Social Science & Medicine 339 (2023) 116361

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

No evidence that social-democratic welfare states equalize valued outcomes for individuals with disabilities

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ARTICLE INFO

Handling Editor: Susan J. Elliott

Keywords:
Disability
Welfare state
Social democracy
Inequality
European social survey

ABSTRACT

It is acknowledged that generous welfare states can provide better outcomes to their populations in terms of objective and subjective indicators of well-being, yet there is little comparative evidence of the role that the welfare state regime plays in lessening disability-based inequalities. Using a large comparative data set of most European societies, Tukey's honestly significant difference and generalized Hausman tests for six welfare state regimes, we examine the assumption that social-democratic countries perform better in mitigating disability-based inequalities than conservative, liberal, Southern, Eastern European, and the former Soviet Union welfare state regimes. We compare the valued outcomes for individuals with and without disabilities regarding their education, labour market participation, material well-being, and life satisfaction. The main finding of this study is that the most generous welfare states in Europe do not perform better, and in some cases, perform worse, than other less comprehensive welfare state regimes in closing the gap in valued outcomes between individuals with disabilities and the rest of the population. We discuss potential explanations of these inequalities such as the nature of expectations and changing characteristics of welfare state regimes, and difficulties related to measuring disabilities across European societies.

1. Introduction

Based on normative considerations, a generous welfare state should provide equality in valued outcomes to individuals who have various disabilities (Aas and Wasserman, 2016; Nussbaum, 2006). Indeed, this goal has been actively pursued in social-democratic countries in Northern Europe since the mid-1960s (Sosialdepartementet, 1967), with the late 1970s marking a definitive shift towards the goal of full and equal participation for people with disabilities in all societal areas. There is ample evidence that social-democratic countries provide better outcomes to their populations in terms of objective and subjective indicators of well-being, which is in itself a remarkable achievement (Dominko and Verbič, 2021; Mathisen, 2023). However, it is an unanswered empirical question how well they are able to lessen the divergence in valued outcomes between individuals with and without disabilities.

In investigating this issue, it should be noted that the term "individuals with disabilities" is potentially misleading. There is no single or comprehensive understanding of what disability means, but from decades of work in the field of disability research, a general understanding has emerged that it is a multidimensional concept that involves individual health conditions but also, at a minimum, socio-political, cultural, psychological, and relational-interactional causes (Thomas, 2004); in a memorable definition, Shakespeare (2013) understands disability as a "predicament" at the intersection of the individual and society.

This means that survey data, particularly from studies with a narrow thematic focus, may provide inadequate insight into disability marginalization. Two common survey measures of disability – health conditions and labour market participation – may give different results when applied to the same population (Altman, 2014; Mont, 2007), because they measure different dimensions of the disability predicament. A question like "Does your health problem/disability make it difficult for you to travel by bus" (Oliver, 1990, p. 7) may ostensibly measure the prevalence of disability while actually measuring the degree to which lack of accessibility in public transportation causes certain health conditions to become, in the situated encounter between individual and society, correlated with the social experience of disability marginalization. Hence, "people with disabilities" is arguably a construct that reflects societal ableism (Goodley, 2014; Nario-Redmond, 2020).

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https://doi.org/10.1016/j.socscimed.2023.116361
Received 17 June 2023; Received in revised form 14 August 2023; Accepted 24 October 2023
Available online 4 November 2023
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Ultimately, the problem is one of circularity. If "disability" purports to measure health conditions that may or may not lead to poorer outcomes under varying conditions but is taken to mean a "marginalizing predicament," then equality in valued outcomes is very unlikely to be achieved by *any* welfare state regime. To some extent, this problem is encoded in policy, at least in some countries. As an example, Norway has a decades-long history of framing disability as an unwanted "gap" between individual capability and societally defined role expectations (Tøssebro, 2004). This means that disability is defined relative to the majority population rather than in absolute terms. Achieving equality in valued outcomes implies closing the gap, but closing the gap would also mean eliminating disability as an empirical category.

Clearly, a more ableist society will produce objectively worse outcomes for people with impairments and chronic health conditions, while a more inclusive society will produce objectively better outcomes. However, inclusion measures that reify disability as a category may also serve to highlight the gap between the disabled and non-disabled population, creating an increased perception of disability marginalization. Life outcomes that would, at an earlier historical stage, have been perceived as a natural consequence of poor health may now be seen as unjust. Investigating the nexus between inequality and disability must, therefore, also involve consideration of societal norms and standards and how disability is construed within and across welfare state regimes.

1.1. Mechanisms linking welfare state regimes and disability-related inequalities

There are numerous potential channels through which a welfare state regime can have an effect on disability-based inequalities. First, comprehensive health and social policies at different stages of the life course can potentially mitigate the nexus between health conditions and individuals' quality of life outcomes (Currie and Rossin-Slater, 2015). The more comprehensive, targeted, and timely these interventions are – observed in the publicly financed healthcare systems of social-democratic countries – the higher the likelihood of positive outcomes. For instance, on the individual level, early interventions related to cerebral palsy can significantly improve later-life motor and cognitive outcomes and consequently increase individuals' quality of life (Morgan et al., 2021).

Second, inclusion measures for population-wide institutions can counter marginalization. According to the normalization principle, one of the goals of the welfare state is to help individuals to maintain as normal a life as possible so that their specific conditions do not significantly interfere with, for instance, their opportunity to receive a good quality education (Wolfensberger et al., 1972). Although the normalization perspective has been criticized in mainstream disability studies (Mallett and Runswick-Cole, 2014), it is widely acknowledged that in advanced social-democratic welfare states, educational institutions are more likely to be adjusted to accommodate the needs of children and adolescents with life-hindering health conditions and disabilities. The latter implies creating a disability-friendly and inclusive environment in educational institutions, whether adopting specialized curricula, means, and methods of education, and providing the appropriate training to teachers and educators, or implementing principles of universal accessibility in the provision of the same (Rao et al., 2014).

Third, the welfare state arrangements can also be helpful for individuals' labour market outcomes. Various provisions, such as the anti-discrimination legal framework and affirmative action policies, facilitate a smoother transition from educational institutions to the labour market among people with disabilities (Armour et al., 2018). A large public sector, which is one of the characteristics of social-democratic welfare states, puts particular emphasis on creating disability-friendly jobs which are accessible to all (Tuan et al., 2021), and provides measures such as salary supplements (NAV, 2023), while the private sector is usually regulated by anti-discrimination laws (Kuznetsova and Bento, 2018).

Fourth, direct benefits and support measures can facilitate societal participation. Compared to the general population, individuals with disabilities, regardless of their education, tend to face barriers to entering paid work and receiving a comparable level of income (Schur et al., 2017), and often have higher expenses for sustaining everyday life. The social-democratic welfare states, through relatively generous welfare benefits, can positively affect the socioeconomic position of individuals with disabilities (Gugushvili et al., 2023). More specifically, in addition to reducing social stratification through direct and indirect channels such as taxation and redistribution, the high levels of decommodification in social-democratic countries (Esping-Andersen, 1990) implies that the adequacy of the need-based assistance provided by the welfare state so that individuals among others those with disabilities, can uphold a socially acceptable standards of life independently of their labour market participation (Morris and Zaidi, 2020).

Last but not least, anti-discrimination policies directed at education, employment, and other societal areas can also improve quality of life and equality in valued outcomes. A social-democratic welfare state, through its strong commitment to the anti-discrimination agenda, legislative framework, affirmative actions, and social benefits, can raise the standards of living of individuals with disabilities close to the level of the general population (Mladenov, 2015), in addition to lowering barriers to socioeconomic, cultural, and political participation.

1.2. Why social-democratic welfare states might not be the most equal countries

The above arguments notwithstanding, there are also reasons why the most generous welfare states might *not* perform better than other, less comprehensive welfare states in terms of equalizing valued outcomes for individuals with disabilities. According to Nussbaum's (2006) capabilities approach, the "good life" for individuals with disabilities, as for all human beings, requires that they are "fully equal as citizens" in exercising their central capabilities, such as having an overall good level of health and bodily integrity, high quality in emotional life and relationships, a sense of integration and equality, and a say over one's physical, social, economic, and political environment. In the Nordic gap model approach, however, disability is defined by exclusion from valued social roles, strengthening, at least conceptually, the general correlation of disability with limited or marginalized citizenship (Nash, 2009).

Individuals with disabilities in social-democratic welfare state regime may be more likely to have higher expectations, causing stronger subjective perceptions of unequal outcomes. Because of higher standards of living and declared goals of equality, disabled people have stronger reasons to expect complete equality (Lid et al., 2023) – in other words, they are more likely to recognize and react against structural ableism (Reeve, 2013). In turn, in environments with higher levels of disability-related stigma and in countries where people are more likely to minimize their needs, the prevalence of reported disability in survey data could be lower (Jackson-Best and Edwards, 2018). Arguably, these higher and lower expectations in, respectively, more advanced and less developed welfare state regimes might have a greater effect on subjective measures of valued outcomes related to disabilities than on objective indicators.

In addition, the existing typology of welfare state regimes might be substantively different from the models of disability-specific welfare provision across countries. For instance, OECD (2010) "Breaking the Barriers" classification, using cluster analysis of disability policies, puts Germany and the Netherlands in social-democratic model, while Greece, Ireland, and Czechia are in conservative model. Further, Böheim and Leoni (2016) argue that the gap between the countries in social-democratic and conservative welfare state regimes and other European countries in terms of employment-oriented policies and social protection levels of individuals with disabilities has increased in recent years. While according to Scharle et al. (2015) despite overall convergence of disability policy regime types in Europe, countries still differ in

terms of specific disability-related policy tools they use.

1.3. Challenges related to estimating disabilities across welfare state regimes

In addition to real differences in the prevalence of disabilities, cross-national differences might be the result of (a) varying definitions of disability used in specific settings and (b) varying methodological aspects of data collection. While the data set used in the present study is considered one of the most advanced cross-national surveys, variations in the meaning of "a disability" in a large pool of European societies might be problematic (Mont, 2007). There are alternative approaches that measure the prevalence of disabilities, such as self-identification as disabled, having diagnosable conditions, difficulties performing activities of daily living, and having barriers to social participation or assuming a certain social role. All of these methods have various limitations, but the overall consensus in the last decades, particularly since the introduction of the World Health Organization's (2001) International Classification of Functioning, Disability, and Health, has been to measure individuals functional limitations with different severity thresholds, rather than disabilities as such (McDermott and Turk, 2011).

Welfare state regimes may directly influence the extent to which people report disabilities due to varying eligibility barriers and generosity of benefits (O'Brien, 2015). For instance, it has been shown that cross-national differences in the institutional nature of disability-related welfare programs can explain up to three-fourths of the variation in rates of disability assistance across European countries (Börsch-Supan, 2007). In a social-democratic welfare state regime where rates of disability assistance are high due to relatively low eligibility barriers, individuals might shift their perceptions about what qualifies as a disability and report high levels of disability in surveys (Yin and Heiland, 2022).

If we assume that social-democratic countries employ broader definitions of disability, this might be linked to smaller inequalities in valued outcomes as less severely disabled people in this welfare state regime will be similar to the general population. On the other hand, it is also a possibility that in social-democratic countries, socio-economically disadvantaged individuals are more likely to declare having a disability than individuals in other, less generous regimes (Puar, 2017). The latter possibility can increase disability-related inequality observed in survey data from the social-democratic countries, but this will be the result of the disability classification processes rather than objective inequalities in these societies compared to other welfare state regimes (Garsten and Jacobsson, 2013).

Although some studies find that social-democratic societies have smaller disability gaps in employment, life satisfaction, and happiness (Geiger et al., 2017; Penner, 2013; van Campen and van Santvoort, 2013; van der Wel et al., 2011; van der Zwan and de Beer, 2021), it is largely unknown how the most advanced social-democratic welfare states compare to other European societies in terms of their success in providing equality in valued outcomes and high quality of life to all individuals regardless of their disabilities. If policy goals are to be taken seriously, and if the welfare state regime does influence the disability-based inequalities, then by their own standards, the social-democratic countries in Northern Europe *should* be doing better than others in closing the gap between people with and without disabilities, yet we have also outlined the reasons why the latter might not be the case. We test these assumptions using the quantitative analyses of a large comparative data set of European societies nested in six welfare state regimes.

2. Study design

2.1. European Social Survey

In this study, we use one of the most advanced cross-national surveys for European countries, the European Social Survey (ESS), which has been collected bi-annually ten times between 2002 and 2020. ESS is known as a gold standard for comparative survey research, and its organizers ensure, as much as possible, through rigorous methodology to make results comparable across countries. The accessed pooled ESS data across countries and rounds includes 451,810 individuals, but after filtering data by age and missing information, 290,232 individuals are available for our analyses. We restrict the sample to individuals aged 25 to 64 to reduce the likelihood that the survey participants are still in education or have already retired from the labour market.

Based on the classic welfare state regime approach and its more recent adaptations (Aidukaite, 2011; Esping-Andersen, 1990; Fenger, 2007; Ferreira, 2008), we categorize the ESS data for 31 countries into the following six welfare state regimes: (1) social-democratic, consisting of Denmark, Finland, Iceland, Norway, and Sweden; (2) conservative, consisting of Austria, Belgium, France, Germany, Luxemburg, and the Netherlands; (3) Southern European, consisting of Cyprus, Greece, Italy, Portugal, and Spain; (4) liberal, consisting of Ireland, Switzerland, and the United Kingdom; (5) Eastern European, consisting of Bulgaria, Croatia, Czechia, Hungary, Poland, Slovakia, and Slovenia; (6) the former Soviet Union, consisting of Estonia, Latvia, Lithuania, Russia, and Ukraine. The number of observations per country, their share in the total sample, the ESS rounds from which data for specific countries are derived, and response rates are shown in the supplementary materials, Tables S1 and S2.

2.2. Measuring disabilities

The main variable of interest in the ESS data stems from the question which asks respondents whether they are hampered in daily activities by illness, disability, infirmity, or a mental problem. The ESS teams from various countries receive additional guidance to clarify that the English word "hampered" in this survey denotes "limited, restricted in your daily activities" (O'Brien, 2015). The answer options for this question consist of "yes, a lot," "yes, to some extent," and "no." Since our central interest is disabilities, for the main analyses we create a binary variable that takes a value of 1 if respondents reply that they are hampered a lot in daily activities. From the comparative perspective, we believe that respondents who report being significantly hampered in daily activities are more comparable across the welfare state regimes than those who report being hampered "to some extent."

2.3. Measures of inequality in valued outcomes

We have identified four areas of inequality in valued outcomes which can cumulatively suggest how different welfare state regimes perform in equalizing outcomes for individuals with and without disabilities. The identified measures can be divided into objective and subjective indicators and due to likely different expectations within welfare state regimes, we might expect varying results based on these two types of outcomes (Burchardt, 2005; Sirgy, 2018). Our first area of interest is individuals' education, which is an objective measure. We explore the probability of having a tertiary education among individuals with disabilities compared to individuals not living with a disability. For this purpose, we use the categories V1 (lower tertiary education) and V2 (higher tertiary education) of the ESS's harmonized International Standard Classification of Education (ISCED) variable to create a binary measure of tertiary education attainment. Education is the key factor of social stratification in contemporary societies and can be also an important predictor of other valued outcomes of individuals with disabilities (Wilke, 2023).

For labour market performance, we investigate the role of the welfare state regime in the link between having disabilities and being in paid employment, which is another objective measure of the valued outcome (van der Zwan and de Beer, 2021). The ESS asks all its respondents across the survey rounds if they have been in paid employment over the last seven days before their participation in the survey.

Labour market status is key for exploring disability-related inequalities not only because it is the main source of income for the majority of individuals, but also because it is one of the primary sources of social inclusion and sense of fulfilment (Pohlan, 2019).

Material well-being is another important aspect of the quality of life. The ESS does not provide reliable information on objective incomes, but we can estimate perceived material well-being and its links with disabilities using the ESS variable for individuals' feelings about their household income at the time of the survey. Out of four answer options ("living comfortably on present income," "coping on present income," "difficult on present income," "very difficult on present income") in the main analyses, we use "living comfortably on present income" as a binary indicator of material well-being. Material well-being is an important measure of valued outcomes of individuals with disabilities as this group is estimated to require almost 30% more income to maintain the same standard of living as the general population (Morris et al., 2022).

Last but not least, we look at the association between having disabilities and another subjective indicator of well-being – being satisfied with life (Campbell et al., 2021). For this purpose, we use the ESS question that asks individuals how satisfied they are with life as a whole. On a scale from 0 (extremely dissatisfied) to 10 (extremely satisfied), we dichotomize answers of 8 and above as an indicator of being satisfied with life since around 50% of the respondents fall within this category in the pooled sample. We prefer the dummy variable of life satisfaction to ensure the comparability of the results from regression models with this binary outcome measure to the other considered indicators. It is important to consider life satisfaction because the overall well-being of individuals with disabilities is affected by many aspects of life, which cannot be captured via survey questions but can presumably be reflected in answers on how satisfied they are with life as a whole (Lee and Kubzansky, 2021).

We want to reiterate that for all of the considered outcome variables, we are not primarily interested in the absolute levels of these measures, though they are shown in the supplementary materials, but rather in the gap between individuals with and without disabilities. The descriptive statistics for all variables used in the analyses are presented in Table S3 in the supplementary materials.

2.4. Statistical analyses

The main goal of this study is to understand if the nexus between disabilities, on the one hand, and equality in valued outcomes, on the other hand, is affected by the welfare state regimes. To answer this question, we first present and describe the differences between the welfare state regimes and countries nested within them in the prevalence of disabilities using the pairwise comparison of means test with Tukey's honestly significant difference (HSD) approach, which is particularly convenient for a single-step multiple comparison procedure when we compare social-democratic welfare state regime with a number of other welfare state regimes. HSD provides the exact sampling distribution of the largest difference between a set of means and is considered a more conservative means test than other conventional approaches (Abdi and Williams, 2010).

In our estimates, as recommended by the ESS data providers, we create and account for analysis weight ("anweight") by multiplying the ESS sampling weight by its post-stratified design weight. This weighting adjustment is necessary when the ESS results are compared across countries and welfare state regimes (Kaminska, 2020). For the comparison of five selected measures of equality of opportunity and quality of life outcomes across countries and welfare state regimes, we first run separate linear probability models (LPM) followed by the generalized Hausman test via Stata "suest" command. The latter allows us to identify significant differences in the point estimates between social-democratic and other welfare state regimes (Clogg et al., 1995). In all fitted regression models, we account for individuals' gender and age and the survey round fixed effects. The replication code of the presented analyses is available via the Open Science Framework (Gugushvili, 2023).

3. Results

3.1. The prevalence of disabilities

Fig. 1 demonstrates the share of individuals reporting disabilities across the welfare state regimes. We see that around 6% of individuals in social-democratic welfare states have health conditions that create impairments, and this share is slightly higher in Finland than in other countries in this group. The average level of prevalence in social-democratic societies is statistically indistinguishable from the level observed in conservative welfare state regime. A high share of individuals with disabilities is observed in the United Kingdom, which makes the mean prevalence in the liberal welfare state regime comparable to the levels in social-democratic and conservative countries. Significant variation in the prevalence can also be seen in Eastern European and the former Soviet Union countries, with individuals in Slovenia and Ukraine reporting the highest prevalence of disabilities. The average level is, in turn, lowest in Southern European countries, where around 2% of individuals report having health conditions that create impairments.

In the supplementary materials, Fig. S1, we additionally account for the answer option "hindered to some extent" in estimating the prevalence of disabilities and health conditions that create impairments. Social-democratic countries still have the highest (on average, 26%) and Southern European countries with the lowest (on average, 11%) levels of prevalence.

3.2. Estimating disability-related inequalities using objective measures

3.2.1. Disability and education

The ESS data suggest that the overall level of education is highest in social-democratic countries and lowest in Southern European countries (see Table S3 in the supplementary materials). Fig. 2 shows the likelihood of having a tertiary education among individuals who have disabilities compared to the general population. We can see that the gap in the likelihood of attaining tertiary education among the members of the group of interest, when compared to the general population, is highest in social-democratic countries (−13%). The described effect is weaker in all other welfare state regimes, and these differences are statistically significant. The average gap in the attainment of tertiary education is also large in the conservative and liberal welfare state regimes and is somewhat lower in Southern, the former Soviet Union, and Eastern European countries, with Spain being a clear outlier.

In the supplementary materials, Fig. S2, we report the educational inequalities by disabilities and health conditions that create impairments when the outcome measure also includes the attainment of advanced vocational education (category IV of the ISCED variable). These results come close to the ones shown in Fig. 2.

3.2.2. Disability and work

In Fig. 3, we explore the links between having disabilities and the likelihood of being in paid employment. We see that the social-democratic countries have some of the lowest employment probabilities associated with disabilities, with an average effect size of −45%. The estimate for the liberal welfare state regime is even higher (−51%), but the effect is significantly lower in the conservative, Southern European (particularly in Greece and Italy), Eastern European (particularly in Slovenia), and the former Soviet Union (particularly in Latvia) welfare state regimes (with an effect size of around −35%).

Fig. S3 in the supplementary materials estimates the probabilities for individuals with disabilities of having a managerial or professional occupation as defined by the International Standard Classification of Occupations (ISCO-88) codes 1000 to 2470. We see that the average

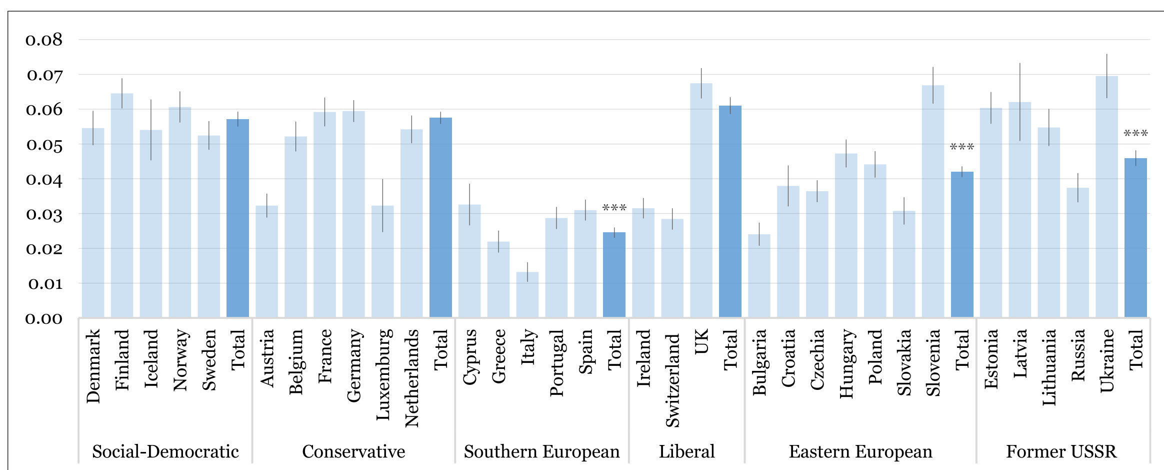

Fig. 1. Share of individuals aged 25–64 who have disabilities
Notes: *p < 0.05, **p < 0.01, ***p < 0.001 significant differences in reference to the social-democratic welfare state regime using the pairwise comparisons of means test with Tukey's honestly significant difference approach. Bars demonstrate 95% confidence intervals for the estimates.
Source: ESS (2002–2020).

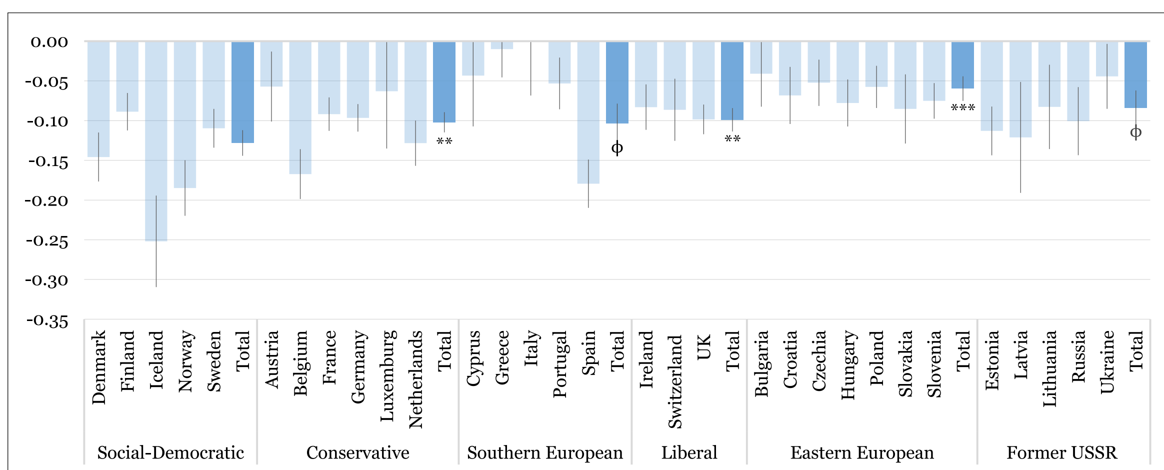

Fig. 2. Association between having disabilities and the likelihood of attaining tertiary education, point estimates from LPM regressions with individuals aged 25-64
Notes: $^{\varphi}$p<0.1, *p < 0.05, **p < 0.01, ***p < 0.001 significant differences in reference to the social democratic welfare state regime using the Hausman test via "suest" command. All models account for individuals' gender, age, and survey round fixed effects. Bars demonstrate 95% confidence intervals for the estimates.
Source: ESS (2002–2020).

effects in the social-democratic countries (−11%) are quite similar to those observed in countries with conservative, liberal, and Southern European welfare state regimes.

3.3. Estimating disability-related inequalities using subjective measures

3.3.1. Disability and material well-being

In Fig. 4, we see the differences for living comfortably on present income between individuals who have disabilities and the rest of the population. In social-democratic countries, on average, disabled individuals are 24% less likely to live comfortably on their income than the rest of the population. The largest inequalities are observed in Denmark (−33%) and Iceland (-30%). The only other group of countries with similarly high inequalities is the liberal welfare state regime. In Eastern European and the former Soviet Union countries, inequalities between individuals with and without disabilities are only marginal, yet in these countries, the share of individuals who report having a comfortable income is much lower than in other welfare state regimes (see Table S3 in the supplementary materials). Nonetheless, inequalities between individuals with and without disabilities and health conditions that create impairments, and the general population are lower in the conservative (−17%) and Southern European (−13%) welfare state regimes, where, on average, a large share of individuals report living comfortably on their present income.

In the supplementary materials, Fig. S4, we present the results for the amended outcome variable, which takes a value of 1 not only if individuals live comfortably but also if they cope on their present income. With this specification, the social-democratic countries again do not perform better than countries in Southern and Eastern Europe. Still, disability-based inequalities are higher in the conservative and liberal welfare state regimes.

3.3.2. Disabilities and life satisfaction

Now, we test how having disabilities is associated with being satisfied with life across the welfare state regimes. In Fig. 5, however, we observe for social democratic countries that having health conditions that create impairments is associated with a 31% lower likelihood of being satisfied with life, on average, with the highest effect observed in Sweden (−35%). This effect is, on average, smaller in all other welfare state regimes, including in liberal countries (−28%), yet they also have

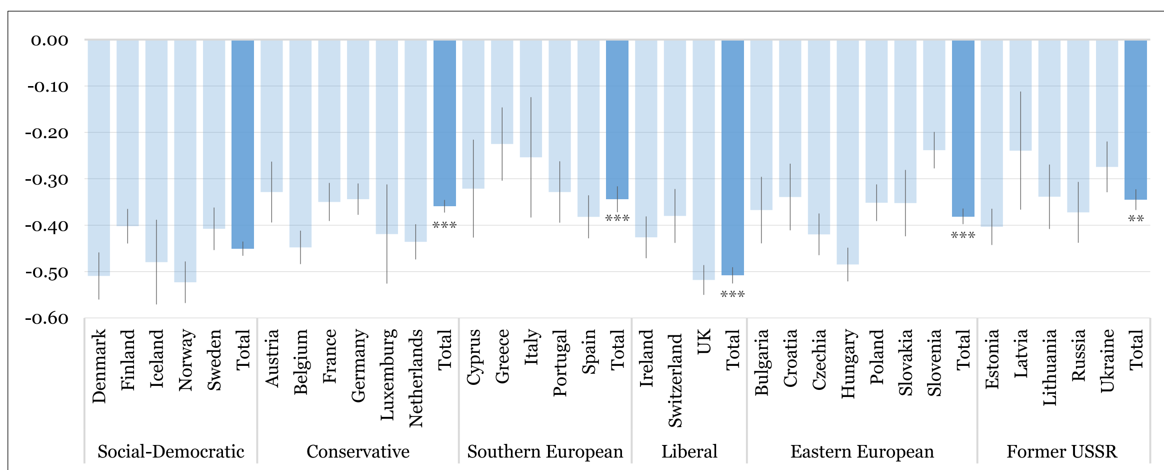

Fig. 3. Association between having disabilities and the likelihood of being in paid work, point estimates from LPM regressions with individuals aged 25-64
Notes: $^{\varphi}$p<0.1, *p < 0.05, **p < 0.01, ***p < 0.001 significant differences in reference to the social democratic welfare state regime using the Hausman test via "suest" command. All models account for individuals' gender, age, and survey round fixed effects. Bars demonstrate 95% confidence intervals for the estimates.
Source: ESS (2002–2020).

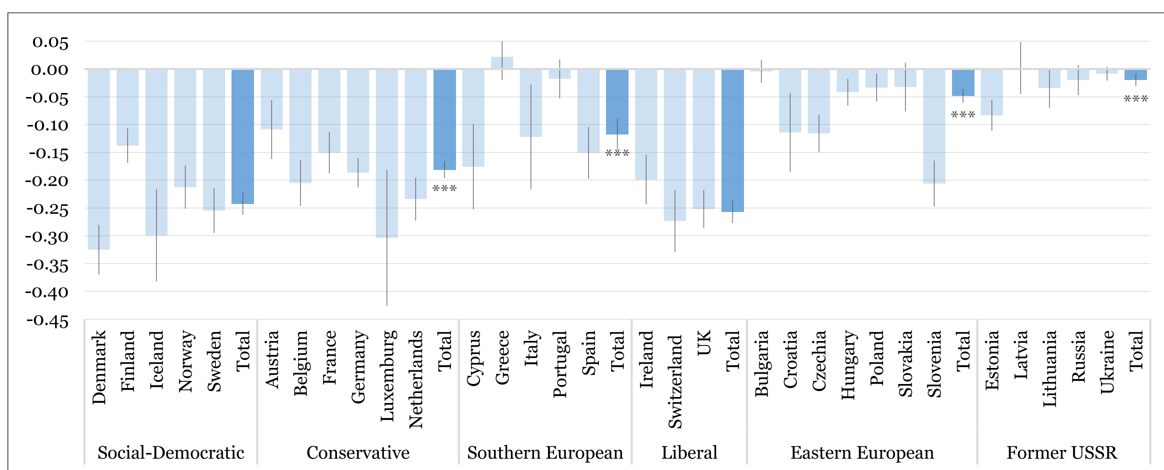

Fig. 4. Association between having disabilities and the likelihood of living comfortably on present income, point estimates from LPM regressions with individuals aged 25-64
Notes: $^{\varphi}$p<0.1, *p < 0.05, **p < 0.01, ***p < 0.001 significant differences in reference to the social democratic welfare state regime using the Hausman test via "suest" command. All models account for individuals' gender, age, and survey round fixed effects. Bars demonstrate 95% confidence intervals for the estimates.
Source: ESS (2002–2020).

lower levels of general life satisfaction. Some of the smallest differences in terms of being satisfied with life between individuals with and without disabilities are observed in Southern Europe (e.g., Greece −7%) and the former Soviet Union countries (e.g., Ukraine −6%).

In the supplementary materials, Fig. S5, instead of being satisfied with life, we look at being happy (scoring 8–10 on a 0–10 scale) across the welfare state regimes. These results again suggest that social-democratic countries do not perform better than other European societies in terms of narrowing the happiness gap between individuals with and without disabilities.

3.4. Additional checks

For the concrete illustration of the levels of inequalities in valued outcomes across the welfare state regimes, in the supplementary materials, Figs. S6–S9, we present predictive margins after LPM regressions, which allows us to see the absolute levels of outcome measures under consideration among individuals with and without disabilities. These results suggest that, despite there being better overall outcomes among individuals without disabilities in the social-democratic countries, individuals with disabilities in the latter countries do not perform better than in other welfare state regimes in terms of educational and labour market outcomes. Yet, individuals with disabilities in social-democratic welfare state regimes have overall higher material well-being and are more satisfied with life.

In the supplementary materials, Fig. S10, we replicate the main results reported in the analyses but this time, we also account for the answer option "hindered to some extent" along with "a lot" to study the links between disabilities and health conditions that create impairments, on the one hand, and equality in valued outcomes, on the other hand. This exercise suggests that the social-democratic countries do not perform better than other welfare state regimes. In fact, for all valued outcome measures, the social-democratic countries perform worse than other countries, except for the being in paid employment variable, for which the negative effect is stronger for the liberal welfare state regime.

In the supplementary materials, Fig. S11, we also report the results with a slightly modified welfare state regime classification. Following an alternative interpretation found in the literature (Hadjar and Kotitschke,

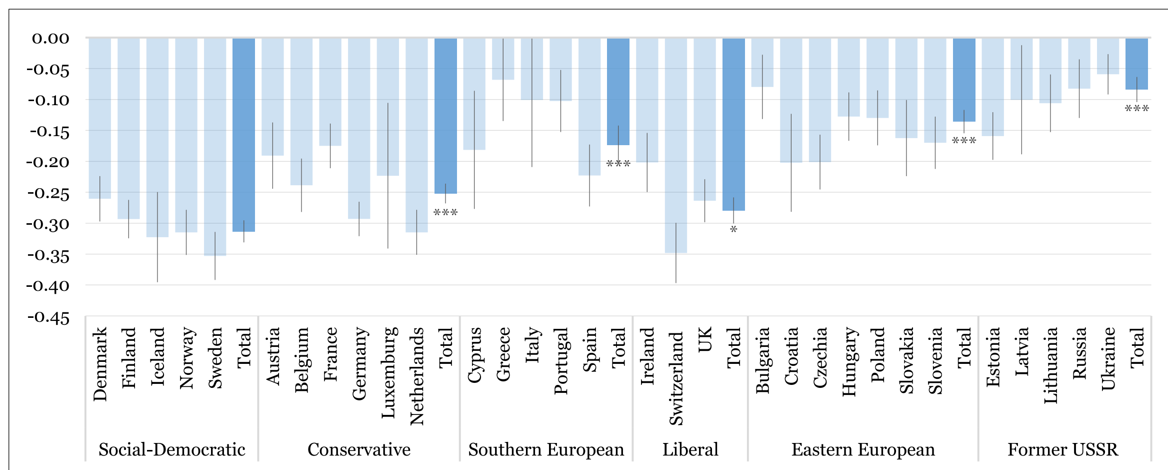

Fig. 5. Association between having disabilities and the likelihood of being satisfied with life, point estimates from LPM regressions with individuals aged 25-64
Notes: ᵠp<0.1, *p < 0.05, **p < 0.01, ***p < 0.001 significant differences in reference to the social democratic welfare state regime using the Hausman test via "suest" command. All models account for individuals' gender, age, and survey round fixed effects. Bars demonstrate 95% confidence intervals for the estimates.
Source: ESS (2002–2020).

2021), we move Ireland from a liberal to a Southern European welfare state regime and label this as the family-oriented welfare state regime. In the supplementary materials, Fig. S12, we also include Switzerland in conservative welfare state regime following a suggestion from some scholars (Kriesi and Trechsel, 2008). In the updated results, the social-democratic countries do not perform better in narrowing the gap in valued outcomes for individuals with disabilities.

In the supplementary materials, Fig. S13, we further test if, after accounting for education, employment, and other main sociodemographic characteristics such as age and gender, there are remaining welfare state regime differences in two quality of life outcomes – living comfortably with current income and being satisfied with life. In the estimates for being satisfied with life, we also account for the variable living comfortably on present income. In the multilevel mixed-effects LPM analysis for the living comfortably outcome measure, we see that disability-based inequalities remain highest in the liberal, social-democratic, and conservative countries, while for the being satisfied with life outcome measure, the gap between individuals who have disabilities and the rest of the population again remains largest in the social-democratic countries.

4. Discussion

It is speculated in the relevant literature that a generous welfare state is likely to provide a greater equality in valued outcomes to individuals with adverse origins and health conditions that create impairments and disabilities than a less generous welfare state does (Mladenov, 2016; Tøssebro, 2016; Gugushvili et al., 2023; Witvliet et al., 2012). Among other mechanisms, comprehensive health interventions throughout an individual's life course, more inclusive educational institutions for children and students with special needs, an anti-discriminatory legal framework, a large public sector with affirmative action in its hiring practices, and generous welfare benefits are thought to reduce the gap between individuals with disabilities and the rest of the population. On the other hand, however, due to the complexity of disability-related inequalities, the nature of expectations in different countries, the changing characteristics of welfare state regimes, and difficulties related to measuring disabilities across societies, the social-democratic countries might not perform better in closing the gap between people with and without disabilities.

Yet, there is surprisingly little evidence on the role of welfare state regimes in closing the gap in disability-based inequalities (Geiger et al., 2017; van der Zwan and de Beer, 2021). Using the large comparative data set covering most European countries nested in six welfare state regimes, we conduct, to our knowledge, the most comprehensive test to date of the assumption that the social-democratic welfare regime, as the most advanced type of public welfare provision, performs better in mitigating disability-based inequalities than the conservative, liberal, Southern, Eastern European, and the former Soviet Union welfare state regimes. The employed dataset suggests that for all investigated measures, the general population of social-democratic countries have better outcomes, while for two out of four outcome measures, individuals with disabilities also do better in the latter welfare state regime than in other regimes. Yet, our main concern in this study was the inequality in valued outcomes between individuals with and without disabilities.

The prevalence of disabilities was highest in social-democrat welfare state regime along with countries in conservative and liberal welfare state regimes, which might suggest that individuals in these countries are more aware of their disablement and have higher expectations for narrowing the gap between them and the general population. It is also a possibility that generous welfare state interventions including, but not limited to, those mediated via a comprehensive health care system, are not enough to significantly reduce the number of individuals who describe themselves as being hindered a lot by illness, disability, infirmity, or mental problems. This result is in line with what is known as a welfare state paradox in social epidemiology research, suggesting that throughout the 20th century health inequalities continued to persist despite the rise of welfare state provisions, while these inequalities are not systematically smaller in countries with more rather than less generous welfare state provisions (Mackenbach, 2017a).

After outlining the prevalence of disabilities across countries, we consecutively analyzed the following four dimensions by which the welfare state regimes were compared to each other – education, labour market, socioeconomic, and life satisfaction outcomes among individuals with disabilities. The results demonstrate that the social-democratic countries, especially Iceland and Norway, have larger gaps in tertiary education attainment between individuals with and without disabilities and health conditions that create impairments than other European countries. One explanation for this could be that these societies have overall higher levels of educational attainment, which can increase the distance between the advantaged and disadvantaged groups. The overall level of education among individuals with disabilities is a significant achievement for a welfare state, but from the normative standpoint it is no less important that individuals with disabilities and health conditions that create impairments also benefit to the same extent from the greater educational opportunities (Powell,

2019). In terms of the gap model of disability, disability remains a relative, not an absolute concept. Defined as a "mismatch between the person's capabilities and the functional demands of the environment" (Tøssebro, 2004, p. 4), the disability gap may, over time, increase, decrease, or shift upwards.

An alternative perspective on the observed educational inequality could be that a generous welfare state can disincentivize individuals with disabilities and health conditions that create impairments from pursuing tertiary education because individuals are aware that the welfare state would provide comprehensive support in finding a decent job even without individuals attaining tertiary education. Further, the systemic differences in the structure of educational institutions across the welfare state regimes might also account for the observed results. European educational systems significantly differ from each other by, among other aspects, the patterns of tracking, standardization, financing, and student selection (Hörner et al., 2015). For instance, Eastern European countries have one of the highest rates of tertiary educational attainment due to liberalized educational market since the fall of the Berlin Wall (Gugushvili, 2015; Slantcheva and Levy, 2007). The varying timing of education transitions might also matter for our findings as more individuals acquire disabilities as they get older. This implies that the nexus between disability and tertiary educational attainment might manifest more vividly when the entry age to tertiary education is later in life course.

We also saw that in the social-democratic countries, the disability gap in terms of being in paid employment is higher than in other parts of Europe, except for the countries in the liberal welfare regime. The possible explanations provided for the education gap above can also be applied to employment outcomes: the overall high levels of labour market participation in the social-democratic countries and potentially reduced employment incentives due to the generous disability benefits might increase the observed disability gap (van der Wel et al., 2011; van der Zwan and de Beer, 2021). A combination of relatively high overall employment rates and generous state finances may further disincentivize public service officials' efforts for inclusion of vulnerable groups in the labour market and offer benefits instead (Vike, 2017).

We have also revealed that the social-democratic countries do not perform better in narrowing the gap when it comes to the measure of living comfortably on present income. In fact, inequalities are highest in the social-democratic countries and are on par with countries in the liberal welfare regime. For this outcome measure, the overall share of the population which lives comfortably on present income matters, as there is almost no disability gap in Eastern European societies in which only 7% of the total population report living conformably compared to around half of the population in the social-democratic countries. Nonetheless, the gap is lowest in Southern European countries, where 26% of individuals report living comfortably on their present income.

There are large inequalities between individuals with and without disabilities in terms of being satisfied with life in the social-democratic countries, and this gap is significantly narrower in all other welfare state regimes. The latter finding contradicts the previous research, which reported the social-democratic welfare state regime's better performance in terms of closing the life satisfaction gap for individuals with disabilities and health conditions that create impairments (Hadjar and Kotitschke, 2021; Penner, 2013). The last two described inequalities – living comfortably and being satisfied with life – do not disappear even in the multilevel mixed-effects LPM models when we explicitly consider inequalities in education and work, along with individuals' central sociodemographic characteristics.

The countries which have consistently lower inequalities between individuals with and without disabilities are Southern European, Eastern European, and the former Soviet Union societies. Their welfare state provisions are not particularly generous or egalitarian, so the reasons for this observed relative equality must derive from other aspects of their organization of social, economic, and political life (Ferragina et al., 2015; Gugushvili, 2019). Mackenbach (2017b) proposes one of the explanations which may be relevant for understanding the paradox outlined here. These countries have been late in terms of expansion of the service sector and have had lower overall levels of education, which implies that the lower educated and disadvantaged groups, including those with disabilities, could be less socially marginalized, relatively speaking, than in other welfare state regimes. We also know that informal care at home often substitutes formal care and is a part of these countries' cultures (Genet et al., 2011). While providing care to family members with disabilities can be a very demanding responsibility, this model of care can improve the quality of life outcomes of those who receive care (Ferlander, 2007).

Furthermore, it is possible to question one of our central assumptions outlined in the theoretical framework that the social-democratic countries represent universalistic and comprehensive welfare state regimes. For instance, in the case of Sweden, the welfare state has undergone substantive changes and reforms since 1990 and has, in part, lost its universalistic character. A recently published anthology with contributions from over 40 researchers describes Sweden as the land in Europe with the fastest growing inequalities in many areas of society, with widespread privatization of public services (Suhonen et al., 2021). In turn, a Finnish study that examined the conceptions of the welfare state in political programmes found that, since 2014, the welfare state's aims of inclusion and universalism have been dramatically toned down to an absolute minimum (Hellman et al., 2017).

The described findings also lead us to the question of whether welfare state regimes, as analyzed in the present study, truly capture the differences in social and economic policies that are likely to matter for disability-related inequalities. For instance, two recent reports concerned with disability-related policies and reforms from a comparative perspective conclude that there is considerable within welfare state regime variation and countries continue to differ in the particular choice of policy tools (Böheim and Leoni, 2016; Scharle et al., 2015).

In addition, the operationalization of the key variable of interest – being hampered a lot in daily activities by illness, disability, infirmity, and mental problem – can be questioned from the substantive and methodological standpoints. First, it is not clear if individuals perceive this question similarly across European societies and which of the areas listed within the question play a more prominent role in respondents' considerations in answering the question. Second, the ESS does not provide information on the timing of these disabilities and the lengths of time that individuals have been experiencing them, which limits our ability to elaborate on the chronological cause-and-effect associations between these disabilities and valued outcomes (Nard, 2017).

Another limitation of our study is that in survey data analyses it is difficult to control for internalized ableism and how individuals perceive a "natural" or "normal" level of difficulty, given their particular health conditions. Different countries nested in welfare state regimes have different cultural norms and standards for the societal participation of people with substantial health conditions and disabilities. Given strongly ableist assumptions about life with a substantial health condition or disability – that it must naturally be led under conditions of marginalization, and be less satisfying than a non-disabled life – "being hampered" may take on different meanings.

Last but not least, by studying the links between disabilities and valued outcomes, we assume that causal links stem from disabilities and lead to detrimental results in educational attainment, labour force participation, perceived socioeconomic position, and life satisfaction. However, along with theories of the social determinants of health (Marmot, 2005), it is likely that individuals' socioeconomic position contributes to or even causes the described health conditions that create impairments and disabilities. But even if the latter is true, the identified links between disabilities and valued outcomes suggest that welfare state regimes, in general, and the social-democratic countries, in particular, cannot close the gap between the two, regardless of the causal direction of the investigated associations.

5. Conclusion

The findings presented in this study using survey data suggest that the most generous European welfare states do not perform better, and in some cases perform worse, than other less advanced welfare state regimes in closing the gap in equality in valued outcomes between individuals with disabilities and the rest of the population. Our study is largely exploratory and has methodological limitations in terms of understanding the nature and causes of the identified inequalities. More in-depth analyses of individual countries with good quality data can potentially identify the root causes of the revealed welfare state paradox in disability-related inequalities.

Funding

This work was supported by the Research Council of Norway (grant number 312650). The sponsor did not play any role in the study design; in the analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication.

Declaration of competing interest

None.

Data availability

Data used in this study are publicly available.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.socscimed.2023.116361.

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