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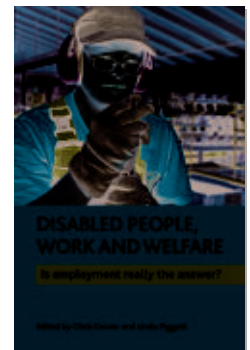
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Social dialogue, partnership and the Danish model of activation of disabled people: challenges and possibilities in the face of austerity

David Etherington and Jo Ingold

Introduction

The number of people claiming sickness benefits has risen considerably across countries of the Organisation for Economic Co-operation and Development (OECD) and employment rates for those with a disability average around half of those without (OECD, 2009). In response to the increasing numbers of older workers and those with long-term health conditions receiving out-of-work benefits and the accompanying increase in public expenditure, most developed countries have reformed their welfare states to ‘activate’ these groups and to facilitate their entry into the labour market. These policy shifts have been characterised as ‘neoliberal workfare’, whereby entitlements to benefits are restricted and benefit claimants are subject to tighter work-focused conditions (Peck, 2001).

In the 2000s, the Danish ‘activation’ model was transformed towards stronger ‘work first’ principles, but has retained key traditional elements of social dialogue, with a particular emphasis on trade union representation and negotiated rights and duties for unemployed people. In particular, the Danish welfare reforms of 2013 promote co-production and an increasing ‘ownership’ by people on sickness benefits through user involvement in multi-agency services (Bredgaard, 2013). In Denmark, local government (and the elected representative political process) is responsible for running jobcentres and activation programmes. Social dialogue and partnerships are regulated through local employment committees (*Lokal Beskaeftelses Rad* – LBRs) in the municipalities, which include employers, trade unions and disability advisers as social partners (Damgaard and Torfing, 2010). The role

of LBRs is to advise and monitor jobcentre performance, providing a link between benefit recipients, trade union officials and disability organisations. The trade unions have traditionally been key actors in the Danish labour market model through their representation on tripartite bodies and through management of unemployment insurance (UI) funds (Bredgaard and Larsen, 2008; Etherington, 2008).

The aim of this chapter is to explore the influence of social dialogue on activation for disabled people, looking at the emerging tensions arising from an increasing orientation towards workfare, which poses challenges to corporatism and the influence of the social partners on policy. Specifically, the chapter will:

- outline the reforms of the 2000s, involving a more work-first orientated strategy for disabled people;
- analyse the devolution and municipalisation of activation and the shift to multi-agency approaches embedded in the 2013 reforms;
- assess the impact of austerity and more intensified work-first-based interventions on the Danish welfare 'consensus'.

Theoretical reflections on the Danish 'Nordic' model

The theoretical starting point draws on a Marxist perspective of the state as a social relation and state intervention as contingent on a balance of class and social forces (Etherington and Jones, 2004). In this respect, we conceptualise policy as a continually negotiated and contested process in which power interest groups and their actions influence outcomes. In this approach to the state, active labour market policies (ALMPs) are shaped by a number of functional imperatives in the reproduction of capitalism. Of importance is the requirement to manage a reserve army of labour to control labour supply and to secure its social reproduction. Key to this is 'the role played by the institutions and actors representing civil society in the priority-setting process and the historically-institutionalised agreements between them (consensus, conflict, cooperation, competitiveness)' (Revilla and Pascual, 2007, p 5). This focus on forms of political mobilisation and institutions also enables an understanding of the links between industrial relations and welfare systems (Trampusch, 2006; Clegg and van Wijnbergen, 2011). Contemporary moves towards 'workfare' can be seen as a further development in the process of managing the reserve army of labour, promising a more 'active' management of the labour market instead of – or in addition to – the relatively passive approach implied by the notion of 'social security'. It builds on the disciplinary aspects of social

security to offer ways of not only bringing labour into employment but also developing labour to fit more closely with the specific needs of particular industrial sectors or local employers.

Jessop (2002) argues that there has been a decisive shift, involving the creation of a Schumpeterian 'workfare' state across the developed capitalist world. State restructuring involves 'rescaling': the national scale is no longer the sole source of political and policy power, and governance and policy formation is shifted upwards, outwards and downwards. This devolution to localities is important because ALMPs are increasingly designed in closer proximity to their sites of implementation, taking account of local labour market conditions and inherited institutional and governance structures and relations (Peck, 2002). Such scalar shifts often involve a reordering of relations between different levels and responsibilities for socioeconomic governance. However, in some contexts this can increase the centralisation and control functions of the state and undermine locally based innovations (Jessop, 2002). This process of state decentralisation within the context of a more neoliberal and market-based politics involves new forms of interventions and categorisation of marginalised groups, as well as the outsourcing of employment services (van Berkel and Borghi, 2007). This process of state restructuring involves tensions and conflict and the reordering of power geometries and structures of negotiation with respect to central and local actor relations.

Danish social democracy and the Nordic model were born of mass struggle at the end of the 19th century. This established the trade union movement's rights to association and representation in policy decision making through the creation of tripartite bodies, and led to a series of welfare reforms embracing social insurance, health and universal benefits (Lind, 1996; Etherington and Jones, 2004). Furthermore, the active role of the women's movement within the trade union and labour movements was crucial in defending redistribution, the universal components of social policies and the design of policies such as maternity rights and comprehensive childcare. The state's assumption of caring roles otherwise performed by the family (that is, women) has been crucial in facilitating women's access to the labour market. This strong basis for social solidarity within the welfare model has also informed policies for disabled people and the integration of occupational health within municipal social and health interventions (Etherington and Ingold, 2012).

Several institutional factors have contributed to the maintenance of relatively high levels of union membership and density (70–80% of employees) in the Nordic countries, even after the culmination of

post-war unionisation in Europe in the 1970s. First, the presence and wide-ranging functions of unions in the workplace have facilitated acceptance and support of unions as a ‘matter of fact’ in Nordic working lives (Dølvik, 2008). Collective bargaining agreements cover wages and all issues around working conditions, with a co-determination system and co-determination committees at the occupational, as well as the local, level. Social partners establish general wage scales and terms and conditions at the overall level (state, region or municipalities), which are then integrated into individual agreements for different occupations (Mailand, 2012). Second, all the Nordic countries (except Norway) have unemployment benefit systems administered by the trade unions (the ‘Ghent system’). In Denmark this has a long history – the trade unions have managed UI benefits since the 1930s, with benefits being based on individual contributions through employment. In the event of unemployment, claimants receive their benefit from the UI office, which tends to be run by the relevant trade union. Social assistance and disability benefits are managed by the municipalities, with the level negotiated by trade unions via the social partners at the national level.

Activation and institutional and policy changes

In Denmark, labour market policies have undergone a number of changes, which for the purposes of this chapter can be grouped into four key phases (summarised in Table 8.1):

1. the reforms of 1994;
2. the neoliberal turn in the 2000s;
3. the 2007–10 ‘municipalisation’ of activation;
4. the reforms of the Social Democratic government since 2011.

A central strategic framework for Denmark’s labour market policy has been the pursuance of ‘flexicurity’, based on securing the objectives of relatively generous social protection (income security), flexibility for recruitment and rationalisation of employment (in terms of workplace regulation), accompanied by strong ALMPs that assist in improving labour mobility (Bredgaard, 2012). The Danish model is considered to be a successful hybrid of the flexible labour markets of the liberal welfare states and generous social protection characteristics of the Nordic welfare regimes (Kongshøj Madsen, 2013a, 2013b).

Table 8.1: Development of activation programmes for people receiving sickness benefits in Denmark

Timeframe	ALMPs	Governance structures
Late 1990s	<p>1998 – development of flex-jobs scheme for people on disability pension</p> <p>Subsidised employment with personal adviser support</p>	<p>Regional labour market councils involving social partners</p> <p>Coordinating committees at the local authority level for developing inclusive labour market policy for people in receipt of long-term benefits</p>
2002–04	<p>2002 – ‘More People in Work’ – strategy focused on long-term unemployed people and people with disabilities</p> <p>2003 – introduction of the ‘ability to work’ assessment to determine eligibility for Disability Pension or Flex-jobs/other employment initiatives</p>	<p>Danish Council for Disabled People joins National Labour Market Councils as a partner</p>
2005–06	<p>2006 – welfare agreement – ‘New Roads to Employment’ programme of initiatives targeting people with mental health problems</p> <p>Creation of fund for occupational health and prevention, and more intensive local authority casework support</p>	
2007–12	<p>2007 – municipal reforms in which local authority-run jobcentres are responsible for all active labour market programmes (in place by 2009)</p> <p>Increasing role of personal advisers and conditions on access to benefit</p> <p>Tightening of ability to work through categorisation of unemployed people</p>	<p>Regional Employment Council (steered by social partners) oversees running of local employment councils (also steered by social partners), monitors and advises</p> <p>Municipal jobcentres responsible for activation strategies for uninsured and insured unemployed people</p> <p>Increase in use of private contractors in delivery</p>
2013	<p>Scaling down of subsidised employment and greater reliance on conditionality and targeted service delivery for sickness benefit claimants</p>	<p>Focus on multi-agency coordination of support for sickness benefit recipients and increasing emphasis on involving recipients through co-production of rehabilitation plans</p>

The labour market reforms of 1994

In 1994, the then Social Democratic government created a comprehensive programme of active labour market measures, involving leave schemes for both employed and unemployed people, and a range of activation programmes. The reforms were adopted with the full agreement of the trade unions as key social partners. Those claiming unemployment and social benefits, and employees were entitled to undertake either childcare, educational or sabbatical leave. This policy was combined with job rotation programmes, whereby unemployed people – including disabled people – could obtain short-term work experience by acting as substitutes to cover those on leave (Etherington and Jones, 2004). Local government (*Kommune*) was given responsibility for activating people on social assistance, while the public employment service (*Arbejdsformedlingen*) was charged with signposting insured people into leave schemes and activation policies. A major plank of the reforms was the decentralisation of labour market policy and an enhanced role for the social partners in the planning and delivery of policy via tripartite regional labour market councils (*Regional Arbejdsmarked Rad*). In essence, the 1994 reforms introduced conditionality into ALMPs, while at the same time providing rights for unemployed people (a condition of trade union agreement to the reforms) in the form of action plans and a wide choice of training and employment schemes. Those in receipt of long-term sickness benefits tended to be excluded from benefit conditionality, with an emphasis on social support and an enhanced role for occupational health as a way of facilitating employment opportunities. Towards the late 1990s, the trade unions made a concerted push to develop support and representation of social assistance and disability claimants via the government's 'Inclusive Labour Market' (*Rummeligearbejdsmarked*) through involvement in local coordinating committees, and developing counselling and advice services on a similar basis to those provided for UI claimants (Damgaard and Torfing, 2010).

The neoliberal turn in the 2000s

Although workfare has always been present to some extent within Danish ALMPs, in recent years it has become more explicit and integral to welfare policy (Rosdahl and Weise, 2001). In the 2000s, the Liberal-Conservative government introduced a series of measures that tightened conditionality for disabled people and long-term sickness benefit recipients. The first measure was tougher work assessments

following the creation in 1998 of a special activation programme – ‘flex-jobs’ – involving subsidised employment. People on sickness benefit and Disability Pension had to undergo a ‘work ability’ assessment (introduced in 2003 as part of a wider pension reform – see Table 8.1) in order to qualify for benefits and assess their eligibility for flex-jobs, or sheltered employment. Flex-jobs are integral to the Danish occupational health intervention model for both employed and unemployed people whose working capacity is reduced by at least 50%. Within eight weeks of sick leave, the local authority verifies eligibility to sickness benefits and sets in motion appropriate measures and instruments to facilitate a speedy return to work. These include counselling, work capacity assessments, vocational rehabilitation, job training and a phased return to work. If ordinary work is not possible, a subsidised flex-job under special conditions is offered on a permanent basis, involving specific work tasks, in-work support and reduced working hours.

Those who are eligible for, but are waiting to join the scheme, receive an unemployment allowance equivalent to UI benefit, averaging around 80-90% of the highest rate of daily social security benefits. In 2011, 70,000 people were employed in flex-jobs, half in the public sector and half in the private sector (Gupta et al, 2013). Municipalities also operate a sheltered employment scheme for people with more severe disabilities. In 2013, less than 5,000 people were in such jobs (Statistics Denmark, 2014). However, flex-jobs continues to be the main activation programme for disabled people, combined with other support services, such as personal assistance, career counselling and access to training (Etherington and Ingold, 2012). Although intervention measures for disabled people are undertaken in liaison with relevant agencies and trade unions, in terms of social dialogue trade union influence, particularly at the national level, declined throughout the 2000s, with their role being reduced to merely commenting on policy proposals, rather than being involved in their development (Jørgensen and Schulze, 2012).

The ‘municipalisation’ of activation

In 2007, the Danish government undertook a major reorganisation of local government and welfare, which devolved responsibility for activation from the public employment service to local government (see Table 8.2). The reforms in effect abolished the public employment service, and the powerful and influential regional labour market councils, in which the trade unions and labour movement had a strong voice. However, this ‘municipalisation of employment policy’

(2007–10) retained the role of the social partners through the creation of LBRs, whose role is to advise and monitor jobcentre performance, establish local priorities and pilot or develop projects in accordance with them. The central objective of the LBR is to use its capacities and resources to assist those most disadvantaged in the labour market. A key element of the reforms was the increasing inclusion of disability rights organisations and the allocation of specialist disability advisers within jobcentres. The pressure on municipal budgets and a complicated financial reimbursement model for activation led to pressures to signpost more disabled people into the ‘open’ labour market and reduce the disability benefit bill. This involved the use of stricter work-related conditions and sanctions and was underpinned by stricter performance measurement, outcome targets and an overall reduction in discretion for case workers (Østergaard Møller and Stone, 2013). The establishment of the local committees brought about a decentralisation of social dialogue and potentially closer contact between the trade unions and marginalised groups in the labour market (Bredgaard and Larsen, 2008). On the other hand, in terms of social dialogue the reforms weakened the role of social partners in shaping labour market policies at the national level (Jørgensen and Schulze, 2012, p 641).

Table 8.2: Social dialogue and governance of activation programmes in Denmark

Level	Administrative bodies
National	<p>National Labour Market Authority (<i>Arbejdsmarkedstyrelsen</i>) – overall management of employment policy</p> <p>National Employment Council (<i>National Beskæftelses Rad</i>) – advisory body of social partners to the Minister of Employment in relation to labour market policy</p> <p>Labour Directorate – supervision of UI funds and local authority administration of social benefits</p>
Regional/city region	<p>Employment regions – supervision of jobcentre performance</p> <p>Regional Employment Council (<i>Regional Beskæftelses Rad</i>) – advisory body on policy and monitoring of regional labour markets</p>
Local	<p>Local authority <i>jobcentres</i> – employment services for insured and uninsured people on sickness benefit; payment of social assistance and unemployment benefit</p> <p>Local Employment Council (<i>Lokal Beskæftelses Råd</i>) – policy-making and supervisory role</p>

The Social Democratic government's labour market reforms

The incoming Social Democratic government in 2011 implemented a package of austerity measures combined with a public investment package designed to stimulate the economy (Mailand, 2012). The actual relationship between the social partners and the nature of social dialogue displayed continuities with the previous centre-right government (Mailand, 2013; see also Jørgensen and Schulze, 2012). The new government implemented the previous government's plans to increase conditionality by (from 2013) reducing the duration for which UI benefit could be claimed from four to two years, tightening the criteria for re-entitlement and restricting access to Disability Pension.

Disability Pension is awarded to those of working age whose ability to work is considered on the basis of a medical assessment to be permanently reduced. Since 2013, eligibility has been restricted to those aged over 40, with those under 40 being targeted for specific interventions. This involves undergoing intensive health management, including engaging with a rehabilitation plan administered by inter-agency teams, and special measures, such as enhanced employment and training, support for self-health-management and access to subsidised employment to enhance 'employability'.

A significant new policy turn by the Social Democrats was to address the problems of the high numbers of people (around 240,000) in receipt of disability benefits and the high demand for flex-jobs by shifting the focus from flex-jobs and subsidised employment to a more coordinated rehabilitation model. Access to flex-jobs is to be rationalised, with the largest subsidies paid to workers with the least working capacity (Brix Pedersen, 2013). 'Mini flex-jobs' have also been introduced, giving more opportunities to people with reduced capacity to work up to 12 hours. A key emphasis of the reforms is for disabled people to have a voice in the planning process, reflecting the government's commitment to the co-production of services (Brix Pedersen, 2013). At the same time, there has been a raft of policies targeting older workers vulnerable to long-term sickness absence. So, for example, all unemployed people aged 55 years or over with UI have the right to make an agreement with an employer to be employed on a wage subsidy for up to six months.

A new committee of experts (the Koch Commission) was established in 2013 to review activation policies and recommend potentially far-reaching changes to the system, particularly in relation to the governance and role of education and training (Kongshøj Madsen, 2014). This includes more focused links between jobcentres and employers in

relation to education and training, and the delivery of activation. The recommendations also promote co-production and an increasing 'ownership' of activation by insured unemployed people, principles which in the next phase of the Commission's work are anticipated to apply to uninsured unemployed people and other disadvantaged groups, including disabled people (The Danish Government, 2013; Kongshøj Madsen, 2014). There are also proposals to rationalise the institutional structures, creating more regional councils (from four to 8–12) to reflect regional labour market conditions, with representation from the social partners to address the weaknesses of the linkages between jobcentres and regions.

Discussion

In Denmark, changes to the governance of activation are clearly a terrain of political struggle. Van Berkel and Borghi (2007) contend that such changes involve a transformation of the way that roles and responsibilities relating to the delivery of activation are shared among:

- actors at different geographical levels (national/supranational/regional/local);
- social actors (social partners, civil society);
- economic actors (public/private);
- administrative actors (education, social, economic and finance departments).

In Denmark, state rescaling (Jessop, 2002) is also visible, whereby policies are devolved to municipalities, but accompanied by the centralisation of control. First, there has been an increasing control of municipal expenditure and the deployment of performance and expenditure targets on activation and other social and welfare services. Second, while the social partners have tended to be marginalised, the power of certain actors has increased through their involvement in shaping economic and social policy. So, for example, the key actor in relation to bipartite negotiations is the Danish Local Government Association (*Kommunernes Landsforening*) (Mailand, 2012).

The Danish collectivist tradition has been retained to a greater degree than expected given the economic downturn and successive waves of austerity. This is underpinned by a version of 'egalitarianism' (Kananen, 2012), a (relatively) strong welfare state and local governance structure and 'income security' designed to cushion against poverty (Daemmrigh and Bredgaard, 2012). Nevertheless, the 'active line' has taken on a more

workfarist orientation, illustrated by the increasing work-first policies for disabled people and other labour market groups, and restrictions placed on access to Disability Pension (Østergaard Møller and Stone, 2013). The actual impact of this shift towards work-first policies in terms of employment outcomes for disabled people is unclear. There may be a case to argue that the package of measures – subsidised jobs, employment support combined with counselling/signposting and occupational health – may have important impacts in terms of disabled people accessing sustained employment. Although there is a marked gap in employment rates between disabled (52.6%) and non-disabled people (75.4%) in Denmark, employment rates for the former are the second highest in the EU27 countries (Zaidi, 2011, p 26, table A.3).

One of the key changes in Danish activation policies is the increasing conditionality and changes to eligibility for UI benefit, which poses potentially serious challenges to trade union influence. This influence takes two key forms: (a) the Ghent system and (b) the retention of social partner involvement. In the Danish model the Ghent system provides a direct link between the trade unions and unemployed people, and is an important social solidaristic foundation for providing socially progressive and encompassing support to other groups, such as disabled people. Successive changes have reduced the numbers of people eligible to claim UI benefit, producing conflict between the social partners and government (Daemmrigh and Bredgaard, 2012). Significant numbers of people who are long-term unemployed as a consequence of the economic crisis (Kongshøj Madsen, 2013a) will exhaust their right to UI benefit and face restrictions on re-entitlement. Such groups are likely to migrate to social assistance and potentially disability benefit. On the other hand, the retention of social partner involvement in the municipal-run LBRs presents both opportunities and challenges for trade union influence in programmes and services for vulnerable groups, including disabled people (Etherington and Ingold, 2012).

The Danish system of collective agreements has a major influence on trade union links with the activation system. The shift in focus away from subsidised employment to providing more intensive support for people in receipt of sickness benefits may be related to trade union criticisms of flex-jobs. These have focused on their displacement and substitution effects (Mailand, 2012, p 17) and the potential for ‘parking’ of disabled people in poor-quality workplace schemes that do not result in sustained employment in the open labour market. This tension has manifested in conflicts within the corporatist institutions (such as the regional and local labour market committees), with flex-jobs being perceived as potential threats to employment and collective bargaining.

Within the collective agreements between the local authority trade unions and the Local Government Association, an employer cannot recruit someone under the flex-jobs scheme without consulting the shop steward and the agreement states that the shop steward should take an active involvement in the recruitment process. Research undertaken for the public sector trade unions (Ipsen and Hansen, 2009) found that a third of shop stewards had not been involved and, where they had been consulted, in most cases decisions had already been made by department managers (FOA, HK and 3f, 2010). Nevertheless, in general, the trade unions have supported the principle of activation, as long as it does not negatively impact upon their members. Two aspects ensure some protection for vulnerable groups when accessing employment and activation programmes. First, trade unions are consulted (although this can be uneven) when activation placements are being established by the jobcentres. Second, employment placements provided under activation programmes are guaranteed at negotiated wage rates under sectoral collective agreements.

Conclusion

In this chapter we have seen that the exclusion of the social partners from meaningful dialogue with respect to influencing economic and social policy at the national level has been an important feature of changes and sources of tensions in the governance of activation in Denmark (Kongshøj Madsen, 2013b). In addition, the municipalisation of employment services is seen by the trade unions as a threat to the control of UI benefits. There is a view that the municipalities could take over their administration, which would weaken the links between the trade unions and ALMPs (Jørgensen and Schulze, 2012). Furthermore, the tightening of conditions in terms of access to benefits while employment policies take on an increasingly work-first orientation has, unsurprisingly, been met by a critical response from the trade unions as being 'substandard' and is viewed as potentially 'parking' disabled people into poorer-quality schemes (FOA, HK and 3f, 2010; Andersen, 2011).

This said, there is evidence that the trade unions and social dialogue still have an important role in terms of the retention of the redistributive element (that is, income security), which is crucial for marginalised groups in the labour market (Kongshøj Madsen, 2013b). The attempt by the Social Democratic government from 2011 to refocus policies for people in receipt of sickness benefits towards rehabilitation and supported employment has been matched with significant resources.

For example, €370 million (approximately £275 million) has been allocated until 2020, with an additional €500 million (approximately £371 million) on a longer-term basis (Brix Pedersen, 2013). The Koch Commission's recommendations for overhauling the activation system include the empowering of individuals, key institutional and governance reforms and an increased emphasis on education and training. The last of these has for a long period been the focus of campaigns by the trade unions. However, in the context of the recession, austerity and difficult labour market conditions, the calls from trade unions and other social movements for job creation programmes are likely to reinforce existing tensions around social dialogue.

The Danish model has focused on supporting disabled people to remain in or enter the labour market and this has undoubtedly been facilitated by social partner involvement. Furthermore, participation in flex-job programmes also means that wage rates are set by collective agreements and that disabled people will have access to trade union representation. In this respect, the model of collective bargaining where workplace conditions and wages are covered by agreements must be seen as an important factor in terms of the employment rights of people who are disabled and who live with long-term health conditions. However, the focus on labour market participation has to an extent been compromised by the shift towards workfare. The more recent moves towards the co-production of rehabilitation pathways is important, on the one hand, in incorporating the voice of disabled people, but, on the other hand, the potential for the creation of quality, sustainable jobs for disabled people in difficult labour market conditions remains a challenge.

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