

## **Comparison of Disability Welfare Between Japan and Sweden**

### INTRODUCTION

The government's responsibility for social welfare is a principle that dates back centuries. Countries have agencies to aid the vulnerable, disadvantaged, and destitute in areas such as health, education, and employment. Opinions vary regarding to what extent the government or the private sector should be responsible for providing such care and services. As such, governments have come to a variety of different conclusions regarding how best to conduct social welfare in order to achieve the best results. Over the course of the last one-and-a-half or so centuries, the field of social welfare has rapidly developed and broadened thanks to great leaps in standards of living and technology. The beginning of the modern welfare state can be traced back to the second industrial revolution. More specifically, Bismark's social insurance legislation in the 1880s that covered Germans at a then unprecedented scale triggered more expansive legislation in other countries (Kuhnle, 1978, 11-12, 26). The diffusion and rise of such legislation has produced countries that are dubbed advanced welfare states, of which Japan and Sweden are included.

Japan and Sweden are both advanced economies and welfare states, but they have very different approaches and models when it comes to disability welfare. Social similarities such as culture, economy, demography, and politics lend to similar welfare models in their respective regions, East Asia and Nordic countries. The proportion of people with disabilities and the severity of disability increases with age, so Japan and Sweden, which are both rapidly graying countries, are facing similar future predicaments and swelling elderly populations that require social welfare. These qualities make Japan and Sweden good representatives for comparison. Regarding protection and support of people with disabilities, both countries meet the basic international standards set out by the United Nations. Both have ratified the UN Convention for the Rights of Persons with Disabilities (CRPD). Sweden ratified the Convention in December 2008, a few months after the Convention originally came into effect. Japan ratified the Convention in January 2014 after 6 years of work to amend the Basic Act for Persons with Disabilities and pass the Act on Elimination of Discrimination against People with Disabilities. Despite this, there are still areas for improvement in both countries when it comes to caring for persons with disabilities.

This paper, therefore, will compare disability welfare in Japan and Sweden in order to deduce lessons that each country may learn from each other. This paper relies on the study by Lindqvist and Lamichhane (2019), the first comparative study on welfare disability policies of Sweden and Japan, and delves into greater detail in several areas. The hereinafter comparison will be divided into sections on welfare regimes, perception of disability, policy orientation,

measures, and policy consequences. Finally, these are concluded by a section on takeaways and suggestions for each country.

## WELFARE MODELS

Esping-Anderson (1990 as cited in Tanaka, 2019, 20) developed a welfare regime typology that categorized Western states into three types. "In Anglo-Saxon countries, where the power of the employers' organizations was superior, a liberal regime was formed. In Scandinavian countries, where the power of the trade unions was strong, a social democratic regime was formed. In Continental European Countries, with the exception of France, as the power of the conservative party (Christian democratic parties) and bureaucrats was strong, a conservative regime was formed" (Tanaka, 2019, 20). Sweden is a good representative of the Scandinavian, i.e. Nordic, model of welfare states.

There have been efforts to fit Japan into this typology. Esping-Anderson (1990 as cited in Tanaka, 2019) and Tanaka (2019) consider Japan a balanced mix or compromise between conservative and liberal regimes due to its combination of small public welfare, private corporate welfare, male breadwinner family "familialist model", and protection of small and medium-sized enterprises and public works. Other scholars have been inspired by Esping-Anderson's typology to develop a new East Asian regime. East Asian countries share many historical, political, economic, cultural, and demographic similarities that lend to similar social welfare systems. Several scholars agree that systems in East Asian countries can be classified as productivist welfare regimes (Holliday, 2000; Kim, 2016; Wilding, 2008 as cited in Kim, 2019, 5) (Tsuitsui, 2013, 102). The region is not homogenous, however, and Japan, South Korea, and Taiwan, can be subcategorized as inclusive productivist regimes characterized by compulsory social insurance schemes and public assistance programs focusing on risk-pooling while (Kim, 2019, 5). Thus, for the purpose of comparison, Japan can be considered a decent representative of East Asia.

## PERCEPTION OF DISABILITY

Perception of disability can be split into the attitude of the general population and the systematic view shaped by the welfare system. Treatment at the individual level is influenced by how people with disabilities are treated as a collective, which can be understood from laws and other rules and in how they are interpreted and applied (Swedish Disability Federation, 2006, 13). When comparing the two countries, the disability prevalence rate is much lower in Japan than in Sweden, which reflects a narrower definition of what is perceived as disability (Lee and Lee, 2016) (MHLW, 2017). The employment rate of persons with disabilities is also partially reflective of the level of acceptance of persons with disabilities. Japan's rate of employment is much lower than Sweden's. The different definitions of disability, however, make direct comparison difficult and it is most the difference in employment rate suggests different levels of integration, conversely ostracization, of people with disabilities into society.

The Swedish Disability Federation (2006, 13) reports that ignorance in society, negative

special treatment, ostracism and bullying continue to be daily occurrences for many. The federation also states that in the few depictions of people with disabilities in the media they are often portrayed as victims or heroes and that people with mental illnesses are prone to violence and crime. People with disabilities are often not involved in depicting how they are portrayed either (Swedish Disability Federation, 2006, 110-111). The infamous Sagami-hara massacre in 2016 where a former worker at a care center for people with intellectual disabilities is an extreme case that is evidence of eugenics-inspired attitude still held by some people, a perspective that persists around the world (Hernon, 2017).

In the Japanese system, disability is understood in medical terms. Japanese disability law strictly outlines the grades of different types of disabilities based on severity. The grade of disability determines entitlement to certain types of services (Lindqvist and Lamichhane, 2019, 8-9). Yoda (2002 as cited in Lindqvist and Lamichhane, 2019, 5) writes that disability is seen as an individual problem. If a disabled person's impairment is eliminated or cured, it is expected that that person should be able to live a similar lifestyle to an able-bodied person. In this vein, Japan also focuses on rehabilitation with the aim of rehabilitating people so that they can contribute to the labor force and the economy. Unfortunately, this also means that there is more attention placed on people with disabilities that are "curable" and can become economically productive - something that is distinguished in the Japanese Disability Act.

On the other hand, the Swedish model is primarily a social model-inspired relational model (Lindqvist and Lamichhane, 2019, 8). In Sweden, disability is understood as a relative phenomenon - i.e. as a relationship between the impaired individual and their surroundings. The social model separates how disability is conceived into 2 dimensions: physical (or mental) impairments and socially constructed disabilities. Therefore, a person may be more or less disabled depending on accommodations available to them and accessibility in their daily lives. Thus, Sweden has a broad definition of disabilities and needs, based on people's difficulties managing daily life. Unlike in Japan, Swedish Disability Law and the Social Services Law do not stipulate a direct link between the type or grade of impairment and entitlement to social services. Although a doctor's statement describing one's impairment(s) and how it affects them is required when applying for a benefit or service (Swedish Social Insurance Agency, 2022). However, since the economic crises of the 1990s, the attitude in Sweden has begun to shift and there is an increase of "deservingness ethics." Concerns over the amount of public spending, resulted in stricter eligibility requirements. Also, there was a push for families to take greater responsibility in providing services.

## POLICY ORIENTATION

The common purpose of disability welfare policy is to provide aid to persons that require assistance to live their daily lives. Japan and Sweden both approach disability as something that must be given special considerations and state assistance in order to achieve equality, as opposed to equality in terms of anti-discrimination, neutrality, or blind justice as seen in the United States (Heyer, 2000). They differ, however, in other facets of their approaches. Japan is productivist

and places much responsibility on families. Sweden is universalist and focuses on fostering independence.

Japan strongly focuses on work, production, and economic growth with the family playing an important role in social provision (Lindqvist and Lamichhane, 2019). There are several proposed explanations for this. First, historically, welfare state developments in Japan were driven by nation-building efforts in the aftermath of World War II in order to increase social investment and enhance economic productivity and growth. How welfare was framed from early on set the framework for how it has developed since then (Goodman & Peng, 1996 as cited in Lindqvist and Lamichhane, 2019). Second, Japanese culture, like many other East Asian cultures, is influenced by Confucian values. Confucianism heavily emphasizes the importance of family, respect for authority, respect of and care for parents and elderly family members, loyalty, dutifulness, and filial piety. In other words it emphasizes patriarchy, conflict avoidance, and institutions - traits that constrained the development of a Western-style welfare system (Jones, 1993 as cited in Lindqvist and Lamichhane, 2019). Although the trend over the past decades has seen an increase in nuclear family households and a rapid decline in traditional three-generation households, responsibility to one's family remains a salient characteristic of Japanese culture. For people with disabilities, their families are the primary provider of protection and care. A third explanation suggests that Japan's conservative political system and the absence of a strong political left or liberal perspective in mainstream politics also has an impact on Japan's approach (Aspalter, 2006 as cited in Lindqvist and Lamichhane, 2019).

Sweden has a universalistic approach - meaning that all citizens are deserving as a matter of course - and rights-oriented approach. Japan, as a welfare state, also has a universalistic approach to welfare but it is not as all-encompassing or generous as Sweden when it comes to disability welfare. The Act Concerning Support and Service for Persons with Certain Functional Impairments sets out 10 measures that persons with substantial disabilities have a right to. These measures are counseling and other personal support, personal assistance, companion services, personal contact (support person) service, relief service in the home, short stay away from home (respite care), short period of supervision for school children over the age of 12, group homes or homes with special service for children and young persons, residential arrangements with special service for adults or other specially adapted residential arrangements, and daily activities (European Commission, n.d.). Sweden does not demand as much support from families as Japan does. Its approach is to enable impaired people to live independently of family with a socially accepted standard of living. This partial transfer of support responsibility from the family to the state is referred to as "de-familialization" (Olin et al, 2018). In this way, Sweden aims for impaired individuals to be able to fully participate in social and work life.

Japan also aims to enable persons with disabilities to live independent daily and social lives (Services and Supports for Persons with Disabilities Act, 2005). This goal is called "normalization" - an idea that was originally developed by Scandinavian disabilities activists in the 1960s. The reality is that there is a shade of difference between how Japan and Sweden define normalization. Sweden defines normalization as bringing about a normal daily rhythm and

normal developmental experiences in the lives of people with disabilities. When Japan brought normalization into the Japanese context, it was given the connotation of integrating people with disabilities into mainstream society (Lindqvist and Lamichhane, 2019).

## MEASURES

*(Receiving benefits)* The application process to receive benefits as well as the eligibility criteria differ greatly between Japan and Sweden. In order to receive disability benefits, Japan has a disability identification card or handbook system (*shougai sha techou*) that is issued by the prefecture based on a designated doctor's medical assessment. Only individuals who possess this card are eligible for services. The eligibility criteria for various levels of benefits are strictly determined by the type and grade of disability (Rajnes, 2010). The broadest categorization sets three types of disability: physical disability, intellectual disability, and mental disability. As for the grades, social insurance for permanently disabled people is divided into three levels. Grade I includes persons with a disability that prevents them from conducting their daily activities and requires constant attendance. Grade II, the middle grade, is persons who have significant restrictions in daily life that severely impair their ability to live independently. Grade III are persons who have some restrictions in daily or social life that impair their ability to work. There are specifically listed impairments for each grade such as loss of specific fingers or limbs, certain decibel level of hearing, and so on. The severity of mental disabilities are also determined according to these grades (Rajnes, 2010).

In Sweden, the Law on Special Support and Services for Persons with Disabilities and the Assistance Benefit Act characterizes eligible persons as those with "severe and persistent difficulties in managing daily life." These are specified as (1) people with intellectual disabilities, (2) people with lasting mental dysfunction after damage to the brain brought about by violence or physical illness and (3) people with other physical disabilities or mental health problems which are not clearly linked to normal aging (Lindqvist and Lamichhane, 2019). After sending in a medical statement describing one's impairments and disabilities, social workers meet with the applicant to decide in cooperation with the applicant on the kind of amount of support necessary (Swedish Social Insurance Agency, 2022).

*(Benefits)* Swedish law also sets out 10 measures of assistance: counseling and other personal support, personal assistance, companion services, personal contact (support person) service, relief service in the home, short stay away from home (respite care), short period of supervision for school children over the age of 12, group homes or homes with special service for children and young persons, residential arrangements with special service for adults or other specially adapted residential arrangements, and daily activities (European Commission, n.d.). Sweden's Personal Assistant (PA) system is one of its most notable measures. It provides helpers and caregivers for free. An individual receiving personal assistance has the right to employ an assistant of their own choice. This may be a PA from the state or the municipality. They can also choose to have the PA arranged by the local social service agency, a user-collective (NGO), or a private provider (such as a parent or other family member) (Lindqvist and Lamichhane, 2019).

There are also a variety of allowances that persons with disabilities may apply for including assistance allowance, car allowance, car adaptation allowance, additional cost allowance (which fully replaced disability allowance in 2019), and allowance for assistive devices (Swedish Social Insurance Agency, 2021a) (European Commission, n.d.).

Japan's National Pension and Employee's Pension systems provide coverage for persons with disabilities, paying out higher amounts for individuals with more severe grades of disability (Rajnes, 2010). Japan also provides four types of financial support allowances and local governments may provide additional support. Nationwide support are the special persons with disabilities allowance (for adults with grade 1 or 2 disabilities), child with disabilities allowance (for children with grade 1 or 2 disabilities), special childcare allowance (for parents with children with grade 1 or 2 disabilities), and childcare allowance (for parents with severe disabilities who are raising children) ("Allowances for...", n.d.).

*(Redress)* When a claim for disability benefit is denied, the applicant has options for redress. In Japan, if a claim is rejected, the applicant is given an opportunity to appeal through an independent administrative appeals procedure. If their appeal is dismissed, they can take a judicial avenue and lodge the case with the Social Insurance Appeals Committee - a committee of six members appointed by the prime minister and approved by the legislature (Services and Supports for Persons with Disabilities Act, 2005). As for Sweden, a rejected applicant has the right to appeal to the administrative court in order to have the decision changed (Lindqvist and Lamichhane, 2019).

*(Employment)* Japan also has employment quota legislation that requires private and public sector employers to fill a certain percentage of their open positions with persons with disabilities. Companies that fail to fulfill the quota must pay a fee - this is referred to as a quota-levy system. There is also incentive for employers to hire more than the quota since subsidies are given to companies that exceed their quotas or, in the case of small companies with fewer than 56 employees, no quotas (Lee and Lee, 2016, 88-89). On the other hand, Sweden has never implemented a quota or levy system (Lindqvist and Lamichhane, 2019). Conversely, Sweden provides financial support for employers including grants to investigate how their workplace can be adapted for disabilities and implement the accommodations, as well as compensation for sick pay costs if an employee is sick often or for a long period of time (Swedish Social Insurance Agency, 2021b).

## CONSEQUENCES

Regarding employment rates of persons with disabilities, the Japanese Ministry of Health, Labor, and Welfare (MHLW) reported that as of 2016 there were a total of 3.55 million persons with disabilities between ages 18 to 65 who were not institutionalized. Of this, 474,000 or around 13 percent were employed (MHLW, 2017, 13-14). For 2020, the MHLW reported 3.2% increase over the previous year in employed persons with disabilities. Furthermore, private companies that meet the employment quota of 2.2 percent have also increased slightly to 48.6 percent of companies in total (MHLW, 2021). In comparison, a 2020 Swedish government

survey indicated that 67 percent of persons with disabilities were employed, while 52 percent of people with more severe disabilities that reduce their capacity to work were employed. The unemployment rate of persons with disabilities as well as the total population was the same at 9 percent, while persons with disabilities that reduced their capacity to work had an unemployment rate of 17 percent (Statistics Sweden, 2021). The difference in employment rate seems staggeringly different between Japan and Sweden. However, it is very difficult to make a direct comparison due to the difference in breadth of their definitions of disability.

Another note regarding the effectiveness of Japan's quota system is that many employers do not actually achieve their quota and some large companies have developed a workaround to comply with the quota by establishing "barrier-free" subsidiary companies. These subsidiaries primarily hire people with disabilities who then count towards the parent company's employment quota. The fees for companies that fail to meet the quota is quite low. Employers with 201 employees or more, are charged 50 thousand yen per employee, and employers with 201~300 employees are charged a reduced 40 thousand Yen per employee that they failed to hire (Lee and Lee, 2016)

Tsuitsui (2013, 103-105) cautions that Japan's welfare model may be forced to change due to economic, demographic, and political factors. Japan is facing a slowdown in economic growth that limits its budget. Its conservative political system and the absence of a strong political left or liberal perspective encourages wasteful policies by politicians who lack democratic debate with opposing political viewpoints that would facilitate better policymaking. Also, Japan's graying population increases its need for spending on pensioners. The same situation is echoed in other East Asian countries.

Sweden faces certain similar pressures that have already resulted in changes to disability welfare. Sweden is known historically for having a stable political system with a balanced "left" and "right", however, this balance has shifted fundamentally towards the right over the past decade along with a trend of growing conservatism that has been seen throughout Europe (Blomgren, 2021). Economic pressures and the increasing financial burden of a rapidly growing elderly population have fostered stricter views on welfare spending. In 2009, the Supreme Administrative Court ruled that basic needs be determined in a stricter manner. This means that there are people that have relied on government services who have support services withdrawn after being re-evaluated and new applicants that would have been approved in the past no longer are able to receive benefits (Olin et al, 2018). As a consequence, the old disability allowance was replaced by the additional cost allowance in 2019. The new allowance system divides the monthly amounts into more levels (five instead of three) and overall lowers the amounts provided (European Commission, n.d.). Such changes reduce the agency of individuals with disabilities and increases the burden on families to be caregivers. Furthermore, women tend to be primary caregivers and as such will bear a greater burden than men. Also, such efforts to reduce government spending have redistributed authority to local governments to determine and provide services. As such, some regions have turned to commercial alternatives to cost-effectively provide services. However, commercial options are not affordable to everyone and available

options vary greatly by municipality (Olin et al, 2018). Applicants for benefits also face discrepancies across municipalities since local social insurance office officials' discretion creates sharp variations. Officials in charge of cases may reduce the allowance amounts involved despite the fact that applicants are actually very restrained (Swedish Disability Federation, 2006, 42).

## LESSONS AND CONCLUSION

Japan could learn to have a more inclusive approach from Sweden. According to Heyer (2000), the medical model and framing disability in medical terms has led to the segregation of “disabled” and “abled”. Schools, workplaces, welfare and rehabilitation institutions are segregated. Since Heyer’s article was published, the quota system was established and has attempted to increase inclusion in the workplace. However, as previously mentioned, the effectiveness has been debatable since employees with disabilities often end up segregated into special departments or subsidiary companies. Students with disabilities are still placed in special needs schools, deaf schools, or blind schools and mainstream schools do not serve students with disabilities. Such segregation places limitations on disabled people’s social lives and keeps them dependent on their family. More interaction and crossover between disabled and abled spheres would help many people with disabilities become more independent, as well as live fuller, enriching lives. This would also make the able-bodied rest of society more understanding and involved in promoting independence. Sweden’s grant for companies to implement accommodations in the workplace could be copied in Japan. It could encourage more companies to meet the quotas as well as open non-segregated positions for persons with disabilities. As for education, attending a special needs school or special program is voluntary. If students choose to attend mainstream schools, their needs will be assessed and a support plan and action plan will be drawn up by the principal to meet their individual learning needs (SPSM, 2022).

One area Sweden could learn from Japan is in support for families as caregivers. Japan traditionally places great responsibility on families to provide care and recently Sweden is trending towards “re-familialization” - i.e. as opposed to de-familialization. Although this shift is certainly not a win for persons with disabilities, if it is inevitable anyways, Sweden could find Japan’s measures useful for reference. For example, nationally, Japan offers certain allowances to family caregivers. Swedish municipalities already offer cash benefits to support caregivers, however, there is great variation across regions. Some places do not offer such benefits, while other places that do, have different eligibility criteria and levels of cash amounts (“Sweden”, 2021). Sweden could implement a caregiver allowance at the national level to improve equality of coverage.

Both Japan and Sweden face similar future economic and demographic challenges. It will be interesting to see how either country chooses to adjust their disability welfare and overall welfare systems in the face of such challenges.

(Word Count: 4027)



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