewee’s comments on the research proposal and my interpretations (as a researcher) of the approaches taken in their countries. In interviewing disabled people and parents of young

disabled persons, interviews were focused on personal experiences of participating in policy programmes and their interpretations of the approaches taken in their countries.

The interviews could have been conducted in either an unstructured or a structured way. In the case of the unstructured interviews, there was generally no questions prepared in advance. The researcher only has a general area of interest and the questions were generated during the conversation. To some degree, the interviews in this study were unstructured because many questions were generated during the interviews. However, they were not totally unstructured because the purposes of the interviews were to obtain information which could not be obtained through documents, and to “check up” on the researcher’s interpretation and analysis of the documents. The researcher had in mind a few questions relating to the area of information that each specific interviewee was capable of providing information on. Therefore, totally unstructured interviews could not fulfil the purposes of this study. On the other hand, structured interviews with a standard questionnaire were seen as impractical and inappropriate for the purposes of this study. As the interviewees were all experts in specific areas, it was deemed more fruitful to let the interviewees elaborate their points in their own way. This also allowed the researcher to have more dialogue and discussions with the interviewees on some specific topics.

“Successful Interviews”

Kalton (1983) suggested three necessary conditions for successful completion of interviews (see May 1999, p. 116): first, if the person answering the questions has access to the information that the interviewer seeks; second, if the interviewee has understanding of what is required of him or her in the role of the interviewee; third, whether the interviewees feel that their participation and answers are valued.

In this study, the first condition can be fulfilled because the interviewees were carefully selected according to the areas of information upon which they could provide. The interviewees of the Swedish case were recommended mainly by two persons – Mr. Lars Lindberg, a civil servant in the Ministry of Health and Social Affairs, who used to work in the *Swedish Co-operative Organisation of Disabled People (HSO)*; and Professor Märten Söder, a researcher specialising in disability studies at the Uppsala University.

The interviewees of the case of Great Britain and Taiwan were carefully selected by the researcher. The main purpose was to fill in the gap in the information that could not be obtained through documents and thus required discussion with people in the specific positions in the policy-making context.

This study tried to fulfil the second condition of “successful interviews” by sending out a research proposal to the interviewees before the interviews were carried out. In the proposal, the purposes and research methods of this research as well as some questions that require factual data or clarification were stated. Thus, the interviewees had some idea of what the researcher expected from them before the interviews. As for the third condition of the good interviews, the researcher tried to state the importance of the interviewees’ participation as best as possible. In addition, many of the interviewees in Sweden were initially contacted by Mr. Lars Lindberg and were told about this research, before the researcher contacted them. Therefore, the importance of their participation was clearly conveyed.

The Issue of Rapport

The issue of rapport refers to the development of a mutual trust “that allows for the free flow of information” (Spradley 1979, p. 78; see May 1999, p. 117). The interviewees of the Swedish case had known Mr. Lars Lindberg or Professor Märten Söder personally and therefore the interviewees were more “willing to help”. In the cases of Great Britain and Taiwan, the interviewees were contacted through email or telephone initially by asking questions. Interviews were arranged only when both the researcher and the interviewees thought it would help to make things clearer by talking face-to-face. In addition, some of the interviewees in Taiwan have known the researcher personally and thus they were happy to help. Furthermore, the proposal and the questions prepared in advance also helped to build the trust – they knew the purposes of the interview and that they were not going to waste their time talking about irrelevant matter. Therefore, all the interviews went quite well.

The initial contact with Professor Märten Söder was instigated through the researcher’s supervisors. The researcher then sent the research proposal to Professor Märten Söder. A study visit for the researcher in the Sociology department at Uppsala

University was then arranged through Professor Söder. It was agreed, before the visit, that the researcher would do a presentation in a seminar at Uppsala University during the visit. The initial contact with Mr. Lars Lindberg was built through the disability research internet mailing list at 'mailbase' in the UK. It was set up by the Disability Research Unit at Leeds University. It has many hundreds of members from all over the world. Mr. Lars Lindberg, who was working at the *HSSO* (He was later appointed as a Special Advisor at Ministry of Health and Social Affairs.), responded to the researcher's query for information on Sweden. He then offered to recommend key persons who were involved with the policy-making process for this study's interviews.

The Interviewees

In total, twenty-five interviewees in the Swedish case participated in this study. With some of the interviewees, the interviews were done twice to have more time to explore some issues further. Interviewees included six civil servants working in the government offices; one official working in the Handicap Ombudsmen; the director-general of the state-owned sheltered employment company, Samhall; three officers working at the Uppsala Employability Institute; seven key persons from the disability organisations; two parliamentary members; a disabled person and one parent of a disabled young adult, plus three academics. Four interviewees in the case of Great Britain participated in this study. Two of them were civil servants – one is an official at the Adult Disadvantage Policy Division of the Department for Education and Employment (DfEE), and the other worked as the Disability Employment Adviser at the Canterbury Job Centre. Another interviewee worked at the Royal British Legion Industries Ltd., which is a private "supported employment" agency. In addition, one of the interviewees is a mother of a disabled young person. Six interviewees in the Taiwanese case participated in this study. Four of them were civil servants; one worked in a national umbrella disability organisation and another is a disability researcher (see the List of Interview Notes shown in Appendix II).

The differences between the number of interviewees in the three countries should not be seen as a problem. As discussed before, the main purpose of the in-depth interviews in this study, was to fill in the gaps in information that could not be obtained from

documents. Therefore in some sense, the number of interviewees in the three countries mirrors the amount of information available in the documents as well as the amount of time available for data collection in each country. Being a Taiwanese participant observer on Taiwanese policies and having been living in England for more than three years, enabled the researcher to have more access to the information. Whereas in the Swedish case, more reliance on the in-depth interviews will have to be laid due to the insufficient amount of English documents and as a result, the lack of understanding of the Swedish society.

The Venue

Most interviews were carried out at the interviewees' workplaces. In the Swedish case, the venues included: Ministry of Labour; National Labour Market Board; Ministry of Health and Social Affairs; the Parliamentary building; Office of the Handicap Ombudsmen; Employability Institute in Uppsala; Samhall; the Swedish Co-operative Organisation of Disabled People; Swedish Federation of Disabled People; The Institute on Independent Living; The Swedish Organisation of Disabled International Association; the Department of Sociology at Uppsala University. The interviews with two disabled people and one parent of a disabled young adult were carried out in a café and a restaurant. The interview with Mr. Bengt Nirje, who proposed the normalisation principles in Sweden, was carried out in the living room of his flat. In the case of Great Britain, the venues included the London Office of the Department for Education and Employment and the Canterbury Job Centre. In the Taiwanese case, the venues included the Employment and Vocational Training Administration (EVTA), the Social Welfare Division of the Ministry of the Interiors, and the National League for Disabled People. The interview with Dr. Kuo-yu Wang was carried out in a café.

The Interview Time

The interviews of the Swedish case started from 18 November and finished on 16 December in 1998. The interviews of the case of Great Britain were completed in March 2000. The interviews of the Taiwanese case were carried out from 24 March to 15 April in 1999. Each interview lasted between forty minutes to one and a half hours.

The Interview Instruments

The interviews were done in a semi-structured way and thus there was no questionnaire prepared. Instead, the researcher prepared in mind, some questions that were relevant to the position of the specific interviewee. The interviewees were asked if it was all right to tape-record the interviews. By using tape-recorders, the researcher was spared the tedious work of making notes and thus could concentrate on listening and responding to the interviewees' statements. Most interviews had been tape-recorded. Only three interviews were not tape-recorded: one is the interview with an official of the DfEE in Great Britain and another is the interview with an official of the EVTA in Taiwan. The former said that the DfEE officials were not allowed to make statements without formal arrangements. Therefore, tape-recording was rejected. The latter rejected tape-recording because he said he did not want any trouble. Another interview that was not tape-recorded was because it was too noisy in the restaurant and thus tape-recording was considered not practical. All interviews were transcribed and translated, before entering the phase of data analysis.

Telephone, Postal and E-mail Contacts

In addition to Documentary Analysis and In-depth Interviews, telephone, postal and email contacts played important roles in providing information on the changes and the outcomes of various labour market programmes for disabled people. The main advantage of these methods is efficiency in time. They are also good ways of reaching busy people if the information the researcher expects is not complicated. In addition, telephone, postal and email contacts were good ways of making initial contacts before the interviews were considered necessary. In this study, data obtained through telephone, postal and email contacts included contacts with two Swedish civil servants and Professor E. Wadensjö, two British civil servants and two British disability organisations, five Taiwanese local authorities and one government official. In some cases, after telephone, postal and email contacts, it appeared that interviews were not necessary. In other cases, postal and email contacts were made with some interviewees after interviews,

to obtain recent information and clarify confusion.

4.3 Conclusion

The historical comparative analysis method was adopted because it appeared to be the most suitable one for the purposes of this study. The major data collection method used is documentary analysis, because it was deemed most appropriate for the type of data that needed to be collected. However, to fill in the gap in information that the documents do not provide, the in-depth interview method was used as a complementary data collection method. To enhance the credibility of the data, and the analysis, the techniques of 'triangulation' and 'member validation' were employed. Other research methods and data collection methods had been considered before the current methods were adopted. These other methods were not chosen because the current methods appeared to be the most appropriate for collecting and analysing data to answer the research questions of this study.

So far, I have presented the purposes and the background of this study. I have also reviewed various theoretical perspectives on the definition of disability, on labour market segregation, on the disadvantages of disabled people in the labour market, and on equality. In addition, I have demonstrated why the historical comparative analysis is adopted as an appropriate research method for this study, and how data are collected. In the following chapter, I shall focus on the analysis of the politics of 'definition', the politics of 'special', and the various labour market programmes specifically designed for disabled people.

CHAPTER FIVE THE POLITICS OF DEFINITION

The purpose of this chapter is to analyse how and why disability is defined as it is in the labour market policies. In answering this question, I shall analyse the definitions of disability stated in the policies and also the ways the employability of disabled people is assessed before the labour market programmes are made available to them.

Drawing from the three models of welfare, we would expect that: First, Sweden will have the most inclusive definition of disability and will recognise environmental barriers as contributing to disability. Also, as welfare provisions in Sweden are based on citizenship, the definition of disability in Sweden will not be labelling. Therefore, the employability assessments will focus less on the individual's impairments and more on the environmental barriers. Second, with the Liberal-Collectivist welfare tradition, Great Britain will be more hesitant to adopt an inclusive definition of disability and be less likely to recognise environmental barriers as contributing to disability. The purpose of the disability definition and the employability assessments will be to allow the provisions of the labour market programmes to reach a moderate level. Third, with the Conservative tradition of welfare, Taiwan will be expected to have the most restricted and individualised definition of disability. The employability assessment will tend to focus on an individual's impairments. In addition, it is more likely to see disabled people as not being able to work and that the family should look after them.

The findings of this chapter suggest that, generally speaking, the welfare models can predict the way disability is defined as it is in the labour market policies in each of the three countries. However, it should be noted that Great Britain has been undergoing a shift -- from focusing purely on an individual's impairments to taking environmental barriers into account when assessing disabled people's employability. Besides, both Sweden and Great Britain have moved towards a 'mixed' model of disability, namely, recognising the removal of social barriers as a 'right' of disabled people while viewing disability as resulting from the individuals' functional impairments. Finally, the roles of the disability movements in formulating and changing the definition of disability have to be highlighted in all three countries.

This chapter will be divided into the following sections:

- 5.1 Defining Disability In Labour Market Policies
- 5.2 Assessing Employability
- 5.3 Conclusion

5.1 Defining Disability In Labour Market Policies

In this section, I will demonstrate that neither of the models of disability that focus on social pathology, as reviewed in Chapter Three, has been put into practice in the countries studied. Sweden has adopted the 'relative definition of disability' since the late 1970s. It is the most inclusive definition of disability among the three countries. However, there seems to be a trend towards emphasising the individuals' functional impairments in the 1990s. Whereas Great Britain and Taiwan have the common trend of incorporating the idea of removing social barriers within their existing models of disability.

Sweden

Both the 'relative' model of disability, and the individualised view of disability can be found in Swedish labour market policies for disabled people. In defining the eligibility of the labour market programmes for disabled people, the 'relative' definition is adopted. Whereas in defining the target group of the anti-discrimination legislation, functional impairments are used as the key factors in defining disabled people.

The Relative Definition of Disability

In Sweden, the term 'handicap' ('handikapp' in Swedish) is used to include the environmental factors. The National Labour Market Board (1998b) defines 'occupational handicap' as:

'A job-seeker is occupationally handicapped if, by reason of physical, mental, intellectual or social disability, s/he has or is expected to have difficulty in obtaining or keeping gainful employment. If a job-seeker has a functional impairment which does not affect his or her work capacity and has no other bearing on his or her present or prospective duties, no occupational handicap exists'.

According to an official at the National Labour Market Board, the purpose of this

relative definition is to include all people who encounter difficulties in the labour market due to impairments or some specific socio-medical problems. The concern of the National Labour Market Board is to make special supportive measures available to those who have difficulties finding work in the labour market. Therefore, 'handicap' is not seen as an individual quality but the situation which results from the relationship between an individual and their environment (Interview Note S7). An official of the Handicap Ombudsman cited the categories of 'handicap' registered in the National Labour Market Board:

'1. Heart disease, vascular disease and/or lung disease. 2. Impaired hearing/deafness. 3. Impaired vision. 4. Reduced mobility. 5. Other somatic related disability (includes allergies, diabetes and stomach/bowl diseases). 6. Mental health problem. 7. Learning difficulty. 8. Socio-medical disability (refers to people with social problems which are the cause of their reduced work capacity; this would include drug-or alcohol-related problems, or problems related to criminal activities)' (Karlsson 1998, p. 48).

The above categories of 'handicap' show that the 'relative' definition of disability does seem to be as inclusive as possible. However, this relative definition of disability is not adopted in the anti-discrimination legislation for disabled people.

The Functional Definition of Disability

The Law Against Employment Discrimination of People with Functional Impairments 1999 defines a disabled person as someone:

'who was born with or due to an injury or illness has a physical or mental limitation of his or her ability to function. It is not the degree of the limitation in functioning that is decisive but the existence of a disability. However, the disability must be a lasting one' (translated by Professor Eskil Wadensjö, Email Contact Note ES4).

Although removing social barriers is the main purpose of the anti-discrimination legislation, here, disability is defined from an individualised point of view.

The Origins of the Relative Definition of Disability

A researcher who has been active in the disability issues, explained that the relative definition of disability has been adopted by the Swedish government since the publication

of the parliamentary commission report, 'Work for Handicap' ('Arbete åt handikappade' in Swedish) in 1978. She stated:

'This report recognised the environmental barriers of disabled people's employment such as not enough opportunities, transportation, lack of childcare, education, working time, demand of the job, work environment, etc. Relative concept of occupational disability was proposed' (Interview Note S21).

Several government officials and disabled activists mentioned in the interview that this 'relative' definition of disability was initiated by organisations of disabled people (Interview Notes S3, S6, S9, S10, S11, S15). For example, one disabled activist stated:

'In the beginning of the 1970s, the organisation of disabled people formulated *'Society for All'*. It is a joint disability programme. It is a written programme by all disability organisations. It is written in 1972. Disabled people said that disability is the relation between the individual and the environment. Disabled people have to be as equal as anybody else. All policies have to include disabled people. Four years later, in 1976, report of the first parliamentary commission (from 1965 to 1975), *'Culture for all'*. This proposal was based on 1972 *'Society for All'* which was proposed by the disability movement (Interview Note S15)'.

According to another disabled activist (Interview Note S12), owing to the government's acceptance of the *'Society for All'* proposal, the government recognised the relative view of disability and started giving grants to disabled people's organisations from 1976, the purpose being to meet the extra costs resulting either from the disabling environmental barriers or from adapting the environment. The fact sheet of Sweden published by the Swedish Institute, a public agency entrusted with disseminating knowledge abroad about Sweden, also recognised that the relative definition of disability was formulated by the disability movement (Swedish Institute 1994; cited earlier in Chapter One, page 17).

From an outsider's point of view, it is surprising that the Swedish government seemed to accept the disability movement's proposal directly. Why? One disabled activist stated that some disabled activists worked in the parliamentary commission: 'Some representatives of the disability organisations were experts in the commission from 1965 to 1975. I was in the commission' (Interview Note S15).

Forming a commission with representatives from different organisations, according to some officials and disabled activists, is Sweden's traditional way of problem solving (Interview Notes S3, S5, S6, S10, S15). A closer look at the link between the philosophy

of the *'Society for all'*, the proposal and the welfare ideology of the Social Democratic Party, however, reveals that the acceptance of the proposal resulted not merely from the co-operation between the government and disability organisations. The above disabled activist said that she had never thought about the link between the disability movement's 'Society for all' proposal and the principle of 'society for all' in the Social Democratic welfare ideology, but thought it was interesting to think about this connection. What she was more aware of, was that 'Many of us were active in the Social Democratic Party . it's almost the same group as those who drafted the 'Society for All' proposal' (Interview Note S15)

Thus, 'the same group' seemed to be influential in both the disability movement and in the Social Democratic Party. These key activists were, therefore, important in bringing the 'Society for All' proposal into government policy. As a result, the success of the disability movement in advocating the relative definition of disability lies partly in the match of the philosophy they emphasised and the welfare ideology of the Social Democratic government, partly because of the co-operative tradition of forming commissions with representatives from various representatives; and partly in these key activists' influence in the Social Democratic Party.

Furthermore, it is important to note that the relative definition of disability fits into the welfare ideology of Sweden. In 1980, there were debates on the WHO's definition of disability in a symposium in the academic community (Forskningsradnsnämndens kommittè 1983). Although there were different opinions on how disability should be defined, a common view held by the participants was that it is crucial to adopt the relative view of disability in defining target groups for policy programmes so that the policies can be as inclusive as possible. This is in line with Swedish welfare ideology of viewing the society as for all and ensuring all citizens with equal rights to welfare provisions. Professor Marten Söder compared the Swedish definition of disability with the WHO's definition, emphasising that the main difference between these two is that the Swedish definition highlights the environmental factors whereas the WHO's definition focuses on the individual (Söder 1983). A specific example was given by Professor Eskil Wadensjö, who stated during the discussion session of the symposium:

'It is obvious that "occupational handicapped" is a relative concept. The number of handicapped depends on the number of people with functional impairments as well as



on the functioning of the labour market. Changes in the labour market lead to that the number as well as the composition of the disabled population changes. It is often difficult to determine the number and severity of occupationally handicapped people, as that requires information on each individual and the labour market' (translation made by Professor Eskil Wadensjö; Email Contact Note ES4).

The Move Towards Individualised Definition of Disability?

As observed by a professor specialising in disability studies, since the 1990s, there has been a trend towards adopting the idea of functional limitation ('Funktionshinder' in Swedish) in defining a disabled person. This individualised definition of disability can be seen in *The Act Concerning Support and Service for Persons with Certain Functional Impairments 1993 (LSS)*, *The Assistance Benefit Act 1993 (LASS)*, and *The Law Against Employment Discrimination of People with Functional Impairments 1999* (Interview Note S20).

There seems to be a consensus among the government and organisations of disabled people on using the term 'disability' to refer to the individual, and 'handicap' to refer to the relation between the disabled person and the environment (Interview Notes S3, S6, S7, S10, S11). One disabled activist said:

'When we talk about handicap, we mean the relation between the person and the environment. We don't use handicap when we talk about ourselves. We use disabled people or persons with disabilities to refer to individual and use handicap to refer to the situation and the organisations. I think this distinction is important' (Interview Note S11).

As mentioned in Chapter One, in Swedish daily language, 'handicap' is commonly used with several different meanings depending on the context (Carlsson and Carlsson 1982, p. 6; cited earlier on p. 17). One official at the Ministry of Social Affairs said that the emergence of the 'politically correct' terms was owing to the influence of the disability movements in the U.S. and in Great Britain (Interview Note S3). The U.S. version emphasised that people with disabilities should be seen as people first, before their disabilities are pointed out. The disability movement in Great Britain, however, emphasised that people are 'dis-abled' by the environment so the term 'disabled people' is preferred. The Swedish disability movement tends to accept either explanation. However, it should be noted that although disabled people in the U.S. and in Great Britain rejected the term 'handicap' because it has the negative meaning of 'cap in hand'

which sees disabled people as beggars, the term 'handicap' is used in a positive way in labour market policies in Sweden – it recognises the environmental barriers and does not portray disabled people as beggars or any other metaphors which contain the meaning of dependency. Thus, unlike in the U.S. and Great Britain, the term 'handicap' is not abolished in Sweden.

For example, the Ombudsmen for disabled people is called the 'Handicap Ombudsmen' ('handikappombudsmen' in Swedish). Therefore, Sweden's use of the term 'handicap' seems to be close to the use of the term 'disabled people' in the disability movement in Great Britain – emphasising the role of environmental barriers as contributing to disability. As observed by Professor Mårten Söder, however, the three new pieces of legislation enacted in the 1990s, as mentioned, revealed the individualised definition of disability. Functional limitations of the individual rather than environmental factors are emphasised in these three new laws. The term used in these three laws in referring to disabled people is 'functional impairments' ('funktionshinder' in Swedish), which emphasises individuals' impairments and has no consideration for social and environmental barriers.

Why does the disability movement not challenge this increasing use of the individualised definition of disability? The nature of the right provided in these new laws could be an important factor. In all of the three new laws, individuals with functional impairments are provided with the 'individual right', namely, the right allows the individual to claim from the government or to bring it into enforcement, as in contrast with collective rights which are based on state provisions.

Therefore, it seems that Sweden is moving towards a 'mixed' view of disability, namely, recognising the importance of removing social barriers while defining a disabled person as someone with functional limitations. How will the individualised definition of disability influence Swedish labour market policies for disabled people? So far, the influence is only on the definition of the target group in the anti-discrimination legislation, which limited the scope of the *Law Against Employment Discrimination of People with Functional Impairments 1999*. The labour market policies designed specifically for disabled people, however, still adopt the view of 'handicap' in the Swedish sense – a relative definition of occupational handicap.

Great Britain

Since *the Disability Discrimination Act 1995* came into force in December 1996, the definition of disability has changed. Before, the definition of disability was based on the idea of 'reduced productivity' of the individuals with impairments. The *DDA* incorporated the idea of removing social barriers in the existing individual pathology view of disability. A disabled person is defined as someone with functional limitations but at the same time, removing environmental barriers is also recognised as essential. Like Sweden, a new 'mixed' view of disability can be seen in Great Britain.

Disability as 'Reduced Productivity'

Before December 1996, labour market policies for disabled people were based on the *Disabled Persons (Employment) Act 1944*, *DP(E)A 1944*. The *DP(E)A* defines a disabled person as:

'a person who, on account of injury, disease, or congenital deformity, is substantially handicapped in obtaining or keeping employment, or in undertaking work on his own account, of a kind which apart from that injury, disease or deformity would be suited to his age, experience and qualifications' (*DP(E)A 1944*).

To be eligible for the labour market policies specifically designed for disabled people, disabled people had to apply for the registration of their disabilities with the Disablement Resettlement Officers (DROs) based in the local Job Centres. The DROs were responsible for deciding whether an applicant was eligible for registration, and 'medical evidence is usually, though not always, required to help the DRO make a decision' (Prescott-Clarke 1990, p. 72). In other words, the disability registration was mainly based on the view of the employment 'specialists' and the medical professionals, as to whether a person had reduced productivity. Although having reduced productivity, s/he should still be able to work, namely, 'the disability must be likely to last at least 12 months and the person must want to work and have reasonable prospects of being able to obtain and keep work (including sheltered employment or self-employment)' (Prescott-Clarke 1990, p. 72). Research shows that owing to the lack of implementation of the quota scheme, the 'rehabilitation services' limited function in providing mainly low-skilled and manual work, plus disabled people's unwillingness to be labelled, has led

the number of registered disabled people to decrease dramatically (Barnes 1991).

As mentioned in Chapter Three, Oliver (1990) has suggested that this individual pathology view of disability is based on the capitalist emphasis of individual able-bodiedness, which views disabled people as not fit, or less fit for work. Therefore, the registration assumed that disabled people have 'reduced productivity' with no consideration of social and environmental barriers which prevent disabled people from being available for work.

Towards a 'Mixed' View of Disability

The *DDA* defined disability as the functional limitations of an individual. Unlike the *DP(E)A*, 'reduced productivity' is not a dimension to be looked at in the *DDA*. The registration system of disability was also abolished. The *DDA* defines a disabled person as someone who: 'has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities' (*DDA 1995*).

Besides, the employment section of the *DDA* also applies to 'a person who has had a disability' (*DDA 1995*). The purpose of this Act, as the then Minister for Social Security and Disabled People, Mr William Hague put it, is that:

'It sets this country on a clear, workable and unambiguous course to ending discrimination against disabled people. It will make a genuine difference to the opportunities and lives of millions of our fellow citizens...' (see Doyle 1996, p. 1).

Although recognising the existence of discrimination and the importance of removing the social barriers, this Act adopts an individualised definition of disability which focuses on an individual's functional limitations in 'normal day-to-day activities', namely:

'An impairment is to be taken to affect the ability of the person concerned to carry out normal day-to-day activities only if it affects one of the following – (a) mobility; (b) manual dexterity; (c) physical co-ordination; (d) continence; (e) ability to lift, carry or otherwise move everyday objects; (f) speech, hearing or eyesight; (g) memory or ability to concentrate, learn or understand; or (h) perception of the risk of physical danger' (*Schedule 1 Provisions Supplementing Section 1*; see Doyle 1996, p. 301).

The limitations in the above respects have to be long-term, namely:

'(a) it has lasted at least 12 months; (b) the period for which it lasts is likely to be at

least 12 months; or (c) it is likely to last for the rest of the life of the person affected' (*Schedule 1 Provisions Supplementing Section 1*; see Doyle 1996, p. 300).

Therefore, a disabled person has to prove that s/he is disabled, but it is up to the tribunal or the court to decide whether s/he fulfils the definition provided in the *DDA*. In the *Guidance on Matters to be Taken Into Account In Determining Questions Relating to the Definition of Disability*, factors to be considered in deciding whether an individual's functional limitations have 'substantial' adverse effect include: 'The time taken to carry out an activity; the way in which an activity is carried out; and Cumulative effects of an impairment'. The performances of a disabled person in these three respects have to be compared with someone 'who did not have the impairment' (*Guidance on Matters to be Taken Into Account in Determining Questions Relating to the Definition of Disability*, see Doyle 1996, p. 348). Therefore, it is clear that whether a person is disabled or not depends on whether and how far s/he transgresses the non-disabled normality. Disability is seen as individual pathology.

Thus, the *DDA* incorporated the idea of removing social barriers within the individualised model of disability. This is a 'mixed' view of disability. It is neither like the pure medicalised model which holds that the 'cure' for disability is a medical issue; nor like the orthodox social model which emphasises that defining disability as social oppression and removing social oppression is the key to solving the problem of disability.

The Origin of Viewing Disability as 'Reduced Productivity'

The definition of disability in the *DP(E)A 1944* originated from the report of the Tomlinson Committee in 1943. *The Interdepartmental Committee on the Rehabilitation of Disabled Persons* (better known as the Tomlinson Committee) was set up in 1941 and its main recommendations had been incorporated in the *DP(E)A* (Grover and Gladstone 1981). Despite great pressure from Members of Parliament to prioritise the war-disabled people, Mr Tomlinson pointed out, in the second reading of the *DP(E)A*, that the purpose of the Bill was to set up a permanent system of services for disabled people:

'Let us not forget that peace has its casualties no less than war. The Bill is, therefore, not directed solely towards the war problem. It is intended to be a permanent addition to the country's social services' (HC Deb (1943-1944) 395, p. 1269).

Mr Tomlinson stated the purpose of the Bill:

'The Bill is designed to enable war disabled persons, like other disabled persons, to take their place in the *economic life of the community* and, with such aid as the Bill provides, to hold that place on their merits as workers' (HC Deb (1943-1944) 395, p. 1270).

Because of the pressure of rehabilitating war-disabled people to work, and because the purpose of the Bill was to enhance disabled people's participation in the '*economic life of the community*', disabled people was defined as those who have reduced productivity but were still available for work for one kind or another.

The Long Battle for the Social Model of Disability

The introduction of the *DDA* was a delayed government response towards disabled people's advocacy for an anti-discrimination legislation which is based on the social model of disability. More than ten attempts had been made in proposing an anti-discrimination legislation for disabled people in the parliament since the mid-1980s. However, these attempts failed due to the government's unwillingness to adopt an anti-discrimination approach towards the disability issue (Barnes 1991). Since the *UPIAS'* formulation of the twofold definition of impairment and disability in 1976, disabled activists have been advocating a definition of disability as created by social barriers and the recognition of disability as a human rights issue. Although the enactment of the *DDA* can be seen as the success of the disability movement in bringing the disability issue onto the political agenda, the definition of disability is still based on the individualised model of disability. Therefore, the British Council of Organisations of Disabled People (*BCODP*) viewed the *DDA* as 'an insult to disabled people'. The *BCODP* proposed that: 'The *DDA* must be replaced with anti-discrimination legislation set within a social framework which 'challenges the specific forms of oppression experienced by disabled women and men in all of Britain's communities'. Furthermore, 'such legislation must lead to the planned removal of disabling barriers and guarantee full civil rights for all disabled people' (BCODP 1997).

Therefore, like Sweden, the disability movement plays a crucial role in changing the view of disability in Great Britain. Although the *DDA* does not adopt the social model of disability, as discussed earlier, it marks the beginning of the 'mixed' view of disability.

Nevertheless, unlike Sweden, the disability movement in Great Britain does not seem to be as influential in changing the view of disability in government policies as that in Sweden. Why? Is it because the disability movement in Great Britain is not radical enough? The answer is no. In fact, as observed by some Swedish government officials, disability activists and disability researchers, Great Britain has a more radical disability movement (Interview Notes S1, S3, S14, S18, S19, S20). If the disability movement in Great Britain is more radical, why, then, has it not brought about a radical change to the definition of disability? This has to be understood under the different welfare models which provide different structures for the participation of the disability movement in the policy-making process.

In Great Britain, the Liberal-Collectivist tradition of welfare has limited the states' provision of welfare and market intervention on the disability issues, Great Britain has put emphasis very much on charity and the employers' voluntary mercy towards disabled people (Oliver 1990). Therefore, there is no tradition of cooperation between the state and the civil society (and the disability movement). Whereas the Swedish welfare is based on strong state provision with the co-operation between the 'social partners' (or the civil society). Therefore, the disability movement's views are more valued in the policy-making process in Sweden than that in Great Britain. Disabled people in Sweden are often invited to serve in the government and to participate in parliamentary committees which concern disability issues. For example, Mr Lars Lindberg, who used to work in the *HSSO*, was invited by the Swedish government to work on an action plan of the disability policy in the Ministry of Health and Social Affairs.

In Great Britain, however, the government's preference for a voluntaristic approach resulted in the disability movement's distrust of the government. Also, the experience of oppression and discrimination from the charities forced disabled people to 'piss on charity' (a slogan used by disability organisations in the 1990s). Thus there are different levels and natures of political niche for the disability movement to exercise their influence within different welfare models.

Taiwan

In Taiwan, the definition of disability is based on the registration system which requires medical examination and certification of disability (*Physically and Mentally*

Disabled People Protection Law 1997). This medicalised and individualised definition has been adopted by the government since the enactment of the *Handicap Welfare Law 1980*. This law was first revised in 1990 as the *HWL 1990*, and was revised again in 1997, and renamed the *Physically and Mentally Disabled People Protection Law 1997*. Wang (1995) found that the criteria for medical assessment of disability are based on the criteria used in Paralympic Games, which was proposed to the government by the National Association of Rehabilitation. The difference is that the government only adopted the most serious three levels among the six levels of disability (Interview Note T6). Therefore, the adoption of this registration system is arbitrary and also aimed to be restrictive. The *PMDPPL 1997* stated:

'Physically and Mentally Disabled People, in this law, refer to individuals whose functions of participating in the society and engaging in the production activities are restricted or can not be brought into full play, due to their physical or mental factors and who, after the examination, are regarded as having any of the following types of disability in conformity with the grades regulated by the central health authorities, and have received the handicap manuals: 1. Visually impaired 2. Hearing mechanism impaired. 3. Balancing mechanism impaired. 4. Voice or speech mechanism impaired. 5. Limbs impaired. 6. Mentally Impaired. 7. Losing functions of primary organs. 8. Disfigurement. 9. Persons at the Vegetative Stage. 10. Dementia victims. 11. Autism victims. 12. Chronic psychosis victims. 13. Multi-impaired. 14. Other disabilities which have been recognised by the central health authority' (*PMDPPL 1997*).

The categories of disability have been revised twice in the 1990s. The *HWL 1980* included only the first six categories and Type 13 disability. The *HWL 1990* brought in four new types of officially recognised disabilities (Types 7 to 10). In 1995, the categorisation of disability in the *HWL 1990* was revised to include Chronic Psychosis victims. The broadening of the disability categories was mainly due to the pressure from disability groups and medical doctors (Interview Note T1). Although the categories of disability have been gradually broadened, the view of disability as a medicalised and individualised problem has never been challenged or changed. The *PMDPPL 1997* provided a definition of disability before the types of disability were listed; whereas the *HWL 1980* and the *HWL 1990* only listed the officially-recognised categories of disability, but did not give any definition of disability. The definition of disability in the *PMDPPL 1997*, as quoted above, emphasises at least the following four points: First, restricted functions in social participation. Second, restricted functions in production activities. Third, disability is caused by individuals' physical or mental factors. Fourth, medical

examination and certification of disability. Although this definition seems to emphasise the idea of 'restricted functions', the medical assessment of disability is not based on this idea; instead, impairments at the organ level are the criteria.

In order to be eligible for social policies designed specifically for disabled people, a disabled person has to accept this medicalised and individualised definition of disability, alongside being treated as a passive object for medical examination, then labelled as disabled. Therefore, the whole process of being recognised as a disabled person can be disempowering. However, there has not been any debate, either in academic studies or by the disability movement, on this issue. In the academic studies, Kuo-yu Wang (1994) has tried to apply the ICDH definitions to look at each type of officially-recognised disabilities in Taiwan. Her main concern was to examine how clear the officially-recognised disabilities can fit into the ICDH definitions. By doing so, however, she has accepted the individualised and medicalised definition of disability entailed in the ICDH definitions. In contrast, Yu-yu Wang (1995) highlighted the importance of not assuming an individualised and objectified view of disability in looking at disabled people's experiences in the labour market in order that the subjective experiences of disabled people can be properly valued and analysed.

On the other hand, the disability movement has mainly concentrated on broadening the categories of disability in order that more disabled people can be eligible for policy programmes for disabled people. Therefore, how disability and disabled people are defined have so far never been seen as a debatable issue in Taiwan. While there is a huge debate on the definition of disability in other countries and at the international level, why do Taiwanese disability studies and the Taiwanese disability movement at large seem to ignore this issue? To answer this question, it is crucial to look at the history of the Taiwanese Conservative welfare development.

Definition of Disability in the Taiwanese Conservative Welfare Development

As mentioned in Chapter One (p. 21), the enactment of the *HWL 1980* was a political tool for legitimating the political regime in power. Taiwan had not started its route from being politically authoritarian to democratic, until the lifting of martial law in 1987. The second half of the 1980s and the 1990s saw the blossoming of social movements, including the disability movement. The various social movements challenged the

authoritarian role of the state and demanded the state to transform from the warfare state, which put large amounts of the national resources into warfare, to the welfare state, which ensures reasonable social expenditures for improving people's well-being. Shiao (1990) suggested that the first wave of the new social movements presented themselves as 'the victims' or 'the disadvantaged groups', for example, the ethnic minorities movement, women's movement, retired soldiers' movement, anti-pollution movement, and so forth; whereas the second wave of the new social movements did not portray themselves as 'victims' but advocated a better living environment and a justice society, for example, the green movement and the housing movement.

The disability movement claims that disabled people are a disadvantaged group, alongside other groups who have traditionally been seen as dependants of the family such as women, children and elderly people. The disability movement tended to focus its attention on broadening the categories of disability so that more disabled people can get a bite of the 'welfare cake'. Similar to the critiques which several British disability researchers have made on the American minority group model of disability (see page 66), Taiwan's 'disadvantaged groups' politics seem to be facing the main problem of this approach: in making efforts to share the state welfare budget, the medicalised and individualised definition of disability has not been challenged.

The 'disadvantaged group' politics, plus the reluctance of the last Conservative KMT government (failed in the Presidential election in 2000 for the first time) to increase the state's responsibility in providing welfare for its citizens, resulted in the very restricted definition of disability. As shown in Chapter Two, the percentage of registered disabled people was less than 3 percent of the general population at the end of 1999. The small number of registered disabled people also further contributes to the view of 'disabled people' as a minority group. In this context, there was no challenge to, or debate about, the individual pathology and labelling view of disability in Taiwan. Whether there will be a radical change in the welfare ideology and the idea of disability, during the time when the new government (the *DPP*, the former main opposition party) is in power, is still to be seen. However, so far, there does not seem to be any real force which will lead to challenging the current individualised definition of disability.

Removing Environmental Barriers in the Current Individualised View of Disability

Given the medicalised definition of disability in the *PMDPPL*, it should be remembered, however, that the *HWL 1990* and the *PMDPPL 1997*, which were promoted by the disability movement, added the prohibition of disabling physical environments in the newly-built public facilities, public buildings, and public transport, and that the old ones should make adjustments. In other words, there is the incorporation of the idea of removing environmental barriers within the existing individualised definition of disability. Nevertheless, it should also be noted that the 'environmental barriers' here only refer to the physical environments and adaptation is required only in the public facilities. The idea of 'environmental barriers' is therefore, used in a restricted sense. However, compared to *HWL 1980*, this is a significant step forward.

5.2 Assessing Employability

In a seminar with some researchers specialising in disability studies at the Uppsala University in Sweden, there was an interesting discussion on employability assessment. A researcher contended:

'When you think that disabled people have to be tested and assessed how much working capacity they have got but non-disabled people don't have to be tested and assessed, it is interesting how they decide how much percentage a disabled person's working capacity is' (Interview Note S26).

In the seminar, Professor Söder asked all the seminar participants, 'Does anyone think that you have one hundred percent working capacity?' Everyone's answer was 'No'.

This discussion raises the interesting and important question of why and how employability should be assessed. In the capitalist societies, those who can produce more goods and make more profits are 'the fittest ones'. As I have shown in Chapter Three, Oliver (1990) and several other authors (see page 70) suggested that under the capitalist and industrialised mode of production, the individual 'able-bodiedness' is emphasised and disabled people become disadvantaged in the labour market. The assessment of employability is, therefore, based on the idea of individual able-bodiedness and an individual pathology view of disability. Through employability assessment, the distinction and division between able-bodied and disabled people can be made. Besides, Finkelstein (1993, p. 14) argued that employability assessment divides different groups of disabled

people into different hierarchies:

'assumed levels of employability separate people into different levels of dependence... By trying to distance themselves (groups of people with particular impairments or degrees of impairment) from groups that they perceive as more disabled than themselves they can hope to maintain their claim to economic independence and an acceptable status in the community'.

Thus, in his view, accepting an employability assessment would mean accepting the medicalised model which creates different levels of dependency amongst disabled people. For Stone (1984), the creation of dependence amongst disabled people happens when an employability assessment is used to put non-disabled people into the 'work-based' distributive system and put disabled people into the 'needs-based' distributive system. Therefore, employability assessment is a divisive way of creating dependence amongst disabled people. Based on the social pathology view of disability, in contrast, the focus will be on the assessment of how disabling society and the work environment are for disabled people. How do states of differing welfare models differ in their approaches towards the issue of employability assessment or the assessment of the society and the work environment? Oliver and Barnes (1998, p. 46) suggests that there is no difference:

'While some would argue that there are different kinds of welfare state throughout the world (Esping-Andersen 1990; Crow 1997), we suggested that underpinning these differences, there is a dominant welfare discourse which continues to construct disabled people as dependent and therefore in need of care...'

From Oliver and Barnes' (1998) point of view, then, Sweden, Great Britain and Taiwan will all adopt the employability assessment which creates dependence amongst disabled people. Is it really so? A comparison of the three countries on the ways the employability assessments are carried out, as I shall demonstrate later, will show that this view needs further evidence.

Sweden

In Sweden, the National Labour Market Board's view of employability assessment reveals the relative view of disability (National Labour Market Board 1998b):

'The AMV (labour market administration) evaluates working capacity from a holistic perspective, reflecting the understanding that it can be influenced by medical, personal

and social factors...Working capacity is not static. It must be put in relation to the development of the labour market. Structural changes in the labour market can entail the disappearance of certain vocations and a raising of the level of competence and skills required for gaining remaining jobs’.

Therefore, contradictory to Oliver’s (1990) and Finkelstein’s (1993) views, employability assessment does not necessarily have to be based on the medicalised model of disability. In Sweden, structural factors as well as individual factors are taken into account in employability assessment. An individual’s employability is, therefore, also not seen as static.

For disabled people who are looking for work, the specialists in the Employment Offices or the Employability Institutes (‘Ami’ in Swedish) can assess a person’s employability through vocational orientation and trial work in the institutes or at real work places in the form of work place introduction (National Labour Market Board 1996). The consultant in the Employability Institute at Uppsala described the procedure of employability assessment as follows (Interview Note S22):

‘When an individual disabled person comes, the institute provides try-out to see what he or she can do... We also have some assessment tools to test the aptitude and the kinds of job requirements that a disabled person can fulfil. When a disabled person does try-out in the institute, we adjust the work equipment and environment to make the work easier for this person... There is no exact time for each job seeker’s staying in the institute... Different measures were tried to place disabled people into jobs. But if in the end they cannot get jobs, we refer them to the social service department’.

In other words, a person’s employability is revealed after taking the opportunities of work trial in the Employability Institutes and/or at the real work place, with adapted work equipment and an adjusted working environment, plus the assessment with the aids of the assessment tools. Besides, the assessment is seen as a long-term process which ends when the disabled person is employed or when all the measures are exhausted but the Employability Institute still finds it difficult to find a job for the disabled person concerned. In addition, the consultant and specialists also revealed in the interview, that if a disabled person is employed through the Wage Subsidies Scheme, his or her employability will be decided by a team consisting of the labour consultant, a psychologist, a physical therapist, the disabled person, and the employer. In other cases, the employability of a disabled person is decided by the team members listed above except for the employer (Interview Notes S22, S23, S24).

According to data provided by an official at the National Labour Market Board, in Sweden, there are 418 employment offices and 118 Employability Institutes. Under the Labour Market Administration, there are the employment offices at the municipalities level, which provide employment services for the general public; at the county level, there are the Employability Institutes which have specialist knowledge and experiences in helping disabled people to look for work. There is at least one employment office in each municipality. This official stated that there is a trend towards moving the specialists from the Employability Institutes to the general employment offices (Interview Note S7):

‘There are 6 employability institutes for hearing impaired and deaf; 1 for intellectual disabled. In some counties there are specialists for intellectually disabled and psychological disabled. They work in the general employability institutes. One for psychological disabled. One visually impaired and blind; about ten for physically disabled. There used to be more special Employability Institutes but many merge together with general employability institutes. There has been discussions about whether it is better to spread out because spreading out is not as professional as special employability institutes. But the reason for spreading out is that disabled people can get services in their own communities’.

For people who become disabled at work, the Employability Institutes or the specialists in the general employment offices do not provide services for them. The employer has the responsibility to investigate his or her need for rehabilitation, which may result in adjustment of the work, training for the disabled employee, and so on. The investigation of rehabilitation need is helped by a specialist team and funding from the government. An official at the National Labour Market Board stated:

‘There is a professional team which is consisted of [consists of] counsellors, physical therapists, consultants, psychologist (one of them or some of them or all of them, depend on individual situation) who help the adjustment of work. The government pay for the first year. For example, if someone gets disabilities within one year after he or she starts his or her job, the government pays the employer for adjustment. But if this person has been working in this company for more than one year, the employer has to pay for it. The government does not pay for it’ (Interview Note S7).

In other words, for those who become disabled at work, the ‘employability assessment’ is focused on how the existing work can be adjusted or how the employee can be retrained in order to keep the original job or to keep work with the initial employer for different tasks. According to an official at the National Labour Market Board and a consultant at the Employability Institute in Uppsala, ‘the discussion and

decision of an individual's working capacity is decided by the employment office or employability institute, employer, and the disabled person' (Interview Note S7; S24). Therefore, the relative view of disability can be seen in the ways employability is assessed. In addition, the ways employability assessment is practised also match the character of Sweden's Social Democratic welfare tradition – it is the most inclusive among the three models. Furthermore, it should be noted that the emphasis on work adjustment in order to help the employee who becomes disabled to maintain his/ her original employment, is made possible because the relative view sees disability as resulting from both the individual and the environmental barriers.

Great Britain

The way employability assessment is carried out has changed with the new definition of disability adopted in the *DDA*. Before December 1996, employability assessment was made according to the *DP(E)A 1944*. The DROs based at local Job Centres are responsible for the registration and the employability assessment of disabled people. They classified the disabled job-seekers into two groups: Section I as suitable for open employment; and Section II as not being able to cope with open employment but can work in the sheltered workshops (Prescott-Clarke 1990). Greaves and Massie (1977, p. 31) pointed out the negative effect of this distinction:

'If, for example, a DRO decides that a person is likely to be capable only of sheltered employment the person may have to live with that decision for the rest of his life. In the majority of sheltered workshops there are no facilities for re-assessment and most workshop managers do not regard this as one of their functions'.

Therefore, an individual's employability is seen as static and is subject to the DRO's subjective judgements, sometimes with medical evidence. In other words, employability assessment takes account of only individual factors not environmental barriers.

DROs can refer their disabled 'clients' to the Employment Rehabilitation Centres (ERCs) for rehabilitation and further assessment. At places which did not have ERCs or Job Centres, employability assessment was done in the Asset Centres. DRO was later renamed DEA (Disability Employment Adviser). The DEAs are team members of the Placing, Assessment and Counselling Teams (PACTs; later in 1999 renamed as Disability Service Teams, DSTs). The other team members are occupational psychologists (Email

Contact Note EGB1). According to Mr Glyn Satterthwaite, an official of the *DfEE*, since the *DDA* came into force, employability assessment has 'focused more on what a disabled person can do than on what he or she cannot do' (Interview Note GB3). Besides, he said, after the publication of the DfEE's consultation document *Employment and Training for People with Disabilities* in 1990, the ERCs were gradually closed down by 1994, there was no ERCs. Instead, a new programme, Work Preparation was introduced in 1998. It gives disabled job-seekers an opportunity to try out work for six weeks (with the possibility to extend to thirteen weeks) (Interview Note GB3). According to a DEA in the south-east England area, 'Work Preparation is very helpful in helping disabled people to find out what they can do' (Interview Note GB1).

The above DEA explained how the Work Preparation scheme works:

'Work Preparation has two parts. The first part is preparing for interviews, confidence building, application for jobs, and how to sell themselves. The second part is work experience in the area they want to do. They can start with part-time and gradually build up when they feel comfortable...We tend to look for employers who have vacancies, so that they can continue working there when Work Preparation stops' (Interview Note GB1).

Therefore, in contrast to dividing disabled job-seekers into either suitable for open or sheltered employment, the view towards employability has shifted from short-term to long-term assessment, allowing a period of time to explore and adjust to the work. Furthermore, according to the above DEA, employability assessment is voluntary:

'We can't really know whether a person is covered in *DDA* or not. What we look at is what we can help in any way. We are very flexible. We don't doubt if *someone says he or she has got problems*. But we do ask medical information. We have an assessment centre run by two occupational psychologists in [this] area. We refer the ones who need more medical information to occupational therapists. They assess how much someone can cope within different types of training and work. We advise people to be assessed but can't force' (Interview Note GB1).

Moreover, this DEA said that workplace assessment and adjustment is sometimes carried out:

'We sometimes bring a technical adviser to the workplace to assess disabled people to see if he or she can do the job with adjustments. The technical adviser is very aware of the new technologies. He covers North East London and all Kent' (Interview Note GB1).

This emphasis on work adaptation is due to the new idea brought in by the *DDA*. Thus, after the *DDA* came into force, the idea of employability has not only become less static but also the work environment is considered. However, the above DEA also pointed out the possible regional disparity in terms of the services. She said, 'it depends on each DEA' (Interview Note GB1). Research has shown disabled people's negative experiences with the DEAs (Barnes et al. 1998). Graham et al. (1990, p. 14) cited an official document which pointed out the employment services for disabled people are sometimes not taken seriously in the Job Centres:

'A leaked internal Government Report, 'Review of the Organisation and Staffing of the Employment Service' (July 1989) found that 'Work with disabled people is given little status and even less priority in the Employment Service. DROs and DAS (The Disablement Advisory Service) are seen as operating away from the mainstream, even to the extent of physical isolation'.

This view has also been expressed by Mr Glyn Satterwaite. He said that sometimes the DEA does not even have a desk in the Job Centre. He even used the term 'second-class citizens in Job Centres' to describe the DEAs (Interview Note GB3). Therefore, although with the change of the idea of how employability should be assessed and with the introduction of the Work Preparation scheme, how it will be carried out in practice is up to each local Job Centre. Besides, as the *DfEE* also contract out employment services to private and voluntary providers, these providers also do employability assessments. How employability is assessed, then, depends on each provider. For example, a supported employment adviser of the *Royal British Legion Industry (RBLI)* said that in the *RBLI*, there has been the change from assessing a disabled person's employability from no reference to with a reference to a real job. The employability of a disabled person is decided through calculating the percentage of the job requirements that he or she can not fulfil (Interview Note GB2).

The *New Deal for Disabled People* introduced in 1998 emphasises helping disabled people to get off benefits and into work. According to an official at the *DfEE*, the Personal Advisers will (Email Contact Note EGB2):

'make initial contact with those on incapacity benefits; complete the employability assessment; agree and support an individual action plan; and help employers to retain disabled employees'.

According to a DEA in the south-east area of England, however:

'We have always been personal advisers. It's just called something else. The personal adviser is just a new title because of the New Deal coming in. In some regions, they have another PA. Only when people need advice on medical issue, they are referred to DEA, then go back to PA. But in South East Area, PAs are the DEAs' (Interview Note GB1).

Therefore, in some areas, the employability assessments of disabled people who are on the Incapacity Benefit are carried out by the DEAs; and in other areas, they are carried out by the PAs. According to an official at the *DfEE*, the main difference between the DEAs and the PAs, however, is their target clients (Email Contact Note EGB1).

Earlier in this chapter (pp. 105-106), I have proposed that, in Great Britain, there seems to be a shift from an individualised definition of disability, towards a 'mixed' view of disability, namely, recognising social barriers as contributing to disability while basing on an individualised definition of disability. This new 'mixed' view of disability can also be seen in employability assessments as discussed in this section. Although in some cases, adjustments to the workplace is made, both Work Preparation and the DEAs (see page 117) focus on helping disabled people to adjust themselves so that their 'problems' will not become barriers to employment. As discussed earlier, the emergence of the 'mixed' view of disability and related way of employment assessment can not be understood under Great Britain's Liberal-Collectivist welfare tradition. Instead, the role of the disability movement in bringing about this change has to be highlighted.

Taiwan

In Taiwan, an official at *EFTA*, said that there were 45 specialist employment service officers who provide employment services for disabled people in Taiwan. Not every Job Centre has specialist officers, however. There is no requirement to do employability assessment (Interview Note T2). An official at the Taipei Employment Services Centre reported that if a disabled person makes the request, the Centre will provide Vocational Aptitude Tests (National League for Disabled People 1998). In other words, if the disabled person does not make the request, the assessment will not be provided. In addition, this official also reported that sometimes the Job Centre refers disabled persons to hospitals for the assessment of their employability and that two professors specialise in

education and counselling also come to the Centre twice a week to provide employability assessment (National League for Disabled People 1998). Therefore, the employability assessment is based on a medicalised and individualised view of disability. The assessment is done without considerations of the real work or the environmental barriers.

The Job Centres may refer disabled people to employment training or may try to look for jobs for disabled people. However, unlike Swedish Employability Institutes and the Work Preparation scheme in Great Britain, there is no trial work offered in the Job Centres in Taiwan. Thus, a disabled person in Taiwan does not have the opportunity to be helped to explore what work may be suitable for him or her and how much he or she is ready for work. Nor is there any workplace assessment carried out. When a disabled person looks for help in voluntary organisations which provide employment services, no assessment is made either. Most employment services programmes are eligible for anyone who is officially registered and holds a disability identification booklet. Therefore, 'organisation shopping' has become a common phenomenon, namely, registered disabled people go from one voluntary organisation to another, from one Job Centre to another once they find that they cannot get a job with the help from one organisation or Job Centre. The lack of the opportunities of work trial with work adaptation is a key factor to this phenomenon.

While disability researchers such as Finkelstein and Oliver (see pages 112-113) in Great Britain criticise heavily the idea of employability assessment, on the contrary, the disability movement in Taiwan has been demanding the government to establish the employability assessment system from the early 1990s. The *PMDPPL 1997* states that 'the labour authority should carry out employability assessment' and 'provide supportive and individualised employment services for those who can work in the competitive labour market and provide sheltered employment services for those who do not have enough workability'. A common view was that employability assessment will stop the 'organisation shopping' because disabled people will receive help according to their employability. Instead of recognising environmental barriers and emphasising the importance of work trial with work adaptation in order to explore the employment possibilities of a disabled person, the focus of the debate has been on how to increase the number of occupational therapists to do employability assessments for disabled people before appropriate employment services can be adopted.

It seems to be surprising why the disability movement advocate an oppressive employability assessment system. As discussed earlier (see page 110), the minority group approach adopted by the Taiwanese disability movement does not attempt to challenge the medicalised model of disability. Therefore, under the influence of the individualised and medicalised view of disability, even the disability movement asked for setting up an employability assessment system in which disabled people are treated as passive clients and the employability of an individual is seen as resulted from individuals' problems rather than environmental barriers.

The purpose of employability assessment, as stated in the *PMDPPL*, is to find out whether a disabled person is suitable for open employment, sheltered employment or other types of employment. This view of employability assessment is similar to Great Britain's view towards this issue according to the *DP(E)A 1944*, which used employability assessment as a way of distinguishing disabled people who are suitable for open employment from who are suitable only for sheltered employment. The same assumption behind these two systems is that an individual's employability is determined by individual factors only. The focus within these two systems is the 'working capacity' or the 'workability' of an individual, which is related to what one can and cannot do. In contrast, Sweden's employability assessments focus more on the idea of 'employability', which assesses how 'employable' a disabled person is, taking account of the accessibility of the work and work environment, and the labour market situation.

So far, the three terms 'employability', 'working capacity', and 'workability' have been used interchangeably by disability researchers, the policies in the three countries, and in this chapter. However, the different emphases placed on, within the employability assessment systems in the three countries, highlight the importance of making a distinction between these terms, in order to be specific about what focuses we refer to when talking about employability.

Simply put, it can be made clear that Sweden's employability assessment system adopts the idea of 'employability'; whereas both Great Britain's and Taiwan's systems adopt the idea of 'workability' or 'working capacity'. The main difference between employability and the other two terms, namely, 'working capacity' and 'workability', is that 'employability' depends very much on the employers and labour market situations; whereas 'working capacity' or 'workability' do not consider these factors. Nevertheless, within 'working capacity' or 'workability', two different focuses can be found. The first

one is the focus on an individual's capacity for work determined by professionals, like that used in Taiwan and in Great Britain before the *DDA*; the second looks at both individual factors and the accessibility of the work environment when assessing the individual's workability, as can be seen in the employability assessment in Great Britain after the influence of the *DDA*.

The distinction of the above terms and focuses does not only show the main differences between the three countries in how disability is defined, but also highlight the meaninglessness of constructing an individual's 'workability' without taking considerations of the accessibility of the work environment and labour market situations. When unemployment rate is high, many people who may have very high 'workability' still cannot find jobs. Therefore, assessing one's 'employability', namely, the possibility to gain employment; rather than 'workability', namely, the ability to work, is more helpful in deciding the strategies used to help an individual to obtain employment. By doing so, the 'problem' of unemployment among disabled people will not be defined as individual problems only – environmental factors also have to be taken into account.

A Comparison

To sum up, in Sweden, the employability assessment is based on the relative view of disability; in Great Britain, it has shifted from being based on an individualised model of disability to a mixed view of disability which considers both the individual and environmental barriers; in Taiwan, it is based on the individualised model of disability. The differences can be seen in two main respects: First, in terms of the factors considered in employability assessments, Sweden includes individual factors as well as the working environment and the labour market situations; Great Britain includes only individual factors before December 1996, and includes both individual factors and the work environment since December 1996; Taiwan looks at only individual factors. Second, in Sweden, work trial with work adaptation is provided in order to have a realistic assessment of a disabled person's employment possibilities; same in Great Britain since the *DDA* came into force; whereas in Great Britain before the implementation of the *DDA*, and in Taiwan, employability assessment is based only on the professionals' short-term subjective views.

In addition, in Sweden, during the process of employability assessment, a disabled person is treated as a participant in the team which decides his/her employability. In contrast, in Great Britain and Taiwan, disabled people are treated as passive clients whose 'workability' is decided by professionals. The role of the professionals in deciding the 'workability' of disabled people is the most emphasised in Taiwan, thus the assessment process will also be the most disempowering for disabled people. This difference amongst the three countries shows the impacts of different models of disability upon disabled people. It is in line with my hypotheses: Sweden's approach is the most inclusive one among the three countries, with its Social Democratic welfare tradition. In Great Britain, although disabled people are given the opportunities to try out work and the assessment takes the disabled person's experience in work trial into account, unlike in Sweden, the disabled person is not an equal team member in the assessment process. Whereas in Taiwan, the professional control is even more powerful – professionals decide the 'workability' of disabled people with no reference to the disabled person's experience. Nor is the participation of disabled people viewed as essential. It is the most exclusive approach among the three countries.

5.3 Conclusion

In this chapter, I have demonstrated that Sweden has the most inclusive and the least labelling definition of disability in its labour market policies; Great Britain has maintained an individualised view of disability while gradually recognising the role of environmental barriers in disabled people's difficulties in social participation; Taiwan has maintained a medicalised and individualised view of disability. Taiwan's definition of disability is also the most restricted and labelling among the three countries. The employability assessment in the three countries also reveal these different views of disability, and the degrees to which disabled people and their experiences are included in the employability assessment. Besides, I have also shown that the disability movement in all three countries play key roles in formulating and/or changing the view of disability.

In the next chapter, I will concentrate on the issue of whether and how disability is seen as a special issue in the labour market programmes.

CHAPTER SIX THE POLITICS OF 'SPECIAL'

Seeing someone as 'special' often means that this person is so different from others that s/he deserves or requires special treatment. Based on the non-disabled norm, non-disabled people tend to think that disabled people need special treatment – special care, special education, special equipment, special employment, and so on. Therefore, building and adapting the social environment to accommodate differences are then not seen as options. In this case, 'special' means 'exclusion' – excluding disabled people from the mainstream provisions. On the other hand, social policies could also provide extra support for disabled people while guaranteeing the accessibility of the mainstream provisions. In this case, 'special' means extra support for disabled people to ensure inclusion. This chapter aims to analyse whether, when, why and how labour market policies see disability as a special issue. First, I will describe the origins of labour market policies for disabled people to see whether disabled people have their full share of the mainstream measures or can get access to marginalised services only. Then I shall compare the roles of state and private provisions in the three countries. Furthermore, the provisions of vocational rehabilitation and vocational training will be analysed. Finally, I will highlight that labour market policies have excluded people with learning disabilities in all three countries.

Drawing from the three welfare models, it is expected that Sweden will tend to include disabled people in its mainstream labour market programmes and there will be strong state provisions; Great Britain will tend to see disability as a special issue and provide disabled people with moderate state provisions. Taiwan is more likely to treat disabled people as a marginalised group, with very limited state provisions. The findings of this chapter suggest that the three differing welfare models are valid in predicting the approaches taken by Sweden, Great Britain and Taiwan in the labour market policies for disabled people. In Sweden, the labour market policies for disabled people developed alongside the mainstream labour market policies. Disabled people have access to the general measures and these mainstream labour market programmes are given the first priority. On top of the mainstream measures, disabled people can also receive specific provisions.

In Great Britain, although since the 1990s it has been emphasised that mainstream programmes should be made available to disabled people, the main approach is still an exclusive one. The labour market policies for disabled people developed separately from the development of the mainstream labour market programmes. Specific provisions through specific agencies play the main role. Disabled people do not have the right to access the mainstream labour market measures. In Taiwan, disability is seen as a special issue, and specific programmes and services are provided for disabled people. Mainstream labour market programmes are not accessible to disabled people. On the other hand, specific services and programmes are very limited and rely mainly on the provisions made by specific voluntary organisations. Overall, very marginalised and scarce resources have been put into labour market policies for disabled people. Disabled people are forced to rely mostly on their families or on charity organisations.

This chapter will be divided into the following six sections:

- 6.1 The Origins of Labour Market Policies for Disabled People – Inclusive versus Exclusive Approach
- 6.2 The Roles of State and Private Provisions
- 6.3 Vocational Rehabilitation
- 6.4 Vocational Training
- 6.5 Specially Excluded from the World of Work – People with Learning Disabilities
- 6.6 Conclusion

6.1 The Origins of Labour Market Policies for Disabled People – Inclusive versus Exclusive approach

Sweden

In Sweden, labour market policies for disabled people developed alongside the development of mainstream labour market policies. Unlike Great Britain and Taiwan, compensation for disabled ex-servicemen had never been an issue in Sweden, as Sweden claimed neutrality during the WWII. According to an official at the Ministry of Labour, there were two most important parliamentary investigations regarding Swedish labour market policies, which laid the bases of current labour market policies in Sweden – one in the 1940s and the other in the mid-1970s. Both investigations included the issue of

disabled people's participation in the labour market (Interview Note S2).

The investigation in the 1940s proposed the provision of specialists (called "work-nursing" or "work-care" in English translation and "arbetsvård" in Swedish) in providing employment services for disabled people. During this time, disabled people participated in the mainstream labour market programmes such as archive work, special relief work, semi-sheltered work and sheltered workshops. These programmes were provided through disability organisations, plus central and local governments (Interview Note S2).

A parliamentary commission to investigate long-term labour market policy formed in 1974 proposed to tackle two problems in the existing labour market programmes specifically for disabled people: the focus of work in special settings and the regional disparity of sheltered workshops and rehabilitation services. According to Wilson (1979, p. 78) and an official at the Ministry of Labour, proposals in the final report of this commission (SOU 1978: 14) restructured the labour market policies for disabled people, including: the adoption of the relative definition of occupational handicap, the introduction of the wage subsidies scheme to replace the semi-sheltered work and archive work, the set-up of the government employability institutes, the establishment of the vocational training groups (called 'AMU' in Swedish), the establishment of a state-run sheltered workshop named 'Samhall', and so forth (Interview Note S2).

Since then, the main aim of the labour market policies for disabled people is one of training alongside non-disabled people, work in the regular labour market, and sheltered employment for those who can not work in the regular labour market with any support or help the government can provide. In addition, vocational training is provided only through a general system and disabled people have the right to technical aids when they participate in the vocational training programmes. Employment services are provided by the mainstream employment offices or specialist Employability Institutes. Therefore, in Sweden, disabled people have always participated in mainstream labour market programmes. Disability has not primarily been seen as an issue which has to be dealt separately from the mainstream labour market policies.

In 1975, a parliamentary commission proposed a report called "Work for All" ("Arbete åt alla" in Swedish; SOU 1975: 90), which stated that 'each person who is able to, and wants to work, should have the right to paid employment' (translation made

by a researcher specialising in disability studies, Interview Note S21). This report showed the Swedish government's recognition of paid employment as a right of the individuals. The inclusion of disabled people in the mainstream labour market programmes shows that this recognition of an individual's right to paid employment includes disabled people. This reveals the Social Democratic welfare tradition which seeks to ensure that every citizen has the same rights. Therefore, labour market policies for disabled people developed alongside the mainstream programmes during the 1940s and the 1970s. However, it should also be noted that some other social factors such as the polio epidemic in the early 1950s, and the advocacy of the disability movement played important roles in public awareness of the disability issue and in shaping the idea of disability in the government policies.

First, a researcher specialising in disability studies emphasised that the polio epidemic in the early 1950s placed disability on the agenda of government policies (Interview Note S21). Second, a former chairperson of *HSO*, and the above researcher, both suggested that the de-institutionalisation in the 1960s changed people's ideas toward disabled people, from being uneducable to people who can live in the community alongside others (Interview Notes S9, S21). This is especially the case for mentally disabled people when the institutions were required to close down since the enactment of the *Act on Provision for the Mentally Retarded 1967*. Third, two disabled activists mentioned that the disability movement demanded dialogue with the government in the 1960s which resulted in the establishment of the disability councils in 1965 at both national and local levels (Interview Notes S9, S12). The establishment of the disability councils opened up a formal channel of communication between the disability movements and the government. More significantly, however, is the influence of the disability movement's '*Society for All*' proposal which was accepted by the government in the mid-1970s, as discussed in Section 5.1 of Chapter Five.

A recent change in the labour market policies for disabled people in Sweden was brought in by the *Law Against Employment Discrimination of People with Functional Impairments 1999*. This law is a further effort in ensuring disabled people's equal rights in the labour market. In an email contact with Professor Eskil Wadensjö, he suggested that the enactment of this new law has to be understood as part of more general developments against discrimination in the labour market, along with two other anti-

discrimination legislation measures – one on discrimination against foreigners and the other on discrimination on the ground of sexual orientation. Therefore, it seems that not only through the state provisions of the labour market programmes, but also through prohibiting discrimination, Sweden has dedicated itself to include disabled people as equal citizens in the society.

Great Britain

Unlike Sweden, the British labour market policies for disabled people had been based on segregated provisions. Until the 1990s, the labour market policies for disabled people had been developed separately from the mainstream labour market policies. The *DP(E)A 1944* established the specialist employment services through the DROs, vocational rehabilitation, and labour market programmes specifically for disabled people including the quota scheme and sheltered employment in the state-run company, Remploy.

The *DP(E)A* was a response to several social and economic factors. First, as mentioned in Chapter Five, there was a general feeling to compensate and rehabilitate disabled ex-servicemen. Second, before WWII, there was growing pressure from the trade unions to extend workmen's compensation and to include rehabilitation services for people who were disabled due to accidents at work. Third, the medical profession also expressed concern about the absence of assistance for the disabled to lead lives as independent as possible (Thane 1982; Koah 1988). Under this background, the then Minister of Labour and National Service, Ernest Bevin, who had been active on the issue of the employment of disabled people as a trade unionist, pursued this opportunity to promote legislation. The proposal of the Tomlinson Committee published in 1943 was said to be "a mouth piece for Bevin's own aspirations", which became the main basis of the *DP(E)A* (Thane 1982, pp. 238-39).

Due to the lack of implementation of the quota scheme, debates on keeping or abolishing the quota scheme started in the 1970s. It was agreed that the quota scheme was not working but no consensus had been reached as for alternative measures. After a series of debates during the 1980s, the government still favoured a voluntary approach towards the employers in employing disabled people. The Company's Act 1985 was an example of this weak voluntarist approach. It requires that the annual reports of firms

employing more than 250 workers must contain a statement of the company's policy (covering recruitment, training and career development) towards the employment of disabled people. This *Act* only requires employers to *report* their company policies on employing disabled people, rather than to *employ* disabled people. Thus, the *Act* does not have the real power in guaranteeing the right to work of disabled people.

The lack of confidence amongst the organisations of disabled people towards the government's political will pushed the disability movement to opt for promoting anti-discrimination legislation in the parliament (Byaoye et al. 1992, p.51, p. 59). More than ten attempts had been made in proposing certain anti-discrimination legislation in the parliament since the mid-1980s (Doyle 1996). The *DDA* was finally enacted in 1995 and the employment part of the Act came into force in December 1996, which replaced the *DP(E)A 1944*. This is a significant step forward, in terms of recognising discrimination as a central problem in disabled people's disadvantages in the labour market and in some other aspects of social life. It also recognises the importance of eliminating institutional barriers.

Nevertheless, in terms of labour market policy provisions, although more efforts on including disabled people in the regular labour market had been made since the 1990s, the approach taken by Great Britain in the labour market policies for disabled people is still an exclusive one and not an inclusive one. That is, rather than ensuring disabled people's right to participate in the mainstream labour market programmes, specific labour market programmes are provided through specific providers. Besides, although vocational training is provided through the TECs alongside with non-disabled people, the lack of accountability through legislation puts disabled people in a disadvantaged position in the TECs services. Specific Residential Colleges are still the main training providers for disabled people. This issue will be discussed further in Section 6.3.

The approach which the British government has been taking towards the employment of disabled people reveals the Liberal-Collectivist tradition of the British welfare state. That is, moderate intervention, an approach towards the employers based on persuasion, and a lack of interest in promoting equality. Nevertheless, this Liberal-Collectivist tradition can not explain why anti-discrimination legislation had finally been adopted by the British government. Rather, the political influences of the disability movements have to be taken into account.

Taiwan

In Taiwan, disabled people participate in the labour market programmes specifically for disabled people and are not included in the programmes for the general public. This approach started in the 1950s and 1960s and is still maintained now. *The Massage Work Administration Rule 1957* reserved massage as an occupation which can be performed only by blind people. This is because massage had been a reserved occupation for blind people since the first decade of the twentieth century under the colonial ruling of the Japanese empire (1895-1945) (Wang 1995). According to Wang (1991), in the 1950s, the first rehabilitation centre and the first special school were set up as a government response to the polio epidemic. The first government-contracted services started in 1968 with one rehabilitation institute for ex-servicemen and another for limb impaired persons. These two rehabilitation centres were the major vocational rehabilitation institutes in Taiwan before 1979 (Wang 1991). In other words, prior to 1980, only blind and visually impaired people benefited from the reserved occupation scheme and only people with limb impairments received vocational rehabilitation.

The *HWL 1980* provided that: 1) massage work is reserved for blind and visually impaired people. 2) companies which employ disabled people over and above 3 percent of their workforce should be rewarded. However, the *HWL 1980* was a toothless law as no clear statement about the rewards and punishments was made in the law. This is because the enactment of the *HWL 1980* was mainly a product of the KMT government's response towards its legitimisation crisis and the international trend of promoting the welfare of disabled people in the mid-1970s. Evidence showed that challenges against the Kuomintang Party (the KMT Party, the then Party in power) in 1977, the break-up of the diplomatic relations between the United States and Taiwan in 1978, and the influence of a series of documents declaring the rights of disabled people by the United Nations, resulted in the Executive Yuan's decision to rush to enact the *HWL 1980* as well as the *Old Age Welfare Law and The Social Aid Law* (Wang 1991). Under these circumstances, there was no real political will to promote the welfare of disabled people.

Both the quota scheme and the reserved occupation scheme provided in the *HWL*

1980 were made enforceable in the *HWL 1990* due to the influence of the disability movement in the late 1980s. Nevertheless, the employment of disabled people was seen as a social issue and the enforcement of both the quota scheme and the reserved occupations was the responsibility of the social services authorities rather than the labour authorities. Since the enactment of the *Vocational Training Law 1981*, the EVTA provides voluntary organisations with subsidies for promoting vocational training for disabled people. From 1978 to 1981, subsidies were provided by the social authorities of the provincial government, to the voluntary organisations which provide vocational training for disabled people. Therefore, although receiving subsidies from the government, the voluntary organisations are still the main providers of vocational training for disabled people. Mainstream vocational training programmes are not accessible to disabled people.

The government's mainstream employment services started from 1956 when the first Employment Services Centre was set up. But it was not until 1992 that the *Employment Services Law* was enacted, which provided a legal obligation on behalf of the state to provide employment services for citizens. For disabled people, it was not until 1995 that an Employment Services Centre in Taipei started providing specialist services for disabled people. The enactment of the *PMDPPL 1997* shifted the responsibility for monitoring the quota scheme and the provision of employment services for disabled people from the social authorities to the labour authorities. Since then, the labour authorities have been bestowed with the responsibility of providing vocational rehabilitation, vocational training, vocational services and various labour market programmes specifically for disabled people. Before, there was no specialist staff in the employment service centres to provide services for disabled people. The private rehabilitation institutes and disability organisations were the main resort for disabled people. Nevertheless, the effects of this new change are still to be evaluated.

The adoption of the special approach in the labour market policies for disabled people is coherent with the predictions based on the Conservative welfare model, in which disabled people are marginalised as a group whose needs are seen as having to be cared for by their own families. Although the enactment of the *PMDPPL* has changed the issue of employment of disability from being a social issue to being a labour issue, the Taiwanese labour market policies for disabled people are still based on the restricted and labelling definition of disability. Besides, provisions for disabled people are marginalised

and rely mainly on voluntary organisations.

A Comparison

From what I have outlined in this Section regarding the origin of labour market policies for disabled people in the three countries, the biggest difference between Sweden and the other two countries, namely, Great Britain and Taiwan, is that the Swedish labour market policies for disabled people developed alongside mainstream labour market policies. In contrast, in both Great Britain and Taiwan, labour market policies for disabled people emerged as a response to temporary outcry.

This difference reveals different degrees of political will within the labour market programmes for disabled people – there is a long-term commitment from the government in Sweden and only short-term responses to certain outcry in Great Britain and Taiwan. Therefore, the Quota Scheme established in 1944 in Great Britain had very poor implementation and the *HWL 1980* in Taiwan was a law with no teeth. In addition, both Great Britain and Taiwan adopt an exclusive approach in their labour market policies – segregated provisions rather than making mainstream services accessible to disabled people as the main approach. Great Britain shows its Liberal-Collectivist tradition of intervening but also being hesitant to intervene; whereas Taiwan shows its Conservative welfare tradition which sees disability as a caring issue and is the responsibility of the family. Even when an enforceable Quota Scheme was set up in 1990, the employment of disabled people is still seen as a social issue rather than a labour issue. In contrast, the Social Democratic welfare tradition allows Sweden to develop strong state commitment in the provisions of the labour market policies for disabled people. Also, the approach taken is an inclusive one.

6.2 The Roles of State and Private Provisions

Like the mainstream labour market programmes, in Sweden, the labour market programmes specifically designed for disabled people are provided mainly through state-owned agencies. Although the state buys vocational training from private agencies and the state organisation specialising in vocational training, AMU-gruppen (now called

Lernia), the state has the major role in funding and administration. Disabled people do not have to rely on voluntary provisions. In Great Britain, labour market programmes specifically designed for disabled people are provided by the state through contracts with private providers and voluntary organisations or providing subsidies for the voluntary organisations. In Taiwan, the very limited state provisions are made through subsidising public agencies and voluntary organisations. Therefore, comparing Sweden, Great Britain and Taiwan, the role of state provisions is the most emphasised in Sweden; Great Britain has relied partly on private provisions; whereas Taiwan relies mainly on voluntary provisions.

The differences among the three countries reveal these differing welfare models: the strong state provisions in the Swedish Social Democratic tradition; the moderate state provision in the British Liberal-Collectivist tradition; and the limited state provision and strong reliance on family and voluntary organisations in the Taiwanese Conservative welfare tradition. The different degrees of state provisions reveal that disabled people are seen as equal citizens or a marginalised group to different extents. In Sweden, disabled people are seen as equal citizens with equal share of the state provisions; in Taiwan, disabled people are a marginalised group with little share of the state provisions; whereas Great Britain falls somewhere in between.

Sweden

In Sweden, vocational rehabilitation, vocational training and vocational services are all provided or funded by the state. The employment services for disabled people are provided by the employment offices or the Employability Institutes. The labour market programmes specifically for disabled people such as wage subsidies, supported employment and so forth, are funded by the budget of the National Labour Market Board. Vocational training is provided by the state through buying services from private agencies and the state organisation specialising in vocational training, AMU-gruppen (now called Lernia). The Handicap Ombudsman which is established to enhance the enforcement of the anti-discrimination legislation in employment for disabled people, is funded by the Ministry of Health and Social Affairs. Furthermore, Samhall, the state-owned sheltered workshops company, receives parliamentary compensation for additional expenses with target requirements.

Great Britain

In Great Britain, voluntary organisations play important roles in providing labour market programmes for disabled people. However, the state provides the main funding for these programmes through contracting with private providers. Vocational training and rehabilitation are provided by contractors such as thirteen residential training colleges and by disability organisations. Vocational training provided by the TECs for the general public may also be available to disabled people. Employment services are provided by the DEAs and contractors with the government. The labour market programmes specifically for disabled people are mainly funded by the government labour authority. Nevertheless, the In-work support are mainly funded through grants from local authority social services departments. Whereas, the Disability Rights Commission which is set up to promote enforcement of the *DDA*, is funded from the Secretary of the State.

Taiwan

In Taiwan, the state plays a minimal and secondary role in providing labour market programmes specifically designed for disabled people. Voluntary organisations are the main providers. Voluntary organisations can apply for subsidies from the local *PMDPE Fund* administered by each local authority. The *PMDPE Fund* does not come from government budget but from the equalisation levy of the quota scheme. In other words, the money is distributed from one market (namely, the labour market) to another (namely, the voluntary organisation market), as the amount of the *PMDPE Fund* in each local area depends on the number of obligatory quota and the fulfilment rate. This then depends very much on the situation of the local industries. In some areas such as the capital city, Taipei, there are more job opportunities and thus more obligatory quotas. Therefore it is more likely to have more money in the *PMDPE Fund*. In other areas such as the eastern mountain county Yi-lan, there are few job opportunities and thus it is more inclined to have less obligatory quotas and thus less money in the *PMDPE Fund*. See Table 6.1.

As we can see in Table 6.1, the estimated numbers of disabled persons 18-64 years of age in Yi-lan county and Tai-nan city are not much different, but the amounts of their

PMDPE Funds differ by nearly 126 million. A bigger difference can be found when compare Taipei city and Taipei county. It should also be noted that the Taipei city has nearly the same amount of money in its *PMDPE Fund* as the total amount of the *PMDPE Funds* of all other cities and counties. As mentioned, before 1997, disabled persons' employment was seen as a social issue and is the responsibility of the social departments. Some local authorities did not even have labour authorities. The local authorities labour departments were bestowed with the responsibility of providing special employment services for disabled persons according to the *PMDPPL*. Thus, the labour market programmes specifically for disabled people have been underdeveloped. There was a lack of plan, a lack of co-ordination, and the lack of adequate provisions.

Table 6.1 Number of disabled people, estimated no. of disabled persons 18-64 years of age, number of obligatory quota, percentage of employers not fulfilling quota obligations, and amount of the PMDPE Fund in five of the twenty-five cities and counties in Taiwan.

| | No. of disabled people | estimated no. of d.p. 18-64 years of age(1) | No. of obligatory quota (2) | percentage of employers not fulfilling quota obligations | amount of the PMDPE Fund |
|---------------------------------|------------------------|---|-----------------------------|--|--------------------------|
| Taipei county | 77,174 | 47,693 | 2,536 | 17.9 | 492,756,411 |
| Yi-lan county | 19,371 | 11,971 | 325 | 10.3 | 74,264,678 |
| Tai-nan county | 36,557 | 22,592 | 1,042 | 13.5 | around 200,000,000 |
| Tai-nan city | 19,180 | 11,853 | 715 | 14.4 | 216,855,372 |
| Taipei city | 78,482 | 52,818 | 10,444 | 29.9 | 5,386,845,226 |
| Total of 25 cities and counties | 648,852 | 405,986 | 29,439 | -- | around 11.4 billion |

Sources : 1. No. of disabled people: MOI 1999.

2. estimated no. of disabled people 18-64 years of age: calculated according to the survey of the MOI 1994: disabled persons of 18-64 years of age as percentage of all disabled people was 67.3 percent in Taipei city and 61.8 percent in Taiwan Province.
3. No. of obligatory quota; percentage of employers not fulfilling quota obligations; the amount of the *PMDPE Fund*: data collected via email contacts (Email Contact Notes ET1, ET2, ET3, ET4, ET5).

6.3 Vocational Rehabilitation

Among the labour market policies, vocational rehabilitation is specifically provided only for disabled people. However, 'vocational rehabilitation' has different meanings in different countries. Even in one country, it can have different meanings at different times. In Sweden, vocational rehabilitation provides: first, adjustment of the workplace; second,

work trial; third, provisions of adjustment technology and support. These services are provided through the *Working Life Services (WLS)* and the specialists in the Employability Institutes. In Great Britain, vocational rehabilitation used to refer to segregated training and employment services for disabled people in the ERCs. Since the 1990s, vocational rehabilitation is replaced with the *Work Preparation* scheme, which gives disabled job-seekers the opportunities to try out work for six to thirteen weeks. In Taiwan, "vocational rehabilitation" is not a common term. Some private rehabilitation centres call their vocational training services for disabled people vocational rehabilitation. The term 'vocational rehabilitation' is sometimes confused with segregated vocational training for disabled people. Therefore, it seems that 'vocational rehabilitation' can mean several things. It may mean work trial services or segregated vocational training and employment services. It may also mean work accommodation. What 'vocational rehabilitation' means in each country, depends on the country's view towards disability.

Sweden

In Sweden, vocational rehabilitation services for job-seekers are provided by the Employability Institutes. Disabled people can take advantage of the work trial scheme and the Employability Institutes provide technical aids and adopt work accommodation measures at the same time. For people who become disabled at work, since 1992, with a new amendment to the *National Insurance Act*, employers have been given the responsibility of investigating the rehabilitation needs of 'those who experience longer than four consecutive weeks of absence from employment or due to sickness or whose work has often been interrupted as a result of short periods of illnesses'. If the employers do not fulfil the responsibility, the Social Insurance Office will take over responsibility for the investigation. If the insured person needs rehabilitation measures for which compensation can be paid, the Social Insurance Office shall draw up a rehabilitation plan and make sure it is carried out. (Swedish Institute for Social Research and ECOTEC Research and Consulting Ltd. 1996; Karlsson 1998). Many private companies sell rehabilitation services, but most rehabilitation services are mainly bought from the *WLS*. Data presented by an official at the Handicap Ombudsmen showed that the *Working Life Services* 'accounted for 21 percent of the social insurance's expenditure on the

procurement of vocational rehabilitation during the first half of 1997. In total, other private rehabilitation companies accounted for 28 percent of their expenditure' (Karlsson 1998, p. 39).

Great Britain

In Great Britain, according to the *DP(E)A 1944*, disabled people received vocational rehabilitation in the ERCs. It was recorded that until the mid-1980s assessment and employment rehabilitation had been provided almost exclusively through around 30 regional ERCs (Bruce 1991, pp. 238-39). In 1998, the Work Preparation Scheme was introduced to replace the ERCs. The Work Preparation Scheme is provided by local providers (contractors). The main differences between services in the ERCs and in the Work Preparation Scheme are that: First, the ERCs were segregated workshops whereas the Work Preparation Scheme is carried out in a work trial with the employers in the real work settings. Second, according to a DEA in the south-east area of England, the Work Preparation Scheme is sometimes accompanied with work accommodation; whereas work accommodation was not seen as an issue in the ERCs (Interview Note GB1).

In 1986, 26 ERCs provided nearly 2,800 places (Floyd 1991, p. 216). The National Audit Office reported that in 1985/86 only 26 percent of the disabled persons completing courses at ERCs were in employment three months later (National Audit Office 1987; see Floyd 1991, p. 217). Barnes (1991, p. 69) contended that the ERCs were equipped along factory lines, which provided low-skilled production work from local firms or Government departments. Disabled participants were taught manual work and low-status occupations. Thus, he argued that this service perpetuated the traditional pattern of disabled people's employment (Barnes 1991, p. 69).

According to an official at the *DfEE*, the ERCs were replaced by the Work Preparation since April 1998 (Email Contact Note EGB2). The government document provided by Mr Glyn Satterthwaite, a *DfEE* official, stated that the purpose of the Work Preparation Scheme is:

'to help job-seekers to: understand the effects of their disability on work related activities; build their confidence to pursue work opportunities effectively; make an effective occupational choice; improve interpersonal skills at work; re-learn basic skills' (Postal Contact Note PGB1).

Work Preparation Scheme can last from a few days to a few weeks, depending on individual needs. It can be on a part-time or full-time basis. During this time, disabled people stay on their benefits but can do trial work with the employers with no salary (DfEE 1998). The government document provided by Mr Glyn Satterthwaite shows that in 1998-99, around 14,000 people participated in Work Preparation at a cost of 10.2 million pounds (Postal Contact Note PGB2).

Taiwan

In Taiwan, the term “employment rehabilitation” is not commonly used. Some private organisations call themselves rehabilitation centres because they provide not only vocational training but also some other skills such as braille learning, daily skill learning such as washing and cooking, and providing technical aids such as artificial limbs. However, although these centres may obtain subsidies from the government for providing ‘vocational rehabilitation’ for disabled people, there is no government funding for this service. Since 1978, the government started giving subsidies for disability organisations for the provisions of vocational training (Interview Note T4). In addition, voluntary organisations can apply for subsidies from their local *PMDPE Funds*. The issue of vocational training will be discussed in the next Section (Section 6.4).

Conclusion

To sum up, Sweden’s emphasis on technical aids and work accommodation in its vocational rehabilitation services reveals its ‘relative’ view of disability. Disability is not seen as the problem of the individual. Instead, Sweden recognises the importance of adapting the environment in order to include disabled people in the labour market. In Great Britain, before the 1990s, the ERCs were based on the assumption that disabled people have reduced productivity. Therefore, vocational rehabilitation in the ERCs promoted only low-skilled work. Owing to the *DDA 1995*, the Work Preparation Scheme introduced in 1998 is not based on the above view of disability. However, from the purposes of the Work Preparation defined in the government document, it still reveals the individualised view of disability, although a DEA in the south-east area of

England said that work adaptation is sometimes made during work trial.

In Taiwan, the term 'vocational rehabilitation' is not commonly used. However, in practice, the provision of vocational rehabilitation is sometimes used to refer to the provision of segregated vocational training for disabled people provided by voluntary organisations. The lack of the vocational rehabilitation measures such as work trial with work adaptation adopted in Sweden and Great Britain, is due to the lack of state intervention in providing specialist employment services for disabled people. As disabled people have been seen by government policies as being unable to work, specialist employment services for disabled people have not been seen as an issue until the enactment of the *PMDPPL 1997*.

The findings suggest that the three different welfare models are valid in predicting the approaches taken by Sweden, Great Britain and Taiwan in terms of vocational rehabilitation. That is, the most inclusive measure in Sweden; moderate provision based on less inclusive definition of disability in Great Britain; and the failure of seeing specialist support for disabled people with work adaptation as an issue in Taiwan.

6.4 Vocational Training

In this section, I will describe and compare the approaches taken by Sweden, Great Britain and Taiwan in terms of vocational training for disabled people with regard to the following aspects: the mainstream versus special approach, the issue of adaptation, the number of disabled participants, and the outcome of vocational training.

Sweden

In Sweden, the government buy vocational training from the training providers. Disabled people receive training in mainstream training programmes along with non-disabled people. Before 1986 primary responsibility for vocational training was jointly held by the Swedish *National Board of Education* and the *National Labour Market Board*. The AMU training agencies were created to "secure a greater measure of financial responsibility and accountability" (Lunt and Thornton 1993, p. 112). The county labour boards purchase vocational training from various providers such as

universities, secondary schools, private companies and educational institutes, among which AMU is the major source. In 1992, AMU constituted 58.6 percent of the government purchase of vocational training (Lunt and Thornton 1993, p. 112). According to an official at the National Labour Market Board, disabled people have the right to interpreters and other technical aids s/he needs, to take part in the regular courses in AMU (Interview Note S7). It was estimated that disabled people constituted almost a quarter of all the participants of AMU courses (Thornton et al. 1997, p. 94). Data provided by an official at the National Labour Market Board shows that in 1998, there were 6,273 disabled participants per month in employment training. However, only around 11 percent of disabled people had a job after 30 days' employment training (Email Contact Note ES3).

Great Britain

In Great Britain, the first training provisions for disabled people started in 1916, with the purpose of rehabilitating and resettling persons disabled in WWI. These services were extended to the civilian blind later in 1920. During the 1930s, two residential training colleges were set up. During WWII, owing to the shortage of labour, in 1941, the *Ministry of Labour and National Service* introduced the King's Roll scheme for the training and resettlement of disabled ex-soldiers, and thus many disabled people were integrated into the workforce. Training was provided at *Government Training Centres (GTCs)*, technical and residential colleges, and with employers (Edwards 1982, pp. 53-54).

In the post-war period, vocational training for disabled people was provided mainly by residential training colleges contracted by Government. From the mid-1980s, mainstream training has been emphasised and the mainstream training agencies (TECs) are required, not through laws, but through contract, to provide adaptation for disabled participants on mainstream programmes. Ainley and Vickerstaff (1993, pp. 546-547) highlighted the problem of accountability. They contended: '...their (TECs) relationship to government is a contractual one and accountability (such as it is) is through normal accounting and audit procedures, that is managerial rather than democratic accountability'. Thus, despite the contracting conditions, being included in the mainstream vocational training is not

seen as a right of disabled people. The requirement of adaptation imposed upon the TECs was introduced in July 1997. It is called the *National Standard for TEC/CCTE Equal Opportunities Strategies*. The *Standard* focused on three particular areas – gender, ethnicity and disability. An evaluation research which examined the written strategies of 30 TEC/CCTEs and subsequent interviews with key stakeholders in 10 of these TEC/CCTEs found that none of the 30 strategies examined had met the *National Standard* in full, although 8 were ‘well on the way’ to meeting it and 16 had partly met the *Standard* but were missing key components (Collins 1998).

Work Based Learning for Adults (WBLA) replaced the vocational training programmes of the previous government in 1998. An official at the DfEE described the current provision of vocational training for disabled people:

‘DfEE centrally manages contracts with 15 residential providers of specialist help for people with severe disabilities. They provide around 960 places at an annual cost of 14 million pounds. 250,000 pounds of this budget is available to help TECs support severely disabled people locally if residential provision is not an option for them. This is known as Special Local Training. Around 20 percent of people starting WBLA are disabled persons each year. Around 42-44 percent of those finish training obtained jobs’ (Postal Contact Note PGB1).

In an email, he also stated that in 1998-1999, 21 percent of 102,900 participants of the WBLA were disabled, namely, 21,609 disabled participants.

Taiwan

In Taiwan, vocational training for disabled people is provided through special courses in government training centres or through contracts with private agencies and voluntary organisations or providing subsidies for the voluntary organisations. Disabled people do not have the right to technical aids when participating in vocational training, nor are the mainstream training courses required to accommodate disabled participants’ needs. The number of disabled participants in the special courses provided by the public training is ridiculously small – for example, only 58 disabled people (0.2 percent of all people received government training) in 1997 and 104 disabled people (0.9percent of all people received government training) in 1998 (MOI 1999).

Another government statistic shows that in the five years from 1978 to 1983, only 3,723 disabled persons in total received vocational training from agencies contracted

with the *Ministry of the Interior* and local government authorities (Cheng 1983, pp. 42-3); According to the statistics of the *EVTA*, in the 16 years from 1981 to 1996, only 16,032 disabled persons in total received vocational training from agencies contracted with the *EVTA* and local government authorities; 72.5 percent gained employment after training (Lee 1997, p. 16). Data provided by an official during my interview shows that from 1976 to 1998, 17,889 disabled people finished training; among which 66 percent were employed and 7 percent were self-employed (Interview Note T4).

A Comparison

The main differences among Sweden, Great Britain and Taiwan include: First, in both Sweden and Great Britain, it is emphasised that the mainstream vocational training courses should be made available to disabled people. Whereas in Taiwan, segregated training is the only alternative for most disabled people due to the inaccessibility of the mainstream vocational training programmes. It should be noted, however, that unlike Sweden, disabled people in Great Britain do not have the right to technical aids or adaptation when they participate in the mainstream training programmes. Besides, segregated residential training still plays the main role in the vocational training for disabled people. This finding is comparable with my hypothesis that the Swedish policies are more likely to be the most inclusive; Great Britain will tend to make moderate provision; whereas the Taiwanese policies will tend to be the least inclusive. Second, in terms of the number of disabled people participating in the vocational training, Sweden shows strong state provisions; Great Britain shows moderate provisions; whereas Taiwan has a very small number of disabled people receiving vocational training.

Third, in terms of the outcome of vocational training, surprisingly, Taiwan seems to have the best outcome. As described earlier, the official statistics showed that in Taiwan, around 70 percent of disabled people who finished vocational training were in employment, compared to 42 to 44 percent in Great Britain and only 11 percent in Sweden. It should be noted, however, that disabled people participating in the vocational training courses do not have to take any test to finish the training courses, the above figures refer to those who have completed the training periods and have obtained employment. Therefore, the above outcome is based on this perspective. Nevertheless, this is an interesting finding in that the most inclusive provision of vocational training

seems to be the least successful in terms of outcome, and vice versa. A possible explanation could be that vocational training is provided mainly by voluntary organisations which have specialist knowledge, experience and networks in this field in Taiwan; whereas the vocational training courses for disabled people are provided only through mainstream training courses in Sweden and that the above statistical figure refers only to the mainstream vocational training in Great Britain.

This raises the question of whether the mainstream provision is a better alternative than the specialist segregated training. Although disabled people in Sweden have the right to adaptation when participating in the mainstream vocational training programmes, for some disabled people, they may still experience disadvantage in learning, due to their disabled experiences as Croxson (1982) suggested (cited on page 73), and due to their former disadvantages in education. Therefore, mainstream vocational training programmes may not be so helpful to them. In addition, the co-ordination between the mainstream vocational training and the employment services for disabled people may be more difficult to achieve than within the segregated training agencies and thus success in employment is more difficult to be achieved. On the other hand, however, the segregated approach denies disabled people the right to the full share of the mainstream provisions. It also enhances the segregation of disabled people from full participation in the society.

Therefore, ensuring the right of disabled people to access the mainstream provisions and adequate funding for segregated provisions for certain groups of disabled people, plus a flexible transfer from one system to the other, may be a helpful alternative for the future.

None the less, the difference in the outcome of the vocational training among the three countries may be simply due to the difference in the number of participants. The statistical figure on the vocational training as mentioned earlier in this Section is done by month in Sweden, in contrast to that by year in Great Britain and by compiling several years together in Taiwan. Therefore, it is difficult to compare the number of disabled participants in Sweden and in the other two countries. However, as Sweden adopts the broadest definition of 'occupational handicap', we would expect that the number of disabled participants in the vocational training will tend to be big. Also, the monthly disabled participants is reported to be around 6,000 per month (see page 140), which shows that the yearly figure is very likely to be bigger than that in Great Britain and Taiwan. In Great Britain, the yearly figure was about 20,000 (see page 141), as

compared to a total of 17,889 disabled participants within 22 years in Taiwan. The sharp differences among the three countries in the number of disabled participants in the vocational training may explain their differences in the outcome – it is easier to help a small group of disabled people than a huge group, into work. Therefore, although Taiwan appeared, from the percentage of disabled finishing training and into work, to be the most successful among the three countries, it can be misleading if its very small scale of provision is not taken into account.

6.5 Specially Excluded from the World of Work – People with Learning Disabilities

In looking at the labour market policies for disabled people, it should be remembered that there is a group of disabled people who are specially excluded from the world of work – namely, people with learning disabilities. Before day centres were set up, institutions and mental hospitals were seen as the only places where persons with learning disabilities can ‘be placed in’. As the inhuman treatment of disabled persons in these institutions was revealed and the idea of integration and normalisation were advocated in the 1960s in Sweden; in the 1980s in Great Britain; and in the 1990s in Taiwan, the right of persons with learning disabilities to live in their own community was advocated and day centres were set up to replace or serve as an alternative to the institutions and mental hospitals. Despite these changes, in both Sweden and Great Britain, people with learning disabilities are more likely to be excluded from the labour market policies due to the assumption that this group of disabled people is not likely to be ready for work. Social services such as the day centres, rather than labour market measures, are seen as the first priority measures. In Taiwan, due to the limited state welfare provisions, disabled people are forced to rely on voluntary organisations in providing voluntary welfare and employment services. The exclusion of people with learning disabilities from the world of work is thus only one example of the exclusion of disabled people from the labour market in general.

Sweden

In Sweden, day centres were developed since the 1980s as 'a response to the desire for some form of daily activity for the mentally retarded' (Söder 1984, p.80). As in Great Britain, day centres are mainly for persons with mental and learning disabilities. Söder (1984) suggested that this is because of 'the organisational segregation of all arrangements for the mentally retarded' (Söder 1984, p.80). Later, the 'daily activities' in the day centres were seen as the preparation for work. From 1988 to 1990, the Swedish *National Board of Health and Welfare* invested SEK 10 million in an experimental programme. The aim was 'to find untraditional ways to prepare people with impairments for work and find alternative ways beside the measures taken by the Labour Market Board' (*National Board of Health and Welfare*, 1997). Thirty-four organisations applied for subsidies for the experimental programmes on daily activities such as work in the recycling sector, public cafes and service groups, etc. In 1993, the *Act Concerning Support and Service for Persons with Certain Functional Impairments (LSS)* (SFS, 1993: 387) and the *Assistance Benefit Act (LASS)* (SFS, 1993: 389) provide persons with certain functional impairments who have no gainful employment and are not receiving training, with the right to participate in daily activities in the day centres.

The government officer who was responsible for this experimental programme said that daily activities is the stage before employment for those disabled persons who are not prepared for employment yet (Interview Note S4). The main goal of daily activities is to 'empower' this group of persons, for example, she said:

'someone who does not have a job for a long time and you have a disability and you don't believe you can do anything. People who have been sitting at home for ten years, fifteen years and haven't done anything. They lose motivation for work' (Interview Note S4).

Daily activities are mostly 'in small groups integrated at a library or somewhere in the local authorities that need services such as watering the plants or making a cup of coffee'. Disabled persons who perform daily activities do not get paid but receive a disability pension (Interview Note S4).

Another official at the *National Board of Health and Welfare* explained how it works:

'sometimes one day centre is located in different places. There can be a main center but the day center can also have a shop or a café open to the public located elsewhere. In this case the shop and the café belongs to the day center and to the municipality. But there can also be a group of people or an individual that 'work' in a private

business but are connected to the day center and have support and staff from the day center with them. It is not supported employment. It is a way of making it possible for mentally retarded to be out in ordinary working places but 'working' with things they are able to do, without taking the job from those who are employed' (Email Contact Note ES2).

Although daily activities are made to be a former stage before entering employment services, there is no assessment at any point of time before and after entering day centres. The transition from school to the day centres, as an official at the *Ministry of Health and Social Affairs* stated, is done '*automatically*' (Interview Note S4):

'Under LSS, after school is over, *automatically*, parents have to help their mentally disabled sons and daughters to apply for a day centre. They have to fill in a form and ask for it. And they get the admission to go to the day centres'.

A mother of a young adult with mental and physical disabilities described the procedure during my interview (Interview Note S19):

'At about twenty or twenty-one years old (before his son leaves school), the county council gave notification of the recruitment in the day centre. You just get a place where there is a place for you. You are informed but not invited for discussions about the decisions. ...Mentally disabled children go into day centres *automatically* after school age. There is no plan for their career or development'

Again, the word '*automatically*' is used to describe the decision-making process.

Great Britain

In Great Britain, the *Adult Training Centres (ATCs)* run by local authorities, are provided mainly for people with learning disabilities. The purpose of the *ATCs* is to: 'provide further education classes, leisure activities, training and work preparation' (Hirst 1987, p. 61). Initially *ATCs* provided craft work as a form of training. During the 1960s the centres began taking on sub-contract work which was far more repetitive and monotonous. It was criticised that the *ATCs* did not provide employment rehabilitation but exploited disabled workers by providing very low wages and persuading disabled workers to take on social security benefits instead (Lonsdale 1985, p. 131; Barnes, 1991, pp. 70-71).

One research which interviewed 291 families with a severely disabled young adult in

1983 found that 'of the 139 young persons in *ATCs* at age 21, 84 percent had entered straight from school without any subsequent interruption in the placement. A further 11 percent had entered soon after leaving school following a spell without any formal, structured vocational activity (Hirst 1987, p. 64). In addition, the findings of Hirst (1987) also show that physically disabled young adults were more likely to get help from the careers officers, enter employment training, find jobs in open or sheltered employment; while persons with mental and learning disabilities were more likely to get help from social workers and had little contact with the careers service, and were most likely to have entered some form of day provision for adults with disabilities.

Although like Sweden, people with learning disabilities are more likely to enter day centres after finishing school, the decision-making in Great Britain is, unlike Sweden, not an 'automatic' process. In my interview with a mother of a young adult with learning disabilities, she stated that parents of people with learning disabilities have to fight with the social services department to obtain care or support measures after leaving school. Without the efforts of the parents, people with learning disabilities may stay at home and receive no support from the government whatsoever (Interview Note GB4).

Taiwan

In Taiwan, like in Great Britain, when a disabled young adult leaving school, no one from the government will visit the disabled individual or the parents, nor will the parents receive any notification of the support services available. Since the late 1980s and early 1990s, more and more parents' organisations developed daily activity programmes in order to provide a stimulating environment which is good for the personal development of persons with learning disabilities and to relieve the care burden of the parents. Activities in these day centres are similar to those organised by the Swedish day centres: self-care, group leisure activities, recycling clothes, cooking, serving food, craft work, working in a café, restaurant, etc. Disabled persons receive a small amount of 'pocket money' for the work they do. So far, institutions, day centres or staying at home, are the alternatives for people with learning disabilities after leaving school, due to the limited state provisions of welfare and employment services for disabled people.

A Comparison

Comparing Sweden, Great Britain and Taiwan, a common phenomenon is that people with learning disabilities are excluded from the world of work. In both Sweden and Great Britain, people with learning disabilities tend to enter the day centres straight after leaving school. They receive benefits from the government. Pocket money, rather than salaries were given to them as rewards for the activities which involve labour. In Sweden, daily activities are seen as a right and are defined as the former stage of employment. In Great Britain, activities in the *ATCs* are seen as training. Nevertheless, they are provided by the social services sector rather than employment services. The exclusion of people with learning disabilities from the labour market policies and the exploitative nature of the day centre activities can be seen in both Sweden and Great Britain.

Unlike Sweden and Great Britain, Taiwan does not have any state provision of the day centres. Voluntary organisations run day centres as an alternative to the institutions and staying at home. People with learning disabilities who attend the day centres do not receive benefits like in Sweden or Great Britain. They receive pocket money from the voluntary organisations. For people with learning disabilities, it may be exploitative that they only receive pocket money rather than wages for the work they do. However, compared to the lack of service provision from the government, voluntary organisations have made a more progressive step in providing daily activities services as alternatives to existing institutions. Therefore, in both Sweden and Great Britain, the experience of people with learning disabilities in the way they are specifically excluded from the world of work, is resulted from the inadequate assumption that this group of people are not able to work and thus labour market policies are not made accessible to them. Whereas in Taiwan, the main problem results from the lack of state provision for all disabled people both in labour market policies and social services. The experience of people with learning disabilities shows that the problem which people with learning disabilities face, is only the tip of the iceberg – there is no recognition of the right to work of disabled people as an issue.

6.6 Conclusion

This chapter analyses whether, when, why and how disability is seen as a special issue from the following aspects: 1) the origins of labour market policies for disabled people; 2) the roles of the public and private provisions; 3) vocational rehabilitation; 4) vocational training; and 5) the situation of people with learning disabilities.

As hypothesised, Sweden's Social Democratic welfare tradition allows the inclusion of disabled people in its development of the mainstream labour market policies, strong state provisions, the adoption of the relative view of disability in the vocational rehabilitation services. Disability is seen as a special issue only in the sense that extra support is provided on top of the mainstream measures. Having said this, however, it should be noted that people with learning disabilities may not enjoy the same support which the labour market policies provide for disabled people. The referral from school to day centres, which is based on the assumption that people with learning disabilities are not able to work, excludes this group of disabled people from access to the labour market policies and the world of work.

In Great Britain, disability was seen as a special issue from the very beginning in the development of the labour market policies for disabled people due to the war. Disabled people were labelled and received special provisions rather than being included in the mainstream labour market provisions. Since the 1990s, there has been a trend towards including disabled people in the mainstream measures. After the enactment of the *DDA 1995*, more emphasis has been made on providing disabled people with the opportunities to try out work rather than labelling disabled people with professional prejudice. However, unlike Sweden, being included in the mainstream vocational training services is still not a right but depends on the vocational training providers. So far, segregated provisions and voluntary organisations still play important roles although the state has made moderate provisions (as compared to Sweden and Taiwan) through contracting out services. The above characteristics in the labour market policies reveal the Liberal-Collectivist welfare approach of Great Britain. On the other hand, like Sweden, Great Britain excludes people with learning disabilities from the labour market policies by assuming that this group of disabled people cannot work.

The main differences between Taiwan and the former two countries, include its labelling approach towards the issue of disability, very limited state provisions, and strong reliance on family and voluntary provisions. Therefore, disability has been seen as a marginalised issue. The mainstream measures are not accessible to disabled people. The

exclusion of people with learning disabilities from the world of work is just an example of the exclusion of disabled people overall. These findings show the Conservative welfare approach of Taiwan. Nevertheless, the fact that the labour market policies rely heavily on the funding from the levy fund from the quota scheme, (the *PMDPE Funds*) reveals the Liberal welfare approach, which puts strong emphasis on minimal state provisions and the reliance on market provisions of welfare.

To sum up, the answer to the question of whether disability is seen as a special issue, is 'yes' to all three countries. However, the meanings of 'special' are different in Sweden, Great Britain and Taiwan. In Sweden, it means providing extra support on top of the general measures. In Great Britain before the 1990s and in Taiwan so far, it means labelling and segregated provisions. Although since the 1990s, Great Britain has moved towards providing extra support rather than segregated services, its main approach has not changed completely. Segregated provisions of the labour market policies still play an important role. Above all, it should be noted that people with learning disabilities are often assumed to be unable to work and are forced into exploitative work situations in the day centres in both Sweden and Great Britain. In Taiwan, like other groups of disabled people, people with learning disabilities experience the same exclusion from the labour market policies and the world of work. It should be remembered, therefore, that people with learning disabilities are specially excluded despite differing welfare models being on offer.

CHAPTER SEVEN LABOUR MARKET PROGRAMMES SPECIFICALLY DESIGNED FOR DISABLED PEOPLE – TYPES AND DEVELOPMENTS

This chapter categorises the labour market programmes specifically designed for disabled people into four main types. I shall define my categorisation first. Then I will describe the developments of these types of programmes in each of the three countries. I will also compare Sweden, Great Britain and Taiwan in terms of the importance or unimportance of each of the four types of programmes. By doing so, the similarities and differences in the approach taken by the three countries, in terms of their labour market programmes specifically designed for disabled people, can be drawn.

There are various labour market programmes specifically designed for disabled people adopted by the three countries. In general, they can be categorised into four main types: Labour Market Adjustment Measures, Integration-seeking Measures, Segregated Employment Measures, and Pseudo Work Measures. By 'the labour market programmes specifically designed for disabled people', I mean programmes which set their target group at disabled people and not the general public. The mainstream programmes are thus not included in my categorisation. In addition, only regular programmes are included in my categorisation. Temporary programmes for disabled people or pilot schemes which have not reached the stage of long-term provision are also not included.

Furthermore, the purpose of this categorisation is to draw a big picture of the range of programme options provided by Sweden, Great Britain and Taiwan. Therefore, I try to include most of the programmes specifically designed for disabled people. However, there will be one or two comparatively unimportant ones missed out. In Section 7.1, I will discuss why some specific programmes are left out in my categorisation. Moreover, programmes which aim to help a certain age group are very few and thus not included for the purpose of comparison, such as the Swedish programmes which aim to ease the transition from school to work for young disabled people.

This chapter will be divided into three sections:

7.1 The Four Main Types of Labour Market Programmes Specifically Designed for Disabled People

7.2 The Developments of the Four Types of Labour Market Programmes Specifically Designed for Disabled People

7.3 Conclusion

7.1 The Four Main Types of Labour Market Programmes Specifically Designed for Disabled People

In this section, I will first discuss why certain programmes which have been adopted by Sweden, Great Britain, or Taiwan, are not included in my categorisation of the four main types of labour market programmes specifically designed for disabled people. Then I will define the four types of programmes – why they are categorised into these four types and what programmes each one includes.

The ‘Missed Out’ Programmes in My Categorisation

The criteria for the inclusion of the programmes in my categorisation have been mentioned above (see page 151). In Sweden, programmes specifically designed for disabled people which are ‘missed out’ deliberately include: the Business Grant to Disabled Entrepreneurs; and the three programmes for young disabled adults: 1) the Disabled Youngsters Trial project; 2) the Youth Trainee scheme; and 3) the Academic Trainee scheme. The reasons for not including these programmes in my categorisation are that the Business Grant has comparatively little importance among all the labour market programmes specifically designed for disabled people. For example, Anders Karlsson, who worked at the Handicap Ombudsman at the time of his writing stated:

‘Since it started, self-employment aid has affected relatively few people by comparison with other labour market policy measures. The total in the 1993/94 fiscal year was 485 persons’ (Karlsson 1998).

The three programmes noted above which aim to ease the transition from school to work of young disabled adults are also not included because there are no comparable programmes specifically for young disabled adults of this kind in Great Britain or Taiwan. The Swedish provision of this kind is unique and encouraging. However, for the purpose of comparison, and for the reason that these programmes are not comparable with other

main programmes in terms of statistical figures, they are, therefore, not included in my categorisation.

The programmes specifically designed for disabled people which Great Britain adopts, but not included in my categorisation are: the New Deal for Disabled People and the legal requirement on companies to comment upon the employment of disabled people in their company report. With regard to the New Deal for Disabled People, it is a voluntary programme starting from September 1998 (DfEE 1999c). The aim of this scheme was to: 'help back into work those people with disabilities or long term illness who are currently dependent on incapacity benefit' and to 'help those with jobs to remain in work and avoid becoming dependent on these benefits in the first place' (DfEE 2000a). The main parts of the New Deal for Disabled People are: 1) Personal Advisers. 2) 24 Innovative Schemes which provide 'IT training, skills training in a college workshop and jobs in, amongst other places, business call centres' (DfEE 1999c), within 12 Personal Adviser Service pilot areas (DfEE 2000a) The former has been discussed in Section 5.2 of Chapter Five (pp 118-119) The latter are pilot schemes rather than regular programmes. As the New Deal for Disabled People is still in its testing stage, it has been incorporated into the government's long-term regular labour market policies for disabled people, despite the fact that the government has announced its attempt to extend this scheme for another budget year As mentioned, my categorisation only includes regular schemes in order to capture the main approaches of each of the three countries. The New Deal for Disabled People is, therefore, not included in my categorisation. Nevertheless, the potential of this scheme is impossible to neglect and thus the development of this scheme requires further attention in the future For example, it was reported that a total of 5,078 participants of the scheme have moved into work (DfEE 2000b).

As for the company report on the employment of disabled people regulated in the *Companies (Director's Report) Employment of Disabled People Regulations 1980* and the *Company's Act 1985*, it does not have a direct influence on the employment of disabled people and therefore is not included. As we know, 'to say is one thing, to do is another'. The statement of the company policies does not ensure that these policies are carried out Besides, government research suggests that only 21 percent of all employers with 250 or more employees have a formal written policy regarding the employment of disabled people (see Barnes 1991, pp. 92-93).

The Subsidies for the Interest of the Loan for Disabled Entrepreneurs and the policy of Reserved Quota of the stands in the traditional market adopted in Taiwan, are also not included in my categorisation. With regard to the former programme, it aims to help disabled people into self-employment. Both Sweden and Great Britain have similar programmes. As mentioned, it is comparatively unimportant in Sweden; whereas in Great Britain, it is a mainstream programme but not one that is specifically designed for disabled people. Therefore, for the purpose of comparison, I do not include this programme in my categorisation. Besides, data from the government shows that this programme has not been very influential in promoting the employment of disabled people in Taiwan. From 1976 to 1997, only 1,301 disabled people succeeded in launching their own business (Lin 1998b). It should be noted, also, that for some disabled people, self-employment may be a good way of establishing their own career. For many other disabled people, however, it may enhance their isolation. As for the reserved quota of the stands in the traditional market, it has very limited function because the role of the traditional markets in people's way of life is declining with the growth of supermarkets and big shopping centres. Therefore, it is not considered as one of the main labour market programmes specifically designed for disabled people.

The Four Types of Labour Market Programmes Specifically Designed for Disabled People

There are several ways of classifying labour market policies for disabled people. The most common way of categorisation involves dividing the programmes into those which promote open employment and those which promote sheltered employment. For example, in comparing the labour market policies for disabled people in the member states of the European Union, Delsen (1996) classified these policies into the following categories: 1) Open employment and legal intervention, which includes Equal opportunity legislation, Quota schemes, and protection against dismissal. 2) Open employment and support services, which includes mainstream vocational training, on-the-job training, special education, and supported employment. 3) Open employment and financial support, which includes wage subsidies, grants for workplace adaptation and technical aid, and prevention and early intervention. 4) Sheltered employment. The advantage of this approach of classification is that it lists almost all of the labour market programmes for

disabled people, regardless of the significance or insignificance of each of the programmes in the whole system in each country. The disadvantages of this approach, however, are that: First, like all classifications, it can never include all programmes on offer, and the distinctions between categories are not always clear. In addition, this categorisation does not address the issue of how disability is viewed, or what views of disability are reinforced in each of these programmes.

Alternatively, I propose that it is important to look at the strategies used to promote employment for disabled people, the kinds of employment led to through the specific programmes, and the ideologies of disability entailed in these programmes. Without paying attention to these aspects, it is difficult to grasp the main characteristics of the labour market programmes specifically designed for disabled people, or to evaluate the potential of each of these programmes for promoting the right to work of disabled people. In the following, I will discuss each of the four types, one by one.

Type I: Labour Market Adjustment Measures

Labour Market Adjustment Measures seek to adjust the labour market and change the nature of work to include disabled people in the labour market. The kinds of employment to which these measures lead, tend to be accommodated to disabled people's needs, and efforts are made to eliminate environmental barriers. The ideology of disability underlying these measures is that disability is not seen as an individual's misfortune; rather, institutional barriers are seen as key factors of disability. Labour Market Adjustment Measures, under the comparative context of Sweden, Great Britain and Taiwan, include the In-work Support Scheme, Work Adaptation Scheme, and the Anti-discrimination Legislation.

The In-work Support Scheme refers to the 'supported employment' scheme ('SIUS' in Swedish) in Sweden, the "supported employment" scheme funded mainly by local authority social services departments in Great Britain, and the 'supported employment' scheme as well as the 'Community Employment Services' programmes in Taiwan. The reason for using the term "In-work Support" rather than "supported employment" is that, in Great Britain, the term "supported employment" is used by the Department for Education and Employment to refer to support for disabled people in forms such as sheltered workshops as well as hiring out disabled people. To avoid confusion, in this

thesis, the term “In-work Support” is used to refer to support in real work in the forms of training, supervising, facilitating, and so on, and that the support is provided and will continue according to the individual’s needs.

The Work Adaptation Scheme refers to the Occupational Aids Scheme in Sweden, the Access to Work Programme in Great Britain, and the Work Redesign Scheme in Taiwan. The aim of these programmes is to provide support for the adaptation of work. Work adaptation can refer to adjustments of the work environment, working procedures, working hours, work equipment, and work place. It can also refer to personal support such as interpreter, support driver, support reader, and so on. In Sweden and Great Britain, both work adaptation and personal support are provided; whereas in Taiwan, only work adaptation but no personal support is provided. In this thesis, I use the term ‘Work Adaptation’ in order to avoid the confusion caused by different uses of the terms amongst the three countries

The Anti-discrimination Legislation refers to the *Law Against Employment Discrimination of People with Functional Impairments 1999* in Sweden and the *DDA 1995* in Great Britain. Taiwan has not had anti-discrimination legislation yet. Although the scope of the Swedish and the British anti-discrimination legislation differ, the similar aim is to eliminate institutional discriminations which impede the opportunities of employment for disabled people. The core idea of the anti-discrimination legislation is that disabled people have equal rights to labour market participation comparable to non-disabled people.

The In-work Support Scheme, the Work Adaptation Scheme and the Anti-discrimination legislation, all seek to adjust the labour market in order to include disabled people. The former two schemes provide support to both disabled people and the employers, whereas the anti-discrimination legislation is state intervention into the labour market via the legal tools which safeguard disabled people’s rights.

Type II: Integration-seeking Measures

Integration-seeking Measures seek to increase the opportunities of employment for disabled people in the labour market by giving subsidies to the employers or by enforcing a recruitment quota on the employers. In these measures, the work arrangements and the work environments are taken for granted. Disabled people may have “a job” through

these measures but no attempt is made to ensure that equal conditions of work are provided for disabled people. Thus, disabled people may be “physically integrated” but not “included” in the labour market in the sense of having a full share of equal rights. The ideology of disability underlying these measures is that disabled people are less productive and thus employers have to be compensated, rewarded or forced to provide employment opportunities for disabled people. The Job-begging programmes and the Quota scheme are measures of this kind.

The Job-begging Programmes refer to the Wage Subsidies Scheme in Sweden, the Job Introduction Scheme in Great Britain, and the grants for above-quota-rate employment of disabled people and for non-obligatory employment of disabled people in Taiwan. These are classified here as ‘Job-begging’ measures because jobs are obtained through begging employers to release job opportunities for disabled people through financial incentives. Fair work conditions are not seen as an issue. Therefore, the employment of disabled people is seen as a merciful act of the employers rather than the right of disabled people.

The Quota scheme refers to the quota scheme of Great Britain from 1944 to December 1996 and that of Taiwan from 1990 till now. Sweden has not adopted the quota scheme. Instead, Sweden opted for other non-enforcing measures. The purpose of the quota scheme is to make it compulsory for the employers to employ a specific quota level of disabled employees. Like Job-begging programmes, attention is paid to increase job opportunities but not ensuring fair work conditions. The employment of disabled people is seen as the employers’ share of the social obligation for compensating (or looking after) disabled people rather than as a right of disabled people.

Both the Job-begging programmes and the Quota scheme may increase the numbers of disabled people working in the labour market. Nevertheless, they do not increase the numbers of jobs which accommodate disabled people’s needs. Therefore, there may be an increased physical integration of disabled people in the labour market but no real inclusion of disabled people which ensures disabled people the equal rights to work. Thus, unlike type I measures, the Integration-seeking measures have less capacity for including disabled people in the labour market.

Type III: Segregated Employment Measures

Segregated Employment measures provide other forms of work alternatives other than work in the labour market. Through segregated measures such as sheltered workshops and reserved occupations, disabled people who cannot gain employment in the labour market have other options for work. However, although disabled people can get a job using these forms of employment, many kinds of rewards which other jobs in the labour market provide are missing, such as interacting with a wider variety of persons, enhancing skills and learning new things, getting promotion, and so forth. The ideology of disability underlying these measures is that disabled people are seen as having very little productive capacity and thus needing special protections. The kinds of employment created under these measures do not promote either integration or inclusion of disabled people into the labour market. Segregated Employment Measures refer to the Sheltered Workshops Scheme and the Reserved Occupations Scheme.

Sheltered Workshops refer to the state-owned sheltered workshop of Samhall in Sweden, the state-owned sheltered workshops of Remploi, and the local authority and voluntary organisations sheltered workshops in Great Britain; and the sheltered workshops provided by voluntary organisations in Taiwan. The Reserved Occupations Scheme refers to the reserved occupations of car park assistant and lift attendant from 1944 to December 1996 in Great Britain and the massage work for blind and visually impaired people in Taiwan since 1957. Sweden has not adopted the Reserved Occupations scheme

Type IV: Pseudo Work Measures

Pseudo Work Measures are strategies adopted to promote the transition of disabled people from working in sheltered workshops to working in the regular labour market. Government financial considerations due to the great costs of the sheltered workshops and/or the aim of promoting integration of disabled people represent the background to the development of this type of measure. In the Pseudo Work Schemes, disabled people are employed by the sheltered workshops, local authorities or voluntary organisations. However, they work in the "host companies", namely, companies in which they work but which do not pay them. Thus, disabled people do not have the rights which other employees in the companies have, as they are not real employees.

Therefore, Pseudo Work Measures create a peculiar form of employment. Disabled people are given the opportunities to “labour” in the companies in the labour market, but receive their wages from the sheltered workshop, the local authority, or the voluntary organisation, which employ them. It is another form of wage subsidies, but unlike the Swedish Wage Subsidies scheme, the subsidised work is not real work but only labour, without equal terms and conditions of work conditions, compared to their non-disabled counterparts. The ideology of disability underlying these measures is that disabled people are less productive and thus they are unlikely to obtain employment in the regular labour market. A superficial assumption underlying these measures is that disabled people can be integrated into the society as long as their work place is in the regular labour market. However, a key factor of integration – the equal rights – is missed out.

Sweden’s Samhall Staffing Scheme and Great Britain’s Remploy Interwork and its local authorities’ Sheltered Placement Schemes are measures of this kind. Taiwan has not adopted Pseudo Work measures because there have never been state-owned sheltered workshops in Taiwan. This peculiar form of employment is basically a product of Samhall’s efforts in promoting the transition of its disabled employees into the regular labour market, and the British governments’ seeking ‘the way out’ of costly and segregated state-owned sheltered workshops. It should be noted, however, a main difference between Sweden and Great Britain in terms of this type of measure, is that the Pseudo Work Measures are not adopted as a main programme but only as a way of promoting the transition of Samhall employees into work in the regular labour market. Whereas in Great Britain, the Pseudo Work Measures are adopted as one of the main labour market programmes for disabled people and thus the impacts on disabled people is noticeable. I will discuss this issue further in Chapter Nine.

7.2 The Developments of the Four Types of Labour Market Programmes Specifically Designed for Disabled People

In this section, firstly, I will describe the developments of the labour market programmes specifically designed for disabled people in the three countries. As mentioned earlier in Section 7.1, like all classifications, my categorisation of the four main types of labour market programmes specifically designed for disabled people does not attempt to, and cannot include all programmes. Instead, it seeks to capture the main

approaches adopted by the three countries and thus only the main programmes are included. I have discussed this issue in more detail in Section 7.1. Therefore, this section does not attempt to list the history of the development of all programmes for disabled people. Instead, it attempts to discuss the main development of the major programmes. Secondly, I will describe the statistics of the numbers of disabled people participating in different programmes. For those programmes where statistical figures about the number of participants do not exist, statistics about the amount of money spent on these programmes will be shown. Thus the importance of each programme in comparison to the other programmes can be drawn.

Sweden – Anti-discrimination as Complementary to Job-begging and Segregated Work

As mentioned, a major reform of labour market programmes for disabled people was made in 1980 as a result of the proposals of a parliamentary commission in the 1970s. In 1980, the state-owned sheltered workshop, Samhall, and the wage subsidies scheme were established. These two programmes have become the two major labour market programmes specifically designed for disabled people since then. Before 1980, there were archive work, semi-sheltered work, special relief work and sheltered work (Wadensjö 1984, p. 482, Interview Note S2). The former three schemes were provided in the form of wage subsidies. Employers were subsidised for employing disabled people; whereas Sheltered work was provided by local authorities in the form of local sheltered workshops.

The reform in 1980 re-organised the existed programmes and established the wage subsidies scheme and a state-owned sheltered workshop, the Swedish Communal Industries ('Samhällsföretag' in Swedish; later renamed 'Samhall') (Ginsburg 1983; Söder 1984). Samhall was established in 1980 via the *Sheltered Employment Act*. From July 1992 it became a limited company. Before 1980, sheltered workshops were mainly organised by municipalities and counties. The reform in 1980 did not change the main approach of Swedish labour market programmes for disabled people. Wage subsidies and sheltered workshops are still the main options. Both of these two measures assume that disabled people possess less productivity, and can thus only obtain employment through state financial subsidies to the employers or through work in the segregated environment.

In the 1980s, the issue of transition from sheltered workshops to work in the regular labour market was emphasised. As a result, Staffing, which was called In-house Operations, was initiated. Disabled employees of Samhall take up certain work in a host company but receive their wages from Samhall and stay as Samhall's employees. Data provided by Samhall through email contacts shows that in November 2000, there were about 3,000 disabled people participating in this scheme (Email Contact Note ES1).

Since the 1990s, more emphasis has been placed on adapting the work environment to include disabled persons. First, the *Working Life Services*, which sells rehabilitation services (namely, adaptation of the work for employees who become disabled) to the employers, was set up in 1991. Also, occupational aids which include technical aids for work adaptation and personal aids for disabled people were provided. Second, the *Law Against Employment Discrimination of People with Functional Impairments* came into force since 1 May 1999. Third, the Supported Employment scheme was adopted since 1998. These three new programmes adopted in the 1990s by the Swedish government seek either to adapt the environment or to provide individual support in work for disabled people, which reveal increasing awareness of the environmental barriers as contributing to disability.

If we look at the number of disabled participants in the programmes described above, we can see that the main approach has not been changed ever since. Wage subsidies and sheltered workshops are still the two main labour market programmes specifically designed for disabled people. According to data provided by an official at the *National Labour Market Board*, the number of disabled participants in the wage subsidies programme was 47,941 in 1998 and 48,140 in February 2000 (Email Contact Note ES3). Also, the public sheltered employment, which is another form of wage subsidies, had 5,619 disabled participants in 1998 and 5,260 in February 2000. 26,447 disabled people in 1997 and 26,000 disabled people in February 2000 working in Samhall's workshops (Email Contact Note ES3).

On the other hand, the supported employment programme had only just started in July 1998. According to the data provided by an official at the National Labour Market Board, around 400 disabled people participated in the supported employment programme in 1998. In 1999, the number of disabled participants was 650, among which 44 percent obtained a regular job. As for the Occupational Aids scheme, there is no record of the number of disabled people benefiting from this scheme. However,

according to the data provided by the above official, the Swedish government spent 152,605,000 SEK (equivalent to around 13 million pounds) on occupational aids for disabled people in 1998 (Email Contact Note ES3).

Great Britain – from Quota Scheme to Anti-discrimination Legislation and Pseudo Work

In Great Britain, the labour market programmes specifically designed for disabled people started in 1944. According to the *DP(E)A 1944*, private employers with no less than 20 employees are obligated to employ disabled people as no less than 3 percent of their workforce. Also, a state-owned sheltered workshop, Remplo, was set up to provide sheltered employment for disabled people. Furthermore, lift attendants and car park assistants were selected as two occupations which are specially reserved only for disabled people. Before the 1980s, these were the main labour market programmes specifically designed for disabled people. Nevertheless, the enforcement of the quota scheme was very poor. The percentage meeting the quota rate was 61.8 percent in 1960; 42.8 percent in 1970, 36.8 percent in 1978 and 19 percent in 1993 (Disability Alliance 1980, Doyle 1995). In 1986, 56 percent of employers were issued with the permits for not fulfilling their quota obligation (Clarke 1994). The statistics on the number of disabled people working through the reserved occupations scheme is not available (Postal Contact Note PGB1).

Since the 1980s, as in Sweden, transition from work in sheltered workshops to work in the regular labour market was emphasised in Great Britain. Sheltered workshops provisions were reduced and replaced with the new Remplo Interwork and Contract Work as well as Sheltered Placement Schemes (Barnes 1991; Hyde 1998). These schemes work in a similar way as the Swedish Staffing scheme. That is, disabled people take up work in host companies but remain employees of Remplo, local authorities or voluntary organisations.

Another new development started in 1987 is the development of In-work Support programmes. These programmes, are, however, not provided or sponsored by the labour authorities but by local authority social services departments. The labour authority was more interested in putting money in sheltered workshops, Remplo Interwork and Contract Work, and Sheltered Placement scheme. The *DfEE* calls these programmes "Supported Employment" schemes, which contain a different definition from the

“supported employment scheme” defined by the *AfSE*. In addition, the Job Introduction Scheme, which gives employers wage subsidies for a trial period of six weeks for disabled employees, started in the 1980s.

The 1990s saw the strong emphasis placed on removing environmental barriers which exclude disabled people from participating in the labour market. The *DDA* was enacted in 1995 and the employment section came into force in December 1996, according to which the *DP(E)A 1944* was abolished. Since then, the main approach of the labour market programmes specifically designed for disabled people in Great Britain has changed. Both the Quota Scheme and the Reserved Occupation Scheme were abolished. Instead, anti-discrimination legislation, which is based on a different philosophy from the above two schemes, was enacted. Moreover, in the 1980s, several grants were provided for disabled people and employers, such as adaptations to premises and equipment, fares to work, personal reader service, and so on. Since 1994, these special schemes were co-ordinated into the Access to Work Scheme, which provides more extensive support for disabled people and employers.

If we look at the numbers of disabled participants in each of the above programmes, we can see the significance of the Pseudo Work Scheme and the Sheltered Placement Scheme. These programmes grew rapidly since the 1980s and have become the most important programmes adopted by the *DfEE*. According to data provided by Mr Glyn Satterthwaite, an official at the *DfEE*, there were 2,190 disabled people participating in the Remploy Interwork scheme in 1995/96 and 4,173 in 1999/2000 (Email Contact Note EGB2). According to the House of Commons data in 1998, 10,895 disabled employees of Remploy work with host firms, of which 2,704 were in the Remploy Interwork Scheme (House of Commons 1999). There were 6,500 disabled participants in the Sheltered Placement Schemes in 1989 (Barnes 1991, pp. 74-75). According to data provided by Mr Satterthwaite, from April to December 1999, a total of 8,657 disabled people participated in the local authority and voluntary body sheltered placement schemes (Email Contact Note EGB2).

On the other hand, it was estimated that only 5,084 disabled people were employed through supported employment by individual employers and voluntary organisations in 1996 (Beyer et al 1996, p. 22). According to the *Written Evidence* submitted to the *Education and Employment Select Committee* by the *AfSE* in January 1999, there were around 20,000 disabled people participating in the supported employment programme.

provided by around 150 *AfSE* member organisations (Everatt 1999). Compared to other programmes, the number of disabled people participating in this form of supported employment is very significant. However, the grants mainly come from the local authorities social service departments (Everatt 1999).

Support for work adaptation became very significant especially after the enactment of the *DDA1995*. In 1992, 5,633 disabled people benefited from this scheme (Roulstone 1998); whereas in 1997/98, 12,500 disabled people benefited from the Access to Work Scheme and in 1999-2000, it is expected to support around 20,000 disabled people at a cost of around 22.3 million British pounds (Postal Contact Note PGB1).

Comparing with the above programmes, the Job Introduction Scheme (JIS) and the Sheltered Workshop Scheme have had less importance. From April 1999 to December 2000, 11,100 disabled people participated in the JIS, in which 1,744 were in paid employment afterwards (Email Contact Note EGB2). In terms of Sheltered Workshops, in 1996/97, 6,958 disabled people work in Remploy factories; In 1999-2000, there were 6,096 disabled people working in Remploy workshops (Email Contact Note EGB2). In addition, there were some 120 sheltered workshops run by virtually 100 local authorities and 25 voluntary organisations, which employ 7,000 disabled workers in total (Zarb et al. 1996, p. 8). Data provided by an official of the *DfEE* show that from April to December 1999, 3,091 disabled people participated in local authority workshops and 913 disabled people participated in voluntary body workshops (Postal Contact Note PGB1).

Taiwan – Quota and Reserved Occupations

In Taiwan, the first labour market programme specifically designed for disabled people was the Reserved Occupation Scheme. The *Regulation for the Administration of the Massage Occupation 1957* stated that massage work can only be carried out by those who are blind in both eyes. Before 1957, blind people had been doing massage work since the Japanese colonial period in the early part of the twentieth century. The *Regulation for the Administration of the Massage Occupation 1957* followed this tradition and further established a legal basis for it. Before 1990, this Reserved Occupation scheme was the only government policy on labour market programmes for disabled people. In June 1995, the massage work trade unions had 1,314 members (Wang 1995). According to data provided by the *EFTA*, until May 2000, there were

2,082 blind and visually impaired people who have certificates for performing massage work (Telephone Contact Note TT1).

The Quota Scheme was introduced with the enactment of the *Handicap Welfare (Amendment) Act 1990*. In 1999, the percentage meeting the quota rate was 84.3 percent in total (72.5 percent of obligated public employers meeting the quota rate; and 97 percent of obligated private employers meeting the quota rate). Until November 1999, 96.7 percent of the amount of levy had been paid (MOI 1999). The percentage of those taken to enforcement in court was 83 percent in 1993; 69 percent in 1994; 80 percent in 1995; 87 percent in 1996 and 72 percent in 1997 (MOI 1997).

The employment of disabled people has shifted from being a social issue to being a labour issue since the enactment of the *PMDPPL 1997*. As an official of the *EVTA* described during my interview: 'before 1997, the central and local labour authorities had never thought of the employment of disabled people as their responsibilities' (Interview Note T3) The *PMDPPL 1997* makes it clear that the labour authorities have the responsibilities to promote the employment of disabled people. An exception was made on a supported employment pilot scheme in 1993. According to the official who launched this pilot scheme, the scheme was launched by her during the time when the labour authority did not take disabled people's employment as their responsibility (Interview Note T3) Therefore, there was no political will behind this pilot scheme.

This pilot programme had 110 disabled participants. Later the supported employment programme was renamed the Community Employment Services. According to an official of the *EVTA*, in the pilot scheme, the main target group was mentally retarded people. However, because government employment services centres were involved in providing supported employment services since 1994, an alternative name, Community Employment Services was adopted in order to cover all types of registered disabled people in the programme (Interview Note T3). In 1995, there were 17 disability organisations providing supported employment for disabled people (Lin 1996a). In 1996, 1,566 disabled people participated in the Community Employment Services, among which, 519 stayed in employment (Lu-Der Retarded Centre 1996).

The experiences from supported employment show that adapting the workplace is important in creating employment opportunities for disabled people. Thus, the same official who had special concern for disabled people and who was also in the right position to push the policy development forward, started another new programme which

was called Job Redesign (Interview Note T3). In the Job Redesign programme, employers can get subsidies for adapting the work environment for disabled employees. According to the report of the Director General of the *EVTA*, from July 1994 to 1998, 300 job redesigns had been sponsored by the government (Lin 1998b).

Since September 1999, employers who are not obligated by quota employment can gain a grant of NT\$ 5,000 (equivalent to around 100 British pounds) per month when employing a disabled person. This grant can last for twelve months maximum (Cheng 1999, *EVTA* webpage) Besides, if an employer covered by this quota scheme employs disabled people over the obligatory quota rate, s/he will receive a grant which is the equivalent to half of the monthly minimum wage set by the government (*EVTA* webpage). The grants are financed by the *PMDPE Fund* in each city and county.

As outlined above, the Quota Scheme and the Reserved Occupations Scheme are still the two major programmes. The other measures are either on a very small scale or recently just started and thus have not been very influential.

A Comparison

Table 7.1 shows the years when each of the main type of programmes was developed. As shown, the development of the labour market programmes specifically designed for disabled people can be divided into three stages (1960s; 1980s; and 1990s) in Sweden; three stages (1940s, 1980s, and 1990s) in Great Britain; and two stages (1950s and 1990s) in Taiwan

Table 7.1 The Initiation Years for the Main Labour Market Programmes Specifically Designed for Disabled People in Sweden, Great Britain and Taiwan

| | Sweden | Great Britain | Taiwan |
|---------------------------------|------------|---------------|--------|
| In-work Support | 1998 | 1987 | 1995 |
| Work Adaptation | 1987 | 1980s | 1999 |
| Anti-discrimination Legislation | 1999 | 1996 | NO |
| Job-Begging Programmes | 1960s/1980 | 1980s | 1999 |
| Quota scheme | NO | 1944-1996 | 1990 |
| Sheltered Workshops | 1980 | 1945 | 1990 |
| Reserved Occupations | NO | 1944-1996 | 1957 |
| Pseudo Work | 1980s | 1980s | NO |

As described earlier, in Sweden, the first stage of the development was initiated along

with the development of the mainstream labour market programmes. The second stage of the development, which brought about a major reform and which established the current framework of measures, was also a result of the reform of the mainstream labour market programmes. Whereas in the 1990s, a significant development was the introduction of the three Type I measures – Work Adaptation, In-work Support and Anti-discrimination legislation. This development of the Type I measures is mainly a result of policy learning from other countries such as the US. In the next chapter (Chapter Eight), I will have more detailed discussion on this.

In Great Britain, the first stage of the development was initiated in the 1940s due to the war. In the 1980s, programmes which seek to increase the opportunities for disabled people to work in the regular labour market, were introduced due to the lack of enforcement of the quota scheme and the influence of the disability movement. Whereas the development of the anti-discrimination legislation in the 1990s, was mainly due to the influence of the disability movement.

In Taiwan, the only programme which was developed in the 1950s was the reserved massage occupation for blind people. The two major schemes – the Reserved Occupation Scheme and the Quota Scheme, developed, however, in 1990 with the enactment of the *HW(A)L 1990*. The other two schemes which were developed in the 1990s – the In-work Support and the Work Adaptation Scheme, were due to the accidental factor that an official has special concern for disabled people.

From these stages of development briefly described above, two important points should be noted. First, for each country, the reason for the initiation of the labour market programmes specifically designed for disabled people was: the establishment of the welfare state in Sweden, the effect of World War II in Great Britain; and the influence of the disability movement in enacting an enforceable law in Taiwan. Second, the main shift of the development emerged in the 1990s in Sweden -- due to policy learning from other countries, emerged in the 1980s in Great Britain -- due to the failure of the former policies and the influence of the disability movement; and Taiwan has not to date perceived any main change or shift in development.

Table 7.2 shows the measures which have or have not been adopted, as well as those which have been adopted as main measures now or before. As outlined earlier, Sweden has never adopted the Quota Scheme or the Reserved Occupation Scheme; Great Britain has adopted all types of Programmes; Taiwan has never adopted the anti-discrimination

legislation or the Pseudo Work programmes. In Sweden, the Work Adaptation Scheme (Type I), the Job-begging programmes (Type II), and the Sheltered Workshops (Type III) are the most important among all the programmes. In Great Britain, The major programmes used to be the Quota Scheme (Type II), Sheltered Workshops (Type III), and the Reserved Occupations (Type IV). The Sheltered Workshops still remain one of the major programmes, along with the Work Adaptation scheme, Anti-discrimination Legislation (Type I), and the Pseudo Work Programmes (Type IV). In Taiwan, the major programmes, so far, are the Quota Scheme and the Reserved Occupation Scheme.

Table 7 2 The Importance of the main labour market programmes specifically designed for disabled people in Sweden, Great Britain and Taiwan

| | Sweden | | Great Britain | | Taiwan | |
|-----------------------------------|--------|---|---------------|---|--------|---|
| Type I: In-work Support | ✓ | | ✓ | | ✓ | |
| Work Adaptation | ✓ | ⊕ | ✓ | ⊕ | ✓ | |
| Anti-discrimination legislation | ✓ | | ✓ | ⊕ | ✗ | |
| Type II Job-Begging Programmes | ✓ | ⊕ | ✓ | | ✓ | |
| Quota Scheme | ✗ | | Δ | ☆ | ✓ | ⊕ |
| Type III Sheltered Workshops | ✓ | ⊕ | ✓ | ⊕ | ✓ | |
| Reserved Occupation | ✗ | | Δ | ☆ | ✓ | ⊕ |
| Type IV: Pseudo Work | ✓ | | ✓ | ⊕ | ✗ | |

Note: ✓ : adopt the measure
 Δ : adopted the measure before
 ✗ : never adopted the measure
 ⊕ : adopt as a main measure
 ☆ : adopted as a main measure before

7.3 Conclusion

In this chapter, I have categorised the labour market programmes specifically designed for disabled people into four main types, according to their differences with regard to the following dimensions. 1) the strategies used to promote the employment for disabled people; 2) the kinds of employment led to through the specific programmes; and 3) the ideologies of disability entailed in these programmes. I have also described the

development of the various programmes and compared the importance of these programmes in the three countries. Chapters Eight and Nine will analyse these four types of labour market programmes separately and in more detail.

CHAPTER EIGHT LABOUR MARKET ADJUSTMENT MEASURES

The purpose of this chapter is to examine the three Labour Market Adjustment measures (Type I of the labour market programmes specifically designed for disabled people), namely, the In-work Support, Work Adaptation Schemes and the Anti-discrimination legislation – their developments in the three countries and their advantages and limitations/challenges. These three measures are similar in that they focus on the adjustment of the environment and/or the support for disabled persons, rather than requiring disabled people to adjust themselves in order to suit the demands of the labour market which are based on the standards of non-disabled people. The main difference between these three measures, however, lies in their strategies for promoting the employment of disabled people. That is, both In-work Support and Work Adaptation, are the ‘provisions’ type of measure, whereas Anti-discrimination legislation is based on state interventions in the labour market through court ruling. The former two measures provide resources and support; whereas the latter safeguards the rights of disabled people

This chapter consists of the following sections:

- 8 1 In-work Support**
- 8 2 Work Adaptation**
- 8 3 Anti-discrimination Legislation**
- 8 4 Conclusion**

8.1 In-work Support

The In-work Support Scheme (supported employment), was first developed as a measure to promote the employment of disabled people in the 1970s in the US. The purpose was to provide an alternative to sheltered workshops and day centres (Beyer et al 1996, p. 4) Bellamy et al. (1988, pp. 8-9) proposed three reasons for this development: First, the growing evidence from research and community services, that ‘persons with severe disabilities are able and willing to work’; second, the emphasis on

integration; third, the demonstrated need of disabled people for ongoing support. The US. *Developmental Disabilities Act 1984* defines supported employment as: 'Paid employment which: (i) is for persons with developmental disabilities for whom competitive employment at or above the minimum wage is unlikely and who, because of their disabilities, need ongoing support to perform in a work setting; (ii) is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed, and (iii) is supported by any activity needed to sustain paid work by persons with disabilities, including supervision, training, and transportation' (Federal Register 1984; see Bellamy et al. 1988, p. 11).

Therefore, the major advantage of the In-work Support measure is that, rather than assuming that disabled people cannot work, it supports disabled people at work, and thus increases their opportunities of obtaining and/or keeping a job. The major challenge of the In-work Support measure, however, may be an administrative one. First, the method of budgeting has to be flexible enough to fund both short-term and long-term supports. Second, the evaluation of the success of the In-work Support scheme has to be looked at from a long-term, rather than a short-term perspective.

Sweden, Great Britain and Taiwan all introduced the In-work Support scheme from the US. In Sweden, it is provided by the state as one of the labour market programmes for disabled people. In Great Britain, it is provided by private employers and voluntary organisations with or without the grants from the social services departments. In Taiwan, it is provided by voluntary organisations with or without subsidies from their local PMDPE Funds, and by the government employment services centres.

In Sweden, an experimental scheme was launched in 1993 and later in 1998, it was incorporated as a permanent scheme, called 'Special Working Life Induction and Follow-up Support for Persons with Functional Impairment (SIUS)'. According to the *National Labour Market Board*, this scheme aims to 'improve the chances of persons with extensive functional impairment in obtaining and keeping a job' (National Labour Market Board 1998a). Through this scheme, there will be 'facilitators who help to arrange suitable training and induction in connection with the hiring of a person with a severe occupational handicap' (National Labour Market Board 1998a). The SIUS are carried out by the SIUS-consultants at the Employability Institutes. Individuals are supported 'by a job coach at the workplace by giving an introduction in the job skills and work environment'. The maximum duration of the SIUS scheme for each person is six months.

From the date of employment, the follow-up support can be provided for up to one year (Email Contact Note ES3).

Although the SIUS has been introduced only recently and thus the effects are still to be evaluated, a perceived problem in the current system should be pointed out, namely, the duration of the scheme. A main purpose of the programme is to support the disabled person according to his/her needs. However, the limited duration of the support may restrict the potential of the SIUS in promoting the right to work of disabled people. Under the current scheme, disabled people who need more than one year's support will not be given the support they need.

In Great Britain, the official definition of 'supported employment' includes work in the Supported Placement Schemes (SPS), Remploy Interwork, Remploy factories, and workshops run by local authorities and voluntary organisations. In contrast to the official definition, the Association of Supported Employment Agencies (AfSE) provided an alternative definition of 'supported employment': 'Supported employment is real work in an integrated setting with ongoing support provided by an agency with expertise in finding employment for people with disabilities' (DfEE webpage). It was estimated that there were 158 agencies in England and Wales on the full membership list of the AfSE. Since 1987, these agencies started to grow. They grew from 5 agencies in 1987 to 210 in 1995 (Beyer et al 1996, p 22). In 1998, a survey carried out by the AfSE found that around 20,000 disabled people either are currently supported or have been supported by AfSE members. Among them, 77.5 percent have a learning disability, mental health problems, traumatic brain injury or Autism/Asperger syndrome and challenging behaviours (Everatt 1999).

The problems with the In-work Support scheme in Great Britain include: First, the problem of funding. Beyer and Kilsby (1997) found that the local authority social services departments provide 58 percent of the funding; whereas the central government's mainstream employment funding represent only 3 percent. Much of this local authority funding is consistent with pilot project status, and thus there is no stable funding for the In-work Support Scheme. Besides, providers are finding it more difficult to obtain funding which will realistically meet their costs. Therefore, Beyer and Kilsby (1997, p. 12) stated, 'Rather than becoming more secure, supported employment remains a vulnerable service in the UK'. Second, Beyer and Kilsby (1997) also found that there is a tendency of prioritising full-time employment, and thus also prioritising those who, in

comparison with other disabled people, are more likely to gain employment (Beyer and Kilsby 1997, p. 12).

Third, there is the problem which results from the rule of 'therapeutic earnings' related to the In-work Support Scheme. Many people who live in the residential group homes are not free to work because if they earn over 15 pounds per week they lose the funding for their accommodation. As Steele (1996, p. 16) stated:

'This leaves hundreds of learning disabled people thinking that they are preparing for a paid job, hoping that their years in further education, training centres and employment projects will get them into the labour market. What they are really destined for is a group home which can only be paid for if they are unable to work'.

In addition, Corden (1997, p. 21) stated that under the current rule of the 15 pounds earning limit, the choice for persons with learning disabilities may be between working only a few hours each week, longer hours but at lower rates of pay, or working for nothing. Therefore, he argues, 'What might seem flexible arrangements for people with special needs might, in some circumstances, be perceived as exploitation' (Corden 1997, p. 21). The rigid distinction between 'therapeutic' and 'remunerative' work limits disabled people's choice, and forces disabled people into dependency. In addition, research carried out by O'Bryan et al for the Joseph Rowntree Foundation (2000) found that it is hard to be approved for doing therapeutic work and have therapeutic earnings. The process of applying is 'slow, cumbersome and uncertain (some people are excluded), and is resented by many of those who have been forced to use it' (Joseph Rowntree Foundation 2000, p. 16). Thus the means testing principle entailed in the idea of 'therapeutic earnings' is stigmatising and it devalues disabled people's contribution (Joseph Rowntree Foundation 2000, p. 16). It also reinforces the medicalised view of disability. An alternative measure would be to guarantee citizenship income for everyone to value different contributions of people with various aspirations.

In Taiwan, the In-work Support Scheme was initiated as a pilot scheme in 1993. The EVTA gave subsidies to five voluntary organisations for providing the service to 110 disabled people in total (EVTA 1993). A subsidy of NT\$ 200 (around 4 GBP) was given to the organisations each time their supported employment worker visited the workplace of the disabled person. Most disabled participants (90 per cent) in this pilot scheme were people with learning disabilities (Lin 1996). In 1995, seven public employment service centres incorporated the idea of in-work support into their employment services. Since

then, the 'Community Employment Services' refer to both the employment services for disabled people conducted by the public employment service centres, and the in-work support services, provided by voluntary organisations with funding from the EVTA. In 1996, 634 disabled people obtained employment through the 'Community Employment Services' provided by nine public employment service centres and agencies, and 12 voluntary organisations (Lu Der Retarded Centre 1996).

The *PMDPPL 1997* stated, 'The Labour Authority should provide supported and individualised employment services for physically and mentally disabled persons who have workability but cannot enter the competitive labour market'. In addition to the Community Employment Services scheme, voluntary organisations may apply for subsidies from the local *PMDPE Funds*. As I have discussed in Chapter Six, programmes relying on the funding from the *PMDPE Funds*, will also face the problem of regional inequality, the lack of financial stability, and so forth.

Comparing In-work Support Schemes in Sweden, Great Britain and Taiwan, we can see more differences than similarities. The differences are: First, in terms of the time of development, Great Britain is the first among the three countries. The 'supported employment' agencies started to grow from 1987; whereas both Sweden and Taiwan initiated the pilot supported employment programme in 1993. In 1995 it became a permanent programme in Taiwan and in 1998 in Sweden. Second, the Swedish scheme was initiated by the state, the supported employment services in Great Britain were developed by private agencies, and the Taiwanese scheme was initiated by an official with special concern for disabled people.

Third, the In-work Support Schemes of both Sweden and Great Britain set their target group as people with learning disabilities; whereas the Taiwanese scheme includes all registered disabled people. The report of the Community Employment Services in 1996 showed that among the disabled people who obtained employment through the public employment service centres, 53.2 percent had limb impairments and only 10 percent had learning disabilities, whereas 80.5 percent of disabled people who succeeded in gaining employment through the same scheme provided by voluntary organisations had learning disabilities (Lu-Der Retarded Centre 1996). Compared to other groups of disabled people, people with limb impairments are more likely to obtain and keep employment without long-term support (MOI 1996). Therefore, although taking the idea of in-work support into account, the public employment service centres seem to have a limited

function in providing ongoing support for disabled people who need long-term support at work, such as persons with learning disabilities.

Fourth, in terms of programme duration, only Sweden sets limitations. Therefore, although the Swedish state has a strong role in developing and providing in-work support for disabled people, the scheme is the most restricted in providing support according to each disabled person's needs, due to the limited duration of support. Sweden was also the slowest in developing the In-work Support Scheme among the three countries. Why? A possible explanation is that Sweden has itself developed various labour market programmes and thus it is slow in learning new programmes from other countries.

Finally, Great Britain's rule on earning limit for disabled people living in supported accommodation such as residential group homes, which limit the functions of the In-work Support Scheme for this group, should be noted. There is no such limit either in Sweden or in Taiwan. The limit shows the contradictory double standards in Great Britain -- the emphasis of work ethic for non-disabled people, and the enforced dependency for some disabled people.

8.2 Work Adaptation

Work Adaptation refers to measures such as the adjustment of work time, procedure, equipment, places, and so on. It could also refer to the provision of work assistants such as sign language interpreter, proof-reader, facilitator, and so forth. It may also refer to personal assistants such as help with toileting. In Sweden, Work Adaptation includes the former two types, namely, work adjustment and work assistants. In Great Britain, all three types of work adaptation may be included, depending on the local employment services. In Taiwan, work adaptation includes only work adjustments. An important distinction between adjusting the work and work environment, and the provision of technical aids for the disabled person, has to be noted. If the measure focuses only on providing technical aids but with no adjustment of the work and workplace, it should not be considered as an example of the Work Adaptation type of measure, for the underlying assumption is that the disabled person, rather than the environment, has to be changed.

In Sweden, the provisions of Work Adaptation started in 1987. Grants for occupational aids (which includes 'technical aids' and 'personal aids') can be given to the

employers or the disabled person. The kinds of provisions included in the grant are adaptation to premises, entrances, communications, provision for technical aids and grants for a work assistant. The grant for both 'technical aids' and 'personal aids' is up to 50,000 SEK (Karlsson 1998). In other words, 100,000 SEK (equivalent to around 8,700 GBP) in total will be the maximum for providing both types of aids, if the employer and the disabled person both receive the grant. For those who are already employed, the grant for occupational aids will be paid by the social insurance offices. For disabled job-seekers, the funding for the occupational aids comes from the National Labour Market Board.

In Great Britain, the Access to Work (ATW) scheme started in 1994. According to a document provided by one official at the *DfEE*, the ATW can pay for special aids and equipment, adaptations to premises or existing environment, help with fares to work, communicator support for deaf people at interviews, personal readers for visually impaired people, and help from support workers such as carer, driver, jobcoach, advocate, job-aide, counsellor, travel buddy communicator/notetaker, personal reader/helper and job designer (Email Contact Note EGB1). For unemployed people starting a job and people changing jobs, the programme will pay 100 percent of all approved costs. For employed people who have been with the employer for six weeks or longer, Access to Work does not make any contribution to costs below GBP 300. Above this sum, the programme will pay 80 percent of the costs up to GBP 10,000 and 100 percent of the costs above GBP 10,000. For self-employed people who have been self-employed for six weeks or longer, Access to Work does not make any contribution to costs below GBP 100. Above this sum, the programme will pay 90 percent of the costs up to GBP 10,000 and 100 percent of the costs above GBP 10,000 (Employers' Forum on Disability 1999). Research shows that the extent to which the ATW can cover personal assistance varies between different local employment services (Joseph Rowntree Foundation 1998). The *DfEE* has an annual budget for the provision of the ATW scheme.

In Taiwan, the Job Redesign scheme started in 1994. Grants were given to employers for adapting (or redesigning) the work for their disabled employees -- the adjustment of working hours, work environment, work procedure, work equipment, and so forth. The maximum grant an employer can get is NT\$ 200,000. It is funded by the EVTA.

In addition to the Job Redesign scheme, the *PMDPPL 1997* stated that the Labour Authority should provide 'assistance equipment' for the employment of disabled people.

According to the *Physically and Mentally Disabled People Employment Assistance Equipment Regulation 1998*, the funding sources for the employment assistance equipment include the *PMDPE Funds*, the Employment Fund for Blind and Visually Impaired People, and subsidies from the local governments. In the *Regulation 1998*, 'employment assistance equipment' is defined as 'the equipment for restoring, maintaining or enhancing the employment capacity of disabled people'. In my interviews with an official at the EVTA, and with a researcher at the National League for Disabled People, both of them said that the EVTA held a meeting in 1999, with disability organisations and some employers, with the aim to list the items of the 'employment assistance equipment'. However, no one who attended the meeting could propose what items the 'employment assistance equipment' should include. Therefore, the provisions for the 'employment assistance equipment', as stated in the *PMDPPL 1997*, have not been made (Interview Notes T2, T5).

In addition to the programmes outlined above, both Sweden and Great Britain had developed some other earlier schemes on work adaptation. Sweden attempted to force the employers to provide work adaptation for their disabled employees during the 1970s but did not succeed. Great Britain, on the other hand, had provided special technical equipment (the Special Aids to Employment scheme, SAE) for the employment of disabled people since 1944. I shall, in the following paragraphs, discuss these earlier attempts of Sweden and Great Britain on work adaptation. Taiwan did not have any earlier attempt on work adaptation before the Job Redesign scheme was initiated in 1994.

In Sweden, according to the *Promotion of Employment Act 1974*, companies with more than 50 employees are required to set up the 'adjustment groups', which are workplace teams being responsible for suggesting practical ways to modify the workplace for disabled employees and promoting positive attitudes towards disabled people. These adjustment groups consist of representatives of the local trade union, employer's representatives, and an official from the Employment Service (Söder 1984). Research showed that the adjustment groups were not holding meetings as they should do (see Söder 1984, p. 37).

Another scheme which attempted to force the employers to provide work adaptation for disabled people was based on the *Work Environment Act 1977*. This *Act* required that 'working conditions shall be adapted to people's differing physical and mental aptitudes'.

In addition, 'Technology, work organisation and job content shall be designed in such a way that the employee is not subjected to physical or mental strains which can lead to illness or accidents'. Furthermore, 'the employer shall ensure that a workplace included in his activity has a suitably organised scheme of job modification and rehabilitation for the discharge of the duties incumbent on him under this Act and under Chapter 22 of the *National Insurance Act*, 1962: 381) (Chapter 3, Section 2a) (See Lunt and Thornton 1993, p. 13). According to a survey carried out by Statistics Sweden in 1993, 43 percent of disabled people who have a job and are in need of occupational aids or some other workplace adaptation, stated that the employer had not taken measures to adapt the workplace (Karlsson 1998).

In addition, from 1989 to 1990, Parliament passed a law which required employers to pay 1.5 percent of the company's total wage sum to a Working Life Fund. This Fund aimed to help the employers to improve working environments and to provide rehabilitation measures. However, research showed that just over a fifth of grants were allocated to measures aimed at improving the physical environment (representing more traditional work environment measures), less than a fifth were for rehabilitation measures, and more than one half were for changes in work organisation such as changing from a Tayloristic, functional system to target-managed groups (Karlsson 1998, p. 73).

Why did the above three attempts to force or encourage the employers to provide work adaptation fail? A possible reason could be that Swedish labour market policies are mainly based on the co-operation between the state, the employers and the trade unions. Although the state has attempted to force employers to provide work adaptation for their disabled employees through enforcing laws, the policy could not be carried out because the mechanism for putting policies into practice has been one of co-operation rather than of a strong state enforcing power upon the employers. Therefore, there was no strong state power to enforce the above two laws. As for the Working Life Fund, perhaps the reason for its failure is that it is difficult to eliminate discrimination just by giving money to the employers – especially when the money can be used for other purposes as well.

In Great Britain, the SAE scheme was introduced according to the *DP(E)A 1944*. Technical equipment was on loan to a disabled person for a specified employment and was not the property of the disabled worker. The Department of Employment's evaluation report established that the SAE scheme had a very low profile (Department of Employment 1990). Research showed that in June 1992, only 5,633 disabled people

benefited from this scheme (Happel 1992, see Roulstone 1998, p.42). Roulstone (1998, p. 45) argued that the SAE scheme was based on the assumption that the disabled person is the problem being ameliorated, and not the social and attitude barriers. In the SAE Scheme, although special equipment was provided, the work itself and the work environment was not adapted. The Access to Work Scheme which replaced the SAE Scheme in 1994, in contrast, adapts work – there is a shift from focusing on the individuals' problems, towards recognising the environmental barriers as contributing to disability.

8.3 Anti-discrimination Legislation

Unlike other labour market measures, anti-discrimination legislation does not define the 'provisions' for disabled people, instead, it defines the 'prohibitions' on discrimination in the labour market. A few Anglo-Saxon countries have adopted this approach, including the United States (*Americans with Disabilities Act 1990*); Australia (*Disability Discrimination Act 1992*); and New Zealand (*Human Rights Act 1993*). In addition, Canada has prohibited disability discrimination in its human rights codes (Doyle 1996, p 2) Therefore, from a global perspective, the anti-discrimination legislation on disability is quite a recent development, compared to other labour market measures for disabled people

In this section, first I will discuss the advantages and limitations of the anti-discrimination legislation Then I will compare the contents and the mechanisms of this legislation on disability in Sweden and Great Britain. Furthermore, I will try to analyse why Sweden and Great Britain adopted the anti-discrimination legislation and why they differ in their approaches to establishing this measure. I will also discuss why Taiwan does not have anti-discrimination legislation for disabled people.

The Advantages and Limitations of the Anti-discrimination Legislation

The advantages of the anti-discrimination legislation have been well-documented by several researchers (Oliver and Barnes 1992; Gooding 1994; Zarb 1995). To summarise, the advantages include at least the following: First, anti-discrimination legislation safeguards the well-being of disabled people via the legal tool. Disabled people do not

have to rely on the state provisions which may be compromised by other factors. Scotch (1984), for example, stated: 'Reducing benefits may be legitimate, while violating rights is not.' (see Gooding 1994, p. 43). Similarly, Zarb (1995, p. 72) argued:

'this acts as a counter to any reluctance on the state's part to enforce the law...Disabled people's power to act on their own behalf, rather than being dependent on the state, is recognised and reinforced'

Second, anti-discrimination legislation places the problem on the society rather than the individual. Therefore, it asserts disabled people's self-identity, collective identity, and the empowerment of disabled people. For instance, Gooding (1994) argued:

'Rights discourse promotes the development of an individual's sense of self and a group's collective identity most powerfully through the process in which these rights are asserted. The acts of claiming a right is itself an assertion of moral self-worth (Gooding 1994, pp 44-45)

Similarly, Zarb (1995) stated:

'Articulating a common right to equal access has proved tremendously important for the individual and collective empowerment of disabled people' (p. 72).

Third, Oliver and Barnes (1992, p. 15) stated that anti-discrimination legislation addresses institutional discrimination in many ways. They argued:

'Institutional discrimination can be addressed only by changing organisational, social and individual behaviour – and this requires legal prescription.. Anti-discrimination legislation can address institutional discrimination in a number of ways. First, it can send out a clear message to society that discrimination is unacceptable. Second, it can accord disabled people equal treatment with other groups who experience discrimination. Third, it can offer disabled people redress against those who failed to remove disabling barriers or adapt restrictive environments. Finally it can force the pace of change towards forms of welfare provision which are no longer discriminatory, but instead the truly enabling'.

Despite the advantages mentioned above, the main limitations/challenges of this measure is its capacity for bringing about change. For example, Gooding (1994, p. 53) suggested that the limitation of anti-discrimination legislation in removing barriers which takes a long time and huge expense. She argued:

'Where removing barriers is a long-term change, entailing significant expense (such as rendering buildings accessible), these types of structural alterations are the least likely

to be achieved by anti-discrimination legislation (whether of the disparate impact or the reasonable accommodation variety), since courts will be reluctant to impose such high costs on 'innocent employers'. Unless the number of affected employees is great, and the employer has substantial resources, individual balancing of their competing interests, such as will inevitably occur within the anti-discrimination framework, is bound to result in the employer's favour'.

Therefore, Gooding (1994) proposed that the state should meet the cost of removing environmental barriers.

In addition, Ross and Schneider (1992, p. 3) argued that anti-discrimination legislation encourages a minimalist approach and thus is 'ineffective as a change agent'. Furthermore, the conditions which make anti-discrimination legislation enforceable are, as Lustgarten and Edwards (1992) have pointed out, that either the protected party has to invoke the legal processes or the penalties have to be severe enough to stop risk of violation of the law. Finally, Lonsdale (1990, pp. 118-119) argues that anti-discrimination legislation does not guarantee one's right to employment. She stated: 'Simply outlawing discrimination does not necessarily ensure that people will be treated fairly or that they will always be able to claim redress under the law'. Therefore, she proposed that policies which recognise and rectify that particular groups of people are more disadvantaged in the society, should be adopted along with anti-discrimination legislation

In summary, the main advantage of the anti-discrimination legislation, for the employment of disabled people, is its focus on eliminating social barriers. Its major limitations, however, are regarding the cost of structural alterations and the groups of disabled people who can benefit from this approach.

The Contents and Mechanisms of Anti-discrimination Legislation

Both Sweden and Great Britain have enacted anti-discrimination legislation to prohibit discrimination against disabled people; whereas Taiwan has not enacted such a law. In Taiwan, The *PMDPPL 1997* stated that employers should ensure their disabled employees receive equal pay for equal work. Employers who violate this will be fined. In the *Employment Service Law 1992*, it is stated that employers should not discriminate against people due to their race, class, language, thought, religion, political party, place of birth, gender, appearance, five senses, disability and past trade union membership.

Violation of this will be fined. According to this law, an Employment Discrimination Tribunal should be set up in each city or county.

Although discrimination against disabled people is prohibited according to the above laws, there was no clear definition of 'discrimination'. Nor is there an effective mechanism to carry out the laws. According to Jiao (1998, p. 42), the first Employment Discrimination Tribunal was set up in Taipei County Council in 1995. It was composed of 15 representatives from the government, the trade unions, the employers' association, and experts. It should be noted that there is no disabled representative, nor is there a representative from disability organisations, in this Employment Discrimination Tribunal. There is not a clear standard procedure for dealing with discriminatory cases. In addition, the fines are not severe enough to deter discrimination. The fines range according to the *Employment Service Law* which vary between NT\$ 3,000 and NT\$ 30,000 (Jiao 1998, p. 42)

Since Taiwan has not enacted anti-discrimination legislation and has not established an enforcing mechanism for implementing the anti-discriminatory policy, I will in the following only compare the contents of the anti-discrimination legislation in Sweden and Great Britain.

The similarities between the Swedish and British anti-discrimination legislation for disabled people include 1) That both laws adopt a 'functional limitation' view of disability 2) All employment areas, including recruitment, the terms of employment, the dismissal of employees, and arrangements relating to promotion, transfers, training and the provision of other benefits afforded to employees -- are covered by both laws. 3) Both direct and indirect discrimination are covered by the two laws. 4) Both require employers to provide reasonable adjustment. 5) Both financial damages and injuries to feelings can be considered in calculating the compensation. 6) Both laws allow discrimination as long as it can be 'justified'. Finally, in terms of the mechanism for implementing the anti-discrimination legislation for disabled people, the Handicap Ombudsman in Sweden and the Disability Rights Commission in Great Britain have similar functions and both have the right to bring a lawsuit on behalf of a disabled person.

The differences between the Swedish and the British anti-discrimination legislation for disabled people include: 1) Regarding areas covered by the law, the Swedish *Law Against Employment Discrimination of People with Functional Impairments 1999* covers only the employment field; whereas the *Disability Discrimination Act 1995* in

Great Britain covers employment; access to goods, facilities and services; and the management, buying, or renting of land or property.

2) With regard to the definition of disability, although both laws view disability as having functional limitations regarding the individual, two main differences can be identified. The *Law Against Employment Discrimination of People with Functional Impairments* in Sweden defines disability as 'a lasting physical, mental or learning limitation of a person's ability to function, which has been present from birth due to injury or illness, or developed later, or can be expected to develop' (translation made by Professor Eskil Wadensjö; Email Contact Note ES4). On the other hand, the *DDA* in Great Britain defines a disabled person as someone who 'has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities'. Unlike the British definition, the Swedish definition of disability places no time limit on the period over which the disability lasts, or is likely to last. In addition, the British definition includes past disabilities; whereas the Swedish definition does not (according to a reply from the Office of Handicap Ombudsmen, translated by Professor Eskil Wadensjö, Email Contact s ES4).

3) In terms of coverage, the Swedish legislation applies to all employers regardless of the size of the enterprise (Email Contact Note ES4); whereas the *DDA* applies to all employers with 20 or more employees (changed to 15 since 1, 12, 1998). 4) In terms of factors to be considered regarding the meaning of 'reasonable' accommodation, the Swedish legislation does not specify clearly. Nevertheless, the Parliamentary Committee's proposal of the legislation (SOU 1997: 176, p. 17) stated:

'In determining what is reasonable to require from an employer, various factors should be taken into account such as the cost of the measure, the expected effects, other types of inconvenience for the employer and the expected length of the employment'

According to the British *DDA*, discrimination is justified only if 'the reason for it is both material to the circumstances of the particular case and substantial'. The Employment Code of Practice states that the justification defence 'means that the reason has to relate to the individual circumstances in question and not just be trivial or minor'. There is no clear definition of the factors to be considered in defending 'justification' of discrimination. In an official booklet for the employers called 'What Employers Need to

Know', it stated, however, that:

'A number of factors have a bearing on whether a particular adjustment might be a reasonable one: effectiveness of the adjustment; the practicality of the adjustment; the financial and other costs of the adjustment and the extent of any disruption caused' (Disability on the Agenda 1996, pp. 12-13).

Finally, with regard to the mechanism for implementing the anti-discrimination legislation, the main difference between the Handicap Ombudsman in Sweden and the Disability Rights Commission in Great Britain is that the former is under the administration of the government (the Ministry of Health and Social Affairs); whereas the latter is not under the government administration and is responsible directly to the Secretary of State. In other words, the latter has more independence.

From the similarities outlined above, it should be noted that although the anti-discrimination legislation in both Sweden and Great Britain aims to remove social barriers, it is based on the individualised model of disability, which sees disability as an individual's 'functional limitation'. To bring the case to the tribunal or the court, the disabled person has to 'prove' that s/he has 'functional limitations'. Corker (1998) compared the anti-discrimination legislation for sex and race in Great Britain and highlighted the problem of 'burden to prove' (p. 117):

'Comparing the DDA with other anti-discrimination legislation...Unlike the Sex Discrimination Acts 1975 and 1986 (SDA), which does not require the complainant to prove their sex or gender, or the Race Relations Act 1976 (RRA), which has a very broad definition of 'race' which is not the subject of special guidance for clarification purposes, the deaf person does have to prove that they are deaf especially if they wear hearing aids, the way they describe their deafness does have to match the legal definition, and they do have to demonstrate that their deafness has 'a substantial adverse effect on day-to-day activities'.

Similarly, Sir John Hannam commented in Parliament:

'To claim the right to fair and equal treatment, a person will first have to convince an employer or a court how incapable he is, that contradicts the real message of the Bill, which should be to promote an understanding of the abilities of disabled people. It is also at odds with the dignity and respect that disabled people have the right to expect from a law aimed at ending discrimination against them' (HC Deb (20 March - 5 April 1995) 254, Col 881)

Furthermore, it should be noted that in both countries, although discrimination is prohibited, there is room for the employers to 'justify' their discrimination, and the

factors considered regarding the meaning of 'reasonable' accommodation are biased towards the employers' interests. Therefore, in both countries, although to some extent disabled people's rights will be safeguarded through the anti-discrimination legislation, the law itself is reinforcing oppression towards disabled people.

The differences between Sweden and Great Britain in terms of their definitions of disability in the anti-discrimination legislation have some significant meaning. First, like other labour market policies, Sweden aims to define disability in a broad way in order to include as many disabled people under legal protection as possible. For example, in explaining the definition of disability in the *Law Against Employment Discrimination of People with Functional Impairments 1999*, in an email reply the Office of Handicap Ombudsmen stated 'The government maintains that the definition of the disabled should be broad in order to encompass many kinds of disability' (translation made by Professor Eskil Wadensjö, Email Contact Note ES4). Therefore, unlike the British *DDA*, there is no statement regarding the duration of the impairments in the Swedish definition. Nevertheless, it should be noted that the British definition includes past disabilities but the Swedish one does not. This shows that the former is not merely based on an individualised view of disability but also taking social factors, such as victimising people who had disabilities in the past, into account. Whereas the latter is based on an individualised and medicalised view of disability. This highlights the importance of the ideology of disability behind social policies. Although Sweden attempts to be as inclusive as possible in its definition of disability, it is restricted due to the individualised definition of disability upon which its anti-discrimination legislation is based.

Furthermore, the *Law Against Employment Discrimination of People with Functional Impairments 1999* in Sweden only covers the employment field but not other fields; whereas the fields covered by the *DDA 1995* in Great Britain are slightly more. Why? Also, why is the Handicap Ombudsman in Sweden established under the government rather than being an independent non-government body? To answer these questions, it requires an examination of the social backgrounds of both the *Law Against Employment Discrimination of People with Functional Impairments 1999* in Sweden and the *DDA 1995* in Great Britain.

Why Anti-discrimination Legislation (and Why Not)?

Sweden

A big difference between Sweden and Great Britain with regard to the background of the anti-discrimination legislation is that, in Sweden, the disability movement was suspicious of the advantage of the anti-discrimination legislation approach; whereas in Great Britain, the disability movement viewed anti-discrimination legislation as essential in empowering disabled people. Why, then, did Sweden enact the *Law Against Employment Discrimination of People with Functional Impairments 1999*? How was it put on the political agenda? My interviews with several government officials, disability organisations and the Independent Living Organisation reveal that the enactment of this *Law* owed much to the influence of the existence of the anti-discrimination legislation in other countries such as the US

The initiation of the discussion on enacting anti-discrimination legislation was made by the Independent Living Organisation, which, according to the chairperson, does not define itself as a disability organisation. The chairperson of the Independent Living Organisation described the initiation of the discussion:

'In 1989 there was a meeting initiated by the Independent Living Movement about anti-discrimination legislation. Representatives from the Handicap Institute, the 1989 Parliament commission and DPI participated in this meeting. It was a meeting of 30 to 40 people. American *ADA* and Canadian legislation were talked about. Later when the commission was working on the proposal of anti-discrimination legislation, Independent Living movement was not invited' (Interview Note S14).

The then chairperson of the *Swedish Cooperative Organisation of Disabled People* from 1991 to 1997, described the reaction of the disability movement towards introducing an anti-discrimination legislation in Sweden:

'People from disability movement talked about it many years ago. But the strongest debate comes from the Independent Living Movement. In the beginning of the discussion, disability movement was not very interested because Swedish way of life is that we belong to the organisations. We view the society as a whole. Because the disability movement thought that anti-discrimination legislation is not the Swedish way of working. Because we have our welfare systems and our democratic parties, to have an anti-discrimination legislation is an American way of getting your rights. In Sweden, you have welfare rights. If you are disappointed, you go to your political parties and you change the system. You don't go to the court with your problem. That's why it takes so long time that the members of disability movement started to

think that this is a good way even for Sweden... Interest has been low in the political systems and disability movement until in the beginning of the 1990s. Even until now, there has only been a very small group of people who are talking about this. Members in the disability movement are not so interested... only a very small group of people talk about anti-discrimination legislation. It is not an issue. There is no debate on this. Most people talk about getting benefits. They don't talk about discrimination as a problem' (Interview Note S9).

Although as the above informant said, there was a lack of interest in the political parties and in the disability organisations, the Swedish government's quick and effective response towards this issue is impressive. The Commission 1989 made an investigation into this issue and proposed anti-discrimination legislation. Investigations of the enactment of the anti-discrimination legislation were also made by government officials at the *Ministry of Labour*. Later a member of parliament, Mr Hans Karlsson was appointed to chair a commission, with a group of experts from the trade unions, employers' organisations, the disability organisations, the government officials, et cetera, to investigate and propose anti-discrimination legislation. An official who was working in the Ministry of Labour described the government's efforts:

'Yes I don't think if there hasn't been *ADA* we would have it. Swedes are very conceited We think we are the best in the world. We just couldn't take it that Americans are better When the Commission 1989 came up with anti-discrimination legislation in 1991, Conservative Parties were in power. They did not accept this proposal In 1994, the Social Democratic Party came back. In 1996, I and another colleague came up with a proposal in the Ministry of Labour. In that proposal, we said that discrimination should be 'willingly and knowingly' so it was difficult to work because it is difficult to prove whether the employer was 'willingly' or 'knowingly'. So it was not accepted In 1996, Mr Hans Karlsson started the investigation' (Interview Note S2)

The proposal (SOU 1997.176) of the Commission chaired by Mr Hans Karlsson was sent to Parliament and later passed as the *Law Against Employment Discrimination of People with Functional Impairments 1999*. On the parliament side, efforts had also been made to promote the enactment of the anti-discrimination legislation for disabled people. A member of parliament stated.

'We don't have an anti-discrimination legislation tradition. We have many policies for individuals but not a general law prohibiting discrimination. After American *ADA 1990*, many of us had been to USA. We had a proposition from Parliament to the government. Many of us signed. We asked the government to change the ground of the legislation. We need a general law. So I think it's coming' (Interview Note S16).

Therefore, the success of the enactment of the *Law Against Employment Discrimination of People with Functional Impairments 1999* was due to several factors: the initiation of the Independent Living Movement, the effective response of the Swedish government, the efforts from a small group of disabled people and some members of parliament. An important factor which contributed to the effective response from the Swedish government, however, could be the Swedish policy-making tradition of forming a commission to investigate issues raised by the different interest groups. Nevertheless, perhaps a deeper force which drove the Social Democratic government's efforts in investigating the issue and enacting the *Law*, is the struggle to maintain its world-best fame. Paradoxically, however, there is the difficulty of incorporating the anti-discrimination legislation into the Swedish welfare state which is based mainly on state provisions, rather than state interventions in the market. The focus on state welfare provisions, which makes it difficult for Sweden to incorporate the anti-discrimination legislation in its welfare system, has been expressed by a former chairperson of the *HSO* and a member of parliament, as quoted earlier. Anti-discrimination legislation, therefore, as the under-secretary of the *Ministry of Health and Social Affairs* stated, 'is not natural in Sweden' (Interview Note S6). She admitted:

'We have the philosophy that if we make the society accessible and if we take measures that everybody could take part in the society like others, it would be unnecessary to have anti-discrimination legislation. But it's difficult to put it into practice'

Furthermore, in explaining why the proposal of the anti-discrimination legislation for disabled only covers the employment field, the chairperson of the Independent Living Movement elaborated further:

'Anti-discrimination legislation is *foreign* to Sweden. Since the 1940s and 1950s 'people's home' ideology, Sweden has been a country which relies very much on patriarchal protection by the government. 'People's home' does not see the conflicts in groups Therefore it is pragmatic to start piece by piece' (Interview Note S14).

Thus, the Swedish Social Democratic welfare tradition seems to be an obstacle for enacting a comprehensive civil rights law which gives disabled people rights in employment and in other fields of social life such as goods and services, education, and so forth. This can also be seen in the policy-making process of the *Act on Equality*

Between Men and Women in Working Life 1980 which prohibits sex discrimination in employment. For example, Xu (1997, pp. 31-32) analysed the resistance to enact an anti-discrimination legislation on the ground of sex:

'Sweden has had a long tradition for its advanced system of collective agreements and negotiations between the labour market parties... State anti-discrimination legislation, on the other hand, was perceived as a threat to the power of labour market parties. It was feared that the ban on discrimination and encroachment upon the social partners' rights as regards staffing, wages and management, thus imposing the risk of undercutting the collective bargaining systems which had contributed to the powerful position of the trade union movement'.

Therefore, the enactment of the above *Act*, was found to owe mainly to the efforts made by the Liberals and the Centre Party (Xu 1997, p. 32).

On the other hand, however, an official at the Handicap Ombudsman highlighted the role of the legislative tradition in anti-discrimination in Sweden as well as the role of the disability movement. In answering the question of why the proposal of the anti-discrimination legislation was in the employment field only, the official stated:

'It's the tradition. Because the ombudsmen for gender and for race are only in labour market. We have a penal code which prohibits discrimination according to sex, race, and sexual orientation in business. We have a proposal to include disability... It's easier to start with small steps. American *ADA*'s social cost is too big. We don't have such a militant disability movement. There is not such a big pressure for such legislation' (Interview Note S1)

The Swedish welfare tradition, the existing legislative approach towards discrimination on gender and race issues, and the disability movement which is not enthusiastic about enacting an anti-discrimination legislation -- all these factors do not only limit the fields covered by the *Law Against Employment Discrimination of People with Functional Impairments 1999*, but also limit the nature and the functions of the *Law*. For example, the member of parliament who drafted the proposal for the *Law*, stated:

'It is a labour law, not civil law. It aims to complement the Work Environment Act... We hope to solve the employment problems of disabled people through unions, employers, and local employment offices. We hope that we don't need to use this law so often' (Interview Note S17).

The factors outlined above also contribute to the fact that the Handicap Ombudsmen is established under the government rather than being an independent body. For example,

an official at the Handicap Ombudsman stated:

'It is responsible to the government, not the parliament. It is under Ministry of Health and Social Affairs. Therefore it is dependent on the government. Its credibility is limited. We see this as a restriction for giving the government pressure. The ombudsman for gender, race, and disability are all under the government. We are supposed to monitor anti-discrimination legislation of the labour market and litigate, but that's not our tradition. This is also an explanation of why these ombudsmen have not got an independent role as they are expected to have. By tradition Sweden tries to solve all problems in negotiations between the unions and employers. We haven't been so much for litigation. We don't have the tradition of civil rights. We have more base on policy rights, that the state/ trade unions/ employers take care of the problems of the individual, not so much individual solutions' (Interview Note S1).

My hypothesis on the Swedish approach is based on the view that the Social Democratic welfare model will tend to adopt the most inclusive measures to include disabled people in the labour market. From the analysis above, we could see that this hypothesis is not valid if we look at the anti-discrimination legislation for disabled people. The welfare tradition itself, becomes an obstacle for enacting the anti-discrimination legislation. Besides, factors such as the Swedish pride, the influence of the anti-discrimination legislation in other countries, and the role of the Independent Living Movement, all have to be considered in explaining the development of the anti-discrimination legislation for disabled people in Sweden.

Great Britain

It is hard to predict and explain why Great Britain which has a Liberal-collectivist welfare tradition, has enacted the *DDA 1995*. To understand why, two factors should be highlighted the legislative framework and the role of the disability movement. The failure of the common law tradition to ensure equal rights of women, different ethnic groups and disabled people has been discussed by several researchers (O'Donovan and Szyszczak 1988, Bynoe et al. 1992). They suggested that this failure highlighted the importance of statutory measures in order to guarantee equal rights for these groups. For example, O'Donovan and Szyszczak (1988, p. 25) stated:

'At common law the notion of freedom of contract, which reached its fullest development in the nineteenth century, has been said to include freedom to discriminate... Common law provides no remedy for the person who wishes to

complain of discrimination on grounds of race, sex or some other ascriptive quality...Thus, when race and sex discrimination were perceived as wrong, it was generally believed that legislation to make certain forms of discrimination unlawful, and to provide remedies for the victims, was the answer'.

They suggest further: 'This has also been the case in other common law jurisdictions such as the United States, Canada, Australia and New Zealand. Interestingly, the United States, Canada, Australia and New Zealand are the earliest countries in the world which have developed anti-discrimination legislation for disabled people. If the failure of the common law legislative framework provides a structural possibility for the enactment of anti-discrimination legislation, what, then, promoted the enactment of such laws? In the case of the *DDA 1995*, there was the long-term advocacy of the disability movement for a comprehensive human right legislation and a long battle in the Parliament.

Disability organisations and disability researchers have documented very well the evidence of discrimination against disabled people (see Barnes 1991). On the government side, however, there has been a resistance to enact such a law. The earliest attempt which called for the introduction of anti-discrimination legislation was made by MIND in 1978 through a letter to the then Labour Government's Employment Secretary, presenting 40 case histories of discrimination. The response from the government, however, was a doubt about the existence of discrimination and the function of anti-discrimination legislation (Byaoc et al 1992, p. 49).

The first government committee for the investigation of the issue of discrimination against disabled people was formed in 1979, which resulted in a report calling for the enactment of anti-discrimination legislation for disabled people. However, despite the recognition of the existence of discrimination, education and persuasion were still seen by the government as the favourable strategies to change employers' attitudes (Byaoc et al 1992, p. 50). In 1981, the *Manpower Services Commission* reviewed the *DP(E)A 1944* and proposed that equal opportunity legislation be introduced to replace the *DP(E)A*. Employers' organisations were generally against statutory standards of good practice, but in 1984 agreed with the MSC and the TUC to the terms of a voluntary Code of Practice (Byaoc et al. 1992, p. 51). Since 1982, thirteen Private Member Bills have been introduced into Parliament and all have failed because of Government obstruction (Massie 1994, pp. 9-10). From 1984, voluntary organisations of and for disabled people have formed a committee known as VOADL (Voluntary Organisations

for Anti-Discrimination Legislation) which has, when the opportunity has arisen, pressed for the introduction of such law (Byaog et al. 1992, p. 59). Nevertheless, Government has preferred the voluntary approach which focuses on persuading the employers to adopt 'good practices', rather than enacting anti-discrimination legislation (Jim Conway Foundation 1993, p. 147). For instance, in the Consultation paper on the employment of disabled people published in 1990, the Department of Employment stated:

'An anti-discrimination law would be complex to draft and uncertain in its application. There is a danger that faced with a law uncertain in its application, employers would become more reluctant to hire people with disabilities. The relationship of people with disabilities with employers might be damaged and the task of persuasion made harder. Some kind of enforcement agency (perhaps like the Commission for Racial Equality) would probably be needed involving substantial cost. Anti-discrimination legislation, therefore, is unlikely to be effective in achieving policy objectives and might be counter productive by making a constructive approach by employers less likely' (Department of Employment 1990, p. 39).

In the Parliament, after the Private Member Bill, the *Civil Rights (Disabled Persons) Bill*, which was supported by disabled people, and which received all-party support in Committee, had passed the Second Reading, the Conservative members tabled 80 amendments and tried to 'talk out' the Bill (HC Deb (25 April - 6 May) 242, Col. 960). The then Minister for Social Security and Disabled People, Mr Nicholas Scott stated:

'There is no use imposing legislation on reluctant providers of services or employers. The work of persuasion, raising awareness and educating people about the needs of disabled people – and the abilities that they can bring to various parts of society – must be acknowledged' (HC Deb (23 April - 6 May 1994) 242, Col. 990).

Mr Scott opposed the *Bill* with the reason that employers had not been fully consulted. In addition, he provided an exaggerated Government cost assessment:

'... the compliance cost assessment shows that the up-front costs of introducing the Bill could be as high as 17 billion pounds, with on-going costs of one billion pounds a year' (HC Deb (25 April - 6 May 1994) 242, Col. 999).

He stated clearly that 'the Government cannot accept the Bill' (HC Deb (25 April - 6 May 1994) 242, Col. 1084). He also emphasised:

'I must say that the Government have made their position clear a number of times, most particularly when I wrote on 17 January this year to every hon. Member to express my reservations about comprehensive legislation in this area. I said that the

Government believed that the best way forward was through education, persuasion, the raising of awareness in society as a whole and, where necessary, targeted legislation' (HC Deb (25 April - 6 May 1994) 242, Col. 1087).

As a result, the *Civil Rights (Disabled Persons) Bill* failed to receive the Third Reading. Nevertheless, under the pressure of the Parliament and the protest of the disability movement, a consultative document was published later in 1994, and the White Paper, *Ending Discrimination Against Disabled People*, was published in 1995. The Government also proposed the *Disability Discrimination Bill*, which was the basis for the *DDA 1995*. In contrast to the *Civil Rights (Disabled Persons) Bill*, the *DDA 1995* adopts a restricted medicalised definition of disability, and has a much more limited scope. In addition, it lacks an enforcement agency. As Mr. Tom Clarke stated during the Second Reading of the *Disability Discrimination Bill*:

'The Government were under such enormous pressure that last July Ministers offered to open formal consultations. Whatever they were told by those whom they consulted, the Government were clearly intent on preventing another civil rights Bill coming before the House if they possibly could. That is why we have this half-hearted Bill before us today, which still leaves disabled people as second-class citizens (HC Deb (23 January - 3 February 1995) 253, Col. 158).

Therefore, although the *DDA* was finally enacted in 1995, it was criticised by the disability movement as 'oppressive' and 'an insult to disabled people' and that it should 'be replaced with anti-discrimination legislation set within a social and not a medical framework' (BCODP 1997). This 'half-hearted' legislation provides an individualised definition of disability; covers limited areas of social life; entails the idea of reasonable accommodation and imposes the burden of proof on disabled people, which are to the advantage of the employers, and created, in its early stage, a consultant body (The Disability Rights Task Force) for the government, rather than an enforcing body. Therefore, as Oliver (1999a) argues, the government's use of the idea of 'inclusion' is only rhetoric.

Taiwan

Unlike Sweden and Great Britain, Taiwan has not adopted anti-discrimination legislation for disabled people. This could be due to two reasons: First, Taiwan does not

see disability as an issue of discrimination. Rather, it sees disability as personal misfortune. Second, Taiwan does not have anti-discrimination legislation which prohibits discrimination on any grounds. It has been 10 years since the draft for the *Law on Work Equality for Both Sexes* was sent to the Legislative Yuan, but it has still not been put on the agenda and passed as a law. Although according to the *Constitution*, the *Physically and Mentally Disabled People Protection Law 1997*, and the *Employment Service Law 1992*, disabled people have equal rights and it is unlawful to discriminate against disabled people, there is no clear definition of what 'discrimination' means. As discussed earlier, neither is there an effective mechanism for implementing the law.

As discussed in Chapter Five, Taiwan's welfare development was initiated alongside the development of political democracy. Groups who traditionally were seen as family's responsibility to look after them, started asking for state protection. Nevertheless, as the state undergoes the transformation from a warfare to a welfare state, the traditional view of seeing groups such as women, the elderly, children and disabled people as dependants, persists. In addition, the KMT government had given economic development as a higher priority than welfare policies. Thus, the traditional value plus the reluctant state shaped the 'minority group' politics. The KMT government had developed paternalistic welfare policies for the 'disadvantaged groups' while emphasising the importance of family responsibility. The disability movement, on the other hand, also portray themselves as one of the 'disadvantaged groups' and does not challenge the medicalised definition of disability in a fundamental way. In this context, anti-discrimination legislation has not been seen as an issue or an option.

In contrast, both Sweden and Great Britain recognise the fact that disabled people are discriminated against, and both governments had done investigations into discrimination against disabled people. In addition, both of them had anti-discrimination legislation on the grounds of sex and race prior to the enactment of the anti-discrimination legislation for disabled people. For example, Sweden had the panel code that prohibits discrimination on the grounds of sex and race. It also had the *Act on Equality Between Men and Women in Working Life 1980*. There had been Ombudsmen for enforcing these laws. On the other hand, Great Britain had the *Equal Pay Act 1970*, the *Sex Discrimination Act 1975*, the *Sex Discrimination Act 1986*, the *Race Relations Act 1976*, and there had also been the Equal Opportunities Commission and the Commission for

Racial Equality to oversee these laws.

Thus, although since the enactment of the *Handicap Welfare (Amendment) Law 1990* and especially since the 1990s, more emphasis has been placed on eliminating environmental barriers and protecting the rights of disabled people, there is still a long way to go before Taiwan sees disability as a human rights issue.

8.4 Conclusion

This chapter has reviewed the developments of the three Type I measures in the three countries, as well as the advantages and limitations of these measures. Compared to Type II and Type III measures, the Type I measures discussed in this chapter were developed quite recently. First, in terms of the In-work Support Scheme, this was first developed in the US in the mid-1980s as an alternative to the segregated sheltered workshops and day centres. The purpose was to support disabled people so that they can maintain their jobs -- especially people with learning disabilities who tend to need support at work.

Among the three countries, Great Britain was the earliest in adopting the In-work Support Schemes. However, the initiation of these schemes was not made by the government but by private agencies and voluntary organisations. The funding comes mainly from the grants from the social authorities rather than the labour authorities. Instead of providing funding for the In-work Support Scheme, the labour authorities in Great Britain opted for putting money in the Pseudo Work Schemes (Type IV measures). Sweden and Taiwan both initiated a pilot In-work Support Scheme in 1993. It became a permanent scheme in Taiwan in 1995 and in Sweden in 1998.

The fact that Sweden is the slowest among the three countries to adopt the In-work Support Scheme could be understood when considering the various 'active labour market policies' available in Sweden for unemployed and disabled people. Sweden has been a leader in the field of social and labour policy, which many other countries would like to learn from. The influence of the advocacy for the enactment of an anti-discrimination legislation since 1989 and the influence of the *Americans with Disabilities Act 1990* of the US, may explain the beginning of Sweden's policy learning from other countries with regard to disability issues.

The reluctance of the labour authorities in Great Britain to adopt the In-work Support schemes reveal the government's reluctance in welfare provisions. As discussed, the British government preferred the voluntary approach with regard to the issue of the employment of disabled people. As the In-work Support Schemes emphasise long-term ongoing support for disabled people, it requires long-term commitment from the funding resources. This is, therefore, not the approach which the British Liberal-Collectivist welfare state is likely to take.

Taiwan has incorporated the idea of In-work Support in its employment services for disabled people since 1995. However, the state provisions are very limited in number. The In-work Support Schemes are provided mainly by voluntary organisations with or without grants from the local *PMDPE* Fund. Therefore, the ideology that disabled people's welfare has to rely on family or voluntary organisations reveal the Conservative welfare characteristics, whereas the reliance of the funding from the *PMDPE* Funds reveal the Liberal logic of reliance on the market in providing welfare to people.

With regard to the Work Adaptation schemes, Great Britain's definition of 'work adaptation' is the broadest among the three countries. It includes work adjustment, work assistance, and in some local employment services, personal assistance as well. Whereas in Sweden and in Taiwan, the idea of work adaptation includes only work adjustment and work assistance. Sweden had attempted to force employers to provide work adaptation for their disabled employees but had failed. Whereas Great Britain had gone through a major change from providing technical equipment on the basis of the individualised view of disability, to focusing on eliminating environmental barriers. Taiwan's attempt on providing work adaptation support started only since 1994. Before, there was no similar attempt.

In Sweden, although attempts had been made to force employers to provide work adaptation, it ended up going back to its old route, namely, providing strong state provision. This is because in Sweden, the mechanism in the development and implementation of labour market policies lies in co-operation and state provisions rather than state interventions in the market. The shift which Great Britain undergoes reveals an increasing emphasis on eliminating environmental barriers in the 1990s. This may owe much to the advocacy for the enactment of anti-discrimination legislation. Also, this development is not something we can predict from Great Britain's Liberal-Collectivist welfare tradition. Taiwan's initiation of the Work Adaptation Scheme was mainly due to

an official at the EVTA who had strong concern for disabled people. The provision of the technical equipment, however, is due to the enactment of the *PMDPPL 1997*, which puts even more emphasis on eliminating the environmental barriers than before.

With regard to Anti-discrimination Legislation, both Sweden and Great Britain have anti-discrimination legislation for disabled people; whereas Taiwan has not adopted this approach. The Social Democratic welfare tradition which is based on strong state provisions and co-operation, rather than state interventions in the market, explains why the legislative approach is seen as 'foreign' to Sweden. Therefore, although the definition of disability and the coverage of the employers seek to be as broad as possible, the fields covered and the functions of the *Law Against Employment Discrimination of People with Functional Impairments 1999* are limited. Whereas in Great Britain, the common law fails to ensure equal rights of some groups. The legislative approach then becomes an option. In addition, unlike the Swedish welfare state whose labour market policies are based on co-operation between the social partners, Great Britain's policy development in the area of anti-discrimination rely more on advocacy from the lobbying groups, such as women, ethnic minorities and disabled people. The government's ideology of minimal state intervention and the preference for a voluntary approach, explains why the Private Member Bill, the *Civil Rights (Disabled Persons) Bill 1994* was failed in the Parliament. Whereas the *DDA 1995*, which is based on a Bill proposed by the government, adopts an individualised definition of disability rather than the social model of disability which the disability movement has been advocating for. It also explains why education, transport and other aspects of social life are not covered by the *DDA*.

In Taiwan, the individualised and medicalised definition of disability combined with the Conservative welfare tradition which sees looking after disabled people as the family's responsibility, prevents the country from seeing disability as a human rights issue. The lack of anti-discrimination legislation on other grounds such as sex is also an important factor. In addition, unlike Great Britain, the disability movement has defined itself as a minority group and has focused its attention on asking for more state provisions of welfare for disabled people, rather than changing the view of disability from a medicalised and individualised perspective to a social perspective.

In the next chapter (Chapter Nine), I will proceed to analyse the developments of Type II, III and IV measures in the three countries and seek to explain their developments.

CHAPTER NINE INTEGRATION-SEEKING, SEGREGATED EMPLOYMENT AND PSEUDO WORK MEASURES

This chapter aims to analyse the Integration-seeking Measures (Type II), Segregated Employment Measures (Type III) and Pseudo Work Measures (Type IV) – their developments in the three countries and their advantages and limitations/challenges.

The Integration-seeking Measures include Job-begging programmes and the Quota Schemes. These two schemes are similar in that they both seek to integrate disabled people into the regular labour market. Different from Type I measures, these two integration-seeking measures have less potential for the inclusion of disabled people, as the emphasis is on physical integration only, rather than the equal rights of disabled people. The Segregated Employment Measures include Sheltered Workshops and Reserved Occupations. The Pseudo Work Measures include Samhall Staffing in Sweden, and Great Britain's Remploy Interwork and its local authorities' Sheltered Placement Schemes.

Sheltered Workshops provide an alternative to working in the general labour market for disabled people. Disabled people work in a sheltered and segregated environment where competition and market merits are not the main emphasis. Reserved Occupations, on the other hand, provide a segregated working situation in the labour market. Both kinds of Segregated Employment Measure seek to create 'a job' for disabled people. However, disabled people working in sheltered workshops and in reserved occupations miss out on some important rewards which jobs in the labour market normally provide, such as being able to interact with a wider variety of people, enhancing skills and learning new things, getting promotion, and so on. Both Sheltered Workshops and the Reserved Occupation Measures, see disabled people as having very little in the way of productive capacity and thus needing special protections. Neither the integration nor the inclusion of disabled people into the labour market can be reached through these two measures.

Like Sheltered Workshops and Reserved Occupations, Pseudo Work Measures do not promote either the integration or the inclusion of disabled people into the labour market. In the Pseudo Work Schemes, disabled people are employed by the sheltered workshops, local authorities or voluntary organisations, and work in the "host companies", namely,

companies where they work but who do not pay them. Therefore, disabled people do not have the equal terms, conditions, and rights which other employees in the companies enjoy, as they are not real employees. Thus, I call these 'Pseudo Work Measures'.

This chapter is composed of the following four sections:

- 9 1 Integration-seeking Measures
- 9 2 Segregated Employment Measures
- 9 3 Pseudo Work Measures
- 9 4 Conclusion

9.1 Integration-seeking Measures

Job-begging Programmes

Job-begging programmes seek to create job opportunities for disabled people through financial incentives. The fact that governments beg employers to give disabled people jobs – whatever jobs, as long as they are jobs – shows that the ideology behind this policy measure is an individualised view of disability. The assumption is that disabled people are less productive than non-disabled people and thus employers should be compensated or awarded for employing disabled people. Sweden, Great Britain, and Taiwan all have adopted Job-begging programmes for disabled people, namely: the Wage Subsidies Scheme in Sweden, the Job Introduction Scheme in Great Britain; and the grants for above-quota-rate employment of disabled people and for non-obligatory employment of disabled people in Taiwan.

The main advantages of the Job-begging Programmes are: Firstly, it is convenient in terms of administration. The government only has to give employers money which requires minimal administration. Both the money spent and the ensuing outcome are easy to quantify. Thus, from the administrative point of view, it is a convenient way of creating job opportunities for disabled people. In addition, for disabled people who do not need much support at work or provisions of work adaptation, Job-begging programmes may open up an opportunity for them to enter the labour market.

There are, however, some disadvantages and/or challenges, to these Job-begging Programmes. Firstly, the focus is on creating work opportunities rather than ensuring the quality of jobs. Disabled people may be physically integrated into the labour market, but

are still discriminated against. There is no emphasis on the adaptations of work and workplace or support at work. Nor is there any emphasis on equal rights at work, such as equal rights to training, promotion, benefits, and so on. Therefore, for disabled people who need much work adaptation and support, Job-begging Programmes may have a very limited function in creating job opportunities for them. In addition, as has been recognised by the Swedish government (SOU, 1992:52):

'when the employment situation deteriorates, there is a grave risk of employment offices having to offer higher subsidisation rates in order for hiring to materialise, and also having to pay wage subsidies for persons who would otherwise have obtained work in the regular labour market without any such support'.

Although having similar advantages and disadvantages/challenges as discussed above, a few differences between the Job-begging Programmes adopted by Sweden, Great Britain and Taiwan can be identified. First, the Swedish Wage Subsidies Scheme provides subsidies for the longest period of time. Subsidies for the employers can last for four years and with the possibility of being extended. The duration of the British Job Introduction Scheme is six weeks and can be extended to thirteen weeks. Whereas in Taiwan, the grants to the employers who are not obligated under the Quota Scheme, but who employ disabled people, can last for twelve months maximum. The difference in the duration of the respective programmes, shows that employment through Job-begging programmes is seen as a long-term option for disabled people in Sweden; a short-term employment creation for disabled people in Taiwan and one of even shorter duration in Great Britain. These differences can be explained by the Swedish strong state provisions, Taiwanese 'protection' ideology, and the reluctant state provisions of Great Britain.

Second, the three countries differ with regard to the amount of subsidies (grants) provided. The Wage Subsidies Scheme in Sweden may cover 80 percent of the wage and up to 100 percent of the wage in the case of severely disabled persons (European Commission 1995). In the Job Introduction Scheme in Great Britain, the grant is currently worth 75 pounds per week (DfEE 1999b). In Taiwan, employers who are obligated under the Quota Scheme and employ a disabled person, can receive a grant of NT\$ 5,000 (equivalent to around 100 British pounds) per month. If employers who are covered by the Quota scheme employ more than their obligatory quota rates, they can receive a grant of a half of the minimum wage (NT\$ 15,840, equivalent to around 316 British pounds) set by the government. Again, the Swedish programme is the most

generous one. The subsidy rate is decided through negotiations between the employer, employee, trade union representatives and the Employment Service (European Commission 1995). Therefore, in the Swedish scheme, disabled people are more likely to stay in employment through wage subsidies.

Third, it is important to remember that the Wage Subsidies Scheme has been one of the most important labour market programmes specifically designed for disabled people in Sweden. Whereas the Job Introduction Scheme in Great Britain and the grants for over-quota-rate employment and non-obligatory employment of disabled people in Taiwan, are not being adopted as one of the most important labour market programmes for disabled people in either country. Therefore, the scales of the scheme in the three countries are different. The Wage Subsidies Scheme in Sweden developed in 1980, from two earlier schemes – the Archive Work and the Semi-sheltered Employment – both subsidised employers for employing disabled people (Ginsburg 1983; Interview Note 2). As mentioned earlier, creating job opportunities for disabled people through wage subsidies has been one of the main approaches adopted by Sweden ever since. This is not the case in Great Britain or in Taiwan. Sweden's strong reliance on the Wage Subsidies Scheme as forming one of its main approaches in promoting employment of disabled people, should be paid special attention to, because it demonstrates that strong state provisions do not guarantee better equality. With strong state provision, the welfare state can still reinforce the ideology of disability which is based on an unequal view of disabled people – assuming disabled people in general as being less productive, regardless of the nature of work and workplace.

Quota Schemes

The Quota Scheme has often been referred to as one of the examples of the 'positive discrimination' measures because the selection criteria is an individual's membership to particular disadvantaged groups rather than her/his achievement or merit (Jewson and Mason 1987). In the case of disabled people, however, it should be born in mind that the Quota scheme developed during the First World War in Europe in order to compensate disabled ex-soldiers for serving their country in the war. Therefore, the target group of the European Quota schemes for disabled people, originally, was just for disabled ex-servicemen and not all disabled people.

Among the three countries, Sweden has not adopted the Quota Scheme for disabled people; whereas both Great Britain and Taiwan have adopted this measure. Unlike Great Britain, Sweden did not participate in the World Wars. Therefore, compensating ex-servicemen had never been an issue in Sweden. As mentioned in Chapter Six (Section 6.1), Swedish labour market programmes for disabled people developed alongside the mainstream labour market policies. Although Sweden has kept an eye on the developments in other countries, Sweden has chosen not to adopt the Quota Scheme for disabled people's employment. Great Britain initiated a voluntary quota scheme for disabled ex-soldiers during the First World War and also developed the Quota Scheme for disabled people (not only for disabled ex-servicemen) in 1944. Like Quota Schemes in other European countries, it is due to the war that the Quota Scheme for disabled people was first initiated. Taiwan had learned the experience from Japan while enacting the *Handicap Welfare Law 1980*. However, in this *Law*, the Quota Scheme was a voluntary one. From 1990 the Quota Scheme became compulsory, due to the strong influence of the disability movement while enacting the *Handicap Welfare (Amendment) Law 1990*.

In the following paragraphs, firstly I will analyse the emergence of the Quota Scheme for disabled people in Europe. Then I will compare the Quota Schemes of Great Britain and Taiwan. I will also discuss the advantages and disadvantages/challenges of the Quota Scheme. Furthermore, I will try to analyse why Sweden has opted not to adopt a Quota Scheme for disabled people.

According to Waddington (1995, p. 220), the Quota Scheme for disabled people originated from a proposal of a quota scheme for disabled ex-soldiers in 1920 in Brussels. This proposal was supported by a Committee of experts of the *ILO* in 1923. This Committee recommended countries to adopt Quota Schemes for disabled people and that a fine should be enforced for non-compliance. These recommendations formed the basis of the Quota Schemes in many European countries. Countries which adopted Quota Schemes in the early 1920s include Germany, Austria, Italy, Poland, and France. Therefore, for instance, the German Quota Scheme was originally only for war and industrially disabled people. From 1974 the Quota Scheme was extended to cover all severely disabled persons. Under this scheme, employers who fail to meet the quota obligations should pay a levy to promote rehabilitation and employment of severely disabled people. The German state also provides grants to employers who employ

disabled people of more than the obligated quota rate (Waddington 1995).

Unlike its European counterparts, Great Britain opted for the voluntary King's Roll Scheme, which was a voluntary scheme designed to encourage employers to employ a certain quota of disabled ex-servicemen. The compulsory Quota Scheme was established in 1944 mainly due to the efforts made by the then Minister of Labour, Ernest Bevin, and the public emotions towards war injured ex-soldiers. Also, behind these factors was the shortage of labour during the war which gave some disabled people the opportunity to work. The task of mobilising the nation's workforce was given to Ernest Bevin, a former trade-union leader, in 1940. In 1941, George Tomlinson, the Parliamentary Secretary to Ernest Bevin, chaired the Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons. The Committee proposed a report (known as the Tomlinson Report) in 1943 which was adopted for the most part into the *DP(E)A 1944* (Gregory 1982, pp 7-10). During the second reading of the *DP(E)A 1944* in the House of Commons, Tomlinson pointed out the importance of the war period in widening our view towards the working capacity of disabled people, due to the recruitment of disabled people into the labour market to solve the problem of the shortage of labour at that time (HC Deb (1943-1944), p 1266). Bevin emphasised that the King's Roll Scheme should have been made compulsory. A lot of MPs, however, highlighted their concerns for disabled ex-soldiers (HC Deb 395 (1943-1944), p. 1346).

The *DP(E)A 1944*, nevertheless, aimed to establish a long-term employment policy for all disabled people, rather than a short-term compensation to disabled ex-servicemen. In introducing the Bill in the Second Reading in the House of Commons, Tomlinson made the aim of the *Act* very clear (as I have mentioned earlier, see Chapter Five, p. 107). Thus, unlike the German Quota, the British Quota Scheme established in 1944, was targeted at all disabled people. However, this scheme did not set up a levy system. The Taiwanese Quota, on the other hand, had set up a levy system. In the following paragraphs, I will compare the Quota Schemes in Great Britain and in Taiwan in terms of their social backgrounds, the quota rate, their coverage, the levy system, their definitions of the entitlement of disabled people, and the implementation of the scheme.

First, unlike the British Quota Scheme, the Taiwanese scheme was not introduced right after the War. Instead, it was first established as a voluntary measure in 1980, provided by the *HWL*. As discussed in Chapter Six (p.130), the *HWL 1980* was only a political tool of the then KMT government to legitimise its political regime. There was

no political will to enact an enforceable law. The change in the political climate since the mid-1980s and the blossoming of the social movements, enhanced the capacities of disability organisations in influencing government policies. Under this background, the *HW(A)L 1990* transformed the voluntary provisions in the *HWL 1980* into enforceable measures. The Quota Scheme was then made compulsory. Therefore, if the main factor which promoted the introduction of the British Quota Scheme was the War, for Taiwan, it was the influence of the disability movement. The difference in the social backgrounds against which the Quota Scheme was developed in Great Britain and Taiwan, explains the difference in the implementation outcome of the Quota Schemes in the two countries. I will address this issue further later

The regulations concerning quotas differ between Great Britain and Taiwan mainly in two respects. First, the quota rate of the British scheme was 3 percent and only private employers with 20 or more employees are obligated for this quota employment. Whereas in Taiwan, government institutes, public schools, and public firms with more than 50 employees are required to employ 2 percent of their workforce as disabled workers; and private schools, organisations and firms with more than 100 employees are required to employ 1 percent of their workforce as disabled workers. In the *PMDPPL 1997*, it further added that severely disabled workers can be counted as two units in the quota employment. Second, there is a levy system in the Taiwanese scheme but not in Great Britain. In Taiwan, employers who fail to comply with the quota rate have to pay fines, which are accumulated into a local levy system called the *PMDPE Fund*. Whereas in Great Britain, employers may have to pay fines or may apply for permits for not fulfilling their quota obligations.

The Quota Schemes in Great Britain and Taiwan also differ with regard to their respective definition re disabled people who are entitled to quota employment. The former focuses on the work capacity of the disabled person defined by *DEAs* at the local Job Centres, the latter defines its entitlement according to the disability register which is based on medical examination and which distinguishes four levels of disability: minor, moderate, serious and very serious. People with either of the four levels of disability, however, are entitled to the Quota Scheme.

The implementation outcome of the Quota Schemes in Great Britain and Taiwan differ greatly. The British scheme had very poor implementation. It was recorded that the percentage of employers failing to fulfil their quota in Great Britain was 38.2 percent in

1960 and rose gradually each year to 81.1 percent in 1978 (*Hansard* 1979; see Disability Alliance 1980, Table 3). It was also found that from 1944 to 1995, there had been only 10 prosecutions for non-compliance, which resulted in a total fine of 434 pounds (Waddington 1995, p. 224). Seven out of these 10 prosecutions resulted in fines, the average of which is 62 pounds (Clarke 1994, p. 109). On the other hand, as I have described earlier on page 165, the implementation of the Quota Scheme in Taiwan is relatively impressive.

The poor implementation of the British Quota Scheme in contrast to the relatively good implementation of the Taiwanese scheme, has to be understood from the context of several differences existing between the two systems. First, the quota rates in Taiwan are slightly lower than that in Great Britain. Therefore, it is comparatively easier to reach the lower quota rate. Second, the registration system in Taiwan serves as the passport to all employment and welfare services of the government; whereas that of Great Britain is used as providing the entitlement to the Quota Scheme only. Thus, there are more incentives for disabled people to register in the Taiwanese system than in the British system. Third, the British Quota Scheme was initiated, as mentioned, mainly as a response to compensate disabled ex-servicemen. As the temporary social factor no longer existed, the lack of the political will of the British government in intervening into the labour market became clear. The British government's attempts to abolish the Quota Scheme have been well-documented (Edwards 1982; Lonsdale 1986; Barnes 1991; Floyd 1991). Whereas the Taiwanese Quota Scheme was made compulsory in 1990 due to the strong influence of the disability movement. The competition among different political parties also makes it difficult for the government to neglect issues related to minority groups. Besides, the levy system also provides the government with the incentive to enforce the scheme because more money will be available for funding the employment programmes for disabled people, if more non-compliance cases are taken to court. Furthermore, the differences in unemployment rates between the two countries may be significant in explaining their difference in Quota implementation. Comparatively speaking, in Taiwan the problem of unemployment is not as serious as that in Great Britain. Therefore, there will be more demand for labour and thus more jobs available in Taiwan than in Great Britain.

The Advantages and Disadvantages and/or Challenges of Quota Scheme

Like Job-begging programmes, the Quota Scheme can create opportunities for some disabled people to enter the labour market – especially the ones who do not need much support and adaptation and thus are more likely to get a job. For the Quota Scheme which has the levy system, there is the advantage of redistributing money from employers not complying with the quota obligations, to measures which promote employment of disabled people. In addition, if the Quota Scheme is used as a positive discrimination measure for certain disabled people such as those who need much long-term support at work, combined with other supporting measures for disabled people, it will be very helpful in terms of including disabled people in the labour market and in the society.

There are, however, several disadvantages/challenges of the Quota Scheme. First, like Job-begging programmes, it focuses on quantity rather than quality of the employment. Thus, it promotes physical integration but not necessarily real inclusion. Second, like Job-begging programmes, it assumes that disabled people are less productive and therefore require 'protective' legislation or measures such as the Quota Scheme. Third, in order to decide the entitlement to the quota, disabled people are required to register and accept the label of being 'disabled'. Fourth, if the Quota Scheme is used as the only, or as one of the few major labour market programmes for disabled people (like that in Great Britain before 1996 and in Taiwan so far), it could have negative impacts on many disabled people who do not need special treatment. Fifth, Waddington (1995) highlighted the problem of implementing Quota Schemes in a period of economic recession. When there are not enough jobs for everybody, employers will tend to choose to employ non-disabled people instead and violate the Quota rule.

Finally, the mechanism for implementing the scheme is a challenge. As mentioned, Quota Schemes for disabled people emerged as a measure during the early 1920s in order to compensate disabled ex-soldiers. Great Britain's Quota Scheme developed a little later but was still due to the effects of War. As discussed earlier, without a strong and continuing political will, it became difficult to enforce the scheme in Great Britain. Thus, there has to be a mechanism which can enforce the scheme. In Taiwan's case, the compulsory Quota Scheme has comparatively better implementation. This is mainly because its establishment was a result of the influence of the disability movement and the competitive political climate. In other words, the mechanism which promotes

implementation of the scheme is there. Nevertheless, as discussed, it should also be remembered that the implementation of the Taiwanese Quota Scheme is based on a labelling, individualised view of disability.

Why Does Sweden Opt for Not Adopting a Quota Scheme?

Sweden has rejected developing a Quota Scheme as a strategy for promoting employment of disabled people. Why does Sweden opt for not adopting a Quota Scheme while most other European countries have adopted this measure? Earlier I have mentioned that Sweden did not participate in the World Wars and thus providing compensation for disabled ex-soldiers has never been an issue in Sweden. However, if the Quota Scheme is still a commonly used measure even after several decades after the War, why does Sweden not adopt this measure – since Sweden has always adopted various types of active labour market policies? What is it so bad about the Quota Scheme that Sweden rejected it?

My interviews with Swedish government officials, Member of Parliament, the Disability Ombudsman and disability organisations found that there is a general preference for their own Swedish approaches. According to a former Member of Parliament and former chairperson of the *HSO*, the discussion regarding Quota Schemes started in early 1970s (Interview Note S10):

‘The discussion started in 1972. All people said we had to try other ways first. Still I think it’s not a good way. The problems of quota system are: First, who should be included in the register? How should we define who are disabled and who are not? Many people’s disabilities can’t be seen from appearance. Second, if you are able to do a job, you won’t feel happy that you get it because of quota. It’s another way of discrimination Third, we doubt the value of quota scheme to promoting disabled people’s employment Employers can count the employees they have already had as disabled Quota scheme was discussed in a lot of committees but disability organisations do not like quota scheme’.

Therefore, there has never been a Committee appointed specifically to look at Quota Schemes for disabled people, nor has there been a proposal for introducing the Quota Scheme for disabled people. An official at the Ministry of Labour said: ‘There has not been any special committee to investigate Quota, but in almost every big investigation about disability policies and labour market policies for disabled people, the question

comes up' (Interview Note S2). A Member of Parliament, who is also a consultant of the Minister of Labour regarding employment of disabled people, stated:

'We think that is *the last resort*. We have many other programmes. We are not very good in general system. But we have many specific policies. There hasn't been any proposal in the parliament. Only in discussions in the government commissions.'
(Interview Note S16).

An official at the Disability Ombudsman also expressed the common view of giving preference for Swedish approaches and seeing Quota Scheme as '*the last resort*' (Interview Note S1) He stated:

'There was big resistance from disabled people's organisations. There are also a lot of problems with quota scheme For example, they may give disabled people jobs but put them aside and no development. We think that quota scheme is *the last resort*. You only need it when you don't have any other solutions'.

Similar views also highlighted by the chairperson of the HSO: 'We have a system for positive support We try to make it easier for individuals to have a job' (Interview Note S10) An official at the Ministry of Labour explained the Swedish approach:

'With our labour market measures, we don't need quota scheme. We think these work better It works better to have incentives for employers. We don't put the stick to the employer that if you don't employ certain percentage of employers, we punish you. We say OK if you are prepared to employ this person, we can compensate in another way We can make it easier for you to hire him...if an employer does not want to employ somebody, we can't force people because that's not good for anybody, not good for the one who wants to be there either' (Interview Note S2).

In other words, Swedes prefer the 'positive' measures which are based on state provisions for individuals rather than the 'negative' measures which are based on state intervention into the labour market and which are perceived to have negative impacts on disabled people In addition to the general preference for the Swedish 'positive' approach, the disadvantages of Quota Scheme have been recognised by a Parliamentary Commission (SOU, 1992 52, p. 25):

'Quota systems would mean compelling employers to hire a certain proportion of employees with functional impairments. Experience of this type of arrangement in other countries has not been altogether encouraging, partly because it is difficult for small employers to be included in the system, with the result that many suitable job opportunities are lost. It is also the risk of negative attitudes towards persons obtaining jobs through a quota procedure. The Commission therefore believes that the

introduction of quota systems must only be considered as a secondary recourse. We are not completely foreign, however, to a renewed assessment of this possibility, adapted to Swedish conditions'.

Therefore, in contrast to both Great Britain and Taiwan, Sweden does not take the Quota Scheme as a preferable measure to promote the employment of disabled people. The Social Democratic welfare tradition which bases its decisions about labour market issues on co-operation between the state, employers and trade unions, leaves little room for state intervention measures such as Quota Schemes.

9.2 Segregated Employment Measures

The Sheltered Workshops Scheme

Sheltered Workshop Schemes were one of the oldest and the most traditional forms of providing disabled people an opportunity to work, being based on the view that disabled people do not have enough workability and therefore are unlikely to obtain employment in the competitive labour market. Thus, the purpose of sheltered workshops is to provide work that is not competitive. Each disabled person contributes as much as s/he could and is paid accordingly. To do this, the productive activities which the sheltered workshops engage in, will also be less competitive in the market, such as craft work. In addition, the funding for these sheltered workshops will have to come from sources other than the market, such as by government or charity donations. Disabled people will tend to stay in these workshops for a long time or even for the rest of their working lives. The above-mentioned type of sheltered workshop is similar to the day centres for people with learning disabilities in that disabled people are provided with an opportunity to engage in some activities and are paid some token wage.

This type of sheltered workshop exists in all three countries in this study. However, only Sweden had attempted to re-organise the above type of sheltered workshops established in the local authorities. Both Sweden and Great Britain have set up a state-owned sheltered workshop company for disabled people. In Sweden it is called Samhall and in Great Britain it is called Remploy. Both receive annual grants from the government budget. In Taiwan, sheltered workshops are provided by voluntary organisations. The funding for these workshops comes from charity donations or

subsidies from the local *PMDPE Fund*. As discussed, there is a huge regional difference in terms of the amount of *Fund* and in addition, programmes applying for subsidies from the *Fund* are dealt with annually. Thus it is difficult for sheltered workshops which require long-term funding to maintain their services by relying on subsidies from the *Fund*.

Although both Sweden and Great Britain have established a state-owned sheltered workshop, the differences in the social background against which their workshops were set up explain why Samhall and Remply differ with each other in many respects. In Sweden, before Samhall was established, sheltered workshops were mainly organised by municipalities and counties (The Swedish Institute for Social Research and ECOTEC Research and Consulting Ltd. 1996). In 1979, there were 220 sheltered workshops (Interview Note S8) The director-general of Samhall stated the purpose of establishing Samhall.

'First is to have more equal situation for disabled people, compared to other people in Sweden. If a disabled person cannot work in the regular market, he or she should be able to find a paid job in Samhall. It's society's responsibility to compensate a person's limited ability. Second is to have equal competition in the labour market: same price, no favour in the market. The workshops in the past were not like this way. Third is to reach regional equality. It is more expensive to run an organisation in urban areas. We need a central unit which runs organisations in different areas. A central unit which runs organisations in different areas will also be cheaper than different organisations run by different people' (Interview Note S8).

Samhall was established in 1980 via the *Sheltered Employment (Regional Foundations) Act*. As a part of the government's re-organisation of the measures to promote employment of disabled people in the late 1970s, Samhall was set up to reach the goal of promoting personal development of disabled people and ensuring disabled people's quality of life. Therefore, Samhall insisted the aim of promoting the personal development of disabled people and also ensuring that disabled people receive reasonable wages. The director-general of Samhall said:

'Some people said that disabled people do not have high productivity and they should be paid according to their production level. We said that it's very important for the development of disabled people that if he does his best, he also will earn as much as other persons. And that he earns so much money that he can live on that to have his own apartment to living situation paid by his own money. If one can pay for his own living, it also lower the cost of society' (Interview Note S8).

The emphasis of personal development can be seen in Samhall's business idea, namely, 'to create meaningful and developing employment for people with occupational disabilities, where the need exists' (Samhall 1998). It can also be seen in the assignment which Samhall receives from the Parliament: 'to improve the quality of life for persons with occupational disabilities who would otherwise be excluded from working life' (Samhall 1998) The performance targets of Samhall set by the Swedish Parliament include

- '1) The volume of meaningful and developing jobs created for persons with occupational disabilities.
- 2) A certain percentage (currently 40 percent) of recruitment from prioritised groups (currently persons with mental illness, intellectual impairments or multiple disabilities).
- 3) Transitions to employment by other employers.
- 4) Financial profitability, which is measured in terms of dependency on Parliament compensation for additional expenses' (Samhall 1998).

From the above business idea, Parliamentary assignment and targets of Samhall, the main purpose of which can be said to prevent the exclusion of disabled people from the labour market and to promote integration of disabled people by providing a financially secured job which is designed to promote personal development. Therefore, the characteristics of the traditional, old-style sheltered workshops as mentioned earlier can not be seen in Samhall. It provides a new model of sheltered employment.

Great Britain, on the other hand, established its state-owned sheltered workshop company, Remploy, after the Second World War, according to the *DP(E)A 1944*. Later in 1958, local authorities were also enabled to provide sheltered workshops for 'severely disabled people in their area' (Barnes 1991, p. 72). Under the *DP(E)A 1944*, disabled people have to register either as being suitable for open employment (work in the general labour market) or for work in sheltered workshops. The former is seen to have more workability and the latter less. According to the webpage of Remploy, its mission statement is 'to expand opportunities for disabled people in sustainable work both within Remploy and externally' (Remploy webpage). The performance targets of Remploy set by the government include:

- '1) The average number of disabled people in the total workforce minimum; factories maximum; and Interwork Placement Scheme.
- 2) Progressions: number of disabled employees moving from Remploy to open employment or from factories to Interwork.
- 3) Cost or operating deficit of each disabled worker in the total workforce; and

Interwork Placement Scheme. 4) Operating deficit' (Remploy webpage).

By comparing Britain's Remploy's mission statement and performance targets, with those of Sweden's Samhall, a few significant differences can be identified. First, unlike Samhall, there is no emphasis on personal development in Remploy. The concern for the cost of promoting disabled people to work, rather than the disabled person's personal development, is expressed clearly in the above quotation from Remploy webpage. Second, there is no guarantee of a reasonable wage in Remploy as there is in Samhall. Third, there is no rule for prioritising certain groups of disabled people in Remploy to ensure the inclusion of the most disadvantaged group in the sheltered employment provision, as in Samhall (around 45 percent recruitment from prioritised groups each year) These differences distinguish the two types of sheltered workshop schemes: Remploy as representing the traditional model and Samhall as providing the new model. Remploy attempts to provide 'a job' for disabled people but pays less attention to the quality of the job and who benefits from the scheme. Samhall, in contrast, attempts not only to provide 'a job' for disabled people but also to promote the inclusion of disabled people into the labour market and to facilitate reasonable quality of life.

As mentioned, these differences can be understood from the different backgrounds when Samhall in Sweden and Remploy in Great Britain were established. Sweden's Samhall was established to deal with the problem of sheltered employment provided by different providers and thus the quality of work provided varies greatly. Whereas Remploy in Great Britain, was set up after the WWII, in order to provide jobs for those who were viewed by the Disablement Resettlement Officers (DROs) as not having enough workability to work effectively in the labour market. The former emphasised good quality of work, whereas the latter focused more on providing a job.

In addition to the differences mentioned above, Samhall is a lot bigger than Remploy in terms of the size of the disabled population who work in the workshops. The former had 26,447 disabled employees at the end of 1997; the latter had 11,339 disabled employees in 1996-97. Furthermore, in terms of the referral procedure: Samhall's disabled employees were being referred from the Employment Service and the Employability Institute when work with or without wage subsidies is not available on the regular labour market (Samhall 1997a). On the other hand, Remploy's disabled employees were being referred by the DROs after the employability assessment had been

carried out. The former made the referral to Samhall according to the findings about the employability of the individual after having tried or considered other measures; the referral made by the latter, in contrast, was based on the DRO's subjective view of an individual's workability.

The major similarity between Samhall and Rempoy is that both are subsidised by their own governments. There is also a common trend that both the Swedish and the British governments are reducing the amount of their subsidies to their state-run sheltered workshop companies, namely, Samhall and Rempoy respectively. In Sweden, Government subsidies to Samhall have fallen year by year. The 1997 fiscal year was the first in which the government's compensation for additional expenses of Samhall was less than both the wage costs for employees with occupational disabilities and the Group's total sales (Samhall 1997a). In Great Britain, since 1985, Conservative governments have reduced the workshop provision and replaced it with the Sheltered Placement Scheme (Barnes 1991, Murrery 1994, see Hyde 1998, p. 201). In other words, disabled people were transferred from segregated employment to pseudo work. I will discuss this issue further in the next section.

In addition to the state-owned sheltered workshop, in Great Britain, according to Zarb, et al, there were approximately about 120 sheltered workshops run by some 100 or so local authorities, and 25 voluntary organisations which employ circa 7,000 workers in total. There is also a great deal of variation in the size of each workshop. The smallest workshops employ only a handful of staff and have a turnover of about 50,000 pounds. The largest workshops employ over 200 staff and have a turnover of over six million pounds (Zarb, et al. 1996, p 8). The central government labour authority pays grants to local authorities and voluntary organisations to cover 100 percent of the deficit, subject to a per capita ceiling, as well as capital grants and training wages and fees (Dutton et. al. 1989; see Barnes 1991, pp. 72-73). The huge differences in the provisions of sheltered employment as mentioned above, shows the lack of a co-ordinated service and the lack of standards in provisions. This was the main problem which Sweden attempted to tackle when setting up Samhall.

Unlike Sweden and Great Britain, Taiwan does not have any state-owned sheltered workshop. Nor does the government give grants to sheltered workshops run by voluntary organisations. The *PMDPPL 1997* stated that 'the Labour Authority should provide sheltered employment services to disabled persons who are willing to work but

do not have enough workability'. Despite this Law, however, there is no government budget or resources spent on sheltered employment services. As mentioned, voluntary organisations have to rely on charity donations or they can apply for subsidies from their local *PMDPE Fund*. As the application should be made annually, the funding for sheltered workshops schemes is not stable. The lack of state provisions in this respect also results in the lack of a sufficient standard in provisions. Therefore, compared to Sweden and Great Britain, sheltered employment in Taiwan still functions at a primitive stage.

The Reserved Occupations Scheme

The Reserved Occupations Scheme (or Designated Occupations Scheme) is a measure which reserved some particular occupations in the labour market, for disabled people to perform and non-disabled people are not allowed to take up the same occupations. Through state intervention, this measure protects disabled people from competition from non-disabled people in particular occupations. The occupations which are reserved, are therefore more likely to be less competitive in the open market. For example, Great Britain reserved car park assistant and lift attendant for registered disabled people from 1944 to December 1996. These two occupations were low-skilled, low-paid, and with low social status (Lonsdale 1985, p. 137). In Taiwan, massage work has been reserved for blind and visually impaired people since 1957. Research has shown that the state has not effectively protected disabled people from the competition from non-disabled people. Some disabled people are exploited by their disabled or non-disabled employers. In addition, it is a common phenomenon that disabled massage workers, especially female, have been seriously harassed (Wang 1995).

Sweden has not adopted the Reserved Occupations Scheme. As discussed in Chapter Nine, programmes which are based on the register of disabled people are not seen as favourable measures in Sweden. Swedish welfare provisions are based on citizenship rather than labelling certain groups of people. Like the Quota Scheme, the Reserved Occupation Scheme has to be based on a registration system which labels certain groups of disabled people as being entitled to this scheme. Both Great Britain from 1944 to December 1996 and Taiwan from 1980, have adopted disability registration systems. The

main difference in the Reserved Occupation Schemes in the two countries is, however, the entitlement. All registered disabled people are entitled to participate in the British scheme; whereas only blind and visually impaired people are entitled to in the Taiwanese Reserved Occupations Scheme. This difference has to be understood against the background in which the schemes were established in the two countries.

The Reserved Occupations Scheme in Great Britain was established, together with the Quota Scheme, under the *DP(E)A 1944*, to promote employment of disabled people. The prevalent support for compensating ex-soldiers made it possible for the state to reserve certain occupations for disabled people. However, as the then Joint Parliamentary Secretary to the Ministry of Labour, Mr. Tomlinson reported in Parliament, that occupations selected for reservation for disabled people were expected to have the least impacts on non-disabled people's employment opportunities and were low-skilled occupations (HC Deb (1943-44) 395, p. 1274):

'Designated employment...It is intended to apply to certain types of employment which, although ordinarily undertaken by able-bodied persons, can be done efficiently by certain groups of disabled persons. The Tomlinson Report contemplated for this purpose a small number of employment, mostly of minor importance and requiring little skill'.

Therefore, from the very beginning, the Scheme had set limitations in its functions in promoting the employment of disabled people – it was only as a residual measure which promoted low-skilled employment and was only for a small number of disabled people. There are no statistics showing the number of disabled people benefiting from the Reserved Occupations Scheme in Great Britain (Email Contact Note EGB2). Therefore, it is difficult to evaluate the outcome of this scheme.

The Reserved Occupations Scheme in Taiwan, on the other hand, started as a way of maintaining the tradition and occupations of blind people established under the Japanese colonial government. During the Japanese colonial period, it was believed and proved from experience, that blind people could do a good job practising massage, acupuncture, and electrical therapy, and therefore many blind and visually impaired people received professional education for performing these treatments (Wang 1995). The changes in many people's ways of life have increased the demands for massage treatments. In addition, the prevalence of pornographic massage practices confused the general public's idea of the massage profession and thus disabled people are exposed to higher risks of

being sexually harassed. Furthermore, the government's de-skilling policy which redefined the massage practices of blind and visually impaired people as being non-professional, reinforces the discrimination against this group (Wang 1995).

From the experiences of the British and the Taiwanese Reserved Occupation Schemes as outlined above, we can see that neither of the two countries can prove that the Reserved Occupation Scheme is a good measure and can be used as a main measure for promoting the inclusion of disabled people into the labour market. The occupations reserved are segregated into a small and exclusive section in the market, and disabled people are exposed to the high risk of bad working conditions.

9.3 Pseudo Work Measures

As mentioned, Pseudo Work Measures provide disabled people with the opportunities to work at the premises of the 'host companies' while staying as employees of the sheltered workshops, local authorities or voluntary organisations. Both Sweden and Great Britain have adopted Pseudo Work Measures as a transitional option or as an alternative to the state-run sheltered workshops. In Taiwan, there are no state-run workshops and therefore transitions from the state-owned sheltered workshop to the general labour market has not been an issue. Therefore, Taiwan has not adopted Pseudo Work Measures

In Sweden, the state-owned sheltered workshop, Samhall, instigated the Staffing Programme (earlier called 'the In-house Operations') since the late 1980s (Email Contact Note ES1) Through this programme, at least five Samhall disabled employees carried out some work at Samhall's customers' premises, often under the supervision of a supervisor This work has to last for at least one year (Samhall 1997b). It is a transitional measure which aims to help disabled people to get used to working in the general labour market, as pointed out by an official at Samhall, in describing the background of the establishment of this programme:

'From the beginning we started in-house operations/staffing to develop more integrated forms as alternative to our old industrial workshops. It was a way to come closer [to] the rest of the labour market, our employees get a chance to work more together with other non-disabled employees. It is also an easier/closer way for transition/progressions from employment in Samhall to employment with another

employer, which is one of the important goals of employment in Samhall' (Email Contact Note ES1).

In addition, one of the targets in Staffing is that 'the employees after some time should have a better possibility to leave for employment with the host-company or with another employer' (Email Contact Note ES1). In other words, staffing is set from its beginning as a way of smoothing the transitional process from Samhall sheltered workshops to work in the regular labour market. Data provided by an official at Samhall shows that until November 2000, there were about 3,000 disabled people working under the Staffing programme.

As with Sweden, Great Britain has also developed Pseudo Work Programmes. The main concern of establishing this kind of programme in Sweden was to provide a transitional option for disabled people working in the sheltered workshop. Whereas in Great Britain, financial consideration, as well as the aim of promoting disabled people to work in the general labour market, are central to Great Britain's initiation of the Pseudo Work Programmes. From 1985, workshop provision had been reduced and replaced by financial support for the Sheltered Placement Scheme (SPS) (Barnes 1991; Murraby 1994, see Hyde 1998, p. 201). According to the National Audit Office (1987), a place in the SPS costs less than 3,000 pounds a year whereas a place in the sheltered workshops costs 5,500 pounds (see Floyd 1991, p. 215).

In the SPS, as with the Swedish Staffing Scheme, disabled people are employed by the local authorities or voluntary organisations while working in their 'host companies'. The host companies pay local authorities or voluntary organisations (which is the disabled person's employer) an amount of money which is based on the disabled person's expected productive rate compared to non-disabled workers. For example, if the disabled worker is assessed as being able to produce 50 percent of an able-bodied worker, the host-firm pays only 50 percent of her/his wages. The sponsor, either the local authority or a voluntary agency, pay the rest. (Barnes 1991, pp. 74-75).

Similarly, the British state-owned sheltered workshop, Remploy, provides the Remploy Interwork Scheme, in which a disabled person or a team of disabled people work at the premises of Remploy's customers while remaining as Remploy's employees. Remploy provides training and supervision for doing the tasks at the 'host company'. The time duration varies according to each case in the Remploy Interwork. The types of work available in the manufacturing, retail, leisure and service industries (Remploy

webpage). The host companies pay Remploy for the work performed and Remploy pays the complete salary to the disabled employees (Barnes 1991).

The biggest difference between Sweden's Samhall Staffing, and Great Britain's SPS and Remploy Interwork, is that the former is used as a transitional measure; whereas the latter are adopted as a long-term employment option for disabled people. When these Pseudo Work Programmes are adopted as a transitional measure, as in Sweden, it could be viewed as being a positive move from segregated employment towards working in the general labour market. However, in terms of the protection of the right to work of disabled people, a better option than the Pseudo Work Measures, will be the In-work Support Schemes, in which disabled people receive ongoing support at work, as discussed in Chapter Eight. On the other hand, when the Pseudo Work Measures are adopted as being a long-term and important employment option of disabled people, like in Great Britain, we should ask whether it is justifiable that the state spends public money on promoting 'pseudo work' while it is possible to use the same money to promote real work for disabled people. As shown in Chapter Seven (p. 168), Pseudo Work Measures are not adopted as an important measure in Sweden; whereas in Great Britain they are one of the most important labour market measures specifically designed for disabled people.

9.4 Conclusion

This chapter has analysed Type II, III and IV programmes, in terms of their advantages and disadvantages/challenges, and their developments in the three countries.

The main characteristic of Job-begging Programmes and Quota Schemes, is that they both seek to integrate disabled people into the labour market with no attention being paid to eliminating environmental and social barriers. Therefore, disabled people may be physically integrated into the labour market but do not enjoy the same rights at work as their non-disabled counterparts, such as equal pay, equal opportunities for promotion, benefits, and so forth. Job-begging Programmes give employers financial incentives so that they will give disabled people jobs. Thus disabled people are put in a situation where they have no say about the work conditions and are given jobs as if they were beggars. Quota Schemes, on the other hand, force employers to employ a certain quota of disabled people in their workforce. The main advantage of this scheme is that it creates

opportunities of entering the labour market for disabled people. The major disadvantage, however, is its individualised and labelling approach towards disability.

Sweden, Great Britain and Taiwan have all adopted Job-begging Programmes. Nevertheless, this type of programme has been given a lot more importance in Sweden than in the other two countries – the amount of subsidies provided are greater and the duration is longer. Compared to other measures, Sweden's Job-begging Programme – the Wage Subsidies Scheme, has always been adopted as one of the main labour market programmes specifically designed for disabled people. Also, Sweden has rejected using the Quota Scheme mainly because this scheme contradicts with the co-operative tradition of Swedish labour market policies. The strong state stand in the Swedish Social Democratic welfare tradition refers only to strong state provisions rather than strong state interventions

On the other hand, Great Britain had adopted the Quota Scheme as one of its main labour market programmes for disabled people. This is contradictory to this country's Liberal-Collectivist tradition which emphasises minimal state intervention and moderate state provision. The public concern towards disabled ex-soldiers promoted compensatory measures for this group. The temporary social background of the War was thus the main driving force for the initiation of the Quota Scheme in Great Britain. As the society changed and the temporary social background faded away, the lack of any real political will in guaranteeing the right to work of disabled people was brought to light by the poor implementation of the Quota Scheme.

Taiwan, in contrast, did not develop the Quota Scheme for the purpose of compensating disabled ex-soldiers. The emergence of the enforceable Quota Scheme, has to be understood, instead, under the context of the disability movement's influence and the competition amongst the different political parties. The mechanism for enforcing the scheme is therefore built into the system, which partly explains its comparatively more successful implementation than that of Great Britain. What is more important, however, maybe Taiwan's patriarchal ideology of giving disabled people special protection, which is a characteristic of the Conservative welfare model.

Neither the Segregated Employment Measures (Type III) nor the Pseudo Work Measures (Type IV) ensures the integration or inclusion of disabled people into the labour market, as the former provides segregated employment and the latter provides pseudo work rather than real employment.

With regard to the Sheltered Workshops (one of the Type III Measures), both Sweden and Great Britain have set up a state-owned sheltered workshop but Taiwan has not. In Great Britain, in addition to the state-owned Remploy workshops, central government also give subsidies to the sheltered workshops owned by local authorities and voluntary organisations. In Taiwan, on the other hand, there are no state-owned sheltered workshops either in the central or the local authorities. In addition, the only possible source of financial subsidy is the local *PMDPE Fund*. Nevertheless, it tends to be unstable because the application for the subsidy from the *PMDPE Fund* has to be made each year, whereas sheltered workshops require long-term financial stability to maintain the business. Therefore, sheltered workshops in Taiwan are provided mainly by voluntary organisations on a charity basis.

Although both having a state-owned sheltered workshop, Sweden and Great Britain differ greatly in terms of the goals set and the emphases placed in the sheltered workshop, due to their different backgrounds of establishing the sheltered workshop company. Sweden aimed to tackle the problems which existed during the time when there were varied sheltered workshops in varied local authorities, providing varied services. It emphasised the personal development of disabled people. Great Britain, on the other hand, focused more on creating a job opportunity for disabled people and their individual development is not the focus.

With regard to the second kind of Type III Measures – the Reserved Occupations, only Great Britain and Taiwan had and have adopted this measure. Sweden does not adopt any form of Reserved Occupations Scheme, because like the Quota Scheme, this scheme is based on a disability register. It is, therefore, contradictory to Sweden's tradition of providing welfare according to an individual's citizenship rather than labelling any specific group. Great Britain adopted the Reserved Occupations Scheme alongside the Quota Scheme after WWII. Public sympathy towards disabled ex-soldiers made it possible for the British government to enact such a policy which is based on state intervention in the labour market. However, the occupations selected to be reserved for disabled people were isolated jobs and with low pay. On the other hand, the Reserved Occupation Scheme in Taiwan was adopted by the government to maintain the tradition of blind and visually impaired people carrying out massage work. Research has shown that this policy had a negative impact on this group of people in terms of work conditions. In addition, the state has, by depriving blind and visually impaired people's

opportunities for receiving professional education, reinforced discrimination against disabled people (Wang 1995).

As for Type IV, Pseudo Work Measures, both Sweden and Great Britain have adopted them but Taiwan has not. This is mainly because Pseudo Work Measures are established mainly to solve the problem of disabled people staying too long in the sheltered workshops. Both Sweden and Great Britain have state-owned sheltered workshops and Taiwan does not. Therefore, Taiwan has not developed this type of measure. Section 10.2 has shown that the ways the Pseudo Work Measures are carried out, are similar in Sweden and Great Britain. Nevertheless, a big difference is that Sweden has adopted this type of measure on the basis of only being a transitional measure; whereas Great Britain has adopted this type of measure as being a long-term 'employment' option. In addition, Pseudo Work Measures play comparatively insignificant roles among all the labour market programmes for disabled people in Sweden, whereas they play a more significant role in comparison with other programmes in Great Britain (as shown on p. 168). Compared to other types of labour market measures specifically designed for disabled people, it seems that there are better alternative policy measures other than Pseudo Work Measures, such as the In-work Support Scheme – which has more potential in protecting the right to work of disabled people

CHAPTER TEN SUMMARY, CONCLUSIONS AND DISCUSSIONS

Aims

The policy developments and/or changes in the 1990s regarding the employment of disabled people in Sweden, Great Britain and Taiwan, highlight some similar trends among the three countries. These include the recognition of the importance of eliminating environmental barriers, the emphasis on equal participation of disabled people, and the trend towards recognising work as a 'rights' issue for disabled people. Despite these similarities, however, differences are maintained among the three countries, with regard to the approaches taken to the issue of the right to work of disabled people. This study aims to compare and analyse the similar trends and the different approaches adopted by Sweden, Great Britain and Taiwan. Drawing from the three welfare models proposed by Esping-Andersen (1990, 1999), this study attempts to examine the validity of the three models in explaining the differing approaches taken by Sweden, Great Britain and Taiwan, in addressing the issue of the right to work of disabled people.

The Work of Esping-Andersen (1990, 1999) And its Application in This Study

In explaining the different welfare developments in some major industrialised and democratic countries, Esping-Andersen (1990, 1999) proposed three models of welfare state – the Social Democratic, the Liberal, and the Conservative welfare models. He analyses social security systems using two indicators: de-commodification and social stratification. His work has been influential in providing a framework for understanding differing welfare states. However, his study has also been heavily criticised. For example, feminist researcher Orloff (1993) contended that the idea of 'de-commodification' is not an appropriate indicator for looking at women's social rights as many women engage in unpaid work and need the opportunities to be 'commodified' in order to enjoy full social rights. Similarly, many disabled people are forced into dependency and thus, like women, the opportunities to be 'commodified' play an important role in the fulfilment of their

social rights. Therefore, 'de-commodification' will not be a good indicator for examining disabled people's social right either. This study views 'the right to work' as being essential to the fulfilment of the social rights of disabled people. Thus 'de-commodification' is not seen as a useful indicator. Besides, as labour market policies aim to promote employment of disabled people, they are not 'de-commodifying' measures.

In addition, the indicator of 'social stratification' used in Esping-Andersen's study is not suitable for analysing labour market policies for disabled people, as it was constructed for analysing social security systems. However, although there are doubts about the usefulness of the two indicators used by Esping-Andersen for this study, the three welfare models with differing characteristics and emphases in their approaches, as he proposes, can still be enlightening in understanding the approaches taken in the labour market policies for disabled people in Sweden, Great Britain and Taiwan.

In this study, Sweden is taken as an example of the Social Democratic model; Great Britain as an example of the Liberal-Collectivist model (the term suggested by Ginsburg 1992); and Taiwan as an example of the Conservative welfare model. To remind the reader, this research began with the following research hypotheses:

- I. Sweden is likely to adopt more inclusive labour market policies for disabled people and will recognise and have more capacity to guarantee disabled people's right to work
- II Great Britain will provide moderate protection of disabled people's employment but will be more reluctant to recognise the right to work of disabled people and adopt inclusive labour market measures for disabled people.
- III. Taiwan will adopt labour market measures for disabled people that are the least inclusive and are most stigmatising. It will have the least commitment to guarantee disabled people's right to work and is likely to see disabled people as dependants whose care needs are the assumed responsibility of the family.

These led to the following specific research questions:

- I. How and why is disability defined and addressed as it is in the labour market policies in Sweden, Great Britain and Taiwan?

- II. What are the main labour market policy measures adopted by Sweden, Great Britain and Taiwan and what are their advantages and limitations?
- III. How adequate are welfare models (Social Democratic; Liberal Collectivist; Conservative) in explaining the different approaches which Sweden, Great Britain and Taiwan have adopted in addressing the issue of the right to work of disabled people?

Background

The existing statistics show a common phenomenon among Sweden, Great Britain and Taiwan, namely that when compared with non-disabled people, disabled people tend to be more disadvantaged in the labour market. Why does such a common problem exist despite the different social backgrounds of the three countries? Theories of labour market segregation fail to address the problem of disabled people's disadvantaged position in the labour market. This failure seems to suggest that disabled people had not been viewed as potential contributors in the labour market. In addition, these theories have been criticised for not addressing certain ideologies such as patriarchy and racism. Similarly, the ideology of disability is not addressed in these theories either. However, some other researchers have proposed several theoretical models of disability. Each model takes a different view of the origin of disability and thus entails different implications for policies. From the medicalised point of view, disabled people are 'the problem' and thus it is disabled people that need to be 'fixed'. From the Social Model of disability, it is the society which creates barriers and thus removing social barriers is the key to disabled people's participation in the labour market. From the Social Constructionist view of disability, adjusting the environment and social attitudes are essential for disabled people's inclusion in the society. Whereas from the Affirmative Model of disability, honouring disabled people's mode of living is crucial. What models of disability are the labour market policies in the three countries based on? How do the models of disability influence the origin, substance and outcome of these labour market policies? These issues were addressed in this thesis using historical comparative analysis.

Furthermore, in explaining the disadvantaged situation of disabled people in the labour market, past studies have contended that several factors influence the position of disabled people in the labour market: the industrialised and capitalist values and mode of

production, the ideology of disability, definition of disability as a political tool for controlling labour, and technology. How do these very generalised factors and structures influence disabled people's experiences in countries with different mechanisms in their policy-making process? With these similar factors, how do different welfare states respond to the common phenomenon that disabled people are in a more disadvantaged position in the labour market than non-disabled people? What capacities do different welfare states have in guaranteeing the right to work of disabled people, taking these structural factors into account? What changing agents and mechanisms exist in different welfare states? These issues were also addressed in this thesis via historical comparative analysis.

Moreover, in analysing how labour market policies address the issue of the right to work of disabled people, it is crucial to look at what models of equality these policies are based on and what equality do these policies pursue – equality under the logic of capitalist competitive production? Or, equality under the philosophy of inclusion and full participation of all citizens? When we talk about equal opportunities, it is also important to make clear what opportunities we refer to – opportunities of being competitive in the market, or, of being a participant in the market? These are important questions to ask when analysing the approaches taken by the three countries in addressing the issue of the right to work of disabled people.

In addition, in order to provide a framework for looking at the concept of 'the right to work', five basic elements of the idea of 'the right to work' of disabled people are initially drawn from the international principles stated by some important UN and EC documents. And further, as this study concerns how the three countries define and approach the issue of the right to work of disabled people, the concept is examined in the historical and social contexts of Sweden, Great Britain and Taiwan. Although 'work' is seen as an obligation of the citizens in all the three countries, they address the issue of 'the right to work' differently. This study sees 'work' as a right rather than an obligation or duty and focuses on paid work. Nevertheless, it seems impossible to formulate the elements of the right to work of disabled people without referring to the idea of 'equality'. Therefore, the framework for the concept of 'the right to work' in this study, were proposed after reviewing the theoretical perspectives on equality. Having the basic elements of the right to work of disabled people in mind, labour market policies for disabled people in the three countries were analysed.

Past studies tended to focus on the overview, the historical analysis, and the evaluation of the various (or particular) labour market programmes for disabled people. In Taiwan additionally some studies focus on needs assessment. Furthermore, several studies attempted to compare the labour market policies for disabled people, but ended up describing the policies in each country individually and raising some issues for discussions at the end of the descriptions. These studies can not be called 'comparative studies' as cases are described separately without a coherent framework among them. On the other hand, the issue of the right to work of disabled people tended to be neglected in the comparative studies. Comparative studies on social policies either neglected the issue of disability or assumed disabled people as dependants. The right to work of disabled people has not been seen as an issue. Therefore, there were a need for a comparative study on the issue of the right to work of disabled people.

Methods

This study adopts the historical comparative analysis method because it allows us to analyse the approaches adopted by each country in its own historical and social contexts. Also, it can broaden our imagination of the policy alternatives and put each country's experiences in a wider perspective. The advantages and limitations of each policy programme can also be shown through comparisons. Data being collected mainly by utilising the Documentary Analysis method. However, to fill the gap in information that the documents do not provide, in-depth interviews, email, postal, and telephone contacts were also carried out providing complementary data collection methods. The methods used for collecting documents included using libraries and the internet, telephone, postal and email contacts, in addition, some data was obtained while doing the interviews. The documents about Sweden and Great Britain are in English; whereas most documents about Taiwan are in Chinese and thus were translated before being quoted. Semi-structured interviews were conducted as complementary data collection methods. Some main questions and topics for discussion were prepared in advance. However, questions asked depended on the area of expertise of and the relevance to the informants (interviewees), as well as the interview context. The interviewees of the Swedish case were mainly introduced by Mr Lars Lindberg, who was working at the *HSSO*. Some other

interviewees were introduced by Professor Märten Söder at the Uppsala University.

This study applied data and methodological triangulation in order to enhance the credibility of data. Data triangulation was applied by collecting data from several perspectives (the government, voluntary organisations, private agencies and so on), so that stories told and views from different actors in the policy structure can be taken together to draw a fuller picture of the policy processes with as many perspectives as possible. On the other hand, methodological triangulation was applied due to the limited English documents representing the voices from different perspectives in Sweden. The in-depth interviews (semi-structured), therefore, tried to include major policy actors as the key informants (interviewees), including government officials, activists, parliament members, disabled persons, and parents of disabled young persons. By interviewing these key actors in the policy-making process, data collected provided differing perspectives. In-depth interviews played minor roles in the British and the Taiwanese cases because more documents were available and accessible and thus the main data collection method, the documentary analysis, can serve the purposes of the study.

This study also applied Member Validation to enhance the credibility of the researcher's analysis. Member Validation refers to asking members to judge the adequacy of the researcher's account. In this study, the research received comments in a seminar at Uppsala University, with regard to my observations of the interviews. In addition, two preliminary analysis papers were presented in one conference on Taiwanese studies in the U.S. and the other in the Social Policy Association Annual Conference in England. The latter paper has also received comments from several experts. Furthermore, along with submission for examination, this thesis is also sent to Professor Eskil Wadensjö of Stockholm University in Sweden, who has expertise in the labour market policies for disabled people, for comments.

The Main Findings

Findings Related to Research Question I

In this thesis, Chapters Five and Six aim to answer the first research question, namely, 'how and why is disability defined and addressed as it is in the labour market policies of

Sweden, Great Britain and Taiwan?’

How

Neither of the models of disability that focus on social pathology, as outlined in Chapter Three, has been put into practice in the countries studied. Instead, Sweden has adopted the ‘relative definition of disability’ since the mid-1970s. It is the most inclusive definition of disability among the three countries. However, there seems to be a trend towards emphasising the individuals’ functional impairments in the 1990s. Whereas Great Britain and Taiwan have the common trend of incorporating the idea of removing social barriers within their existing models of disability. In Great Britain, there is a shift from focusing on reduced productivity of individuals with impairments towards a mixed view of disability which defines disabled people as those having functional limitations, although removing environmental barriers is also recognised as essential. Taiwan has, from 1980, maintained its medicalised and individualised view of disability which is based on a labelling disability registration system. Given the medicalised definition of disability, however, it should be noted that the *HWL 1990* and the *PMDPPL 1997*, which were both promoted by the disability movement, added the prohibition of disabling physical environments in the newly-built public facilities, public buildings, and public transport, and that the old ones should make adjustments in order to accommodate disabled people’s needs

These views of disability are also expressed in the three countries’ employability assessment. In Sweden, the employability assessment is based on the relative definition of disability. Both individual and structural factors are considered. In addition, employability is not seen as static. Disabled people are provided with opportunities to do trial work with work adaptation in order to assess their employability. Furthermore, disabled people are seen as being team members who participate in the employability assessment process. Moreover, employers are bestowed with the responsibility for investigating the need for the rehabilitation of their disabled employees. For those who become disabled at work, the ‘employability assessment’ is focused on how the existing work can be adjusted or how the employee can be retrained in order to keep their original job or to be deployed with their initial employer in different tasks.

In Great Britain, as the definition of disability shifted from a medicalised to a mixed view of disability, the employability assessment also shifted from focusing on an individual's productivity, via the static, short-term and subjective judgement of the DROs and medical doctors, to the assessment, since 1998, which is based on a long-term process, providing the disabled person with the opportunity to try out work. In addition, due to the *DDA 1995*, assessment of the work environment is sometimes carried out, depending on the local employment services. Despite these changes, unlike Sweden, the process of employability assessment is still a disempowering one, as disabled people are not seen as being equal team members of the decision-making process, as is the case with Sweden.

In Taiwan, there is no requirement to do employability assessments in the government Job Centres. The purpose of employability assessment, as stated in the *PMDPPL 1999*, is to find out whether a disabled person is suitable for open employment, sheltered employment or other types of employment. However, a disabled person's employability is often viewed as depending upon his/her level of disability as registered. Therefore, it is a medicalised and static view of employability, assessed by medical doctors. It is the most disempowering way of assessing employability among the three countries, as disabled people are seen as passive objects. The professional control in the process of employability assessment is the greatest among the three countries.

In addition, Sweden's vocational training for disabled people is provided alongside non-disabled people. Disabled people have the right to adaptations when participating in vocational training. Also, mainstream programmes are made available to disabled people, and are seen as first priority measures in promoting the employment of disabled people. Special programmes are offered on top of the mainstream programmes. Work in the regular labour market is emphasised; whereas sheltered employment is provided for those who can not work in the regular labour market, with any support or help the government can provide. In Great Britain, rather than ensuring disabled people's equal rights to participate in mainstream labour market programmes, specific labour market programmes are provided through specific providers. Although vocational training is provided through the TECs alongside non-disabled people, the lack of accountability through legislation puts disabled people in a disadvantaged position in the TECs services. Specific Residential Colleges are still the main training providers for disabled people. In Taiwan, the employment of disabled people is seen as a social issue. Disabled people are

marginalised in the labour market policies. Mainstream programmes are not accessible to most disabled people. Segregated vocational training and special programmes are provided by voluntary organisations with or without subsidies from the government.

Furthermore, in Sweden, like the mainstream labour market programmes, the labour market programmes specifically designed for disabled people are provided mainly through state-owned agencies. Although the state buys vocational training from private agencies, it still has the major role in funding and administration. Disabled people do not have to rely on voluntary provisions. In Great Britain, disabled people are not seen as equal citizens and moderate provisions only, are made. Labour market programmes specifically designed for disabled people are provided by the state, through contracts with private providers and voluntary organisations or by providing subsidies for the voluntary organisations. In Taiwan, there is very limited state provision and strong reliance is placed on family and voluntary provisions. Voluntary organisations can apply for subsidies from the local *PMDPE Fund* administered by each local authority. The *PMDPE Fund* does not come from government's budget but from the equalisation levy of the quota scheme. Therefore, the money is distributed from one market (namely, the labour market) to another (namely, the voluntary organisation market), as the amount of the *PMDPE Fund* in each local area depends on the number of obligatory quotas and the fulfilment rate. This then depends very much on the situation of the local industries. Thus, there is great regional disparity.

In the vocational rehabilitation systems, Sweden recognises the importance of adapting the environment in order to include disabled people in the labour market. Therefore, technical aids and work accommodation are emphasised in its vocational rehabilitation services. In Great Britain, before the 1990s, due to the assumption that disabled people have reduced productivity, vocational rehabilitation in the ERCs promoted only low-skilled work. Owing to the *DDA 1995*, the above view of disability has changed. Work trial is provided and sometimes work adaptation is provided, depending on the local employment services. In Taiwan, the term 'vocational rehabilitation' is not commonly used. However, in practice, the provision of vocational rehabilitation almost means the provision of segregated vocational training for disabled people being provided by voluntary organisations. The lack of the vocational rehabilitation measures such as work trial with work adaptation adopted in Sweden and

Great Britain, is due to the lack of state intervention in providing specialist employment services for disabled people. As disabled people have been seen by government policies as being unable to work, specialist employment services for disabled people have not been seen as an issue until the enactment of the *PMDPPL 1997*.

With regard to vocational training, in both Sweden and Great Britain, the government emphasise that the mainstream vocational training courses should be made available to disabled people. Whereas in Taiwan, segregated training is the only alternative for most disabled people due to the inaccessibility of the mainstream vocational training programmes. It should be noted, however, that unlike Sweden, disabled people in Great Britain do not have the right to technical aids or adaptation when they participate in the mainstream training programmes. Also, segregated residential training still plays the main role in the vocational training for disabled people. In addition, in terms of the number of disabled people participating in the vocational training, Sweden shows strong state provisions; Great Britain shows moderate provisions; whereas Taiwan has a very small number of disabled people receiving vocational training.

Moreover, I highlight the common phenomenon between the three countries – people with learning disabilities being specifically excluded from the world of work. In both Sweden and Great Britain, this has resulted from the inadequate assumption that this group of people are not able to work and thus labour market policies are not made accessible to them. Whereas in Taiwan, the main problem results from the lack of any real state provision for all disabled people both in labour market policies and social services. The experience of people with learning disabilities reveals only the tip of the iceberg to the problem of not recognising the right to work of disabled people as an issue.

Why

In all three countries, the disability movement has played a crucial role in changing the definition of disability. The welfare model of each of the three countries also explains why certain approaches have been taken. Nevertheless, some other social and legislative factors should also be taken into account. In Sweden, the relative definition of disability was proposed by the disability movement in 1972. The Swedish government accepted this definition by adopting a relative definition of occupational handicap and providing grants for disability organisations to meet the extra costs resulting either from the

disabling environmental barriers or from adapting the environment. The positive response from the government has to be understood under Sweden's Social Democratic welfare tradition of inclusive welfare systems, which is based on citizenship, and its co-operative tradition. Nevertheless, an increasing importance of the individualised definition of disability can be seen in some new pieces of legislation for disabled people in the 1990s such as the *LSS and LASS 1993*, and the *Law Against Employment Discrimination of People with Functional Impairments 1999*. This is due to the new legislative approach that gives individuals the power to claim the rights they are guaranteed as citizens, rather than welfare rights which are based on state provisions.

Great Britain's view of disability as 'reduced productivity' was adopted in its *DP(E)A 1944*, which was mainly a response towards the pressure of rehabilitating disabled ex-soldiers into work. The purpose of the *DP(E)A 1944* was to enhance disabled people's participation in the economic life of the community, and therefore, disabled people were defined as those who have reduced productivity but were still available for work of one kind or another. As with Sweden, the disability movement in Great Britain also plays a crucial role in changing the idea of disability. In Great Britain, there has been a long battle of fighting for the Social Model of disability which sees disability as a human rights issue. Nevertheless, the British government maintains its Liberal-Collectivist welfare approach, namely, intervening but also, not wanting to intervene. Unlike Sweden, Great Britain does not have a solid co-operative tradition. In addition, there is a long tradition of charity provisions for disabled people. Therefore, disabled people's views are less valued in Great Britain compared to Sweden. Besides, in Great Britain there is the struggle of 'pissing on charity', in order to highlight that disability is a human rights issue. The *DDA 1995* which is based on government's reluctant proposal for the law, under the pressure of the disability movement and Parliament, is therefore, still based on an individualised view of disability. In addition, the individualistic nature of the anti-discrimination legislation also explains why an individualised definition of disability is adopted in this law.

In Taiwan, the definition of disability was, initially, an arbitrary decision which was based on the definition used by the paralympic games. This can be understood from the background that the *HWL 1980* was used as one of the political tools for legitimising the KMT regime and thus there was no political will for enhancing the welfare of disabled people. Like Sweden and Great Britain, the disability movement in Taiwan also plays an

important role in changing the policy definitions of disability. Nevertheless, although the categories of disability in the registration system had been revised and broadened twice in the 1990s due to the influence of the disability movement, the Conservative welfare tradition which sees disabled people as one of the minority groups along with other groups who have traditionally been seen as dependants of the family, such as women, children and elderly people, has limited the scope of the disability movement. Instead of challenging the medicalised, individualised and labelling definition of disability, the disability movement focus on promoting policies to include more groups of disabled people in welfare provisions

Furthermore, in Sweden, labour market policies for disabled people were developed alongside the mainstream labour market policies both during the 1940s and the 1970s. The polio epidemic in the 1950s, the parent groups' advocacy for de-institutionalisation in the 1960s, and the disability movement's formulation of the '*Society for All*' proposal, all contributed to the inclusion of disabled people in Sweden's welfare development. Nevertheless, without the Social Democratic tradition of providing welfare to all its citizens, Sweden would not have adopted an inclusive approach towards the development of the labour market policies for disabled people.

In Great Britain, labour market policies developed separately from the mainstream programmes. The labour market policies for disabled people were initiated mainly as a response towards the public feeling to compensate and rehabilitate disabled ex-servicemen, and the demand for labour during the war. Therefore, a view of disability as personal misfortune and which is based on non-disabled normality was adopted. The Quota Scheme, the Reserved Occupation Scheme, and the rehabilitation services were established under the *DP(E)A 1944*. As the temporary factors that promoted the initiation of these programmes disappear due to societal changes, the lack of the political will for promoting the employment of disabled people is shown. Since the 1970s, there started the debates about abolishing the Quota Scheme. The government's preference for a voluntarist approach and its resistance to enacting human rights legislation, resulted in the 'half-hearted' *DDA 1995*, which was based on the government's proposal, despite the disability movement's long fight for comprehensive human rights legislation and the support from the parliament.

In Taiwan, the establishment of the first rehabilitation centres were due to the polio epidemic in the 1950s and also to rehabilitate ex-soldiers. However, prior to 1980, only

blind and visually impaired people benefited from the reserved occupation scheme and only people with limb impairments received vocational rehabilitation. As a political tool of the KMT government for legitimising its regime, the *HWL 1980* was a law with no teeth. There was a lack of clear definitions of provisions and enforcing mechanisms. Due to the political developments from authoritarian towards democratic in the late 1980s, the disability movement had strong influence on the amendment of the *HWL 1980*. As a result, both the quota scheme and the reserved occupation scheme provided in the *HWL 1980* were made enforceable in the *HWL 1990*.

In summary, the labour market policies for disabled people in both Great Britain and Taiwan emerged as a response to a temporary outcry such as the polio epidemic and compensation for disabled ex-soldiers, whereas in Sweden, labour market policies for disabled people were developed alongside the mainstream labour market policies. This difference reveals different degrees of political will within the labour market programmes for disabled people - there is a long-term commitment from the government in Sweden and only short-term responses to certain outcry in Great Britain and Taiwan. The Social Democratic welfare tradition allows Sweden to develop an inclusive approach and strong state commitment in the provisions of the labour market policies for disabled people. Great Britain shows its Liberal-Collectivist characteristics of intervening but also being hesitant to intervene, whereas Taiwan shows its Conservative welfare tradition which sees disability as a caring issue which is the responsibility of the family.

Moreover, the findings with regard to vocational training are in line with the three welfare models, namely, the most inclusive measure in Sweden; moderate provision based on less inclusive definition of disability in Great Britain; and the failure of recognising the employment of disabled people as a labour market issue in Taiwan.

Findings Related to Research Question II

The second research question in this study is: 'What are the main labour market policy measures adopted by Sweden, Great Britain and Taiwan and what are their advantages and limitations?' Although Chapters Seven to Nine aim to answer this question, this issue has also been addressed in Chapter Six in the analysis of the vocational rehabilitation and the vocational training systems. Nevertheless, Chapters Seven to Nine focus on labour market programmes specifically designed for disabled people. In this study, I have

categorised these programmes into four main types, namely: Type I, Labour Market Adjustment Measures; Type II, Integration-seeking Measures; Type III, Segregated Employment Measures; and Type IV Pseudo Work Measures.

Type I Measures seek to adjust the labour market and change the nature of work to include disabled people in the labour market. They include the In-work Support Scheme, Work Adaptation Scheme, and the Anti-discrimination Legislation. Type II Measures seek to increase the opportunities of employment for disabled people in the labour market by giving subsidies to the employers or by enforcing a recruitment quota on the employers. Through these measures, disabled people may be physically integrated but not included in the labour market in the sense of having a full share of equal rights. They include Job-begging Programmes and the Quota Scheme. Type III Measures provide other forms of work alternatives other than work in the labour market. The kinds of employment created under these measures do not promote either integration or inclusion of disabled people into the labour market. They include the Sheltered Workshop Scheme and the Reserved Occupations Scheme. Type IV Measures are strategies to promote the transition of disabled people from working in sheltered workshops to working in the regular labour market. Disabled people work in the 'host companies' which do not pay them while staying employed by the sheltered workshops, local authorities or voluntary organisations. Therefore, they do not have the rights which other employees in the companies have, as they are not real employees.

The development of the labour market programmes specifically designed for disabled people can be divided into three stages (1960s; 1980s; and 1990s) in Sweden; three stages (1940s, 1980s, and 1990s) in Great Britain; and two stages (1950s and 1990s) in Taiwan. For each country, the reason for the initiation of the labour market programmes specifically designed for disabled people was: the establishment of the welfare state in Sweden; the effect of World War II in Great Britain; and the influence of the disability movement in enacting an enforceable law in Taiwan. Furthermore, the main shift of the development emerged in the 1990s in Sweden -- due to policy learning from other countries; emerged in the 1980s in Great Britain -- due to the failure of the former policies and the influence of the disability movement; and Taiwan has not to date perceived any main change or shift in development. Table 7.2 (see page 168) shows the measures which have or have not been adopted, as well as those which have been adopted as main measures now or before. To sum up, the approaches taken by the three

countries are as follows: Sweden -- Anti-discrimination Legislation as complementary to Job-begging and Segregated work; Great Britain -- from Quota Scheme to Anti-discrimination Legislation and Pseudo Work; Taiwan: Quota and Reserved Occupations.

Type I: Labour Market Adjustment Measures

In-work Support Scheme

In-work Support Scheme was first developed in the US in the mid-1980s as an alternative to the segregated sheltered workshops and day centres. The purpose was to support disabled people so that they can maintain their jobs -- especially people with learning disabilities who tend to need support at work. The major advantage of the In-work Support measure is that, rather than assuming that disabled people cannot work, it supports disabled people at work, and thus increases their opportunities of obtaining and/or keeping a job. The major challenge of this measure, however, may be an administrative one. First, the method of budgeting has to be flexible enough to fund both short-term and long-term supports. Second, the evaluation of the success of this scheme has to be looked at from a long-term, rather than a short-term perspective.

Among the three countries, Great Britain was the earliest in adopting the In-work Support Schemes. However, the initiation of these schemes was not made by the government but by private agencies and voluntary organisations. The funding comes mainly from the grants from the social authorities rather than the labour authorities. Instead of providing funding for the In-work Support Scheme, the labour authorities in Great Britain opted for putting money in the Pseudo Work Schemes (Type IV measures). Sweden and Taiwan both initiated a pilot In-work Support Scheme in 1993. It became a permanent scheme in Taiwan in 1995 and in Sweden in 1998. Sweden has been a leader in the field of social and labour policy, which many other countries would like to learn from, which may explain why Sweden is the slowest among the three countries to learn this scheme from other countries such as the U.S. The reluctance of the labour authorities in Great Britain to adopt the In-work Support schemes reveal the government's reluctance in welfare provisions. As discussed, the British government preferred the voluntary approach with regard to the issue of the employment of disabled people. As the In-work Support Schemes emphasise long-term ongoing support for

disabled people, they require long-term commitment from the funding resources. This is, therefore, not the approach which the British Liberal-Collectivist welfare state is likely to take. Taiwan has incorporated the idea of In-work Support in its employment services for disabled people since 1995. However, the state provisions are very limited in number. The In-work Support Schemes are provided mainly by voluntary organisations with or without grants from the local *PMDPE* Fund. Therefore, the ideology that disabled people's welfare has to rely on family or voluntary organisations reveal the Conservative welfare characteristics; whereas the reliance of the funding from the *PMDPE* Funds reveal the Liberal logic of reliance on the market in providing welfare to their citizens.

Work Adaptation

Instead of assuming disability as a personal problem, Work Adaptation Schemes seek to adjust the work and workplace to accommodate disabled workers' needs. Among the three countries, Great Britain's definition of 'work adaptation' is the broadest. It includes work adjustment, work assistance, and in some local employment services, personal assistance as well. Whereas in Sweden and in Taiwan, the idea of work adaptation includes only work adjustment and work assistance. Sweden had attempted to force employers to provide work adaptation for their disabled employees but had failed, owing to its tradition of welfare being based on co-operation between the social partners and strong state provisions rather than intervention. Whereas Great Britain had gone through a major change from providing technical equipment on the basis of the individualised view of disability, to focusing on eliminating environmental barriers, which owes much to the influence of the disability movement. Taiwan's attempt of providing work adaptation support started only since 1994. Before, there was no similar attempt. Its initiation of the Work Adaptation Scheme was mainly due to an official at the EVTA who had strong concern for disabled people. The provision of the technical equipment, however, is due to the enactment of the *PMDPPL 1997*, which puts even more emphasis on eliminating the environmental barriers than before.

Anti-discrimination Legislation

Unlike other labour market measures, anti-discrimination legislation does not define the 'provisions' for disabled people; instead, it defines the 'prohibitions' on discrimination in the labour market. The advantages of this approach include: First, it safeguards the well-being of disabled people via a legal tool. Disabled people do not have to rely on the state provisions which may be compromised by other factors. Second, anti-discrimination legislation places the problem on the society rather than the individual. Therefore, it asserts disabled people's self-identity, collective identity and the empowerment of disabled people. Third, as Oliver and Barnes (1992) have suggested, anti-discrimination legislation addresses institutional discrimination in several ways. The main challenges/limitations of this approach lie with the cost of structural alterations and the groups of disabled people who can benefit from this approach.

Both Sweden and Great Britain have anti-discrimination legislation for disabled people; whereas Taiwan has not adopted this approach. The Social Democratic welfare tradition which is based on strong state provisions and co-operation, rather than state interventions in the market, explains why the legislative approach is seen as 'foreign' to Sweden. Therefore, although the definition of disability and the coverage of the employers seek to be as broad as possible, the fields covered and the functions of the *Law Against Employment Discrimination of People with Functional Impairments 1999* are limited.

Whereas in Great Britain, the common law fails to ensure equal rights of some groups, thus the legislative approach then becomes an option. In addition, unlike the Swedish welfare state whose labour market policies are based on co-operation between the social partners, Great Britain's policy development in the area of anti-discrimination relies more on advocacy from the lobbying groups, such as women, ethnic minorities and disabled people. The government's ideology of minimal state intervention and the preference for a voluntary approach, explains why the Private Member Bill, the *Civil Rights (Disabled Persons) Bill 1994* failed in Parliament. Whereas the *DDA 1995*, which is based on a Bill proposed by the government, adopts an individualised definition of disability rather than the social model of disability, which the disability movement has been advocating for. It also explains why education, transport and other aspects of social life are not covered by the *DDA*.

In Taiwan, the individualised and medicalised definition of disability combined with the Conservative welfare tradition, which sees looking after disabled people as the family's

responsibility, prevents the country from seeing disability as a human rights issue. The lack of anti-discrimination legislation on other grounds such as sex is also an important factor. In addition, unlike Great Britain, the disability movement has defined itself as a minority group and has focused its attention on asking for more state provisions of welfare for disabled people, rather than changing the view of disability from a medicalised and individualised perspective to a social perspective.

Type II: Integration-seeking Measures

With these types of measures, first, Job-begging Programmes give employers financial incentives so that they will give disabled people jobs. Thus disabled people are put in a situation where they have no say about the work conditions and are given jobs as if they were beggars. On the other hand, Quota Schemes force employers to employ a certain quota of disabled people in their workforce. The main advantage of these schemes is that they create a pathway of opportunities for disabled people to enter into the labour market. The major disadvantage, however, is their individualised and labelling approach towards disability.

Sweden, Great Britain and Taiwan have all adopted Job-begging Programmes. Nevertheless, this type of programme has been given a lot more importance in Sweden than in the other two countries – the amount of subsidies provided are greater and the duration is longer. Compared to other measures, Sweden's Job-begging Programme – the Wage Subsidies Scheme, has always been adopted as one of the main labour market programmes specifically designed for disabled people. Also, Sweden has rejected using the Quota Scheme mainly because this scheme is contradictory to the co-operative tradition of Swedish labour market policies. The strong state stand in the Swedish Social Democratic welfare tradition refers only to strong state provisions rather than strong state interventions.

On the other hand, Great Britain had adopted the Quota Scheme as one of its main labour market programmes for disabled people. This is contradictory to this country's Liberal-Collectivist tradition which emphasises minimal state intervention and moderate state provision. The public concern towards disabled ex-soldiers promoted compensatory measures for this group. The temporary social outcry due to the War was thus the main driving force for the initiation of the Quota Scheme in Great Britain. As the society

changed and the temporary social background faded away, the lack of any real political will in guaranteeing the right to work of disabled people was brought to light by the poor implementation of the Quota Scheme. Taiwan, in contrast, did not develop the Quota Scheme for the purpose of compensating disabled ex-soldiers. The emergence of the enforceable Quota Scheme, has to be understood, instead, under the context of the disability movement's influence and the competition amongst the different political parties. The mechanism for enforcing the scheme is therefore built into the system, which partly explains its comparatively more successful implementation than that of Great Britain. What is more important, however, maybe Taiwan's patriarchal ideology of giving disabled people special protection, which is a characteristic of the Conservative welfare model

Type III: Segregated Employment Measures

In Type III measures, in terms of the Sheltered Workshop Schemes, both Sweden and Great Britain have state-owned sheltered workshops. Sweden's Samhall was established to deal with the problem of sheltered employment provided by different providers and thus the quality of work provided varies greatly. Whereas Remploy in Great Britain, was set up after the WWII, in order to provide jobs for those who were viewed by the Disablement Resettlement Officers (DROs) as not having enough workability to work effectively in the labour market. The former emphasised good quality of work; whereas the latter focused more on providing a job. Therefore, some differences between them can be identified. For instance, unlike Samhall in Sweden, there is no emphasis on personal development in Remploy in Great Britain. In addition, there is no guarantee of there being a reasonable wage in Remploy as there is in Samhall. Furthermore, there is no rule for prioritising certain groups of disabled people in Remploy to ensure the inclusion of the most disadvantaged group in the sheltered employment provision, as there is in Samhall. These differences distinguish the two types of sheltered workshop schemes: Remploy as representing the traditional model and Samhall as providing the new model. Remploy attempts to provide 'a job' for disabled people but pays less attention to the quality of the job and who benefits from the scheme. Samhall, in contrast, attempts not only to provide 'a job' for disabled people but also to promote the inclusion of disabled people into the labour market and to facilitate a reasonable quality of life.

In addition to Remploy, there are sheltered workshops run by local authorities and voluntary organisations in Great Britain. The huge differences in the provisions of sheltered employment amongst the local authorities, show the lack of a co-ordinated service and the lack of standards in provisions. This was the main problem which Sweden attempted to tackle when setting up Samhall.

Unlike Sweden and Great Britain, Taiwan does not have any state-owned sheltered workshop. Nor does the government give grants to sheltered workshops run by voluntary organisations. The *PMDPPL 1997* stated that 'the Labour Authority should provide sheltered employment services for disabled persons who are willing to work but do not have enough workability'. Despite this Law, however, there is no government budget or resources spent on sheltered employment services. As mentioned, voluntary organisations have to rely on charity donations or they can apply for subsidies from their local *PMDPE Fund*. As the application should be made annually, the funding for sheltered workshops schemes is not stable. The lack of state provisions in this respect also results in the lack of a sufficient standard in provisions. Therefore, compared to Sweden and Great Britain, sheltered employment in Taiwan still functions at a primitive stage.

With regard to the Reserved Occupations Scheme, Sweden does not adopt this scheme as it is based on a disability registration system and thus this is contradictory to Sweden's welfare tradition of basing its provisions on citizenship. On the other hand, both Great Britain from 1944 to December 1996 and Taiwan from 1980, have adopted disability registration systems. The main difference with the Reserved Occupation Schemes in the two countries is the entitlement. All registered disabled people are entitled to participate in the British scheme; whereas only blind and visually impaired people are entitled to in the Taiwanese Reserved Occupations Scheme. In Great Britain, the Scheme had set limitations in its functions in promoting the employment of disabled people from the initiation of the scheme -- it was only as a residual measure which promoted low-skilled employment and was also only for a small number of disabled people. In Taiwan, it was started as a way of maintaining the tradition and occupation of blind people established under the Japanese ruling. However, it later became a degraded occupation due to the increasing demands for massage treatments which resulted from changes in people's ways of life, the prevalence of illegal pornographic massage practices which confused the idea of the massage profession, and the government's de-skilling

policy which reinforces the discrimination against this group. The experiences of Great Britain and that of Taiwan shows that the occupations reserved are segregated into a small and exclusive section in the market, and disabled people are exposed to the high risk of bad working conditions.

Type IV: Pseudo Work Measures

Both Sweden and Great Britain have adopted them but Taiwan has not. This is mainly because Pseudo Work Measures are established mainly to solve the problem of disabled people staying too long in the sheltered workshops. (Both Sweden and Great Britain have state-owned sheltered workshops and Taiwan does not). Therefore, Taiwan has not developed this type of measure. The ways the Pseudo Work Measures are carried out are similar in Sweden and Great Britain. Nevertheless, one big difference is that Sweden has adopted this type of measure on the basis of only being a short-term transitional measure; whereas Great Britain has adopted this type of measure as being a long-term 'employment' option. In addition, Pseudo Work Measures play comparatively insignificant roles among all the labour market programmes for disabled people in Sweden; whereas they play a more significant role in comparison with other programmes in Great Britain. Compared to other types of labour market measures specifically designed for disabled people, it seems that there are better alternative policy measures other than Pseudo Work Measures, such as the In-work Support Scheme – which has more potential in protecting the right to work of disabled people.

Discussion

Welfare Models and The Approaches Taken by the Three Countries

To remind the reader, this study began with the hypotheses drawn from the welfare models proposed by Esping-Andersen (1990, 1999). Although the two indicators used by Esping-Andersen (1990), 'de-commodification' and 'stratification', are not viewed as appropriate for this study, the characteristics and emphases which the three welfare models entail, provide a good tool for generating hypotheses. Drawing from the findings of this study, the three welfare models are useful in explaining the approaches taken by

the three countries with regard to the first research question. Therefore, in this sense, the hypotheses of this study are valid. Nevertheless, they cannot predict the policy programmes adopted by the three countries, with regard to the second research question. Therefore, the hypotheses of this study are not valid in this sense. Certain social and historical factors such as the WWII and the disability movement, also play important roles in the establishment of the specific labour market programmes. In other words, the welfare models may predict the main policy direction but not the specific policy programmes. In addition, there is a need to distinguish two types of policy programmes: the 'provision' type and the 'market intervention' type of programmes. If we do not distinguish between these two types of programmes and assume that the Social Democratic welfare states will place strong commitment in the policy programmes regardless of the types of programmes, then we are wrong. By distinguishing between these two types of programmes and analysing the performance of the three countries, we can gain a deeper understanding of the welfare models not only in terms of their provisions but also in terms of the power structure and the policy-formation mechanisms which existed in Sweden, Great Britain and Taiwan.

Welfare Models and the Main Policy Directions

First, in terms of the main policy directions, Sweden tends to adopt the most inclusive approach and recognises the right to work of everyone including disabled people. The definition of disability is a relative one, which recognises the importance of eliminating environmental barriers. Both the assessment of employability and the vocational rehabilitation adopt this relative definition of disability. In addition, disabled people are treated as participants rather than clients in the employment services. Disabled people receive mainstream vocational training programmes along with non-disabled people and have the right to adaptation. Mainstream labour market programmes are made available to disabled people and are considered first before special programmes are adopted. The inclusive approach also shows in the fact that the labour market policies for disabled people are developed alongside the development of the mainstream labour market policies. In other words, in Sweden, disabled people are seen as equal citizens and enjoy the same rights with their non-disabled counterparts, although extra support is provided in addition to the mainstream measures. These approaches are in line with Sweden's

Social Democratic welfare tradition.

In Great Britain, an individualised definition of disability is adopted. This view is carried throughout the employability assessment which is controlled by professionals and which treats disabled people as passive clients. This view is also shown in the exclusive rather than inclusive approach which Great Britain adopts. Great Britain initiated its labour market policies for disabled people mainly as a response to the public feelings for compensating the ex-servicemen. Disability was seen as a personal misfortune and segregated provisions are made. The labour market policies for disabled people did not develop alongside the development of the mainstream labour market policies. Although from the mid-1980s, a growing emphasis has been placed on mainstream provisions, vocational training is still based mainly on segregated provisions. The preference for a voluntarist approach by the British government is shown in the Quota Scheme, as it was first initiated as a voluntary measure (called the King's Roll Scheme) during the WWI and as the Quota Scheme established under the *DP(E)A 1944*, had very poor implementation. In addition, the Reserved Occupations Scheme had from its start the aim of providing residual occupations which demanded low skills and which have low social status. This shows the Liberal-Collectivist welfare tradition of Great Britain, namely, intervention made as a response to a temporary outcry, but having no real long-term state commitment. This approach can also be seen in the *DDA 1995* which was based on the government proposal and which were criticised as a 'half-hearted' piece of legislation.

In Taiwan, disabled people are seen as dependants whose care responsibility lies with the family or in voluntary organisations, rather than being seen as potential contributors in the labour market. The definition of disability and the employability assessment are based on an individualised, medicalised, labelling and restricted view of disability. There is strong professional control and disabled people are treated as being passive and abnormal clients. In addition, there are very limited state provisions in the vocational training and labour market programmes for disabled people. Furthermore, the exclusive approach which denies disabled people the right to access the mainstream programmes, is also adopted. The initiation of the labour market programmes for disabled people was due to a temporary outcry (namely, polio epidemic) as well as the legitimisation crisis of the KMT party in the late 1970s. Therefore, there was no political will in establishing a support system for disabled people. Thus, as hypothesised, Taiwan is the last among the three to recognise the right to work of disabled people and to adopt an inclusive

approach.

The Role and the Strategies of the Disability Movements in the Three Countries

As discussed above, in terms of the first research question, the welfare models are valid in predicting the policy direction taken by the three countries as hypothesised. However, one important factor which contributed to the above developments and approaches, should be highlighted – namely, the role of the disability movement. In all three countries, the disability movement plays a crucial role in changing the definition of disability in government policies. In Sweden, the proposal of ‘Society for All’ made by the disability movement in 1972 shaped the relative definition of disability adopted by the government. In Great Britain, the disability movement challenged the individualised view of disability and proposed the social model of disability. Although this new model of disability is not accepted by the government, the mixed view of disability shown in the *DDA 1995* reveals a significant progress in this respect. In Taiwan, the disability movement has been influential in promoting the broadening of the categories of disability.

It should be noted that the differing welfare models provide differing political niche and mechanisms for the disability movement. Therefore, the disability movements in the three countries differ in their political strategies, and in turn, differ in their capacities for having influence on the definition of disability. In Sweden, the Social Democratic Model which has a strong tradition of co-operation and negotiation, tends to value disabled people’s opinions and thus the disability movement’s proposal of the relative definition of disability was accepted by the government, and also the government gives disability organisations grants for running their organisations. In this context, disabled people have a formal and effective channel through which they can influence government policies. Therefore, the strategies taken by the Swedish disability movement tends to be a co-operative one. This explains why the Independent Living Movement, which does not define itself as part of the disability movement, takes a different approach – it does not seek to take the co-operative route but rather to introduce anti-discrimination legislation.

In Great Britain, the Liberal-Collectivist welfare tradition which emphasises the voluntarist approach, whilst making some provisions based on temporary social outcries, provides no co-operative channel for disabled people. (As Dunleavy (1989) argues, British Liberal Collectivist consensus is based on an ‘ungrounded statism’). Therefore,

like other social groups such as women and ethnic minorities, disabled people in Great Britain takes a more radical approach in challenging the government and in promoting a legislative approach. Whereas in Taiwan, as the state faces a radical political transformation from authoritarian to democratic, proper formal channels of co-operation have not been established. In addition, the government still views disabled people as being one of the minority and disadvantaged groups, along with women, children, and the elderly people, whose care needs lie in the family and who needs paternalistic welfare provisions. Likewise, the disability movement also defines itself as one of the minority groups and thus the focus of its political efforts has been on broadening the categories of disability so that more disabled people can be included in the share of the 'welfare cake'. The Conservative welfare tradition of Taiwan thus limits the scope of the disability movement – it does not challenge the definition of disability from a fundamental point of view.

Welfare Models and the Labour Market Programmes Adopted

In terms of the second research question, welfare models are not very useful in explaining the kinds of labour market programmes which have been adopted by the three countries. As shown in Table 7.2 (page 168), regarding the four main types of labour market programmes specifically designed for disabled people, Sweden's major programmes encompass Type I, II and III programmes. Great Britain has shifted from focusing on Type II and III to Type I, III and IV measures. Taiwan has not adopted Type I measures as one of its major programmes. Instead, its major programmes are in Type II and III. As various types of programmes have been adopted altogether in each country, the differing welfare models do not seem to be useful in explaining the types of programmes adopted by the three countries. Nevertheless, a distinction of the 'provision' type from the 'market intervention' type of programmes will help us to have a fuller understanding of the power structure and the mechanisms entailed in the three welfare models.

'Provision' versus 'Market Intervention' Type of Programmes

First, in terms of the 'provision' type of measures, it is obvious that Sweden has committed itself in providing Work Adaptation, Wage Subsidies and Sheltered Workshops. These three programmes are in line with Sweden's Social Democratic welfare approach which is based on strong state provisions. Great Britain has made provisions in sheltered workshops and has also established moderate provisions in Work Adaptation and Pseudo Work programmes. Although there is no state commitment as in Sweden, in Great Britain the state has made moderate welfare provisions. Whereas in Taiwan, the major labour market programmes specifically designed for disabled people are not based on state provisions. Instead, the Quota Scheme has shown to stand as an important money-generator for the government due to the levy system. All in all, there is very limited state provisions. Disabled people are forced to rely on their families or voluntary organisations. The Conservative welfare model can be seen in the Taiwanese case.

On the other hand, in terms of the 'market intervention' type of programmes, Sweden has neither favoured nor been successful in this type of programme. Programmes of this kind such as the Quota Schemes and the Reserved Occupations Scheme are seen by Sweden as 'negative' programmes in that they provide welfare on the basis of labelling and market intervention. In addition, Anti-discrimination legislation has not been seen as a favourable approach in Sweden, and therefore its scope and functions tend to be limited. Furthermore, the experience of forcing employers to provide work adaptation for their disabled employees also showed the difficulty of this approach in its implementation in Sweden. This is mainly due to the co-operative tradition of Sweden – the power structure is more balanced between the state and the social partners.

In Great Britain, however, the Quota Scheme was established under the social background of public emotional support for compensation for ex-servicemen. The lack of implementation of this scheme, nevertheless, shows the Liberal characteristic of Great Britain. In addition, the government's reluctance in enacting a human rights legislation also shows the Liberal characteristic of the British welfare state. In Taiwan, the Quota Scheme was initiated as a voluntary scheme although its establishment was due to policy learning from the Japanese legislation. It was under the strong influence of the disability movement that this scheme became enforceable. The Reserved Occupations Scheme was established in order to maintain the tradition of blind people performing massage work. Neither of the two schemes were based on the political will of the government in

establishing a support system for the employment of disabled people Nevertheless, without the Conservative paternalistic ideology of welfare, these two programmes could not have been adopted and maintained up to now

Differing Capacities for Ensuring the Right to Work of Disabled People?

Does Sweden have more capacity for ensuring the right to work of disabled people than Great Britain and more so than Taiwan? In terms of the main policy direction, the answer is yes However, in terms of the types of labour market programmes specifically designed for disabled people adopted, on the surface it seems to be likewise so, but questions have still to be asked as to whether this refers to all groups of disabled people

From the major programmes taken by Sweden, disabled people are given more chances to work in the labour market due to strong state provisions through wage subsidies and work adaptation. In addition, disabled people have the right not to be discriminated against in the labour market Also, for those who do not benefit from these measures, sheltered employment is provided as an option In Great Britain, the government does not create opportunities to work in the labour market but disabled people have the right not to be discriminated against Also, work adaptation is provided For those who are seen as not being able to work in the labour market, there is the provision of sheltered employment In addition, increasing resources are put into creating 'pseudo work' Therefore, the main differences between Sweden and Great Britain, lie in Sweden's state provisions which aim to create job opportunities in the labour market However, under the systems of both Sweden and Great Britain, only those who can be competitive in the labour market can be guaranteed the right to work Thus, these two systems are basically based on the capitalist value of individual market merit For those who have less market merits, segregated employment is the main option

The same logic can also be found in the Taiwanese system In Taiwan, the Quota Scheme creates opportunities for disabled people to work in the labour market Unlike Sweden, support measures such as wage subsidies are not provided Nor is there a right not to be discriminated against in Taiwan However, like Sweden and Great Britain, the group who are more likely to benefit under the Quota Scheme are those who can be more competitive in the labour market For those who do not benefit from this scheme, there is a very small range of options

The fact that the current systems in all three countries are based on the capitalist value of individual market merits highlights the importance of the idea of 'inclusion' in defining 'the right to work' of disabled people.

The 'Right to Work' of Disabled People

In this study, I have listed five basic elements regarding 'the right to work' of disabled people from the principles provided in some universal documents proposed by the UN and the EC. These include 1) That the work should be freely chosen 2) The work should be fair and square 3) There should be just and favourable work conditions 4) Discrimination against disabled people should be prohibited 5) Work adaptation should be provided with the support from the government These principles are basically based on the capitalist value of focusing on the individual market merits The analysis in this study, of the systems provided by Sweden, Great Britain and Taiwan highlights the narrowness in the meaning, of the concept of 'the right to work' for disabled people which is drawn from the international documents

If all disabled people are to be included in the labour market, the right to work should focus not only on equal opportunities for those who can fulfil work based on the capitalist competitive logic, but also emphasising on equal participation for those whose market merits are not as great as others, but will have other contributions to the society Therefore, the basic elements of the 'right to work', stated on page seven should be revised into the following six, namely, the above five plus '6) equal participation in the labour market, despite individual market merit' In addition, it is important to emphasise that 'inclusion' should mean equal participation regardless of individual market merit – only then can all disabled people who wish to work, be guaranteed with the right to work. If the capitalist value which current systems in all three countries are based, are not changed fundamentally, the gap in the rights protection between disabled people who tend to be more competitive in the labour market and those who have less market merits, will widen – especially with the globalisation of economy which makes it more difficult for disabled people to compete in the labour market In addition, as Roulstone (1993) has warned us, those who can benefit from technology development will still be those who are more likely to obtain employment in the competitive labour market.

In this study, I have deliberately defined 'work' in terms of 'paid work' in order to emphasise that all work performed by disabled people should be paid fair and square. Another reason for focusing on paid work is that this study analyses the labour market policies for disabled people and that these policies aim to promote paid employment for disabled people. However, a more radical view of the right to work of disabled people should have a more inclusive definition of work which would include the many forms of unpaid work which disabled people do. For example, Oliver (1999b) contended, 'Many disabled people spend much of their time supporting other disabled people in escaping from institutions, finding jobs or suitable accommodation, understanding the complexities of the service and benefits systems and managing their own independent living schemes' (Oliver 1999b, p. 9). A radical view of the right to work of disabled people, therefore, should include these forms of work and it is crucial that a citizenship income is guaranteed with adequate recognition of the meaningful contribution which disabled people provide in these various activities.

The Importance of The Ideology of Disability

If labour market policies for disabled people are based on the individualised view of disability, then measures which reinforce discrimination against disabled people will be likely to be maintained. For instance, although the Wage Subsidies Scheme in Sweden may create job opportunities in the labour market for disabled people, it may also reinforce the view that disabled people are less productive. In addition, using Great Britain's *ADA 1995* as an example, is based on an individualised view of disability and thus in order to be entitled to the rights provided in the *Act*, disabled people are required to prove their identity status of being disabled as defined in an individualised way in the *Act*. Furthermore, in Taiwan, as long as the ideology of disability is not challenged fundamentally, labour market policies and welfare provisions will still be based on the disempowering and labelling definition of disability.

Inclusion for All

To conclude, to ensure the right to work of all groups of disabled people, labour market policies for disabled people should be based on the definition of disability which

recognises the environmental barriers as a main source of disability, the value of inclusion and social participation for all groups, regardless of their market merits, and disabled people's participation as equal members rather than passive clients. This will take several measures which tackle the problems faced by different groups of disabled people. In this study, I have analysed the labour market programmes for disabled people, programme by programme, separately, in order to analyse the philosophies, the origins, substances and outcomes of each of them. However, in all the three countries, disabled people may benefit from different measures at the same time. Thus to evaluate how the combination of different measures work, to ensure the right to work of disabled people, will provide a good topic for future research.

In Chapter Two (page 53), I have mentioned that in order to achieve the goal of inclusion for all disabled people, Oliver (1999) proposed three 'big ideas', namely, the social model of disability, independent living, and civil rights. In addition, Zarb (1995) emphasised the importance of anti-discrimination, the goal of 'inclusion' and 'participation' in policies, and an inclusive definition of discrimination. Drake (1999) emphasised the importance of an inclusive definition of disability. He also argued that it is crucial that disabled people participate in the policy-making process. This study found that the disability movements in the three countries have played a crucial role in promoting the changes of the view of disability and promoting policies which are based on the rights of disabled people rather than charity. In the future, the role of the disability movements should be emphasised and highlighted more, and that the disability movements in the three countries should be provided with more resources in order that policies for disabled people will be based on an empowering strategy with empowering goals.

'De-commodification' and 'Stratification' Revisited

These two indicators which were constructed by Esping-Andersen (1990) do not appear to be suitable for this study. Therefore, although the research hypotheses were generated from the three welfare models proposed by Esping-Andersen (1990, 1999), the analysis in this study is not based on these two indicators. However, it is worth reconsidering these two concepts by rethinking the appropriateness of them as indicators for analysing the labour market policies for disabled people, from the findings of this

study. Firstly, with regard to 'de-commodification', I argue that de-commodifying measures can not necessarily guarantee the social rights of disabled people. For example, Type III and IV Measures are measures which de-commodify disabled people. Rather than re-commodify disabled people in the labour market, these measures provide special forms of employment in which they are protected in a segregated way (Type III) or in a way that disabled people being "pseudo-commodities" (Type IV). As discussed in Chapter Nine, these measures do not guarantee the right to work of disabled people.

Furthermore, this study shows that the ideology of disability should be highlighted in analysing labour market policies for disabled people. The indicator of 'stratification', which is based on a class-biased view of social division, neglects the importance of the ideology of disability. The exclusion of disabled people from mainstream policy programmes and the professional control in the employability assessment process, as discussed in Chapter Five and Six, highlight the significance of the distinction between disabled and non-disabled people which labour market policies make. This distinction is based on a non-disabled view of normality, which reinforces the discrimination against disabled people, and contributes to the disadvantage of disabled people in the labour market. Therefore, the inequality created and reinforced by social policies has to be understood under this disabled/non-disabled social division.

Although from the above discussion, I showed that de-commodification and stratification do not appear to be appropriate indicators for analysing labour market policies for disabled people, they could have been adopted and examined more closely. This may form a basis for similar research which is interested in examining the validity of the welfare models proposed by Esping-Andersen in explaining the labour market programmes for disabled people in differing countries. On the other hand, it should also be a good topic for future research to construct indicators based on the concept of the right to work of disabled people, as proposed in this study, and the idea of social division based on the disabled/non-disabled distinction, as discussed, in comparing the labour market policies of various countries.

Summary of Theoretical Contributions

In Chapter Three, I have reviewed the theoretical perspectives on the definition of disability, on labour market segregation, on the disadvantages of disabled people in the

labour market, and on equality. The existing models of disability provide a framework for comparing how disability is viewed in the three countries. From my analysis, I found that none of the three countries adopt an ideal type of Medical, Social Constructionist, Social, or Affirmation Model of disability. Instead, Sweden adopts a mixture of the relative model of disability and a mixed view of disability which is mainly based on an individualised model; Great Britain adopts a mixed view of disability which focuses on the individuals' functional impairments. Taiwan adopts a medicalised approach towards disability but has also recognised the importance of removing environmental barriers. Therefore, the relevance of the models of disability for this study is in providing an analytical framework. Besides, the debate on the disadvantages of the Minority Group discourse in the Social Constructionist view of disability provides a good theoretical explanation as to why the disability movement in Taiwan has not tried to challenge the definition of disability fundamentally.

The theoretical perspectives regarding labour market segregation which were developed by some economists in the 1960s and 1970s, failed to address the issue of the disadvantages of disabled people in the labour market. These theories have also been heavily criticised from gender and racial perspectives. The role of ideology such as patriarchy and racial discrimination, has been highlighted. This issue has also been addressed by some disability researchers since the 1980s. Several explanations of the disadvantages of disabled people in the labour market have been provided by some disability researchers. As I have reviewed in Section 3.3 of Chapter Three, the factors that contribute to the disadvantages of disabled people in the labour market mentioned by these studies include: 1) the industrialised and capitalist values and mode of production, 2) ideology of disability; 3) disability definition as a political tool for controlling labour. Some studies evaluated the potential of technological development in improving the employment situations of disabled people. Others argued the importance of seeing disability as an international civil rights issue due to global economic competition. These theoretical explanations are not directly related to my study as the purpose of this study is not to explain why disabled people are disadvantaged in the labour market. Instead, the purpose is to look at how different states respond to the disadvantaged situation of disabled people. Nevertheless, it is worth looking at these explanations so that we have a better understanding of the nature of the problems, before looking at the changing agents and mechanisms existing in the three countries.

Furthermore, as Rioux (1994) argued, most theoretical perspectives on equality failed to address the inequalities faced by disabled people. As I have quoted on p. 78, Rioux suggested a new idea of equality taking account of disabled people's experiences, namely, equality which is based on inclusion and participation for all groups rather than on individual market merits. This debate on the meaning of equality enables me to elaborate the five elements of the right to work of disabled people (which were generalised from the international documents), into six (adding: equal participation in the labour market, despite individual market merit).

This study started by applying the welfare models proposed by Esping-Andersen in looking at the labour market policies for disabled people. In comparing the three countries, I found that a distinction between the 'provision' type and 'market intervention' type of programmes should be made, in order to capture the differences in the power structure and the mechanisms of policy changes in states of differing welfare models. Therefore, this study contributes somewhat to more understanding of the welfare models in terms of state commitment of the 'provision' type of labour market programmes, the relationship between the state and the market, and the mechanisms of policy changes. In addition, Esping-Andersen's study failed to address the issue of the role of the civil society such as the disability movement as an important force which influences the policy-making process and as being welfare providers. This study suggests that without taking this factor into account, we can not understand how states of differing welfare models approach the issue of the right to work of disabled people. Moreover, Esping-Andersen's definition of 'social right' is based on the degree of 'de-commodification', namely, the extent to which an individual can have a reasonable material well-being without having to rely on the market. By focusing on 'de-commodification', Esping-Andersen failed to look at the other side of the coin, namely, the right to work. For many people, participation in the labour market is more desirable than relying on other sources of income. Work can meet with people's various needs other than just material well-being, such as social inclusion. Thus this study highlights the importance of including 'the right to work' as a crucial part of 'social right'.

Finally, from the analysis of the anti-discrimination legislation in Sweden and Great Britain, we can see that even when both define disability from the same perspective, namely, the functional limitations of the individual, the scopes and functions of the legislation differ greatly in the two countries. As I have discussed in Chapter Eight, these

differences can only be understood under the specific welfare model of the country in which the legislation is adopted. Therefore, moving beyond Drake's (1999) analysis of disability policy which focuses on the ideology of disability alone, this study emphasises the importance of looking at the welfare models of the state when analysing policies for disabled people.

Policy Implications

What can the three countries learn from this comparison of the labour market policies for disabled people? Before discussing this issue, it is useful to ask: Is it better to be a disabled person in Sweden or in Great Britain or in Taiwan? In Sweden, disabled people can get more support from the 'provision' types of programmes such as Work Adaptation, Wage Subsidies, and Sheltered employment. There is also the anti-discrimination legislation that prohibits discrimination in the workplaces. In Great Britain, disabled people have the basic protection from being discriminated against not only in employment but also in the production of services and goods. There are also the provisions such as sheltered employment. However, there is an increasing trend of promoting disabled people into pseudo work. In Taiwan, there is a lack of adequate provision of labour market programmes for disabled people. And there is no anti-discrimination legislation. Therefore, being a disabled person in Taiwan is the worst option, because of the lack of adequate support and the lack of dignity as an equal citizen.

As for Sweden and Great Britain, in terms of prohibition of disability discrimination, Great Britain fairs slightly better than Sweden. But in terms of state provision, Sweden has more state commitments than Great Britain. In Sweden, a disabled person might get a job through sheltered employment or the wage subsidies programmes. But these two forms of employment are based on the idea that disabled people are less productive and the focus is not on putting the money into giving disabled people long term and ongoing support. The wage subsidies scheme is rather a one-off bribing the employers for giving disabled people jobs. Whereas as there is an emphasis on profit-making in the sheltered workshops, some disabled people may have stayed in the workshops longer than they actually need to, as there is no emphasis on taking programmes such as in-work support as first priority. So is it better to be a disabled person in Sweden than in Great Britain? For some people with learning disabilities, the answer may be yes because Samhall has

the regulation about the percentage of this group in their workforce whereas Remploy does not see this as a goal. For some people who cannot obtain a job because of discrimination, anti-discrimination legislation gives them a basic protection and the wage subsidies gives them opportunities. However, more focus on the empowerment of disabled people rather than bribing the employers and segregating disabled people should be emphasised. Furthermore, many disabled people encounter difficulties in participating in the labour market because of discrimination in education and in accessibility of public places, etc. These issues are not addressed by the current anti-discrimination legislation.

In Great Britain, the areas covered by the anti-discrimination legislation are slightly more than in Sweden. However, the barriers in many areas of social life hinder the participation of disabled people in the labour market, such as education and accessibility of public transport and places, are not covered in the *DDA*. Sheltered workshops do not have the regulation of ensuring that people with learning disabilities compose a certain percentage of its workforce. The Sheltered Placement Scheme and Remploy Interwork are worse options than Sweden's wage subsidies scheme as they promote pseudo work rather than real employment. Although many disabled people obtain support from the supported employment programmes funded mainly by health authorities and social services, from a long term point of view, if it is not adopted as a main programme by the labour authority, its prospect is limited.

By comparing the three countries from their social and historical contexts, we could not only have more policy options in our minds but also recognise the mechanisms which promote the policies and the uniqueness of each of the countries. In other words, it helps to develop policies from a variety of options as well as to have more insights towards our own and other countries. Through the comparison, some issues also emerged for policy debates. In Chapter Five, I have compared the way disability is defined in the labour market policies in the three countries. By looking at how the views of disability have developed and changed within the three countries, we can see the similar trend of moving towards the recognition of removing environmental barriers as being important, we can also see the differences in how disability is viewed in the three countries and the different grounds they each provide for their policies. If we look at disability from a scale with the left end focusing on social factors and the right end focusing on individual factors, then, we can see that the approach which has been taken by the three countries is like this: Sweden ----- Great Britain ----- Taiwan. Sweden's 'provision' type of

labour market policies define disability from a relative point of view which represents most inclusive among the three countries. But its definition of disability in the anti-discrimination legislation adopts the view of functional limitation, which is more of an individualised view of disability mixed with the recognition of removing environmental barriers. Great Britain has adopted an individualised definition of disability but the DDA 1995 moved forward to recognise the role of environmental barriers in disability. Taiwan has adopted a very medicalised and individualised definition of disability although since the 1990s there is increasing recognition of the importance of removing environmental barriers in legislation.

These approaches can be seen in the three countries' assessments of employability. For example, Sweden adopts a more inclusive and empowering approach in employability assessment. In Great Britain, because of the change of the view of disability from an individualised view towards a mixed view, there is more emphasis on work adaptation. Yet, employability assessment is still based on the view of 'fixing' the individual's problems and that disabled people are treated as passive clients. Whereas in Taiwan, employability assessment is based on a medicalised view of disability and is an exclusive approach like that adopted by Great Britain before 1996. So what have we learned from the above comparison? - Definition of disability matters! The role of the disability movement in changing the society's view of disability matters! The different welfare models in their potential of developing inclusive policies matter! If the goal of the global disability movement is the empowerment of disabled people, then it is crucial to challenge the way disability is defined and to participate in the debates on approaches of social welfare in general.

Furthermore, one of my main arguments in this study is that if the right to work does not include the right to participate in the labour market, and to be included in the society, regardless of an individual's market merits, labour market programmes in all three countries will continue to promote the right to work of only those groups of disabled people who tend to be more competitive in the labour market. From the fact that people with learning disabilities tend to be excluded from accessing the labour market programmes, and from the underdevelopment of certain programmes (such as supported employment) which will promote the employment of the group of disabled people who requires more extensive and ongoing support at work, we can see that so far, Sweden, Great Britain and Taiwan still need to make efforts on these aspects. In addition, by

classifying the labour market programmes specifically designed for disabled people into four main types, as shown in this study, we can see the different natures and functions of these programmes. Therefore, as I have shown in Table 7.2 (p. 160), the main programmes adopted by the three countries are:

Sweden: Work Adaptation (Type I), Job-begging programmes (Type II) and Sheltered workshops (Type III)

Great Britain: Work Adaptation (Type I), Anti-discrimination Legislation (Type I), Sheltered Workshops (Type III), Pseudo Work (Type IV)

Taiwan: Quota Scheme (Type II), Reserved Occupation (Type III)

For all three countries, there needs to be more resource inputs for In-work Support Schemes. In addition, all three countries have to think more about what policy programmes into which we put our resources. What kinds of programmes are we focusing on? Do we tend to promote certain kinds of employment that might not do best in promoting the right to work of disabled people? What other alternative programmes that are adopted by other countries, might we consider adopting in order to promote the right to work of disabled people? For Sweden, questions for further research and policy development include

- 1 Should the anti-discrimination legislation extend the areas it covers so that discrimination in other aspects of social life can be prohibited as well? Should the definition of disability be extended in this legislation? Should there be changes in the definition of discrimination?
- 2 Should the government put so much resource into Job-begging programmes which promote a negative view of disabled people? What impacts do these programmes have on disabled people's employment generally? What role should this kind of programme have in the future?
3. Could the Quota Scheme be a good option for promoting the right to work of some disabled people who have more difficulties in getting a job in the labour market?
4. How effective are the sheltered workshops? Are the resources put into promoting this form of employment adequate in terms of resource distribution and in terms of the protection of the right to work of disabled people?

For Great Britain, questions for further research and policy development include the same questions with the Swedish case in terms of Question 1, 3, and 4. In addition, is it legitimate that the government put so much resource into promoting pseudo work? What

role should this kind of programme play in the future?

For Taiwan, questions for further research and policy development include:

1. Could it be possible to change the definitions of disability to consider social barriers as a determining factor of disability?
2. What are the possibilities of developing more Type I measures?
3. What impacts does the Quota Scheme have on the employment of various groups of disabled people? What functions and role should this scheme play in the future?
4. Should the government develop the sheltered workshops programme? What functions and role should this programme have?
5. What functions and role should the Reserved Occupation Scheme play in the future?

Moreover, the issue of how we look at 'working capacity' or 'workability' or 'employability' emerge from my study. Should we assess the former two or should we be practical and focus on assessing the 'employability' of the individual in the employment services? Finally, the issue of the role of disabled people in employability assessment and in employment services also emerge from my comparison - Should disabled people be treated as only passive clients? Is it a helpful approach to do so? Or is it better that disabled people be active participants in the process of employment services? This requires a view of disability that does not blame the individual for causing the problems. Instead, it is crucial to see disabled people as equal citizens and see disability as a human rights issue

APPENDIX I GEOGRAPHY AND DEMOGRAPHIC FEATURES OF SWEDEN, GREAT BRITAIN AND TAIWAN

Geography

Location

Sweden lies on the inner eastern arm of the dropping Baltic peninsular which protrudes out of the north-west corner of the USSR with its nose pointing to the east coast of Great Britain just across the North Sea, and hanging from the Arctic circle at its 70th parallel.

Great Britain is centrally spaced just to the north-west of Continental Europe, and west of the Baltic peninsular (comprising of Norway and Sweden), with its south-east corner being a mere twenty-two miles from France and mainland Europe, and lying between the 50th and 60th parallel. England, Wales and Scotland form the main island of Great Britain to the east, and together with Northern Ireland to the west, they form the United Kingdom.

Taiwan is a major island just off the curved mid point section of the south-east coast of Mainland China. Together with a cluster of islands known as the Pescadores and small isles such as Orchid Island and Green Island, Taiwan hangs from the 25th parallel separated from the mainland by the Taiwan (Formosan) Strait, and being the last and largest of a string of small islets forming a line south-west out of Japan and being above the Philippines and below Korea, finds itself centrally placed in the east-Asian archipelago.

Size

The area of Sweden in total is 449,964 square kilometres (UNESCO 1998). The area of the United Kingdom is 244,100 square kilometres (UNESCO 1998). The total area of Taiwan is 36,188 square kilometres; of which the Taiwan Island occupies 36,006 square kilometres (GIO 2000).

Demographic Features

Total Population

The population of Sweden as of June 1999 was 8,857,361 (Statistics Sweden 2000a, 2000b). The population was 59,237,000 in the United Kingdom and 57,548,000 in Great Britain (including England, Wales and Scotland) in 1998 (ONS 2000). The population as of April 2000 in Taiwan was 22,147,000 (GIO 2000).

Population Density

Inhabitants per square kilometre is 20 in Sweden; 238 in the United Kingdom; and 612 in Taiwan (UNESCO 1998; GIO 2000).

The Age Structure of the Population

In Sweden, the statistics of 1999 showed that the population aged 0-17 years constituted 21.99 percent of the whole population; the population aged 18-64 years constituted 73.12 percent of the whole population; people above 65 years of age constituted 4.88 percent of the whole population (Statistics Sweden 2000a, 2000b). In the United Kingdom, according to data in 1998, people under the age of 18 constituted 22.9 percent of the whole population; the population aged from 19 to pensionable age constituted 59.0 percent of the whole population; people of pensionable ages (over state retirement age, males 65; female 60) constituted 18.1 percent of the whole population. In Taiwan, data in December 1999 showed that people of 0-14 years constituted 21.4 percent of the whole population; the 15-64 year olds constituted 70.1 percent of all population; people over 65 years old constituted 8.4 percent of all population (MOI 2000).

Expectation of Life At Birth

The expectation of life at birth was: male 76.51; female 81.53 in 1996 in Sweden; male 74.5; females 79.8 in 1999 in the United Kingdom (UN 1997; GSS 1999); male 72.0; female 78.0 in 1999 in Taiwan (GIO 2000; Executive Yuan 2000e).

APPENDIX II LIST OF INTERVIEW NOTES, EMAIL, POSTAL AND TELEPHONE CONTACTS

Interview Notes

Sweden

- S1** government official, Disability Ombudsman
- S2** government official, Ministry of Labour
- S3** government official, Ministry of Health and Social Affairs
- S4** government official, Ministry of Health and Social Affairs
- S5** government official, Ministry of Health and Social Affairs
- S6** government official, Ministry of Health and Social Affairs
- S7** government official, National Labour Market Board
- S8** director-general of Samhall
- S9** former chairperson of HSO, former MP
- S10** chairperson of Swedish Co-operative Organisation of Disabled People (HSO)
- S11** Information officer, HSO
- S12** chairperson, Swedish Federation of Disabled People
- S13** officer, Swedish Federation of Disabled People
- S14** chairperson of the Institute On Independent Living
- S15** chairperson of Swedish Organisation of Disabled International and Association
- S16** Member of Parliament
- S17** Member of Parliament
- S18** a disabled person
- S19** a mother of a disabled young person
- S20** Professor, University of Uppsala
- S21** researcher, University of Uppsala
- S22** government officer, Employability Institute at Uppsala
- S23** government officer, Employability Institute at Uppsala
- S24** government officer, Employability Institute at Uppsala

- S25 Bengt Nirje
S26 Seminar at University of Uppsala

Great Britain

- GB1 a DEA in the south-east area of England
GB2 supported employment consultant, Royal British Legion Industries, Ltd.
GB3 Glyn Satterthwaite, DfEE
GB4 a mother of a disabled young person

Taiwan

- T1 chairperson, Division of Social Affairs, Ministry of the Interior
T2 chairperson, Division of Employment Services, EVTA
T3 government official, Division of Enterprise Training, EVTA
T4 government official, Division of Public Training, EVTA
T5 officer, National League for Disabled People

Email Contacts

Sweden

- ES1 officer, Samhall
ES2 government official, Ministry of Health and Social Affairs
ES3 government official, National Labour Market Board
ES4 Professor Eskil Wadensjö, Swedish Institute for Social Research,
Stockholm University

Great Britain

- EGB1 government official, DfEE
EGB2 Glyn Satterthwaite, DfEE
EGB3 officer, British Council of Disabled People (BCODP)
EGB4 officer, Association for Supported Employment (AfSE)

Taiwan

- ET1 Taipei County Government

ET2 Tainan City Government
ET3 Tainan County Government
ET4 Kaohsiung City Government
ET5 Yi-lan County Government

Postal Contacts

Sweden

PS1 Professor Eskil Wadensjö

Great Britain

PGB1 Glyn Satterthwaite, DfEE

Telephone Contacts

Taiwan

TT1 government official, EVTA

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