This article provides an overview of the key demographic characteristics of people with disabilities in the European Union (EU). It is one of a set of statistical articles concerning disability statistics in the EU and accompanies a number of methodological articles which make up an online publication on disability statistics.

The data presented in this article come from two sources, namely: the 2011 ad hoc module of the EU Labour force survey (LFS) on the employment of persons with disabilities and; the one-off 2012 European health and social integration survey (EHSIS). While the age coverage of the EHSIS was persons aged 15 and over, the coverage of the LFS ad hoc module was persons aged 15–64 (in other words the working age population) and so the data presented in the first part of this article — which compares the results from these two sources — has been restricted to the narrower age range of 15–64 to improve comparability. The data presented in the second part of the article comes solely from the EHSIS and are therefore based on all persons aged 15 and over.

Main statistical findings

How prevalent are activity difficulties and disabilities?

Disability is a complex, evolving and multi-dimensional concept and population surveys may use various definitions, interpretations and approaches to try to measure it: various models of disabilities and some of the challenges facing data collection are presented in an introductory article on disability statistics. In the first part of the current article, data are contrasted for three definitions of disability — see Box 1.
Box 1: Main definitions of disability used in this article

- 2011 LFS ad hoc module: people reporting a basic activity difficulty (such as difficulty in seeing, hearing, walking or communicating); in this article referred to as a basic activity difficulty.

- 2011 LFS ad hoc module: people limited in the work they can do because of a long-standing health problem and/or a basic activity difficulty; in this article referred to as a disability in employment.

- EHSIS: people facing barriers to participation in different life areas, owing to a long-standing health problem and/or a basic activity difficulty; in this article referred to as a disability (in any of the 10 selected life areas).

The basic differences between these definitions are that:

- For the LFS definition related to a basic activity difficulty the simple existence of a basic activity difficulty resulted in a respondent being considered to be disabled, but no mention is made of long-standing health problems, nor any mention of whether the difficulty actually restricts a person’s participation in any aspects of life.

- For the LFS definition related to a disability in employment both a long-standing health problem and/or a basic activity difficulty may result in a disability, but these are only considered in so far as they restrict a person’s participation in work, not in other areas of life.

- The EHSIS definition of disability is the most sophisticated in that it also relates to people with a long-standing health problem and/or a basic activity difficulty, and considers a person as disabled when these problems/difficulties act as a barrier to participation in any of 10 life areas.

In 2011, 44 million people in the EU-28 had basic activity difficulties and 35 million people had a disability in employment; in 2012, 42 million people in the EU-27 were disabled.

In the EU-28, 44 million people aged between 15 and 64 (14.0 % of that age group) reported a basic activity difficulty in 2011. In France, Luxembourg, Austria and Finland, more than 20 % of this group reported having difficulties in basic activities. Less than 10 % of people aged 15–64 reported having difficulties in basic activities in Cyprus, Italy, the Czech Republic, Spain, Malta, Greece, with the lowest share being recorded in Ireland (5.3 %).
Table 1: Prevalence of basic activity difficulties or disability, persons aged 15–64, 2011 and 2012

<table>
<thead>
<tr>
<th>People who have a basic activity difficulty, 2011</th>
<th>People who have an employment difficulty, 2011</th>
<th>People with a disability, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>People (thousands)</td>
<td>Prevalence (%)</td>
<td>People (thousands)</td>
</tr>
<tr>
<td>EU-28 (*)</td>
<td>44.459</td>
<td>14.3</td>
</tr>
<tr>
<td>Belgium</td>
<td>465</td>
<td>13.0</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>497</td>
<td>19.2</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>804</td>
<td>8.3</td>
</tr>
<tr>
<td>Denmark</td>
<td>547</td>
<td>15.1</td>
</tr>
<tr>
<td>Germany</td>
<td>657</td>
<td>14.9</td>
</tr>
<tr>
<td>Estonia</td>
<td>167</td>
<td>18.6</td>
</tr>
<tr>
<td>Ireland</td>
<td>160</td>
<td>5.3</td>
</tr>
<tr>
<td>Greece</td>
<td>458</td>
<td>7.1</td>
</tr>
<tr>
<td>Spain</td>
<td>2,543</td>
<td>8.1</td>
</tr>
<tr>
<td>France</td>
<td>8,348</td>
<td>21.1</td>
</tr>
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<td>Croatia</td>
<td>418</td>
<td>15.3</td>
</tr>
<tr>
<td>Italy</td>
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</tr>
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<td>Cyprus</td>
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<tr>
<td>Latvia</td>
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<td>Lithuania</td>
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<td>13.1</td>
</tr>
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<td>Luxembourg</td>
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<td>21.2</td>
</tr>
<tr>
<td>Hungary</td>
<td>863</td>
<td>13.2</td>
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<tr>
<td>Malta</td>
<td>21</td>
<td>7.2</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1,497</td>
<td>13.6</td>
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<tr>
<td>Austria</td>
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<td>23.5</td>
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<tr>
<td>Poland</td>
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<td>Romania</td>
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<tr>
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</tr>
<tr>
<td>Switzerland</td>
<td>8,461</td>
<td>17.6</td>
</tr>
</tbody>
</table>

(*) People with a disability: EU-27

Source: Eurostat (hlthdp010), (hlthdp060) and (hlthdpeh005)

Some 35 million people aged 15–64 (11.0 %) in the EU-28 reported a disability in employment, nearly 10 million fewer than the number who had reported a basic activity difficulty and a difference of 3.0 percentage points in the prevalence. A small majority of the EU Member States reported a lower rate for disabilities in employment than for basic activity difficulties, with the largest differences between these rates in France (10.5 percentage points), Austria (8.0 points), Luxembourg (7.2 points) and Latvia (6.3 points). Among the 10 Member States where a higher rate was recorded for disabilities in employment than for basic activity difficulties, the largest differences were in Slovenia (3.6 percentage points) and Malta (3.0 points).

According to the EHSIS definition of disability, in 2012 there were 42 million disabled people aged 15–64 in the EU-27, equivalent to 12.8 % of the population of that age. Somewhat surprisingly, 11 of the 26 EU Member States for which data are available reported a lower prevalence of disability in 2012 than they had of disability in employment in 2011. Possible reasons for these differences include, inter alia, differences in the survey methods (such as different sampling frames or methods of sample selection), the number of questions used for measuring disability (for instance, the 2011 survey asked separately for limitations in the amount of work, the type of work and in terms of getting to and from work, while the EHSIS used a single question about limitations in work). Particularly large differences were observed for Slovenia and Portugal, where the prevalence of disability in employment in 2011 was around 10 percentage points higher than the prevalence of disability in 2012. Austria, Finland, Malta, the Czech Republic, Romania and Sweden also reported a difference of at least 1.0 percentage points in favour of disability in employment.

In the EU as a whole, according to all three definitions, women were more likely than men to report a difficulty or disability, while people aged 45–64 were much more likely to do so than people aged 15–44.

1The EHSIS data for the EU-27 presented in this article exclude not only Croatia (which was the 28th Member State of the EU) but also Ireland. For this reason the EU-27 data are considered as estimates.
An analysis by sex reveals that 55 % of people aged 15–64 with a disability in the EU-27 in 2012 were women, as can be seen from Figure 2. This was only slightly higher than the proportion of women among people with a basic activity difficulty and the proportion of women among people with an employment disability, which in both cases was 54 % in the EU-28 in 2011.
Just over three fifths (61.4 %) of people aged 15–64 with a disability in the EU-27 in 2012 were aged 45–64 — as can be seen from Figure 3 — with the remainder aged 15–44. A somewhat higher proportion, just over two thirds (68.3 %), were in this older age group in the EU-28 in 2011 when considering people with a basic activity difficulty and also when considering people with an employment disability (68.0 %).

Focus on people with disabilities

The remainder of this article focuses on people with disabilities exclusively using data from the 2012 EHSIS. For these analyses the full age coverage of the survey is used, in other words not just people aged 15–64 but also those aged 65 and over. This difference in the age coverage compared with the analysis presented in the first part of the article is important, as the prevalence of disability is higher among older age groups.
Women more likely than men to report that they had a disability

Overall in the EU-27, 70.0 million people aged 15 and over reported a disability in 2012, a share of 17.6 %, with this proportion being 4.8 percentage points lower for men (15.1 %) than for women (19.9 %). Consequently, nearly three fifths (58.4 %) of all disabled people aged 15 or over were women.

Without exception, a greater proportion of women than men reported a disability in 2012 in all of the EU Member States for which data are available — see Figure 4. In percentage point terms, the narrowest gender gap was observed in Cyprus, at less than 1 percentage point. Elsewhere, the gender gap ranged from close to 2 percentage points in Finland and Luxembourg to 8 percentage points or more in the three Baltic Member States (Lithuania, Estonia and Latvia) and in Slovakia.

Figure 4: Share of people aged 15 and over with disabilities, by sex, 2012 (1)(%)Source: Eurostat (hlthdpeh005)

Hungary had the highest disability prevalence and Malta the lowest

Among the EU Member States, the proportion of people with a disability ranged from 12.0 % in Malta to just over twice this share in Hungary where nearly one quarter (24.8 %) of the population aged 15 or over reported a disability. These two Member States reported the lowest and highest prevalence of disability for men and for women, with shares among the EU Member States ranging from 13.8 % to 27.9 % for women and from 10.2 % to 21.2 % for men.

Older people more likely to report that they had a disability

Older people (aged 65 and over) accounted for more than two fifths (42.2 %) of all disabled people aged 15 and over in the EU-27 in 2012, while just over one third (35.5 %) of the total number of disabled people

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were aged 45–64 and the remaining 22.3% were aged 15–44.

The likelihood of an individual reporting that they had a disability increased with age (see Figure 5). In the EU-27, 8.5% of people aged 15–44 reported a disability in 2012, with this share more than doubling to 18.8% among those aged 45–64 and nearly doubling again to 35.6% for the age group covering those aged 65 and over. As such, people aged 65 and over were 4.2 times as likely to report a disability as people aged 15–44. Among the EU Member States, this ratio ranged from 1.7 in Belgium and the Netherlands to 10.1 in the Czech Republic, 10.6 in Greece and 11.3 in Portugal, peaking at 14.9 in Romania. The high ratio in Romania reflects the fact that Romania had the lowest prevalence of disability for any of the Member States among people aged 15–44 (3.5%), but the third highest prevalence (52.3%) among people aged 65 and over, lower only than the shares recorded in Latvia (55.8%) and Hungary (56.0%).

In all of the EU Member States, the share of people with disabilities in 2012 was lowest in the age group 15–44 and highest in the age group 65 and over. This situation was also observed in Iceland, but in Norway the share of the population reporting a disability was higher in the age group 45–64 than the age group 65 and over.

Figure 5: Share of people aged 15 and over with disabilities, by age, 2012 (%)

Households with children had a lower prevalence of disability than those without children, although this may reflect to some extent different age profiles of people in such households.

Overall, one in three (30.0%) disabled people in the EU-27 in 2012 lived with a partner (as a couple) and without children, while a further quarter (26.9%) lived alone, with neither a partner nor children. More than one in eight (12.9%) disabled people in the EU-27 lived in a household that was composed of a couple with children, 6.4% in a household composed of at least one parent with children and another adult, and a further 2.9% in a household composed uniquely of a single parent with children. The remaining 20.3% of disabled people lived in households with other compositions, such as households composed of multiple generations (with

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or without children aged less than 25), or households shared by people without family connections.

Figure 6 presents an analysis of the prevalence of disability by household composition. It should be noted that some types of households are more common at different ages, and so it is difficult to distinguish whether the differences that can be seen are due to age factors or household composition. For the EU-27, the lowest prevalence of disability was recorded for the three types of households with children\(^2\), namely couples with children, at least one parent with children and another person, or single parents with children. These lower values may reflect the fact that households with children are likely to be composed of relatively young adults, as well as older (aged 15 and over) children. The age profiles of other household types are likely to be more mixed. Couples without children include on the one hand couples that have not yet had children (regardless of whether they may or may not have children later in life) who may fall into any age group from young to old, and on the other hand couples that have had children who have left home and who are therefore likely to be older. The same is true of single-person households, as this includes all people living on their own, ranging from young people having just gained their independence through to older people living on their own, perhaps widowed. For the EU-27, both of these types of households — couples without children and single-person households — reported an above average prevalence of disability in 2012, as did the heterogeneous category of other households.

Figure 6: Share of people aged 15 and over with disabilities, by household type, 2012 (\(1\))(%)Source: Eurostat (hlthdpeh040)

A large majority of EU Member States reported a similar situation, namely a lower prevalence of disability among households with children than for single-person households and couples without children. The exceptions were: France, where people in households composed of couples without children reported a lower prevalence of disability than people in households composed of children together with either couples or single parents; the Netherlands, where people in single parent households reported a higher prevalence of disability than people

\(^2\)For the purposes of the EHSIS, households with resident children include all children below the age of 25.
in households without children, whether couples or single-person households; Belgium, Sweden and the United Kingdom, where people in single parent households reported a higher prevalence of disability than people living as couples without children, which was also the case in Iceland; Lithuania, where people living as couples without children reported a lower prevalence of disability than people living in households of at least one parent with children and another person; the situation in Norway was also unusual in that people living as couples without children reported a lower prevalence of disability than people living in households of single parents as well as households of at least one parent with children and another person.

Apart from the exceptional cases of Slovenia and Slovakia where there were no disabled people living in households composed on at least one parent with children and another person, the lowest prevalence of disability for any household type was observed in Italy, where 3.3 % of people in single parent households reported a disability as did 3.6 % of households composed of a couple with children. By contrast, the highest share was for people in single-person households in Hungary, here the prevalence of disability was 42.4 %.

The prevalence of disability was more than twice as high among people having completed at most lower secondary education than amongst those having completed tertiary education

An analysis by educational attainment indicates that 11.0 % of people in the EU-27 having completed a tertiary education reported a disability in 2012, some 4.4 percentage points less than the share among people having completed at most an upper secondary or post-secondary non-tertiary education (15.4 %), and less than half the share among people having completed at most lower secondary education (25.0 %) — see Figure 7. The higher prevalence of disability among people in lower education groups may, among other reasons, reflect: barriers for young disabled people to access higher levels of education; higher risks of disability from work-related accidents and illnesses for people with lower educational attainment; higher risks of disability from health conditions that are correlated with lower educational attainment, such as obesity and smoking.

Overall, nearly half of all disabled people (45.9 %) in the EU-27 in 2012 had completed at most lower secondary education, while just under two fifths (38.7 %) had completed an upper secondary or post-secondary non-tertiary education, while around one in seven (14.4 %) had completed tertiary education.
In all EU Member States, the same pattern was observed, namely the highest prevalence of disability was observed for people with the lowest educational attainment and the lowest prevalence observed for people with the highest educational attainment. In percentage point terms, the largest difference between disability prevalence among the sub-populations with the lowest and the highest levels of educational attainment was observed in Hungary, where the share of people with a disability among those having completed a tertiary education was 11.7 %, some 31.6 percentage points lower than among people having completed at most pre-primary, primary or lower secondary education (43.3 %). Eight other Member States reported a difference of at least 20.0 percentage points, 15 a difference between 10.0 and 20.0 percentage points, with the lowest differences by educational attainment reported for Germany (8.2 percentage points) and Sweden (7.8 points).

Employed persons were less likely to report a disability than those unemployed or economically inactive

Close to half of all disabled people (47.3 %) in the EU-27 in 2012 were retired, while a further fifth (20.3 %) were economically inactive for reasons other than retirement: the latter included school children, students, people who are not in the labour force because they are caring for other people (for example children and/or older family members), and anyone else who by choice or for another reason is not in the labour force. Between one quarter and one fifth (22.7 %) of disabled people were employed, while one in ten (9.7 %) were unemployed; as such just under one third (32.4 %) of all disabled people aged 15 and over were in the labour force (either employed or unemployed).

Figure 8 presents an alternative analysis of disabled people, this time based on their labour status. For the EU-27, by far the lowest prevalence of disability was among employed persons, with 8.0 % reporting a disability in 2012. Among unemployed people, the share was two and a half times as high as among employed people, reaching 20.5 %. Along with these two categories that together make up the labour force, Figure 8 presents
data for two groups of economically inactive people, namely those who are retired and others. Just over one third (34.3%) of retired people in the EU-27 reported a disability in 2012, far higher than the share for other economically inactive people for whom the share (20.2%) was marginally below that observed for the unemployed. The high share of retired people reporting a disability reflects, among other factors, the fact that most of the people in this category are in the higher age group (aged 65 and over), whereas the three other categories of labour status shown in Figure 8 mainly include people in the age groups 15–44 and 45–64 which have a lower prevalence of disability.

![Figure 8: Share of people aged 15 and over with disabilities, by labour status, 2012 (1)(%)Source: Eurostat (hlthdpeh010)](image)

In all EU Member States, the lowest prevalence of disability was among employed people. In 20 of the Member States, the highest prevalence was observed among retired people, the six exceptions being the United Kingdom, Sweden and Germany where a higher share of the unemployed reported a disability and Belgium, the Netherlands and Denmark where a higher share of both the unemployed and other economically inactive people reported a disability, as was also the case in Iceland and Norway.

**Difficulties with personal and household care activities**

The final section of this article is also based on data from the EHSIS and again uses data for the full age coverage, in other words people aged 15 and over. Instead of looking at disability it looks at people who reported specific types of activity limitations, focusing on personal and household care activities — see Box 2 for more information.
Box 2: Personal and household care activities

Personal care activities (also known as activities of daily living) include, for example: bathing, dressing and feeding oneself. Household activities (also known as instrumental activities of daily living) include, for example: preparing meals, using the telephone, going shopping and doing housework.

The lowest share of people reporting difficulties with personal care activities in 2012 was in Malta

A total of 43.1 million people aged 15 and over in the EU-27 reported difficulties with personal care activities in 2012, equivalent to one in ten (10.4 %) of the population in this age range, a share that was lower (8.2 %) among men and higher (12.4 %) among women. Malta reported the smallest proportion of people with difficulties with personal care activities, just 2.9 %. Elsewhere, this share ranged from 4.2 % in Sweden and 4.4 % in Denmark to 11.9 % in the United Kingdom, with Italy (12.9 %) just above this range.

In all of the EU Member States, the share of women reporting difficulties with personal care activities was higher than the equivalent share for men, as can be seen from Figure 9. In percentage point terms, the smallest gender gap was in Malta, where the share for women was 0.6 percentage points higher than that for men. In eight Member States this difference was 5.0 percentage points or more, with Lithuania (6.3 percentage points) and Spain (6.8 points) reporting the largest differences.

Figure 9: Share of people aged 15 and over with difficulties with personal care activities, by sex, 2012 (1)(%)Source: Eurostat (hlthdpeh110) and (hlthdpeh005)

Figure 10: As was already noted for disabilities, there was a large difference in the prevalence of difficulties with personal care activities when analysed by age, as illustrated by Figure 10. In the EU-27, 3.5 % of people aged 15–44 reported difficulties with personal care activities in 2012, a share that rose to 9.6 % among people aged 45–64 and to 26.8 % among those aged 65 and over. As such, the share for the oldest age group was 7.8 times as high as for the youngest age group, a difference of 23.4 percentage points.
All of the EU Member States reported a similar progression from the lowest prevalence of difficulties with personal care activities among the youngest age group to the highest prevalence among the oldest age group. In percentage point terms the largest differences in the prevalence of such difficulties between the youngest and oldest age groups were reported in the Czech Republic and Italy, both just over 36.0 percentage points, while the smallest difference was in Sweden (4.7 percentage points).

The highest share of people reporting difficulties with household care activities in 2012 was in Latvia

A slightly higher number of people aged 15 and over in the EU-27 reported difficulties with household care activities in 2012 than did with personal care activities, totalling 49.6 million or an 11.9 % share of the population in this age range; for men the share was 8.4 % and for women it was 15.3 %.

As for personal care activities, Malta reported the smallest proportion of people with difficulties with household care activities, just 6.5 %, although the share in Finland (6.6 %) was only marginally higher. Elsewhere, the share of people with difficulties with household care activities ranged from 7.2 % in Sweden to 13.9 % in Portugal and Hungary, with Italy (14.7 %), Greece (16.1 %) and Latvia (16.5 %) above this range.

In most of the EU Member States, the share of the population reporting difficulties with household care activities was higher than the share reporting difficulties with personal care activities, although this was not the case in Austria, Luxembourg and Germany, while there was almost no difference in Belgium and the Czech Republic between the shares recorded for these two types of activities.

As for personal care activities, in all of the EU Member States the share of women reporting difficulties with...
household care activities was higher than equivalent share of men, as can be seen from Figure 11. In percentage point terms, the smallest gender gap was again in Malta, although the 2.1 percentage point difference was notably larger than it was for personal care activities. In six Member States this difference was 8.0 percentage points or more, with Spain (9.4 percentage points), Hungary (9.5 points) and the Netherlands (9.8 points) reporting the largest differences.

In the EU-27, the difference in the prevalence of difficulties with household care activities when analysed by age was not much different from the patterns recorded for personal care activities. In the EU-27, 4.2 % of people aged 15–44 reported difficulties with household care activities in 2012, a share that rose to 10.9 % among people aged 45–64 and to 30.7 % among those aged 65 and over. As such the share for the oldest age group was 7.4 times as high as for the youngest age group, a difference of 26.5 percentage points.

Figure 11: Share of people aged 15 and over with difficulties with household care activities, by sex, 2012 (1)(%)Source: Eurostat (hlthdpeh120) and (hlthdpeh005)
All of the EU Member States reported a similar progression from the lowest prevalence of difficulties with household care activities among the youngest age group to the highest prevalence among the oldest age group. In percentage point terms the largest difference in the prevalence of such difficulties between the youngest and oldest age groups was reported in Latvia (45.0 percentage points), while the smallest difference, by far, was again in Sweden (6.1 points), as it had been for personal care activities.

**Data sources and availability**

The data presented in this article come from two sources, namely the 2011 ad hoc module of the LFS and the one-off 2012 EHSIS. Neither of these data sources are regular surveys and consequently updated figures are not available. It should however be noted that the socio-demographic information described in this article is structural and does not change significantly from year to year.

An overview of the different definitions used in these surveys is given in Box 1 earlier in this article.

Both of these surveys collect information from individuals living in private households; neither of these surveys cover people living in collective households or in institutions, and this is an important point given that the prevalence of disabilities might be different in such accommodation.

The LFS ad hoc module covered people aged 15–64 and the EHSIS covered people aged 15 and over.

More detailed information about these surveys is given in two background articles:

- Labour force survey — overview
The two main frameworks governing today’s European disability policy strategy are the United Nations Convention on the Rights of Persons with Disabilities and the European disability strategy 2010–20. These require regular collection of disability-related statistics to allow policies to be drawn up to monitor how these are implemented and to identify and address barriers faced by people with disabilities in exercising their rights. More information about the Convention and the strategy are available in an introductory article on disability statistics.

See also

Online publications

- Disability statistics
- Health in the European Union – facts and figures
- EU labour force survey

Articles related to disability statistics using LFS and/or EHSIS data

- Barriers to social integration of people with disabilities
- Need for assistance
- Health status of people with disabilities
- Access of people with disabilities to education and training
- Access of people with disabilities to the labour market:
  - Labour market access
  - Employment patterns
  - Barriers to employment

Background methodological articles

- Labour force survey — overview
- Labour force survey — comparability and accuracy
- Labour force survey — non-response analysis
- Labour force survey — proxy analysis
- European health and social integration survey

Further Eurostat information

Publications


Database

- Disability (hlthdsh)

  Prevalence of disability (source LFS) (hlthdsbprv)
  Prevalence of disability (source EHSIS) (hlthdsbprve)
Dedicated section

- Health, see:

- Disability

Methodology / Metadata

- Prevalence of disability (source LFS) (ESMS metadata file — hlthdsbprvesms)
- Prevalence of disability (source EHSIS) (ESMS metadata file — hlthdsbprve)

Other information


Source data for tables and figures (MS Excel)

- Disability statistics - prevalence and demographics: tables and figures

External links

- European Disability Strategy 2010–20
- The International Classification of Functioning, Disability and Health (ICF)
- United Nations Convention on the Rights of Persons with Disabilities

Notes

View this article online at http://ec.europa.eu/eurostat/statistics-explained/index.php/Disability_statistics_-_prevalence_and_demographics