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Expert or lay perspective? - Challenges in administrative constructions of disability as a concept in the Norwegian welfare state

Abstract

This article discusses how lay perspective or expert perspective may be used as alternative administrative constructions of disability and assessment procedures to disability benefits in modern welfare states. It draws attention to which challenges administrations of modern welfare state are facing when trying to construct welfare benefits assessable for persons with disabilities. The facet, demarcation line and definitions used to determine about disability are various in modern welfare states. In this article we discuss some of them and their implications regarding performing welfare policy for disabled citizens. We relate the discussion in the article both to current trends in disability policy in Europe, and we exemplify by referring to Norwegian welfare policy as a “case” for to decide and disclose a category of disability. The article brings more knowledge about consequences of alternative disability concepts as concern administrative decision-making.

Introduction

Which particulars are vital to decide and what type of information are necessary in order to decide about entitlement to disability benefits in modern welfare state? The question affects important issues of modern welfare states and the challenge they are facing trying meet needs and assistance for people experiencing difficulties in life due to disability. The question addresses challenging issues for welfare policy in different ways:

- (1) It challenges questions related to principles for distribution issues of welfare benefits
- (2) It challenges the ethics of administrative routines and assessment for marginalised groups
- (3) It challenges the management for constructing effective and flexible welfare administration.

Some welfare states, as the Norwegian, do experience a growing number of persons apply and seek help from disability benefits (REF). To be defined as disabled and disadvantaged by circumstances, living conditions and social arenas, can release social rights and entitlement to social welfare benefits. This might derive demands from groups that are disadvantaged and earlier used to be categorised as *outsiders* in the labour market, housing market or categorised to be a social problem earlier. With a trend to medicalize social problems through diagnosis of sickness (Lindqvist, 2000), it easily will lead to pressure on disability benefits. Simultaneously as administration of welfare states are facing new and well educated claimant groups for welfare benefits, due to higher level of education in society, development of new and more differentiated classifications for diagnosis and sickness. At the same time administration of welfare benefits face new demands about being more efficient and open to the outside audience of the welfare system administration. Service minded in the routines and assessments based ask for assistance by welfare benefits are also more stressed in public service of modern welfare states (REF).

This article discusses implications of alternative assessment to construct rights to disability benefits or programs in welfare policy. These two assessment processes are (1) *self-determined assessment* and (2) *expert-panels assessment*, and they both be used in welfare policy to clarify right to disability benefit programs. In the article we bring knowledge into the content of these assessment processes, their notions of disability. In particular we pay attend the question if acknowledgment of contextual and personal inadequacy experiences, social barriers are part of the assessment process, or if standardised classification schemes,

personal impediments and professional statements are the information the official definition of disability is based on.

The article discusses related to the above mentioned issues referring to Norwegian welfare state as a “case” (Yin, 2004). That is, that Norway may represent a type of welfare state that can illuminate to more general patterns and development of modern welfare states and their dilemmas for distributing social welfare to disability as a marginalised group. However, to know if the development is more general, research for the representative purpose needs to be developed. Case study design serves no generalisations purpose, but depth and type of insight knowledge. On this background I leave it open for future research to confirm or disapprove if there is any generalised topics addressed in this article.

Modern welfare states and user influence

Today modern welfare states are struggling how to design social welfare provisions that work for groups that are marginalised in society, such as persons with disabilities. The reason for this is compound. In part, the background for this struggle could be found in reform claims made towards nowadays welfare states. Welfare provisions are expected to provide more than meeting only a person’s material needs, and to develop means that aim for participatory action and democracy. In addition, these provisions regardless of configurations of the welfare state are now claimed by new and influential demand groups which ask for other kind of claims for social protections than earlier. Another background for problems in designing welfare provisions is not so much influences by new, growing or demanding claimant groups, but more related to expectations towards public administration in general. Public administration in contemporary modern welfare states are likely to be met with claims of little bureaucracy, efficiency and flexibility. This because critic has been raised for better management of public provisions, so they are efficient, sensitive and humble towards claimants (Dixon et. al 2002). In all this challenge how to administrate and move from “a less desirable (past) state to a more desirable (future) state”, as concern public administration (Pollitt & Bouekaert 2000: 16). Public administrations are met with demands of reforming routines and assessment procedures so that public provisions are made available for civilians fulfilling necessary eligibility criteria of being helped by public programs. But public administration of welfare policy is not only met with demands of guaranteeing security and well-being for potential clients of welfare provisions. It is also met with official requirements to limit society’s solidarity and commitment to assist and help people through public tax-financed

measurements (Lindqvist 2000). Thereby public administration of modern welfare state often balances between diverse principles for designing social welfare. New organised user groups of public benefit programs along with general consumer awareness in society, put pressure on public administration. Non-users of welfare provisions—i.e. politicians and business life representatives pay attention to principles for distribution of social benefits from the perspective the lenses of taxation, fiscal issues and implication issues, while next of kind and users pay attention to principles of accessibility and equality concerning distribution of social benefits. All in all, different calls for reforming and designing a welfare policy that work unit in critiquing public administration and distribution of social benefits. Some more founded in ideologies favouring deregulating and privatisation of public service programs, like new management tradition (Olsen 1993). Others are based on quite the opposite ideological position, that is principles of strengthen public regulation and public governmentality.

Some of these new anticipations address disability policy and distribution of social rights to persons with disabilities in modern welfare states. Commonly, modern welfare states administrate and distribute social welfare provisions to persons with disabilities by using specific indicators or demarcation lines to regulate eligibility to welfare provisions. These assessment procedures can use alternative criteria and demarcation principles without it necessarily being articulated or highlighted. The fact that disability includes very heterogeneous target groups for social welfare is not necessarily made into an issue in disability policy and or social politics for disabled citizens. These questions are often left open to administrative decision-making and assessment procedures, though they in reality are very important for the outcome of social welfare for persons with disabilities.

Disability, as a social phenomenon includes different kind of people and type of problems as concern social welfare. Institutional arrangements distributing social welfare, therefore must tackle compound and heterogeneous groups inside the concept of ‘the disabled’. In spite of this, definition issues and assessments of disability are rarely highlighted in social welfare research. Nevertheless, a closer examination and reflections around these issues can provide important knowledge about social welfare and how indeed persons with disability are recognised and legitimised as “disabled” in welfare states distribution system.

Most commonly, disability in social welfare research is examined through the lenses of what Traustadóttir (2001:15) call “othering”. That is, a methodological perspective that focuses on

collection data about disability as a kind of “difference” or alienated group in society. Methodologically speaking, such perspective study disability from a perspective as a group far distanced from researchers and ordinary ways of life. This will easily imply that it is almost impossible to study disability addressed as an issue of opportunity structures and possibilities for participatory action, a critique raised by several researchers in the field (Hvinden 2001, Tøssebro 1997; Froestad, Solvang & Söder 2000, Traustadóttir 2001). This implies a need for drawing more attention to other type of facts than alienation issues as disability is studied in welfare research. Brought along to the theme of this article, this imply that regarding investigations of definitions and demarcation lines of disability, to critically explore if and to what extent subjects experiences of disability and disabling barriers in society are approached is important.

Disability as a marginalised group

What should be addressed as welfare for citizens and indicators of welfare is a difficult issue to settle for any group and this particularly does count for groups belonging to characterisations of being disabled. As Bauman (1998) argues welfare can be connected to notions about citizen’s worthiness and well-being, not merely to notions about survival. The concept of welfare and a welfare state is accordingly, based on thinking that the state provides for its citizens and needs occurring. A welfare state offers citizens an “assurance”, which imply that members of the collective that the welfare state represent (usually limit to a national state) compensate proportionally to needs of citizens when these cannot fulfil obligation to fulfil this need (Bauman 1998: 67). By principle, a welfare state was meant to overshadow inequality in ability of payment, by giving access and provide equality of needs. On one hand, individuals are to be guaranteed the same welfare as individuals working despite the fact that individuals were not self-supported through gainful employment. On the other hand, society did not provide all citizens the same possibility to be gainful employed and be self-providing. A welfare state, for this reason both give and regulate citizens in marginal positions in society, by also keeping them in a marginal position in the labour market, as Bauman (ibid.) point out.

Marginal groups may and do often challenge concepts and norms for accepted standards and what is regarded to be “normal behaviour”. By showing a different behaviour or acting according to a different cultural concept of normal lifestyle, marginal groups will often more or less explicitly represent exceptions from common norms. What constitutes a situation of

social welfare for these groups is therefore difficult. In addition it is a lot easier to reach agreement on what constitute 'bad circumstances' than to find agreement on what constitute 'welfare' particularly will apply groups that are marginalized, as Allard (1999) has pointed out.

Due to this it is difficult to state what provide equal opportunity structures for marginalised groups, such as persons with disabilities in society (Hvinden, 2000). It will be an issue about what is regarded common standard for good and bad circumstances in life, and indicators of social welfare that are used. Though it is generally hard to find indicators and state good social welfare for marginalized groups, it most certainly accounts for groups mal-adapted to cultural norms in society (Halvorsen, 2000). The issues of indicators of welfare will therefore not only be what is being recognised and accepted to bring status and well being, but also to standards, norms and achievements strived at by mal-adapted groups in society. As we know, the concept of welfare has even various expressions and meaning, depending on cultural and historical development in a society (Kuhnle 1983, Øyen 1983, Kuhnle & Solheim, 1991).

Today it is a major trend in several welfare states to focus at possibilities of equal opportunities, and democratic rights of accessibility for persons with disabilities. While for many years social welfare policy for persons with disabilities has been to guarantee a certain material standard and secure equal economic living conditions for a category of disability, it is now more common to reach for the objectives of participation, accessibility through universal design in products and services, and user influence and self-control at a wider scale for persons with disabilities. Thereby, disability and social politics is no longer restricted to the area of income security but address assessment to common product of daily living, information, technical aids, and transportation. It also includes discussions about individual directed measures to citizenship. The emerging trend in disability policy is that social welfare for these groups are determined by prospects of participatory action and 'agency'.

Disability and inclusive policy

Traditionally, Scandinavian welfare states base their disability policy to ideas of giving measures for social integration and inclusion of persons with disabilities. The scope of this kind of integration model has been to use general measures and universal social rights that compensate negative consequences of disabilities. This policy promote for horizontal integration in schools, work, playschools or any other areas of social life. To promote for

horizontal integration for persons with disability fits constructions of ‘universalism’ that is claimed to characterize social welfare policy in Scandinavia (Esping-Andersen 1990, 1999). By principles such type of welfare regime will seek to achieve low-income inequality, low poverty rates and small difference in levels of living and gender difference (Kautto, Fritzell, Hvinden, Kvist & Uusitalo, 2001 p. 6). Consequently, inequality due to disability will also represent a thing such welfare regime would seek to diminish. It is discussed in Scandinavian countries, whether or not welfare policy in Scandinavia fit the regime typologies of welfare state, that Esping-Andersen ¹ call the Scandinavian model. Though there appear to be agreement among welfare researchers that Nordic welfare policy strive to counterbalance unequal opportunity structures in society regardless what causes them, and to strongly advocate an extensively policy and thoroughly measures to distribute income and equalise situations among citizens (Solvang 1994), it is discussed if welfare policy in Nordic country represent the “same” policy, and have developed efficient measures for vertical integration of groups worse off measured by general standards. Some argue that welfare policy in Scandinavia does not evolve welfare provisions and resources that enable the individual to determine her/his own life (Johansson 1970; Eriksson & Uusitalo 1987). This ‘paternalism’ in welfare policy can be a result of ‘path dependency’ (Pierson 2001) and based on principles of ‘mainstreaming claimants’ to equal treatments for making claims.

If ‘path dependency’ to paternalism is a challenge in Scandinavian welfare policy, it is likely that welfare provisions are designed for ‘alike’ claimants or categories, instead of using measurements that are diverse and targeted. It can therefore be the case, that welfare state provisions for persons with disabilities in Scandinavian countries will not include acceptance of diversity among claimants. If this is the situation, welfare provision will tend to mainstream or construct “normal standards” of very unusual lives and living conditions that persons with disabilities experiences. Instead of a disability policy that stress for the construction of equal opportunity structure, persons with disability in Scandinavian countries may lack to develop welfare and service provisions that are self-governed or self-directed. Likely this will call for welfare state agencies to open more to diversity among claimants, to assure quality in public service and to develop more tailor-made provisions.

¹ See Kautto, Fritzell, Hvinden, Kvist & Uusitalo (2001) for further discussions.

Models for framing disability as target for welfare

Categorisation of individuals plays a key role in welfare policy when it comes to develop and distribute welfare provisions. It serves the practical purpose of distinguishing between those who are eligible to receive public financed welfare benefits, and who are not eligible (Stone 1989, Hedlund 2004). Categorisation is also a basic principle in any assessment procedures that appear in social politics. Accepted categories, such as a category of disability, can be normatively justified to excluded from expectation of being self-provided and therefore dependent of collective assurance scheme that support for an income. Categorisation provides or implies reasons why some are seen as more in need or more deserving, and therefore should be given priority at the expense of others (Midrè 1990). Sociologically speaking target groups of welfare policy are outcomes of social and moral constructed classifications and procedures. This also counts for who are classified as “disabled” and entitled to disability benefits. It is, for instance possible that the “invention” of disability (and its earlier equivalents) as a distinct phenomenon was invented in European social legislation in order to separate the deserving needy from the "able-bodied" non-working poor (Stone 1984, Swaan 1988, Midré 1990, Priestley 1997, Lindqvist 2000).

Schneider and Ingham (1993) illustrate in their study about *Disability and culture* that disability represent a target group for welfare that is socially constructed and that the lives of persons with disability are substantially different depending on the kind of public intervention, help or control that directed in society. A social historical study of a disability category’s social constructs illustrates the use of varying and indifferent principles for defining disabilities (Hedlund 2004). This imply that definitions of disability used in social welfare contexts are important to study, in order to see what are the *consequences* for persons with disabilities in a society-- who do belong to a category of disability, and who are excluded and by which criteria? Evidently, by locating and clarifying definitions of disability in a wide framework it becomes cleared if social welfare provisions *de facto* reach the target group they are expected to reach.

In the case of Norway, public documents and public policy for decades has proclaimed that understandings of disability in social politics should not be restricted to use a bio-medical understanding (NOU 2001:22: 15). Instead disability should be addressed as a relational phenomenon, according to a relative understanding of disability. The concept of disability should not be addressed as a personal impediment—or tragedy, but as a situation filled by

obstacles, barriers and consequences of circumstantial surroundings (see i.e. Oliver: 1987, 1990, Finkelstein, 1991, NOU 2001:22). For a long period of time, Norway, as is the case of as well disability policy in other Scandinavian countries, a relative definition of disability has been publicly accepted without it necessarily being followed up by practical measurements or welfare provisions that allow such approach to disability.

The mode of thinking by the *Relative Model* combines elements of a medical understanding and a more social understanding to disability. It can be seen to *compromise* between medical and more social factor for defining disability. According to the relative model disability appears as a result of a gap between the capabilities (capacities, competencies, resources) of an individual and the demands (requirements) of the environment. Thus disability is neither inherent in the individual nor in the environment as such, but emerges as a possible asymmetric relationship between the two. Such understanding also suggests that disability can be diminished in three ways. First, it may be diminished by measures to improve the resources and capacities of the individual through rehabilitation, training and education. Second, disability may diminish by changing the surroundings and situations those individuals with disabilities experiences, by modifying demands and barriers that these individuals are confronted with regarding capacity level. Third, it may be achieved by a combination of such measures. The model could be claimed being in accordance with common sense of reasoning that has influenced welfare policy for persons with disabilities in Scandinavia. Despite its compromising line of confronting principles, the relative model is critiqued for being too general and abstract model to give clear guidance for policy choices regarding inclusion and participatory actions for persons with disability. At worst this model may lead to ambiguity and evasion of responsibility on the part of some of the relevant agencies and actors, for instance employers. Furthermore, the concept of "environment" is fairly ambiguous. The relevant environment(s) of an individual will vary according to the range of social positions and roles that he or she is involved in (or may *potentially* take part in). Thus "the demands of the environment" is a largely undetermined and contextual factor. More generally, doubt may be raised about the underlying assumption of a straightforward one-dimensional relationship between capabilities and demands. For instance, it could be that individuals labelled "disabled" have potential resources and contributions to give in other areas or along other dimensions than those in demands or required in the current social climate. There may be underlying issues of values, norms and priorities of a more complex nature. If so, the solution

may not just be to increase the individual's capabilities or to diminish the environment's demands according to a simple quantitative logic.

The social model represents another perspective to the understanding of disability (see e.g. Oliver 1990, 1991; Oliver & Barnes 1998, Swain, Finkelstein, French & Oliver 1993, Barnes, Oliver & Barton, 2002 for more information). This model frames disability an alternative way than it representing a strictly medical phenomenon. The social model advocates that of what appears to be problems caused by individual disabilities are more appropriately to be addressed as consequences of lacking opportunity structures for those individuals. The ways society is organized and its physical, informational and social environment designed make persons with disabilities disabled. Several recent anti-discrimination legislation measurements for persons with disability are inspired by elements of the social model. So also calls for claims for "universal design" in planning, physical and information design; that is to seek for making environment equally accessible for any citizen, independent of functional capacity or level of ability. This model also include a criticism of prevalent ideals of youth, body beauty, strength and fitness, as promoted most conspicuously by modern marketing, especially by commercials for fashion clothing and cosmetics. Thus this model also points to the need for alternative awareness-raising campaigns and to include human diversity in our concept of normality. For this reason, a social model perspective to disability would reject any notions of compensation and rehabilitation efforts regarding improving individual capacity as this would imply segregation, stigmatisation and a degrading situation for a person with disability. Key ideas are self-determination, independent living and equal opportunities, along with arrangements like citizens' guaranteed income are preferred to special social security and services provisions to provide for the social welfare of persons with disabilities. In its most consequential form, the social model appears utopian, involving a total reorganization and redesign of society of unknown costs. Here as elsewhere there are likely to be trade-offs between overall (economic) efficiency and "equity", i.e. the objective of accommodating society to the functional abilities and limitations associated with certain life phases or disabilities. Doubts may also be raised whether the social model is more appropriate to understand the context for persons with physical disabilities than the context for persons with mental and cognitive disabilities.

Towards breaking down barriers and new concepts for disability?

Nowadays social politics are moved away from being influenced by the international obligations of UN Standard Rules² and Human Rights³ towards regulations and principles given by EU in several European countries. This current trend also influences Scandinavian countries, including disability policy in Norway. This comes both as a result of EU paying more attention to social issues and to convergence disability politics in this area among various membership countries (Jacobsson, Johansson & Ekengren 2001; Hvinden 2002). The Union intends to encourage member state to use powerful instruments to regulate discrimination against persons with disability in society. In Scandinavian disability policy, including the Norwegian, the last efforts made by EU regulations and directives are regarded to provide powerful instruments for the social inclusion of persons with disability in society. They are more powerful than tools provided through international recommendations such as the Standard Rules. The Union outlines general directives and recommendations, though specific in their target as it comes to the issues of member states ability to make such policy become a reality. EU Commission work on equality of opportunity for people with disabilities (EU COM, 1996), the work on “*Raising the employment levels of people with disabilities – the common challenge*” (SEC 1998, 1550), “*Mainstreaming disability within EU employment and social policy*” (DG V Service 1999) and the Directive and Action Plan to combat discrimination against persons with disabilities (adopted by the Council of Minister in November 2000⁴) are all examples of a new policy that has developed in the EU system. This system also strives at modernizing better social protection system for groups that are discriminated against in member states, such as persons with certain colours of the skin, elderly workers, female workers or persons with disabilities. The idea is that governments should improve their protection systems for more sustainable and employment-friendly for workers, regardless of characteristics (Hvinden, 2002). The mainstreaming of European

² The Standard Rules consist of 22 rules concerning how to adapt to a policy of including persons with disability into society. The rules cover all aspects of life of persons with disabilities and consists of four chapters: preconditions for equal participation (e.g. awareness raising), target areas for equal participation (e.g. employment); implementation measures, and the monitoring mechanism

³ The Human Right Treasure does not address disability as a specific area, but persons with disability may easily address their ‘human rights’ if they are discriminated against.

⁴ “*Towards a barriers free Europe for people with disabilities*”, EC 2000: 284 Final

disability policy aims to work as preventive instrument to avoid economic and social exclusion of persons with disability. Even Norway, as a non-member EU nation, is influenced by this line of disability politics through the EES agreement that Norwegian government assigned with EU.

This current European trend also impact definitions of disabilities and indicators used for demarcating a category of disability in welfare politics. It can be objected that EU regulations and co-ordination acts are difficult to implement in national policy, but this should not prevent any welfare researchers from expanding from analysing it empirically.

Norway had found reasons for adapting to definitions and indicators of disability proclaimed in EU regulations. The reasoning behind may be an expressed concern for expenditures in national costs for social welfare provisions to persons with disabilities which in Norway is high (REF). National costs of disability provisions is an important reason to early retirement in Norway, and research has recently make evident that the road back to employment for persons living on long-term disability or rehabilitation provisions is low in Norway (OECD report 2002: 31, Hedlund et al. 2008, Landstad et al 2009). This can be interpreted as a sign that Norwegian labour market work by exclusively principles and expel 'less favourable' workers more easily from ordinary jobs (Bleksaunet & Øverby, 2001; REF Bente Rasmussen?). Large number of disability pension's claimant can as well reflect a lack of trust among employees in the labour market for potential of earning capacity when people are sick and disabled (Holthe, Krokstad & Magnus 2000). This as medical factors cannot alone explain the fact that claimants of disability pension more likely is recruited from the low socio-economic classes than other income groups in Norway (ibid.).

Several attempts are made to regulate the in-flow of numbers on permanent disability provisions in Norway, through rehabilitation measures and 'working line' principles. Nevertheless, the in-flow to long-term income provisions continues to increase. Along with Nederland, Norway maintains experiencing extreme high inflow rates of disability provisions recipients (OECD 2002, p 43+ REF). Consequently, new considerations and regulation policy is likely to appear in the Norwegian context.

Social policy measures must not only focus on providing the individual with various forms of support but also stimulate good collective organization that makes participation possible. Whether these aims have been achieved through existing measures has been a point of debate in Norway. According to recent Norwegian working life legislation, the employer shall now

make possible adaptations in working conditions according to the predisposition of the individual employee and his or her life situation (Lovdata, 2005, p. 62).

Other types of new discrimination measurements against people with disabilities are as well constructed. Since 2001 the government also signed a tripartite five year agreement with the main partners in the labour market to promote for a labour market of inclusion of workers with temporary or more permanent functional limitations [Intensjonsavtalen for et inkluderende arbeidsliv]. In 2008 the minister of Children's Affairs and Equality was awarded responsibility for preventing discrimination in working life and to implement and monitor a new law that prohibit to discriminate against disability (Lovdata 2008, LOV-2008-06-20-42)

Assessment procedures to disability benefits

Different procedures for getting access to a disability benefit program exist in Norway. Some of the procedures and principles in use are not (as often is the case) transparent to public declared disability policy. Governmental administrations and agencies may decide to include information or personal experiences of marginalisation or to be discriminated against due to a disability in their decision-making about access to disability benefits, or they may not.

Weather they do or not will depend on the purpose and construction of the welfare provision. Some are designed to provide persons with disability during childhood, others designed to provide help during education, when working, getting old etc. The welfare provisions for persons with disability vary in form as well. Some are money-oriented, others are more activity- or service-oriented and finally some provisions are both money-oriented and activity oriented. It is also the case that some provisions are more or less reserved for special kinds of disability. Like persons with particular capacity problems or persons with special adjustment needs etc. Yet other provisions are very general in form that is not only aim to help persons with disabilities, but to be general regulations that persons with disabilities will benefit from. This is e.g. case for provisions and public regulation of housing, transport or employment. Both persons with a disability and persons without disability can be included in some social welfare actions available in Norway. Finally, there are provisions intending to completely integrate disability in the framing of normalisation and mainstreaming, or by default disabled citizens' right to participate. Consequently no explicit reference will be made to disability in the legislation or administrative regulations surrounding these kinds of welfare provisions. Thus many disabled people going through vocational rehabilitation in Norway receive

financial support from the National Insurance Scheme to follow ordinary courses in adult classes at Upper Secondary schools (Ford 1994). In these cases special arrangements in the school situation may not be required.

Lay experience and expertise of subjective positioning are important, but still often neglected areas in social welfare (see Williams, Popay & Oakley, 1999 and also Östlund, Cedersund, Alexanderson & Hensing, 2002). A lay perspective will rely on different and alternative notions and concept of disability than what can be the case for the notion and concept of disability presented by experts. Principally these perspectives would be different in these how social welfare for people with disabilities can be achieved, and the appraisal of if a provision can be 'self-managed' or 'managed by others' ('others' then referring to different agencies such as services offices, professions or bureaucracies).

The issue of "objectifying" disability

Based on some governmental regulations and public directives constructs of disability concepts and entitlement to disability benefits can recognise surrounding disabling conditions and demands in Norway. This provides for a dynamic process of defining Norwegian welfare provisions to person with disability. On the other hand, definitions of disability can relate to what is often the 'nature' of welfare state bureaucracies that is to shape individuals into "objects" or to subscribe them with a public identity possible to regulate (Heztlar 1994, Johansson 1992). The reason for this is that these bureaucracies need to make personal experiences of claimants into 'cases' in order to handle needs and demands administratively (ibid).

Another dimension interfering with the constructs of the disability concept can relate the meaning of disability to subjective and individual judgements. Regardless of conditions or instruments developed to measure 'objective' criteria of incapacities or shortcomings, the experience of disability always relate to the human being involved. Individual will react differently to the same diseases, accident and disabling conditions. Accordingly, individual aspects always will 'determine' the degree of disability and outcome of disabling barriers. But on the other hand, subjective experiences of disabilities are not 'entirely' subjective as their form a social capital of acknowledgements to the collective of persons feeling 'alike' due to socially constructed politics of disabilities. Precautions in making the meaning of disability identical to what is captured by the public definitions of disability in welfare policy should

therefore be taken (Oliver 1990). Attention to the fact that the issue of defining 'objective' criteria of disability certainly represent an issue of challenge in providing for the welfare for people with disability in Norway today.

The route of these agencies to seek for 'objectifying' criteria of disability in order for them to legitimise claims and deservingness to disability provisions follow mainly according to main principles. The two major trajectories of assessment procedures and the alternative ways they address disability are described more closely in the coming two sections.

The issue of 'objectifying' disability relate not only eligibility criteria for disability programs, but also who determinates about the entire decision-making procedures surrounding disability provisions. The process self- determination or using experts to determine and decide about disability represent two alternative and even contradictory approaches to disability. When both principles appear at the same time in welfare policy, disability provision claimants are met with different responses when applying for a Norwegian welfare provision. This can be a frustrating situation for the persons to be exposed to and this can also mean problems of establishing social right for disabled citizens. Contrasting ideological directions on how to address disability as 'a welfare state problem' can create friction in the system for delivering welfare benefits. Professionals or bureaucrats can meet people claiming to be impaired with scepticism, even hostility if the fact is *not* legitimising by a professional authority. The same persons can be met with expectations about extended self-expertise when they do apply for other provisions. Professionals or bureaucrats can regulate provisions based on criteria that the person is taking responsibility for their own care and well being in one context and not in others. Thus the ability to define one's own needs and 'what is best' for oneself is accepted in some cases and not in others.

This means that different welfare programs can promote for different type of citizenship for a person with disabilities. Sometimes they can point towards active citizenship and other times the same persons van be promoted into passive 'receivers' or citizenship. The latter indicates a promotion for partial citizenship or a situation that give them a 'touch of citizenship' instead of full inclusion. Impaired persons can be bent between being seen as an inadequate (social) citizen and an adequate (social) citizen, to borrow a terminology from Halvorsen (2000).

Besides this, it is difficult constructing disability provisions that *only* concern interventions aimed to improve the surroundings of disability. This could explain the need for focusing at

the 'individual' aspects of impediments of disability. This could easily advocate for the use of individualized criteria for defining disabilities. Though the implication of a social model definition of disability advocate for engagement in and the potential for enhancing society's stock of enabling disabled persons, it is hard to imagine this policy if no disadvantaged disabled persons' occurred. Though the focus is at the account of disabling barriers and the dynamics of a surroundings society that set norms for 'able ness', it will be hard to set a new structure and prevent the construction of new disabling situations if there were no target groups or individual that would benefit from such attempts.

The expert assessment process

The departure that definitions of disability should be a question decided by expert panels or authorised professionals, includes various kinds of treatments, training or examination programs into consideration when making statement about disability. This assessment process strongly relies on the medical understanding of disability and characterisation of disability is related to criteria of personal impediments, incapacities or functional limitations. Disability in this assessment process is stated through decisive factors of long lasting diseases, accident or types of health problems that cannot be cured. Conditions that are regarded inherited attributes of an individual that can be ameliorated through various professional interventions, such as medical rehabilitation. The assessment procedures for deciding right to disability benefits are constructed on the notion that expert statement will clarify degree of functional limitations or individual capacity despite personal impediment caused by disabilities. Usually one expert or an expert panel is used to clarify about definitions of disability, and these assessment procedures are found in major provisions of disability benefits in Norway

In the data we analysed, physicians are given the key role for making statements as experts or leading the expert panels about disability. Thus the role of doctors is to provide 'expertise' or objective facts about limitations, functional capability or prognoses for the future as eligibility to disability provisions are decided. The key statement that doctors must clarify (an important eligibility criterion is whether or not a personal condition classify as '*a permanent [or long-lasting] illness, injury or defect*' [sykdom, skade eller lyte]). This fact must be clarified in order to address which type of disability program a person should be assigned to. The physician is expected to certify if any pathological condition classify as a permanent illness, injury or defect and give a prognoses about the future condition, including characters of

functional limitations that occur due to the medical condition and likewise. The medical professions can, and do decide under the influence of client descriptions of symptoms in addition to doing clinical observations and examinations. They are left to decide whether or not the problem occurs, if it has a medical classification or diagnosis, and what can be improved or diminished by medical or professional treatments. All of which implies for a strong influence of clinical definitions to get access to major disability programs in Norway, such as rehabilitation payments, vocational rehabilitation and the disability pension provision. This may be a contrast to the strong public stress made for using a relative definition in disability politics. However, as stated elsewhere a medical definition does not exclude the use of more relative and social approach to disability, they can appear simultaneously (Hedlund, 2000).

Several welfare provisions delivered to disabled person can use additional criteria to the medical to decide about assess in Norway. Usually these criteria referred to dynamics of the surroundings that influenced and produced disability. Particularly this is manifested in the rules of assessment to long-term provision. These provisions are employment measurements and linked to a social security program. There the definition of disability relates to problems of finding or upholding a position in working life. To be granted these provisions it is indispensable that the clinically defined disability certifies a long-term reduction in earning capacity. Self-descriptions or problems in working life can be essential to state about disabilities. We found while studying applications forms to key disability programs in Norway, that most of these requested additional information about personal experience of disabilities. But the role of self-descriptions played a subordinate role for 'objectifying' disability. Statements from experts must first confirm lack of capacity due to illness, injury or accident. If the person could not provide self-descriptions of functional capacity they were asked to get assistance from the welfare state service office or their doctors in order to clarify about this fact. Infrequently we found application forms that *only* asked for certification from public officers, professionals or experts and the like. The application sheets ask for information or written documents from professions (usually physicians) in addition to asking the applicants to give self-descriptions about their difficulties and give self-classification according to a scale. It implied that self-description can be used in combination with expert-descriptions or expert panel statements about the same condition in assessment procedures of right to disability benefits. If the authority made by the professional statement is given more

value than the self-description we know little about in our analysis, but it is likely that would be the case.

Persons with disabilities in Norway dependent on welfare provisions to exist to a greater extent than non-impaired persons (REF levekårsundersøkelsen, utjamningsmeldinga?). This makes people with disabilities exposed to an extended interest or attention given by professionals trained to help or improve the situation. The more expanded the need for help or service is the more likely is it that several experts are involved in the decision making about welfare provisions. Practically implied this give the power to decide what is best and what produces knowledge about the disability to experts or experts trained within a medical understanding of disability, and assessment procedures about disability is left in the hands of professions. These can contest about the meaning of disability and how to address a disability by public means. Likewise they can challenge any meaning of a personal disability or experience of exclusion. Particularly this can count for person being impaired mentally or intellectually. Self-descriptions can thereby be denied access to the arena of defining disability as the expert assessment procedure take place. This question left for the expert to make decision about. Consequently the servant set to deliver welfare provisions can use legislation or administrative rules that strongly rely on the experts as they are deciding about assess.

The self-assessment process

Another point of departure for defining disability represents an alternative strategy to the expert assessment procedure. Definitions of disability is according to this aspect clearly related to 'a user' or a user experience of welfare provisions. It represents a lay perspective of 'users' or self-assessment to define eligibility to welfare provisions. Here disability more clearly is determined by criteria of need. The 'nature' of disability relate to objectifying appearances of special needs and accommodation provisions. This process of defining disability more closely investigates the nature of limitations and disadvantages that follows as a consequence of disabilities or lack of capability. In principle this definition process should pay attention both to 'ableing' and 'disabling' aspects of a person. It is not likely that *any* personal lack of ability trigger these kind of disability provisions or services, but it is likely that the measurement relate to 'the whole' person and needs for providing for 'ableing conditioning' for a claimant. This definition model heavily relies on clear signs of disability

and ‘classical’ definitions of disability, in the sense that they are significant or ‘obvious’ and there easily demonstrate.

In Norwegian case this assessment procedure also operates. Particularly it dominates in welfare provisions or service programs that promoted for self-management of personal welfare, and also in discrimination actions and programs. The BPA⁵ and FA⁶ serve as examples of such assessment process. Both measurements promote for independence in daily and working life for persons with disabilities. Thus these measures do not distinctively address any need of expert to ‘certify’ or clarify facts about disability. It is instead left for public service officers to decide about these facts. Administrators to disability programs can be educated and trained [or assumed to be informed] about implications of having a disability or being in a disabling context. They are authorised to decide and collect the information necessary to make a judgement about access to these provisions. Local municipal officers and local health personnel did administratively managing most of these provisions, under consultant with special competence agencies working for the social and health ministry. The self-managed provisions do no clear legal statement nor ‘meta-definition’ of disability. The local municipality are assumed to have a duty to provide for self- directed welfare service to persons with severe disabilities, though now clear and specific definition of what to regard as being severely disabled is provided. Thus the specific form of assistance and services depend on the character of the disability and local discretionary decision-making. In the analysis of Norwegian welfare programs some service provisions are strictly need-based for a person with disability. In the decision-making to these programs self-assessment are important criteria for getting access. Usually the local administrator to the disability provision already knew the applicants to these provisions and often they were persons already receiving extended welfare services from the municipals. Sometimes local administrators or home-helpers from the municipals encouraged the person being impaired to apply for a self-managed personal welfare system.

Summary

This paper illustrates the use of alternative assessment procedures in social politics as decisions are made about eligibility to disability benefits. Different strategies can be chosen

⁵ Brukerstyrt personlig assistanse. *Self-directed personal assistance*

⁶ Funksjonsassistent. *Practical assistant (in working life)*

for regulation the in-flow into these provisions, and these strategies stress aspects of disabilities in different ways. In fact do these different strategies emphasise on the role of a person with disability differently, and collect different kind of information when statement about disability is clarified. In order words, certain dynamics of the welfare state are involved as welfare provisions are delivered to persons being impaired. We advocate for the need of taking into account the full complexity of modern welfare states when analysing social welfare policy for persons with disabilities, and to avoid using the usual dichotomies of 'experts' vs. 'users', 'bureaucracies' vs. 'professions' as studying the decisions-making process. We experienced that the Norwegian welfare state represents a changing context for how to address welfare and provisions for disabled citizens and that we needed to examine these principles to fully grasp any evolving change in welfare policy. In this article aspects, information and constructs of disability as an administrative concept in Norwegian welfare state are discussed. To sum up, the analysis show that:

- (i) Definitions and procedures of assessment can “construct” disabled persons as more or less able and competent to judge their own situation and choose way to improve it.
- (ii) Definitions and procedures of assessment creates different opportunities structures or actions possibilities for people with disabilities, and thus for agency/welfare strategies
- (iii) A definition of disability in the expert assessment process relies to a great extent on assembling expert panels, professions and bureaucracies to make an opinion. These are also given the authority to decide if and to what extent self-definitions of disability should be influential for determining good or bad welfare. These agencies make plans and procedures that may include competence of personal experience, but not necessarily. A person with disability will need to co-operate with public agencies to receive provisions and no own insight and competence about disabilities and social rights is needed
- (iv) Definitions and procedures of disability in a self-assessment process dependent less on expert panels and welfare bureaucracies, but do require a lot of competence and insight about own situation and legal rights of the person with disability. He or she will be expected to classify not only own needs, but also capacities, limitations and abilities. The persons themselves need to know if and how they can utilize

disability provisions and welfare services, and several measures are strongly regulated. Ability to be self-managing personal welfare is needed and also expanded knowledge about rights to service or cash-programs and complains procedures.

In the analysis of Norwegian welfare provisions are the above mentioned component essential for decision-making in the welfare state agencies and the construction of the disability concept. As stated there are different assessment processes that do promote for different opportunities of promoting social welfare for a person with disability.

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