European comparative data on Europe 2020 and persons with disabilities

Labour market, education, poverty and health analysis and trends

December 2020

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CONTENTS

Table 1: Synopsis: main indicators for the EU[1] (EU 27: 2017 and onwards) %

	2008	2009	2010	2011	2012	2013	2014	2015[2]	2016²	2017	2018	2019
Dis 16+	25.1	25.7	25.0	25.9	26.1	26.9	27.1	25.3	24.1	24.4	24.5	24.3

Europe 2020 objectives, achievements and other indicators

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Employment: 75 % of the population, aged 20-64, should be employed												
Dis.	46.4	46.1	46.0	46.9	47.9	48.5	48.7	47.4	48.1	50.2	50.8	
Tot	68.7	67.6	67.3	67.3	67.0	66.9	67.8	68.4	69.3	69.5	70.7	
Unemployment rate (20-64)												
Dis.	15.9	17.3	18.0	17.4	18.1	19.0	19.6	20.2	19.6	18.4	18.6	
Tot	8.4	10.2	10.9	11.2	12.2	12.9	12.6	12.1	11.4	11.1	10.1	
Activity rate (20-64)												
Dis.	55.1	55.8	56.1	56.7	58.5	59.8	60.6	59.5	59.7	61.5	62.4	
Tot	75.0	75.2	75.5	75.8	76.3	76.8	77.5	77.8	78.2	78.1	78.7	
Early school leavers: The share of early school leavers should be <10% (Age 18-24).												
Dis.	25.1	23.0	21.6	18.9	21.8	21.5	22.5	22.0	23.6	21.5	20.3	
Tot	13.2	13.1	12.7	11.6	11.2	10.7	12.2	12.5	12.0	10.5	10.6	
Tertiary education: 40% of persons aged 30-34 ought to have completed a tertiary or equivalent education (Age: 30-34)												
Dis.	20.4	21.6	22.8	27.1	27.8	28.0	29.7	29.4	30.3	31.7	29.4	
Tot	31.6	33.9	35.5	36.0	38.1	39.3	41.2	41.6	42.2	40.8	42.3	
Very low work intensity: Age 16-59. Work intensity (WI): <20.												
Dis.	23.2	22.8	24.2	24.5	23.9	24.1	25.1	25.6	25.8	23.3	22.8	22.7
Tot	9.1[3]	9.1[3]	10.2	10.4	10.8	11.2	11.	11.1	11.0	10.2	9.6	9.1
At risk of poverty after social transfers: < 60% of the median national. Age 16+												
Dis.	20.1	19.6	18.9	19.3	19.1	18.7	19.7	20.0	20.2	20.1	20.9	21.4
Tot	15.8	15.7	15.6	16.1	16.1	15.9	16.5	16.6	16.7	16.5	16.5	16.2
Severely materially deprived: Inability to afford min 4 items out of 9. Age 16+												
Dis.	11.2	10.5	11.2	12.1	12.8	12.6	12.1	11.3	10.8	10.4	9.0	8.8
Tot	8.6	7.8	7.8	8.5	9.5	9.	8.6	7.7	7.3	6.9	5.8	5.6
At risk of poverty or exclusion: Persons at-risk-of-poverty after social transfers, severe material deprivation, or very low work intensity. Age 16+.												
Dis.	30.9	29.7	29.6	30.5	30.3	30.1	30.1	30.2	30.1	28.9	28.6	28.5
Tot	23.3[3]	22.7[3]	22.7	23.6	24.1	23.8	23.8	23.2	23.1	22.4	21.3	21.0
General health and Unmet medical needs: Age: 16+												
General health: Good or Very good												
Dis			18.2	17.7	19.7	20.2	20.2	19.3	18.9	21.0	20.5	20.4
Tot			66.8	66.7	67.3	66.5	67.2	66.8	67.5	68.9	68.6	68.7
Self-reported unmet needs for medical examination. Age: 16+												
Dis				8.2	8.4	8.2	7.5	6.0	3.9	4	4.2	
Tot				3.7	3.9	3.8	3.2	2.7	1.6	1.7	1.7	

1: EU 27 till 2009, EU 28 till 2016. EU 27 for 2017 and onwards. Health & Medical needs cover EU 27.

2: The data are not strictly comparable with those of 2014 due to a change of the definition of "disability". Change in definitions concerning education in 2014.

3: Total: It includes only persons for which we do have information on disability status. ([3]): It includes all persons. The difference between the two is marginal.

Source of data: Eurostat & EU-SILC UDB. See the report for more information.

INTRODUCTION

The European Union (EU) is strongly committed to ensuring equal opportunities and removing economic and social barriers for people with disabilities, as demonstrated among others by the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), the EU Disability Action Plan 2003-2010 and the multi-annual European Disability Strategy 2010-2020.

The European Commission furthermore aims and is bound by Article 10 of the Treaty on the Functioning of the European Union, to mainstream disability issues into all policies and actions that might affect the lives of people with disabilities, such as the Europe 2020 Strategy and the European Pillar of Social Rights.

European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

Task 2 aims to collect, analyse and provide independent data, information and analysis on the situation of persons with disabilities. It is important to note here the power of quantitative indicators in convincing people when personal perceptions and past attitudes resist to change. But this requires a high quality of statistical data and related estimates.

1. European and international policy context

The UN CRPD is an important guiding tool in the collection of quantitative data, the elaboration of indicators and the analysis of these data.

Article 31 UN CRPD provides that statistical and research data need to be collected to help policy makers to elaborate policies relevant to the Convention. Furthermore, it adds that the proposed quantitative indicators ought to help policy makers monitor and assess the different policies.

As a party to the UN CRPD, the EU has to periodically inform the UN Committee on the Rights of Persons with Disabilities about the measures taken to implement the UN Convention, but also provide statistical indicators on the extent to which the needs of persons with disabilities are met.

The 2030 Agenda for Sustainable Development

The UN General Assembly has adopted the 2030 Agenda for Sustainable Development which includes 17 goals (SDGs) and 169 underlying indicators.[1]

In May 2017, the Commission published the 'EU SDG Indicators set: Indicators for monitoring the Sustainable Development Goals (SDGs) in an EU context.' This set of indicators includes most of the indicators included in EU 2020 and the Pillar.

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[1]   http://www.un.org/sustainabledevelopment/development-agenda/.

Europe 2020 and related indicators

The EU policy context encompasses the Europe 2020 Strategy ("Europe 2020"). In this framework, the Commission monitors the situation each year. To this end, Eurostat, has created quantitative indicators to monitor progress towards the targets notably in the areas of employment, education and poverty & social exclusion.

Consequently, it is important to assess the situation of persons with disabilities with respect to the Europe 2020 headline targets on employment, poverty and education, using EU comparative data. The quantitative indicators ought to identify any gap between persons with and without disabilities and reveal any convergence or divergence in relation to the targets. An increasing gap or divergence ought then to signal the need for new initiatives.

The European Commission is expected to make proposals in order to revise the Europe 2020 Strategy.

The European Disability Strategy

The European Disability Strategy 2010-2020 (the "Strategy") ends in 2020. It notes that "data collection is an essential – albeit challenging – factor" for the need to monitor the situation of people with disabilities and address the barriers they are facing.

The European Commission is conducting an evaluation that will contribute to a possible future policy framework. This new framework will help us to select and propose the relevant quantitative indicators in order to help policy makers monitor and assess recommended policies.

European Pillar of Social Rights

In the light of the wider EU policy context, the EU Disability Policies should also support the implementation of the European Pillar of Social Rights,[2] notably in relation to equal treatment and inclusion in society of persons with disabilities.

In fact, the Pillar is supported by a scoreboard of key indicators to screen employment and social performances of participating Member States. The scoreboard serves as a reference framework to monitor 'societal progress'. Twelve areas have been selected and a corresponding set of quantitative indicators. Consequently, we ought to estimate indicators for persons with and without disabilities. This extended scoreboard ought to help the Commission to identify gaps between persons with and without disabilities and propose corrective measures in in the framework of the European Semester, and their incorporation in the annual Joint Employment Report.

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[2]   Commission Staff Working Document: "Social Scoreboard" Accompanying the document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions "Establishing a European Pillar of Social Rights" Brussels, 26.4.2017 SWD (2017) 200 final.

2. Objectives of the study

The EU policy context encompasses the Europe 2020 Strategy (Europe 2020), which the European Commission uses as a framework to monitor the situation each year. To this end, Eurostat has created quantitative indicators to monitor progress towards the targets, notably in the areas of employment, poverty and social exclusion and education.

Consequently, it is important to assess the situation of persons with disabilities in relation to the Europe 2020 headline targets on employment, poverty and education, using EU comparative data. In this report, this set of indicators has been extended to include health issues. The quantitative indicators should identify any gap between persons with and without disabilities and reveal any convergence or divergence in relation to the targets.

An increasing gap or divergence will signal the need for new initiatives. Under the Europe 2020 strategy, the joint assessment framework (JAF) plays an important role in the development of quantitative indicators. In this respect, the work of the committees involved (the Employment, Social Protection, Health and Education Committees) provides early signals on indicators for monitoring and analysis.

At this end, we collect and analyse data to understand and illustrate the situation of people with disabilities in Europe. This statistical analysis could be used as an instrument to monitor the effectiveness of national and European policies, assess the situation of persons with and without disabilities and identify areas where the gap between persons with and without disabilities is decreasing (or increasing).

This report complements previous annual ANED reports on Europe 2020.[3] A Statistical annex and a Methodological annex present respectively the statistical data and the metadata concerning the indicators discussed in this report.

Presentation of the results

The output format for each Europe 2020 and other related indicators includes:

1. Its relevance to EU policy/strategy;
2. Methodological issues;
3. Main findings by Member State, gender, age, degree of disability and other criteria;
4. Analysis of the evolution since 2005; and
5. Comments on the impact of COVID-19 pandemic.

This report presents the analysis of latest available EU-SILC micro-data. They cover 2018 and a detailed description of the EU-SILC survey can be found in the methodological annex.

In the annex, we present the statistical tables and the metadata.

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[3] Following the Commission call for tenders VT/2020/001, the new project European Disability Expertise (EDE) replaced the Academic Network of European Disability Experts (ANED), in 2020. See: https://ec.europa.eu/social/main.jsp?catId=1532&langId=en.

PART I: Population of persons with disabilities

1   Number of persons with disabilities

1.1   Relevance to EU policy / Strategy

Article 31 of the UN Convention on "Statistics and data collection" provides that "1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention".

The Declaration on "Transforming our world: the 2030 Agenda for Sustainable Development" stipulates that people who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities, people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants.

The Council of the European Union stressed the commitment of the EU and its Member States to achieve the SDGs by 2030, in the Council conclusions of 20 June 2017. The Council called upon the Commission to carry out detailed regular monitoring of the SDGs at EU level, including where relevant in the context of the European Semester, and to develop a reference indicator framework for this purpose drawing on existing indicators and data provided by the Member States, institutions and international organisations, and accompanied by a qualitative assessment of the progress made.

The social dimension of Europe is an important part of a broader debate on the Future of Europe. In this context, the European Pillar of Social Rights aims to build a more inclusive and fairer European Union. The Pillar builds upon 20 key principles. Principle 17 covers "Inclusion of people with disabilities".

The following statistic aims to give an estimation of the number of the target group and its main characteristics.

1.2   Assessment and analysis of main results and their evolution

1.2.1   Prevalence of disability

The EU-SILC survey[4] reports activity limitations. The concept is operationalized by using the Global Activity Limitation Indicator (GALI) for observing limitation in activities people usually do because of one or more health problems.[5]

The data on disability refer to self-evaluation by the respondents of the extent of which they are limited in activities people usually do, because of health problems, for at least the last 6 months. The answer distinguishes: strongly limited, limited and not limited. In the following, we use the general term disability in order to cover both "strongly limited" and "limited".

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[4]   Eurostat: "*Methodological guidelines and description of EU-SILC target variables 2018 operation (Version July 2019)*"; DocSILC065 (2018 operation). Eurostat Directorate F: Social Statistics Unit F-4: Quality of life; European Commission.

[5]   Health variables of EU-SILC in:
https://ec.europa.eu/eurostat/cache/metadata/en/hlth_silc_01_esms.htm.

Eurostat notes[6] that GALI is only one of several ways of measuring disability. Alternative approaches to use the concept of functional limitations (difficulties in seeing, hearing, walking, cognition, self-care and communication) is difficult to implement in nonspecialised surveys. Furthermore, GALI is closer to the EU policy target (participation) and provides several other advantages (enables measuring disability with a single item instrument). Also, GALI has an acceptable reliability.

The EU-SILC survey covers all individuals aged 16 years old and over living in private households. Persons living in collective households and in institutions are generally excluded from the target population. Below, we give an estimation of persons with disabilities in institutions.

For comparison, we may note that the UN Convention states that "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

The EU-SILC definition does not consider any "interactions with barriers" which is the base of modern approaches to disability. However, we may argue that the above definition lies between the two major conceptual models of disability: the medical model which views disability as a feature of the person, directly caused by disease (disability requires medical care) and the social model of disability, which sees disability as a socially created problem and not at all an attribute of an individual (disability demands a political response to correct an unaccommodating physical or social environment).[7]

In a simplified representation running from 'Body Functions' to 'Activity' and to 'Participation', we may advance that the GALI definition focusses on activity (the execution of a task or action by an individual).

However, Eurostat has run complementary European surveys where efforts have been developed to include this important dimension. Also, different Eurobarometer surveys[8] included a question on whether a person considers to be part of a minority in terms of disability. This definition is different from the one adopted from the majority of other surveys and does not enable us to make comparisons with these surveys. The results of these surveys were presented in previous ANED reports.

The EU-SILC definition of limitations requires a period of at least six months. In this report, we use the annual EU-SILC cross-sectional micro-data, but the longitudinal EU-SILC data enable us to consider longer periods. In previous reports, we analysed the implications of a disability duration of more than one year. This led to a significantly lower disability rate.

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[6]   European Commission – Eurostat: "Item 4.3: Global Activity Limitation Indicator (GALI) as a core variable"; Directorate F: Social statistics, DSS/2015/Sept/04.3. Meeting of the European directors of Social Statistics. Luxembourg, 15-17 September 2015.

[7]   WHO (2002) "*Towards a Common Language for Functioning, Disability and Health: ICF*"; World Health Organization, Geneva.

[8]   Eurobarometer 83.4: "*Special Eurobarometer on discrimination 436 & 437 - Basic Bilingual Questionnaire*"; TNS OPINION, May-June 2015 ZA 6595 / ICPSR.

In the EU 27, in 2018, about 24.5 % of persons aged 16 and over declared a disability (activity limitation) (24.4 % in 2017). The change is marginal but compatible with an ageing population.

Figure 1: Percent of people with disabilities by Member State, 2017 and 2018
As a % of the same age group; age: 16+.
This definition of disability is relatively broad (see below disability prevalence by degree).
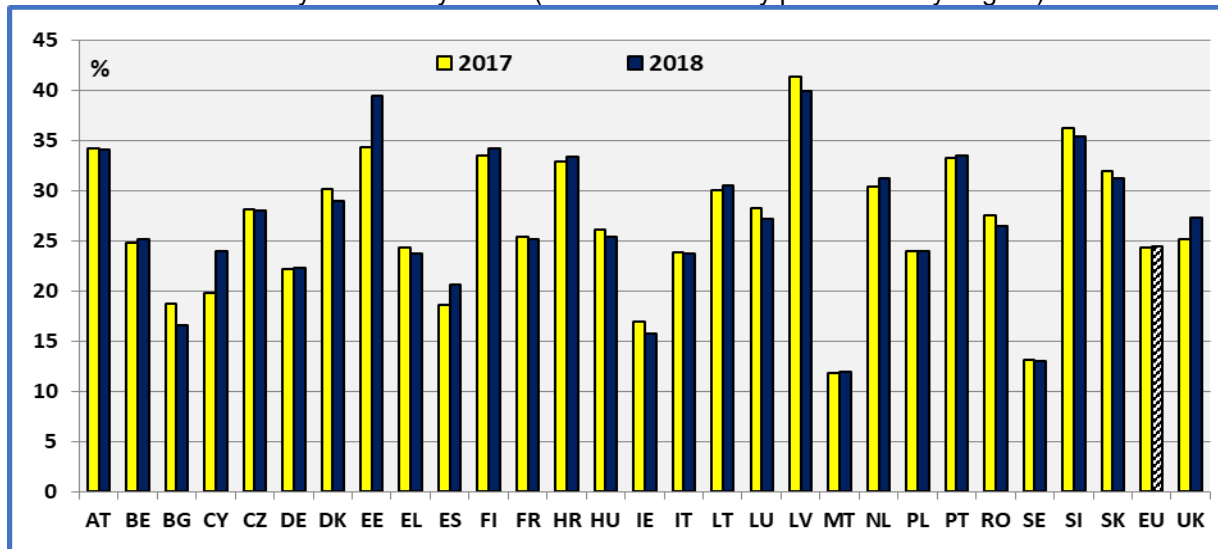
Note: Changes in Bulgaria, Cyprus and Estonia ought to be treated with care due to a relatively small sample. EU refers to 27 Member States. Disability is proxied by limitation in activities people usually do because of health problems. The supporting data are presented in the Annex (Statistical Tables).
Data source: EU-SILC UDB 2017 & 2018.

In the EU 27, we count about 87 million people with disabilities, aged 16 and over living in private households. However, we ought to interpret this number with caution. First, it includes elderly people with moderate or severe disabilities. Secondly, it ought to be seen as a target for prevention purposes. In fact, this number might indicate potential needs and thus constitute a source of possible future demands for policy action. The distinction below between moderate and severe disability might be more relevant for immediate policy initiatives.

Five Member States (Germany, France, Italy, Poland and Spain) share about 62.7 % of all persons with disabilities in the EU, aged 16 and over living in private households (about 55 million).

The EU-SILC survey covers persons living in private households. In previous ANED reports, we have indicated that if we have to include persons living in institutions, we ought to increase disability prevalence by one (1) percentage point for persons aged less than 65 but about five (5) percentage points for elderly people.

As noted, the EU-SILC survey covers persons aged 16 or over. However, the EU-SILC 2017 ad hoc module on Health and Children's Health[9] provided information on children

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[9]   Commission Regulation (EU) 2016/114 of 28 January 2016 implementing Regulation (EC) No 1177/2003 of the European Parliament and of the Council concerning Community statistics on income and living conditions (EU-SILC) as regards the 2017 list of target secondary variables on health and children's health. Official Journal of the European Union, OJ 29.1.2016.

aged less than 16 years old.[10] A question (RC020T) covers "limitation in activities because of health problems (child)". The question covers each current household member aged 0 to 15 (age at the date of interview)..

Eurostat notes that the concept of the variable refers to the participation restriction through long-standing limitation (and its severity) in activities of a child of certain age (0 to 15years old) because of health problems. It measures a subjective assessment.

The EU-SILC ad hoc module 2017 indicates that the disability prevalence among persons aged less than 16 years, in the EU 28, is 4.9 %. This can be decomposed as follows: 1.2 % with a severe disability (limitations) and 3.7 % with a moderate disability (limited but not severely).[11]

1.2.2 Prevalence of disability by gender

In the EU 27, about 26.8 % of women aged 16 and over declare a disability compared to 22.1 % of men of the same age group.

The prevalence of disability is higher among women mainly due to the age composition. Disability prevalence increases with age and women have a longer life expectancy. However, other personal factors and socio-economic characteristics might contribute to in explaining the difference between men and women.

Figure 2: Percent of people with disabilities by Member State and gender, 2018
As a % of the same age group; age: 16+.
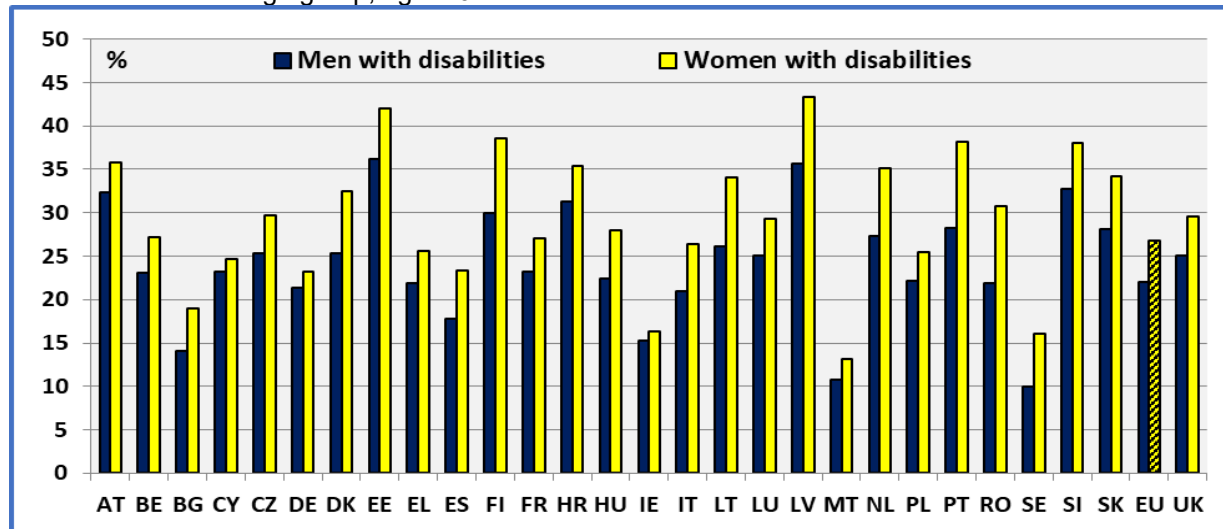
Note: EU covers 27 Member States.
Data source: EU-SILC UDB 2018.

1.2.3 Degree of disability

In the EU 27, about 7.0 % of persons aged 16 and over declare a severe disability (strongly limited). About 17.5 % declare a moderate disability. This amounts to 62.4 million persons with a moderate disability aged 16 and over living in private households and 24.8 million with a severe disability.

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[10] Eurostat: "2017 Module on Health and Children's Health: Guidelines and questionnaire"; Directorate F: Social Statistics, Unit F-4: Income and living conditions; Quality of life. Operation 2017, Luxembourg.
[11] Eurostat: "*Children's health in the EU in 2017*"; news release 25/2019.

Figure 3: Percent of people with disabilities by Member State and degree of disability, 2018

As a % of the same age group; age: 16+.
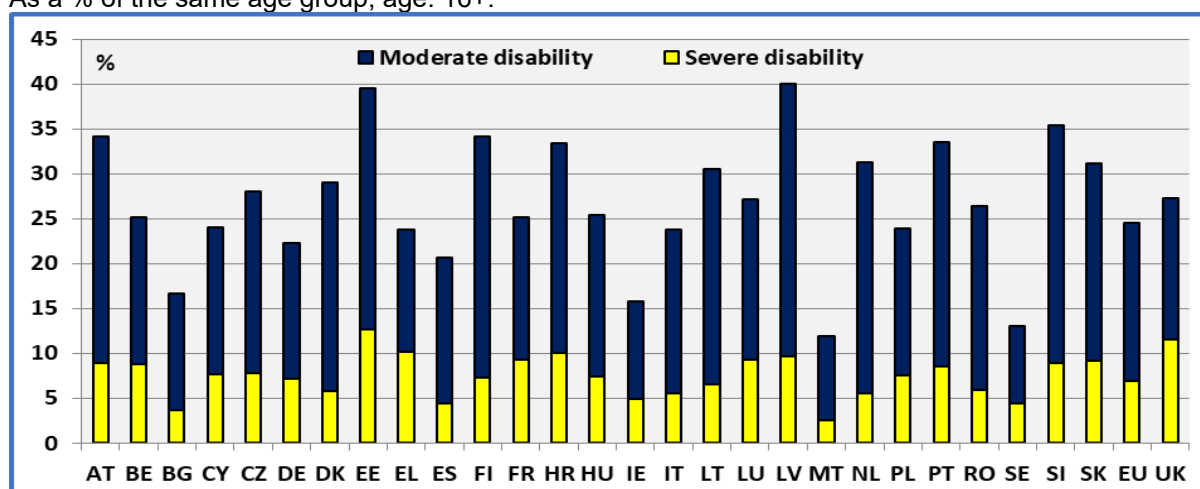
Note: EU covers 27 Member States. The estimations for Bulgaria, Estonia, Latvia, Lithuania, Malta and Sweden ought to be treated with care due to a relatively small sample.
Data source: EU-SILC UDB 2018.

Concerning the degree of disability, we may note that the variation of the percentages covering severe disability, across Member States in a given year, is smaller compared to the variation of moderate disability prevalence.[12]

1.2.4 Disability prevalence by age group

Disability prevalence increases steadily with age. Biological and socio-economic factors might explain this continuous increase at each age. We may assume that the progression of disability prevalence by age depends mainly on biological factors and technical progress (e.g., medical advances). Consequently, we do not expect significant changes in the short run of this progression. In the medium and long term, technical progress and socio-economic factors might affect this progression.

In the EU 27, the disability prevalence among elderly people aged 65 and over is about 47.8 % compared to 17.0 % among persons aged 16 to 64. This represents 45.8 million disabled persons aged 16 to 64 living in private households and 41.4 million disabled persons aged 65 and over.

Malta and Sweden report a particularly low disability rate for persons aged 65 and over. These estimations ought to be treated with caution as the sample in these two Member States is relatively small.

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[12] The standard error of national severe disability rates is 2.3 compared to 5 of national moderate disability rates.

Figure 4: Percent of persons with disabilities by age group (16-64 and 65+), 2018
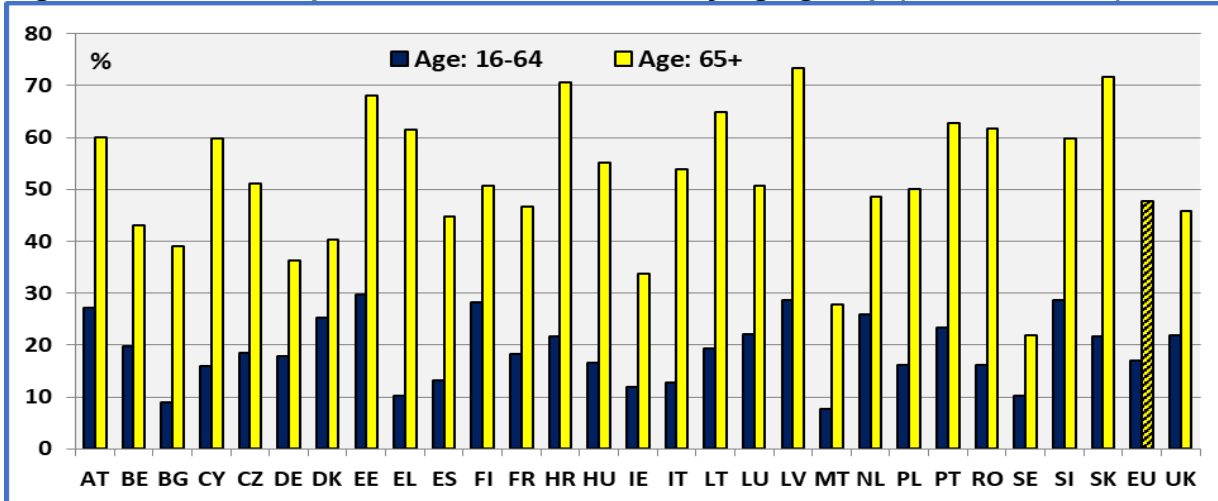
Note: EU covers 27 Member States.
Data source: EU-SILC UDB 2018.

The following figure indicates that disability prevalence increases quasi-exponentially, passing from 8 % for the age group of 16-24 to 62 % for persons aged 75 and over.

Figure 5: Percent of persons with disabilities by age group of 10 years, 2018
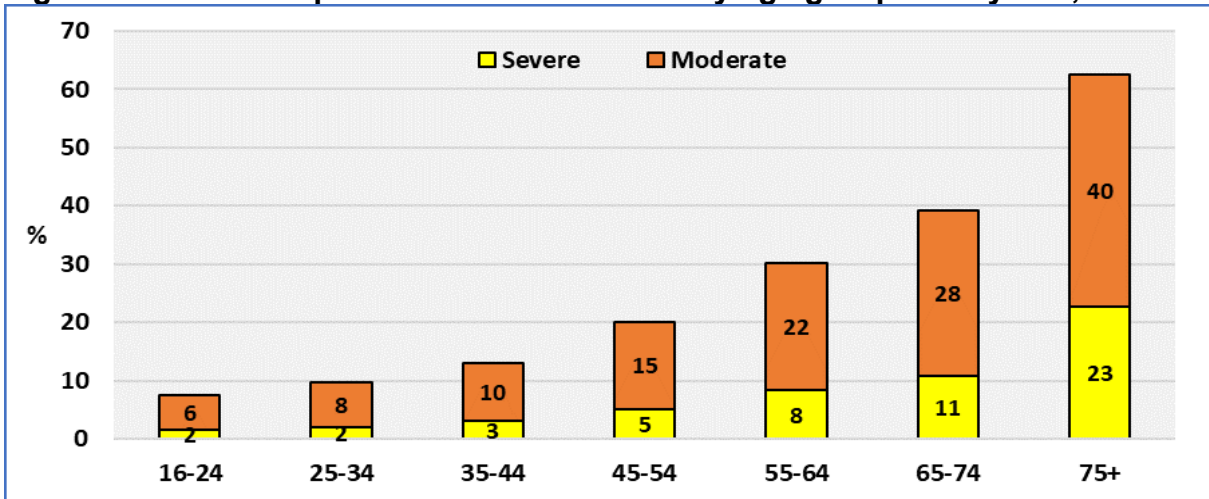
Note: EU covers 27 Member States.
Data source: EU-SILC UDB 2018.

1.2.5 Population of persons with disabilities

The following graph presents the distribution by degree and age group of the number of persons with disabilities aged 16 and over living in private households.

There are about 87 million persons with disabilities, aged 16 and over, living in private households, in the EU 27. About 62 million have a moderate disability and 25 million, a severe disability. The EU SILC survey covers 356 million people, aged 16 and over, living in private households, in the EU 27.

Figure 6: Population of persons with disabilities by degree of disability and age group, EU 2018

Persons living in private households aged 16+.

Data rounded to millions.
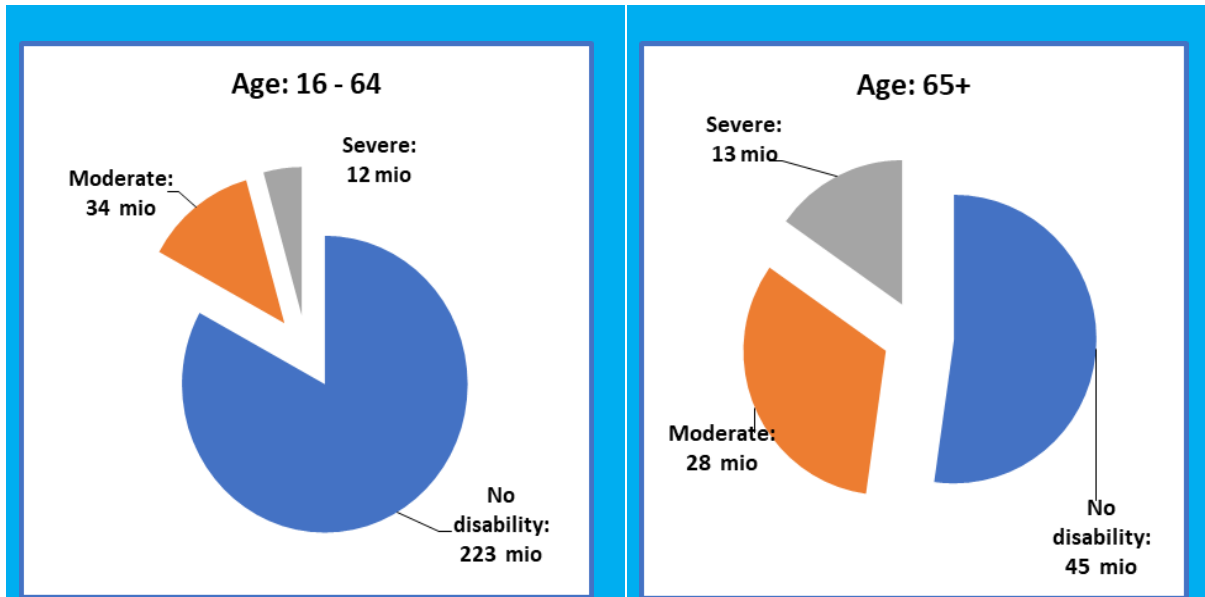
Note: EU covers 27 Member States. Disability is proxied by limitation in activities people usually do because of health problems.
Data source: EU-SILC UDB 2018.

Among people with disabilities, elderly disabled people represent 47.5 % of all people with disabilities (aged 16 and over living in private households).

Figure 7: Distribution of people with disabilities by age group, 2018
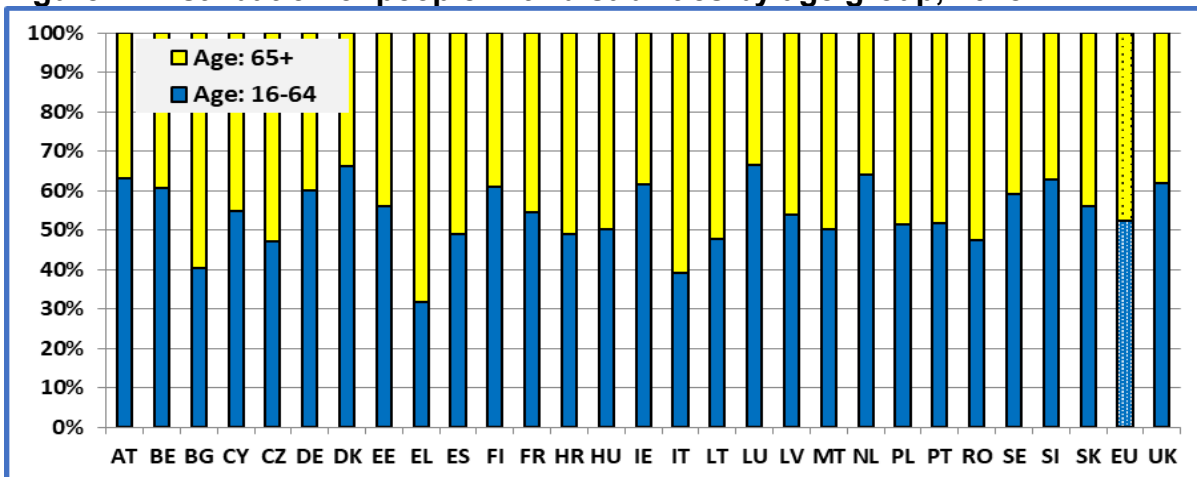
Note: EU covers 27 Member States.
Data source: EU-SILC UDB 2018.

1.2.6 Evolution of disability prevalence

Disability prevalence varies sharply across Member States but at the EU level, the variation across time is relatively small. We may observe a small increasing trend since 2005 and an acceleration following the financial crisis of 2008-2009. The decrease in 2015 and 2016 is mainly the result of changes concerning the definition of disability in a certain number of Member States, notably in Germany and Italy.

Generally, one could expect a decreasing trend due to technical progress in the medium and long term. However, the rates reported here are crude rates and are not standardised by a reference age-structure of the population. Consequently, an increasing trend reflects at least partly an ageing population. This latter factor dominates any technological and medical innovation. This issue was discussed in previous ANED reports.

Another factor which might have affected disability prevalence might be the socio-economic deterioration following a financial crisis, notably in 2008/2009. The economic deterioration might have affected adversely living conditions and health. In fact, the economic crisis may affect morbidity and chronic illness notably through direct effects (it might increase stress), income effects (malnutrition and unmet medical needs), education and lifestyle effects (risky behaviours) and social capital (isolation and reduction of external resources).

The duration of an economic crisis might be a significant factor, turning temporary health problems into a permanent disadvantage. In the medium term and with an average lag of two years this might lead to an increased disability rate. This might be notably true for older workers and elderly people who are more vulnerable compared to younger people. This issue was discussed in previous reports.

COVID-19 might affect disability prevalence through different channels (see below). We might expect an increasing disability prevalence in the coming years.

Figure 8: Evolution of disability prevalence. Percent of people with disabilities by degree, EU 27
As a % of the same age group; age: 16+.
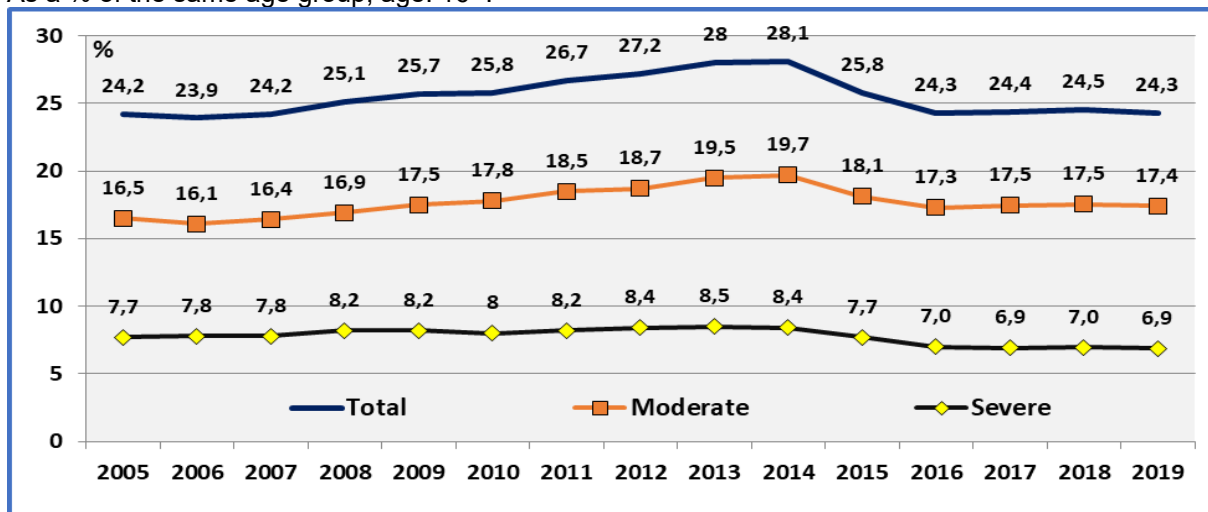
Note: The decrease in 2015 and 2016 is mainly the result of changes concerning the definition of disability in a certain number of Member States, notably in Germany and Italy. Data for 2019 are provisional estimations. Data for 2005-2009 cover EU 28.
Data source: Eurostat & EU SILC UDB.

1.2.7 Beneficiaries of disability benefits

Another interesting question is the relation between administrative data and the EU-SILC survey concept of persons with limitations. The EU-SILC survey provides information on persons who receive disability benefits. According to the EU-SILC methodology, 'disability benefits refer to benefits that provide an income to persons below standard retirement age whose ability to work and earn is impaired beyond a minimum level laid down by legislation by a physical or mental disability'. These disability benefits include: 1. Disability pension, 2. Early retirement in case of reduced ability to work, 3. Care allowance, 4. Economic integration of the handicapped, 5. Disability benefits to disabled children in their own right, and 6. Other cash benefits.

In previous ANED reports, we discussed the relation between administrative data produced by Eurostat[13] and OECD,[14] and the EU-SILC survey results. Despite a certain number of reservations (notably, coverage of data, age of beneficiaries and time related issues), the data were very close, except for France and Germany.

We present here an update of the percentage of persons receiving a disability benefit. As in several Member States, disability pensions are replaced by an ordinary retirement pension, we present below data for the age group 16 to 64. In the EU 28, the recipiency rate for persons aged 16 to 64 is 4.8 % (5.0 % in 2010) and this rate is close to estimations based on national administrative data. The recipiency rate was the same in 2016. The recipiency rate was 4.5 % in the EU 27, in 2018.

Figure 9: Percent of persons who receive a disability benefit, (Age: 16-64), 2010 and 2018
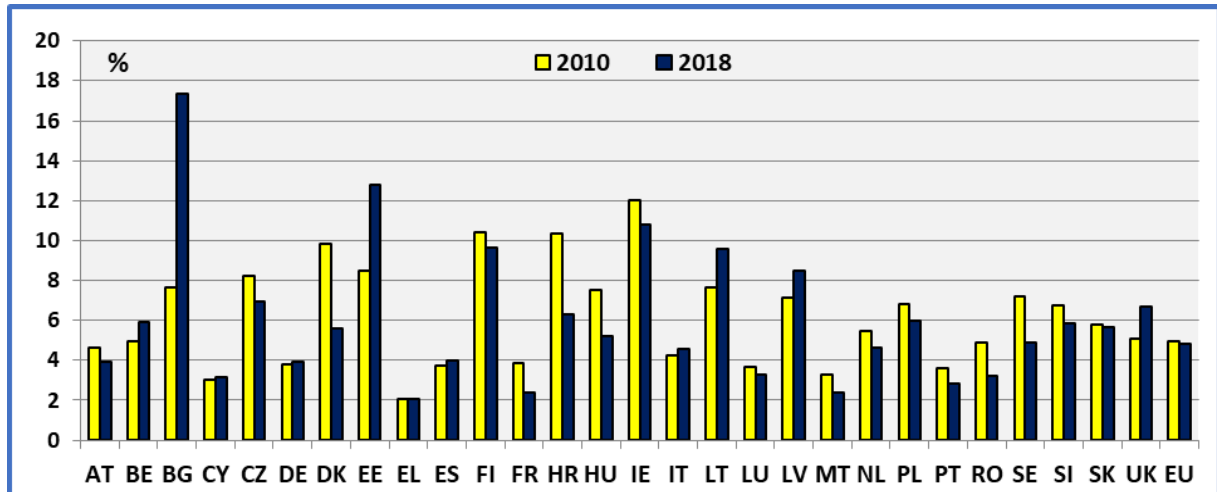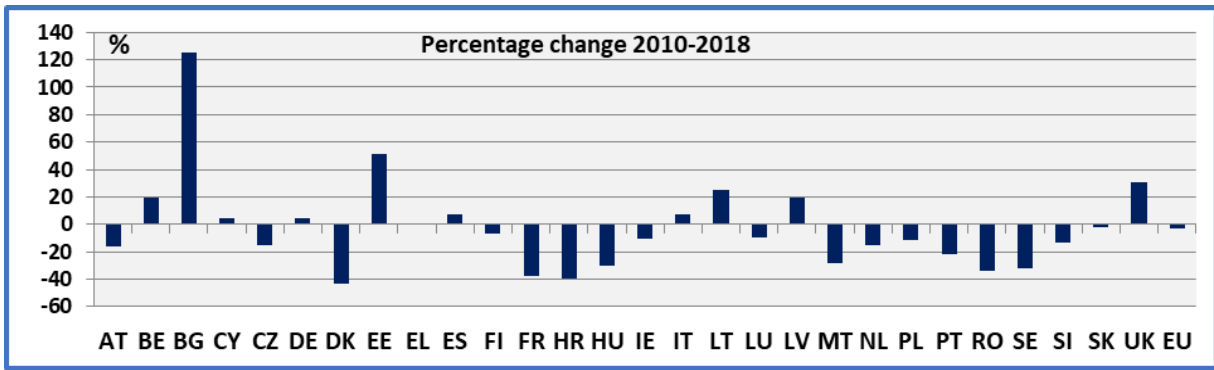
Note: EU refers to EU 28.
Data source: EU-SILC UDB 2010 & 2018.

1.3 COVID-19 and persons with disabilities

1.3.1 COVID-19 and disability prevalence

COVID-19 might affect persons with disabilities through different channels. One expected effect is to increase the number of persons with disabilities.

COVID-19 may become a chronic illness and generate long lasting health effects. Persistent health problems were reported following acute COVID-19 disease including respiratory symptoms and conditions, cardiovascular symptoms & disease, mental health, fatigue, liver & kidney dysfunction, etc.[15] These chronic illnesses might lead to activity limitations and disabilities.[16]

Furthermore, an economic deterioration following the lock down might affect adversely living conditions and health. Poverty and unemployment might affect morbidity and chronic illness notably through direct effects (it might increase stress), income effects (malnutrition and unmet medical needs), education (lifestyles: risky behaviours) and social capital (isolation and reduction of external resources). These indirect channels might increase disability prevalence with a lag of about two years.

Indirect effects might stem from saturation of hospitals and the health care system. The most recent studies show that there is a disruption in healthcare services (including non-communicable diseases diagnosis and treatments).[17] A saturation of hospitals and the postponement of cases non-related to COVID-19 may have an indirect detrimental impact on the health of persons with disabilities. In fact, the rate of persons with disabilities who use health care services is higher compared to persons without disabilities. This is partly due to a higher comorbidity by persons with disabilities. This means that a postponement of medical care might have serious negative impact on the health of persons with disabilities. WHO notes that it is critical to maintain preventive and curative services, especially for the most vulnerable populations, e.g. people living with disabilities.

Diabetes, chronic obstructive pulmonary disease, and hypertension were the most impacted conditions due to reduction in access to care.[18] This might deteriorate health and lead to activity limitations increasing consequently the number of persons with disabilities.

In summary, limitations in access to health care, a direct long-lasting impact of COVID-19 on health and the deterioration of economic activity due to COVID-19 is expected to increase disability prevalence in the coming years.

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[15] Public Health England: "*Guidance COVID-19: long-term health effects*"; Published 7 September 2020. https://www.gov.uk/government/publications/covid-19-long-term-health-effects/covid-19-long-term-health-effects.

[16] Du, L. "*Prognosis, Virus Survivors Could Suffer Severe Health Effects for Years*"; 12 May 2020 https://www.bloomberg.com/news/articles/2020-05-12/covid-19-s-health-effects-can-last-long-after-virus-is-gone.

[17] UN News "COVID-19 impact on treatment for chronic illness revealed", 4 September 2020; Health. In https://news.un.org/en/story/2020/09/1071732.

[18] Chudasama, Y.V., Gillies, C.L., Zaccardi,F., Coles, B., Davies, M.J., Seidu, S. and Khunti, K.: "*Impact of COVID-19 on routine care for chronic diseases: A global survey of views from healthcare professionals*"; Diabetes & Metabolic Syndrome: Clinical Research & Reviews 14 (2020) 965-967. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7308780/pdf/main.pdf.

1.3.2 COVID-19, risk factors and disability

In the following, we are going to review available studies concerning risk factors and COVID-19. The goal is to discuss whether persons with disabilities share some characteristics which are considered to be factors associated with severe cases or deaths due to COVID-19.

The identification of these characteristics and underlying conditions aim to identify persons at risk, in order to inform health workers, policy makers and to promote the elaboration of targeted prevention policies.

1.3.3 Age

Elderly people face a higher risk of experiencing severe hospitalisations or dying from COVID-19. The risk of hospitalisation and death increases sharply with age.[19] Males have a higher risk of severe outcomes than females.

In Belgium, older age has been repeatedly identified as the most important risk factor for severe COVID-19 disease.[20]

In France, on 13 September 2020, among the 116 420 patients hospitalised since 1 March 2020, the average age was 71 years. In the same period, 30 999 deaths due to COVID were reported to the French Public Health (Santé Publique France). The average age of dead persons was 84 years and 90 % were older than 65 years.[21] Similar results were reported later (Report 17 December 2020).

A survey by ECDC indicated that countries that had already published recommendations had primarily prioritised elderly people, healthcare workers and those persons with certain comorbidities.[22]

Analysis of disability prevalence by age indicates that disability prevalence is increasing with age and that persons with disabilities represent a high share among elderly people.

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[19] ECDC: "*COVID-19 surveillance report*", Week 51, 2020; This report provides an overview of the COVID-19 epidemiology in the EU/EEA and the UK using the available data compiled from multiple sources. European Centre for Disease Prevention and Control (ECDC): https://www.ecdc.europa.eu/en/covid-19/surveillance/weekly-surveillance-report.

[20] Sciensano: https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_fact_sheet_ENG.pdf.

[21] Santé publique France, COVID-19 (French Public Health): Point épidémiologique hebdomadaire du 17 septembre 2020,
https://www.santepubliquefrance.fr/content/download/281989/document_file/COVID19_PE_20200917.pdf;
Anaïs Thiébaux, 18/09/20:
https://sante.journaldesfemmes.fr/fiches-maladies/2622115-victimes-coronavirus-covid-france-age-deces-hospitalisation-reanimation-mortalite-departement-homme-femme-chiffres-jeunes/#coronavirus-maladie-comorbidite-facteur-risque.

[22] European Centre for Disease Prevention and Control (ECDC). Overview of COVID-19 vaccination strategies and vaccine deployment plans in the EU/EEA and the UK – 2 December 2020. ECDC: Stockholm; 2020.

1.3.4 Persons in institutions

Data concerning people in institutions are scarce. In fact, surveys often cover persons living in private households. Also, published census data do not distinguish the different types (homes for elderly, health institutions, military, etc.).

In a recent report,[23] we estimated that more than one million persons with disabilities aged less than 65, live in institutions, in the EU 27. Concerning the age group 65 and over, more than two million persons with disabilities live in institutions (including retirement homes).

Persons with disabilities living in institutions (in a wide sense) represent about 0.8 % of the total population of the EU 27. This rate varies with age. The rates are 0.15 % for the age group 0-14, about 0.45 % (low scenario: 0.35 %) for the age group 15-64 and 2.6 % for persons aged 65 and over. As noted, these rates apply to the EU 27. They vary across countries, depending on national policies concerning social policies, institutionalisation, cultural models and infrastructures.

Concerning elderly residents of long-term care facilities and nursing homes, the European Centre for Disease Prevention and Control indicated that a high proportion of long-term care facilities (LTCF) and nursing homes across Europe and the world had been severely affected by COVID-19. They reported a high morbidity and mortality in residents due to SARS-CoV-2 infections. The ECDC noted that in several EU countries, deaths among residents had accounted for over half of all COVID-19-related deaths.[24]

In France, from March 2020 to September 2020, 30 999 deaths due to COVID-19 were reported to the French Public Health: 20 471 deaths took place during a hospitalisation and 10 528 deaths were reported among residents in institutions. In institutions, the big majority (10 443) concerned deaths in EHPA (établissements d'hébergement pour personnes âgées) but a certain number (74) included also persons in HPH (Hébergement pour personnes handicapées).[25]

In Sweden, a study showed that unmarried elderly people are at particularly high risk of dying from COVID-19.[26] The authors note that this is the segment of the population that is in higher need than others to rely on external assistance in their home, or who lives in a care home. Similarly, other studies find also, that one-person household are more at risk compared to 2 persons households.[27]

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[23] Grammenos, S. (2021) "COVID-19 and persons with disabilities: Statistics on Health, Care, Isolation and Networking", European Disability Expertise, forthcoming.

[24] ECDC, Epidemiology of COVID-19; update 15 July 2020. https://www.ecdc.europa.eu/en/covid-19/latest-evidence/epidemiology.

[25] Santé publique France; COVID-19 : Point épidémiologique hebdomadaire du 17 septembre 2020, https://www.santepubliquefrance.fr/content/download/281989/document_file/COVID19_PE_202009 17.pdf.

[26] Drefahl, S., Wallace, M., Mussino, E., Aradhy, S., Kolk, M., Brandén, M., Malmberg, B., Andersson, G. "*Socio-demographic risk factors of COVID-19 deaths in Sweden: A nationwide register study*"; Stockholm Research Reports in Demography, no. 2020:23; Department of Sociology, Demography Unit, Stockholm University.

[27] Connors, E. and Cooper, J. "*COVID-19 Infection Survey*"; Office for National Statistics Date of publication: 18 August 2020.   Infection.survey.analysis@ons.gov.uk.
See also: *Coronavirus (COVID-19) Infection Survey: characteristics of people testing positive for COVID-19 in England*, August 2020. Data about the characteristics of people testing positive for the coronavirus (COVID-19) from the COVID-19 Infection Survey. This survey was delivered in

The rate of households receiving help decreases steadily with household size. Informal help is replacing, at least partly, professional help. Isolation increases the need for professional home care. The rate of persons receiving help increases with age and degree of disability.

Past ANED reports indicated that persons in institutions include an important number of persons with disabilities. This means that persons with disabilities in institutions constitute a group which needs special attention concerning prevention measures.

1.3.5 Health conditions and COVID-19

The European Health Interview Survey (EHIS wave 2) includes a question asking: "during the past 12 months, have you had any of the following diseases or conditions?" A. Asthma (allergic asthma included); B. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema; C. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction; D. Coronary heart disease or angina pectoris; E. High blood pressure (hypertension); F. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke; G. Arthrosis (arthritis excluded); H. Low back disorder or other chronic back defect; I. Neck disorder or other chronic neck defect; J. Diabetes; K. Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy (allergic asthma excluded); L. Cirrhosis of the liver; M. Urinary incontinence, problems in controlling the bladder; N. Kidney problems; O. Depression.

The respondent answers for each chronic disease. Consequently, the interviewee may report several chronic diseases or conditions.

In the EU 27, about 31.3 % of persons with disabilities report high blood pressure (hypertension), 31.6 % report a neck disorder and 43.4 % report a low back disorder. The corresponding rates for persons without disabilities are 20.2 % (blood pressure), 14.0 % (neck) and 18.3 % (back).

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partnership with the University of Oxford, the University of Manchester, Public Health England and Wellcome Trust. Office for National Statistics, August 2020.

Figure 10: Percent of persons reporting a disease or condition during the last 12 months, EU 27, 2014
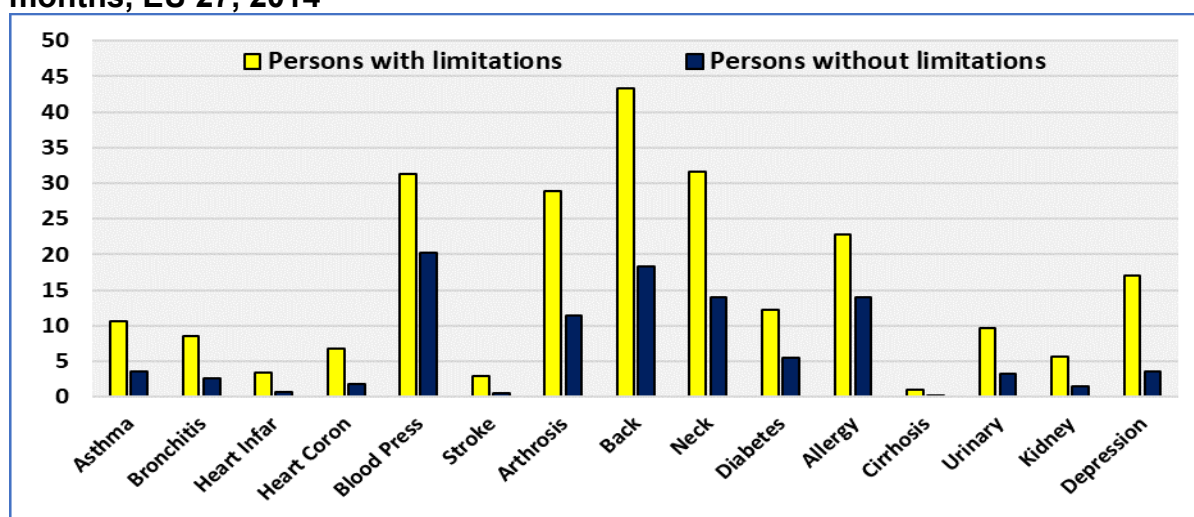
*: A person may report several diseases/conditions. Age-standardised estimates.
Source: EHIS Wave 2.

In Belgium, Sciensano notes that in a recent meta-analysis (10 articles, 76 993 patients overall), the most prevalent underlying diseases found among hospitalised COVID-19 patients were hypertension, cardiovascular diseases, diabetes mellitus, smoking, chronic obstructive pulmonary disease (COPD), malignancy, and chronic kidney disease.[28]

In France, comorbidities were reported in the case of 7 678 deaths. This represents 66 % of all deaths indicating COVID-19 during the period March-September 2020 and for which information was available. A cardiac disease was indicated in 34 % of deaths and hypertension for 24 %. Diabetes (16 %), chronic lung disease (13 %) and kidney disease (12 %) were important too.[29]

In the USA, CDC notes that people of any age with the following conditions are at increased risk of severe illness from COVID-19: cancer, chronic kidney disease, COPD (chronic obstructive pulmonary disease), immunocompromised state (weakened immune system), obesity (body mass index [BMI] of 30 or higher), serious heart conditions and type 2 diabetes mellitus.[30] Furthermore, from January 2020 to May 2020, among patients with a chronic illness, about 20 % died compared with almost 2 % of those who were otherwise healthy. Virus patients with a chronic condition were also more likely to be hospitalised.[31]

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[28] Sciensano: Factsheet: COVID-19 disease (SARS-CoV-2 virus); 21 September 2020, Version 6.

[29] Santé publique France, COVID-19: Point épidémiologique hebdomadaire du 17 septembre 2020; https://www.santepubliquefrance.fr/content/download/281989/document_file/COVID19_PE_202009 17.pdf.

[30] CDC: "People with Certain Medical Conditions", Updated 11 September 2020 https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html.

[31] Tanner, L. "*Coronavirus Death Rate is Higher for Those with Chronic Illnesses*" https://www.jems.com/2020/06/16/coronavirus-death-rate-is-higher-for-those-with-chronic-illnesses/.

The above studies converge towards the same conclusions. Cardiac disorder, diabetes, hypertension,[32] chronic lung disease and kidney-related condition / renal disease appear to be important risk factors. The above graph indicates that persons with disabilities face a higher risk of comorbidities and that for important health conditions, they are overrepresented in these diseases/conditions. This means that persons with disabilities face a higher risk in relation to COVID-19 compared to persons without disabilities.

Furthermore, death rates are higher for coronavirus patients with chronic illnesses than for others who become infected. ECDC provides detailed presentation of COVID-19 epidemiology in the EU/EEA and the UK.[33]

Taking into account severe and fatal cases, the 5 most important cases are (in % of total severe/fatal): Cardiac disorder, diabetes, cancer, hypertension, Chronic lung disease (excluding asthma).

In the following table, we compare these results with the distribution of diseases/conditions (during the last twelve months) reported by persons aged 15 and over. Persons with disabilities are overrepresented in the majority of diseases/conditions associated with high rates of severe hospitalisations and deaths due to COVID-19.

Table 2: COVID-19 risk groups and diseases/conditions reported by general population

Precondition	Distribution of severe hospitalisations & deaths by disease Covers: EU28/EEA Report Week 51, 2020		Percent of persons who suffered, in the last 12 months, the specified disease/condition* Covers: EU28+IS+NO (EHIS W2) 2014		
		Excludes cases declaring 'No disease'	Total	Persons without disabilities	Persons with disabilities
	%	%	%	%	%
None	27.1	-	**-**	-	-
Cardiac disorder	24.2	33.2	**3.8**	1.9	5.5
Diabetes	17.5	24.0	**5.3**	4.7	5.9
Hypertension	5.6	7.7	**16.2**	17.5	15.0
Chronic lung disease	5.5	7.5	**3.1**	2.3	3.9
Kidney-related condition, renal	3.2	4.4	**2.0**	1.4	2.5
Cancer, malignancy	9.7	13.4			
Neuromuscular, neurological	3.1	4.3	***6.5**	*4.6	*8.1

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[32] However, high rates concerning hypertension ought to be treated with care because a high number of persons report this health condition, and it is expected to find high rates also among persons reporting COVID-19.

[33] ECDC: "*COVID-19 surveillance report*", Week 51, 2020.

Asthma	1.7	2.4	**4.5**	4.9	4.1
Other	2.2	3.1	**(-)**	(-)	(-)
Total	**100**	**100**	**100***	**100***	**100***
Sample (number)	(65 450)	(47 684)	(298 095)	(206 980)	(91 115)

*: A person may report several diseases/conditions. Depression was treated as a neurological disease.
The EHIS W2 survey covers persons aged 15+, living in private households.
Source: ECDC (COVID-19 surveillance report, Week 51, 2020) and EHIS W2 2013-2015.

Obesity has often been noted. For example, in France, among those who were admitted in reanimation services, between 5 October to 15 December 2020, 45 % suffered from obesity (Body Mass Index - BMI>=30).[34] We may note that the share of obese people is 24.1 % among persons with disabilities, aged 20 and over, compared to 13.2 % among persons without disabilities of the same age group.[35]

The Survey of Health, Ageing and Retirement in Europe (SHARE) organised between June and August 2020, covering persons aged 50 and more, indicates that, in the EU 25 countries covered, about 28.7 % of those who were depressed, declared a deterioration since the outbreak of the pandemic.[36]

French data indicate a continuous deterioration of mental health since the rise of COVID-19 pandemic. The prevalence rate almost doubled, between end September and end November 2020. This increase was important among young persons and persons at risk of financial poverty.[37]

The list of underlying conditions is meant to inform health professionals to target groups at high risk and provide them with the best care possible, and to inform health policy makers in order to elaborate actions about illness prevention.

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[34] Santé publique France. COVID-19: Point épidémiologique hebdomadaire du 17 décembre 2020.
https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/bulletin-national/covid-19-point-epidemiologique-du-17-decembre-2020.

[35] EHIS Wave 2 2013-2015.

[36] Börsch-Supan, A. (2020). Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 8. COVID-19 Survey 1. Release version: 0.0.1. Data collected between June and August 2020. The EU countries covered are Germany, Sweden, Netherlands, Spain, Italy, France, Denmark, Greece, Belgium, Czech Republic, Poland, Luxembourg, Hungary, Portugal, Slovenia, Estonia, Croatia, Lithuania, Bulgaria, Cyprus, Finland, Latvia, Malta, Romania and Slovakia.

[37] Santé publique France. COVID-19: Point épidémiologique hebdomadaire du 17 décembre 2020.
https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/documents/bulletin-national/covid-19-point-epidemiologique-du-17-decembre-2020.

PART II: Europe 2020 and related indicators

2   Employment rate

2.1   Relevance to EU policy / Strategy

Article 27 of the UN Convention treats "Work and employment". It provides notably that "States Parties recognize the right of persons with disabilities to work on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities".

On 25 September 2015, the UN General Assembly adopted a Resolution on "Transforming our world: the 2030 Agenda for Sustainable Development". Goal 8 recognises the importance of sustained economic growth and high levels of economic productivity for the creation of well-paid quality jobs and more efficient production. It calls for providing opportunities for full employment and decent work for all. Decent employment for all, including women, people with disabilities, youth, the elderly and migrants, is crucial for improving the wellbeing of society as a whole.

The European Pillar of Social Rights under "Equal opportunities" provides that regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, everyone has the right to equal treatment and opportunities regarding employment, social protection, etc.

The Europe 2020 Strategy has been the EU's agenda for growth and jobs over the current decade. To reach this objective, the EU adopted several headline targets, including an employment target (that 75 % of the population aged 20 to 64 years are in employment by 2020).

The Employment Committee (EMCO) and Social Protection Committee (SPC) notes that setting employment and poverty and social exclusion targets have certainly fed and informed policy debate at EU and national level and helped increase the visibility of the employment and social policy strand.[38]

Also, the targets serve as an effective tool for monitoring the progress achieved against the employment and social objectives of Europe 2020. The Committees consider that the future EU employment rate target could be adapted in order to take into account the quality of jobs as well as their availability.

2.2   Assessment and analysis of main results and their evolution

2.2.1   Interpreting the EU-SILC data

Eurostat is using the Labour Force Survey in order to assess the employment rate in the Member States. But the LFS survey does not provide information on disability status (although a small number of national LFS questionnaires do collect this data). Consequently, we have to use the EU-SILC survey.

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[38] European Commission: "*Assessment of the Europe 2020 Strategy: Joint report of the Employment Committee (EMCO) and Social Protection Committee (SPC)*"; European Commission, Directorate-General for Employment, Social Affairs and Inclusion, European Union 2019.

However, the Commission adopted a new Regulation[39] concerning the Labour Force Survey in which GALI is included. This Regulation shall apply from 1 January 2021. The Regulation provides that the LFS questionnaire will include the Minimum European Health Module (MEHM). The MEHM is a set of three general questions characterizing three different concepts of health: a) Self-perceived health, b) Chronic morbidity and c) Activity limitations (GALI).

Consequently, for 2018, we will use the only available data of EU-SILC. In order to facilitate comparisons among the two surveys, we have to note that the EU-SILC uses an employment rate which is based on self-defined status while the LFS survey uses the ILO definition.

As noted in previous reports, the LFS presents always a higher employment rate compared to the EU-SILC but the evolution is strongly correlated. Also, in these reports, we have analysed and explained this difference between the two surveys. This difference amounts to about 1.5 percentage points, for EU 28, since 2009.

An important difference between the two surveys originates from the definition of an employed person. The LFS uses the ILO definition according to which employed persons are persons aged 15 years and over who, during the reference week performed work, even for just one hour a week. In the EU-SILC, certain persons having worked just one hour, in the reference week, might probably declare unemployed.

It is important to note that the LFS survey includes, also, a question on main economic status similar to the one used in the EU-SILC survey. The two surveys deliver identical estimations for the same question. But Eurostat uses the ILO definition for the elaboration and monitoring of Europe 2020 headline indicator for employment and this information is not provided by the EU-SILC survey.

The above comments do not raise questions concerning the statistical robustness of the estimations as the two surveys provide coherent and consistent estimates across countries and through time for a given definition of the employment rate.

In the EU 27, in 2018, the EU-SILC provides an employment rate for all persons aged 20-64 of 70.7 % (71.8 % for EU 28). The LFS survey gives an estimate of 72.4 % (73.2 % for EU 28) based on a different definition. The overall correlation between the two surveys is very good (R²=0.82 for national rates in 2018). However, the differences for some Member States amounted to more than five (5) percentage points.

As noted in previous reports, we can use the national LFS estimates to measure the gap between the EU 2020 target and current achievement. On the other hand, we can use the EU-SILC data, in order to assess the gap between persons with and without disabilities.

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[39] Commission Implementing Regulation (EU) 2019/2240 of 16 December 2019 *specifying the technical items of the data set, establishing the technical formats for transmission of information and specifying the detailed arrangements and content of the quality reports on the organisation of a sample survey in the labour force domain in accordance with Regulation* (EU) 2019/1700 of the European Parliament and of the Council; Official Journal of the European Union 30.12.2019 L 336/59.

2.2.2 General comments

In the following, we discuss the EU-SILC estimations for persons with and without disabilities.

At the European level, about 50.8 % of persons with disabilities are employed compared to 75.0 % of persons without disabilities. The employment rate for all persons aged 20-64 is 70.7 %.

At the EU 27 level, about 22.7 million persons with disabilities (aged 20-64) are employed out of 44.7 million disabled persons with the same age.

Table 3: Employment rate by disability status (Age: 20-64), EU, 2018

	Not Employed	Employed	Total
1,000,000			
Persons without disabilities	52.0	156.2	**208.2**
Persons with disabilities	22.0	22.7	**44.7**
Total	**74.0**	**178.9**	**252.9**
%			
Persons without disabilities	25.0	75.0	100
Persons with disabilities	49.2	50.8	100
Total	**29.3**	**70.7**	**100**

Note: For comparison, the LFS gives 189.9 million people, aged 20-64, employed in the EU 27. This compares with 178.9 million, aged 20-64, in the table. As noted in the text, the LFS presents always a higher employment rate compared to EU-SILC. Extracted on 13 /10/2020.
https://ec.europa.eu/eurostat/databrowser/.
Data source: EU-SILC UDB 2017-2018. EU covers 27 Member States.

Figure 11: Employment rate by disability status and Member State (Age: 20-64), 2018

According to Europe 2020, the EU target is an employment rate of at least 75 %. This is the EU average, and each Member State has a national target to achieve.
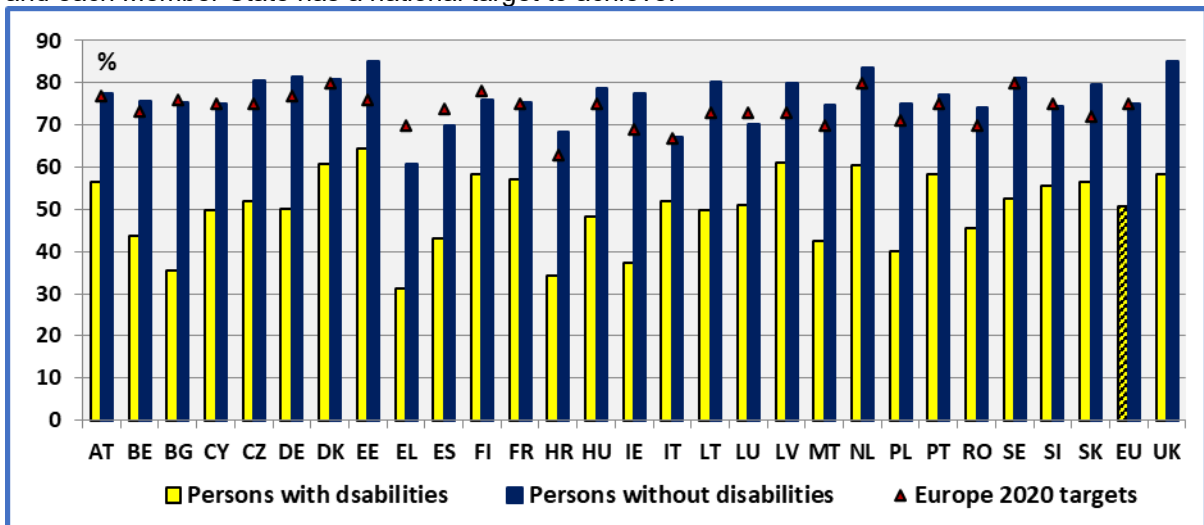
Note: EU 27 covers 27 Member States. The gaps between targets and achievements are indicative. As explained in the text, the data here do not use the ILO definition of employment rate.
Data source: EU-SILC UDB 2018 and Eurostat.

According to EU-SILC estimations, the employment rate of people with disabilities (for both sexes) is very low in Greece, Croatia and Bulgaria. The rates in Bulgaria are indicative because the ratio of standard error to the mean is relatively high in this Member State.

On the contrary, this same rate is relatively high in Denmark, Latvia and Estonia.

We may note that countries with similar employment rates for non-disabled people present big and persistent differences for people with disabilities. This means that there is a potential for increasing the employment rate of people with disabilities.

While in all Member States the employment rate of people without disabilities is higher than 60 %, the employment rate of people with disabilities is higher than 60 % in only four (4) Member States.

Figure 12: The employment gap between persons with and without disabilities (Age: 20-64), 2018
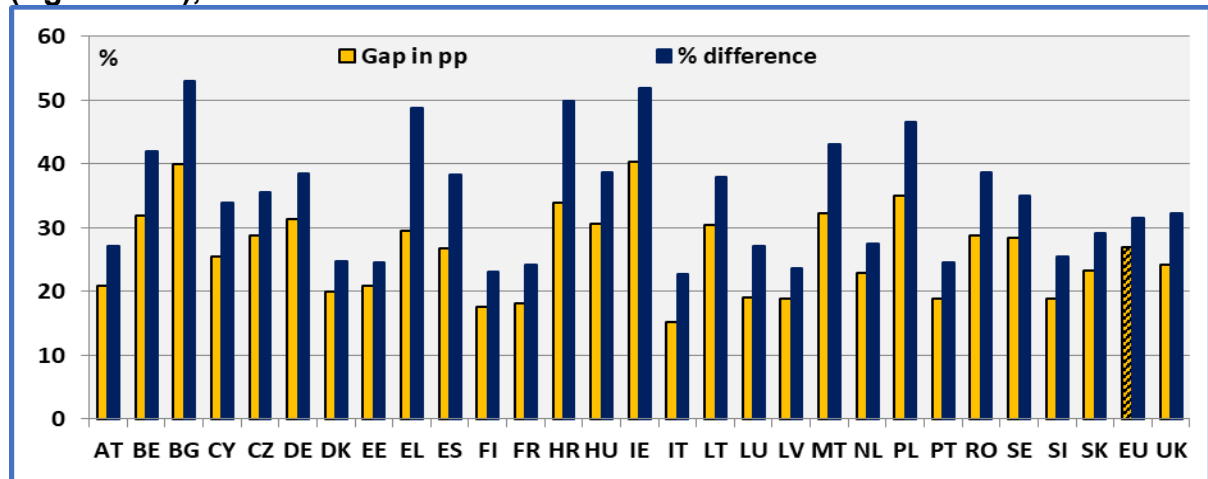
Absolute gap = % Persons without disabilities - % Persons with disabilities %.
Difference = 100*(% Persons without disabilities – % Persons with disabilities) /
(% Persons without disabilities).
Data source: EU-SILC UDB 2018.

We may observe an important employment gap between people with and without disabilities. At the EU 27 level, the employment rate of people with disabilities is about 26.9 percentage points lower compared to people without disabilities. The relative difference is 31.6 %.

We observe an employment gap in all Member States. The highest relative differences can be found in Croatia, Ireland and Bulgaria. On the other side, we find Italy, Finland and Latvia.

2.2.3 Gender

In the following tables, we compare the employment rates of persons with and without disabilities by gender. We have to note that the estimates for persons with disabilities ought to be treated with care. In fact, the standard errors of the estimated values (national employment rates by sex) for persons with disabilities are higher than one (1) percentage point. For comparison, the standard errors for persons without disabilities is less than one (1) percentage point. This reservation does not hold for EU estimates.

We observe that the employment rate of women with disabilities is significantly lower compared to women without disabilities in all Member States. At the EU level, the employment rate of women with disabilities is 47.8 % and the rate for women without disabilities is 68.8 %. Also, there are big differences across countries. The employment rate of women with disabilities is low in Greece, Malta and Croatia. On the contrary, relatively high rates can be found in Finland, Latvia and Estonia. Similar results were found in previous years.

Figure 13: Female employment rate by disability status and Member State (Age: 20-64), 2018
The employment rate is calculated by dividing the number of persons aged 20 to 64 in employment by the total population of the same sex and age group.
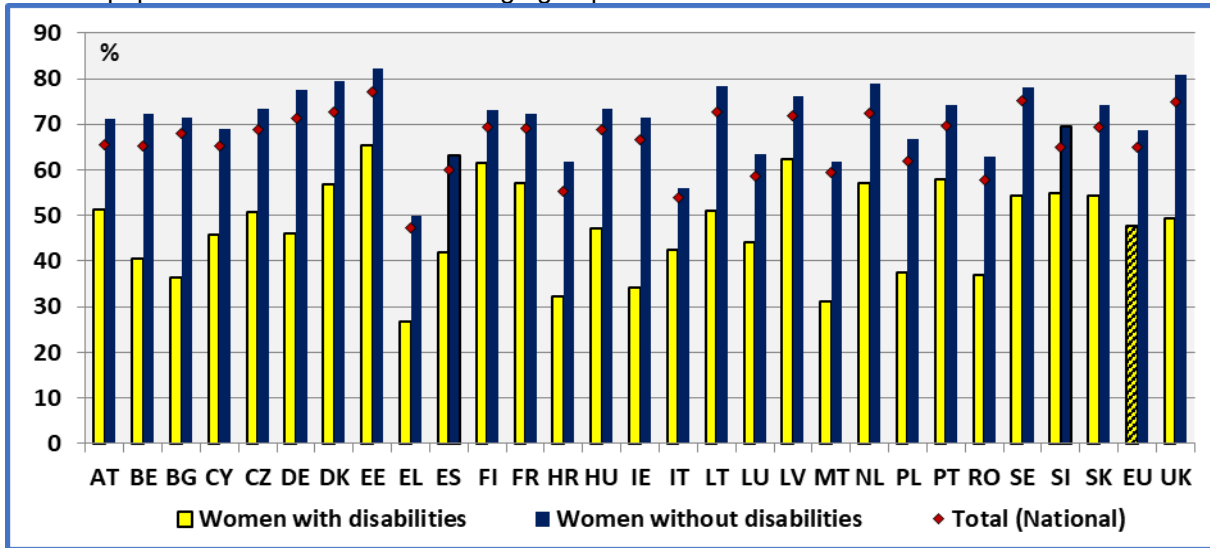
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

Figure 14: Male employment rate by disability status and Member State (Age: 20-64), 2018
The employment rate is calculated by dividing the number of persons aged 20 to 64 in employment by the total population of the same sex and age group.
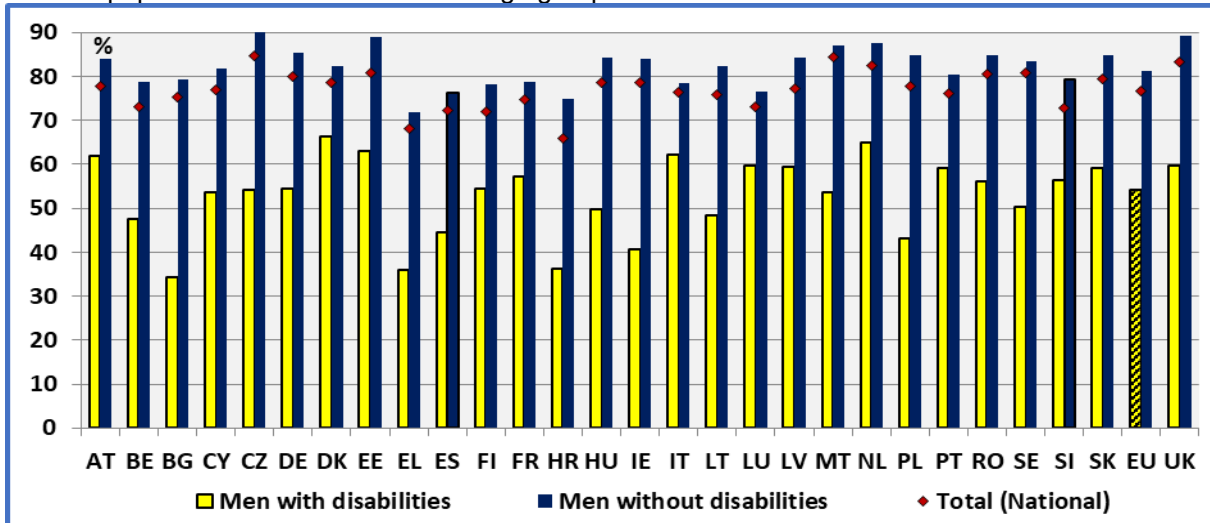
Data source : EU-SILC UDB 2018. EU covers 27 Member States.

The employment rate of men with disabilities is significantly lower compared to men without disabilities in all Member States. At the EU level, the employment rate of men with disabilities is 54.3 % and the rate for persons without disabilities is 81.2 %. The

employment rate of men with disabilities is low in Bulgaria, Greece and Croatia. On the contrary, it is high in Estonia, the Netherlands and Denmark.

We may conclude that women (with and without disabilities) as well as men with disabilities experience a relatively low employment rate and ought to be a priority group of national employment policies.

Figure 15: Employment rate by disability status and gender in the EU (Age: 20-64), 2018
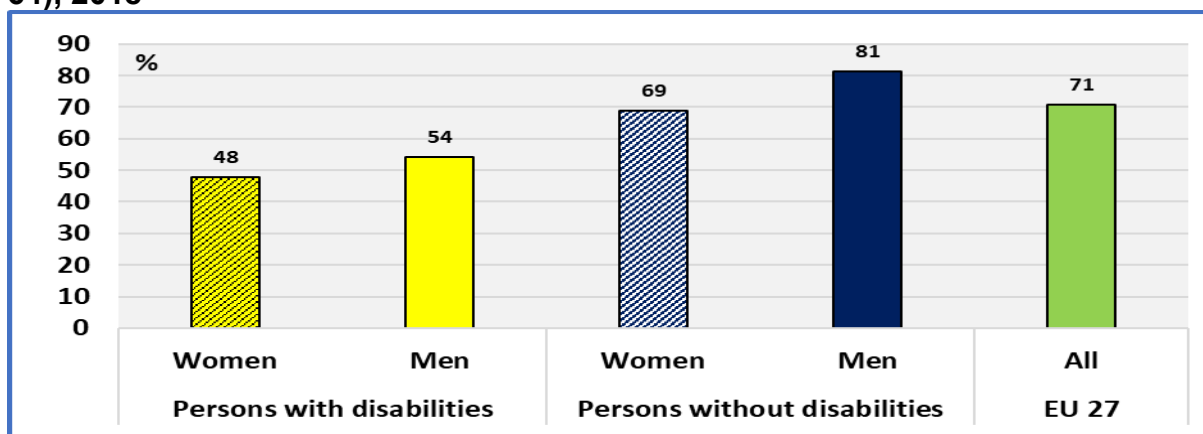
Data source : EU-SILC UDB 2018.

2.2.4 Degree of disability

An important factor affecting the employment rate is the degree of disability. At the EU level, the employment rate of severely disabled people is 28.7 %, for persons with a moderate disability it is 58.3 % and for non-disabled, it is 75.0 %. There is a difference of 46 percentage points between persons with severe disabilities and persons without disabilities. This gap is 17 pp for persons with moderate disabilities. This can be an indicator concerning socio-economic disadvantage. Work is an important factor of socio-economic integration and autonomy in our societies.

The employment rate of persons with severe disabilities is relatively low in Romania, Croatia and Bulgaria. On the other hand, it is relatively high in Denmark, Estonia and Portugal.

Figure 16: Employment rate of persons with disabilities by degree of disability and Member States (Age: 20-64), 2018
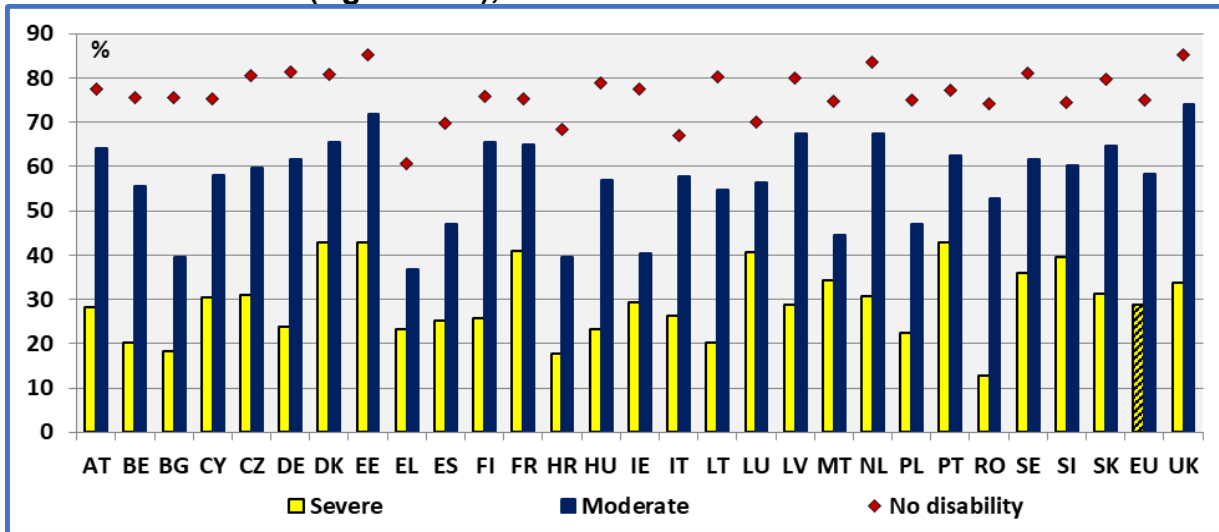
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

The employment rate of people with a moderate disability is correlated with the employment rate of persons without a disability (R^2=0.47; n=28). On the contrary, the employment rate of people with a severe disability is loosely related to the employment rate of people without disabilities (R^2=0.10; n=28). Similar results were found in previous years.

This means that a general improvement of the economic situation will not affect significantly the employment rate of people with a severe disability. Measures which are aimed to affect the general population are not expected to have a significant impact on people with a severe disability. This might also reflect the need for technical aids and workplace adaptations for persons with severe disabilities.

2.2.5 Evolution of employment rates

Since 2010, we observe a continuous small increase of the employment rate of persons with disabilities at the EU level. The decline between 2014-2015 is the result of changes in the German questionnaire concerning disability and the ensuing breakdown of statistical series. This correction ought to give a flat or slightly increasing employment rate for persons with disabilities between 2014-2016.

In the period 2017-2018, we observe a continuing improvement for all groups.

Figure 17: Evolution of the employment rate of people with and without disabilities, EU, (Age: 20-64)
Dotted lines cover EU 27.
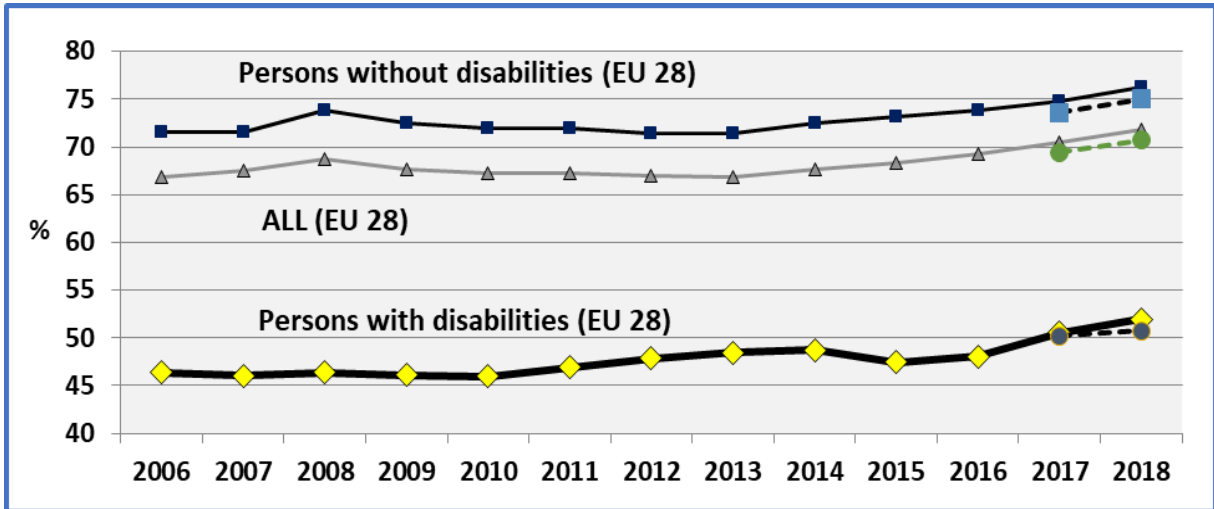
Note: The different years do not cover the same countries. See tables and data sources. However, this problem is marginal.
Data source: EU-SILC UDB.

Concerning the employment gap, it follows a cyclical evolution. From 2006 to 2008, this gap is increasing but decreasing between 2008-2013. Probably, during this period of employment recession, older workers with strong acquired rights are maintained in employment and this might explain the decreasing employment gap.

Between 2013 and 2016, the gap is increasing again. During this last period, persons without disabilities benefit relatively more compared to persons with disabilities.

During the last two years, the gap has been stabilised at around 24 percentage points. The relative disadvantage has been stabilised at around 32 % of the employment rate of persons without disabilities.

Figure 18: Evolution of the employment gap of people with disabilities, EU 28, (Age: 20-64)
Dotted lines cover EU 27.
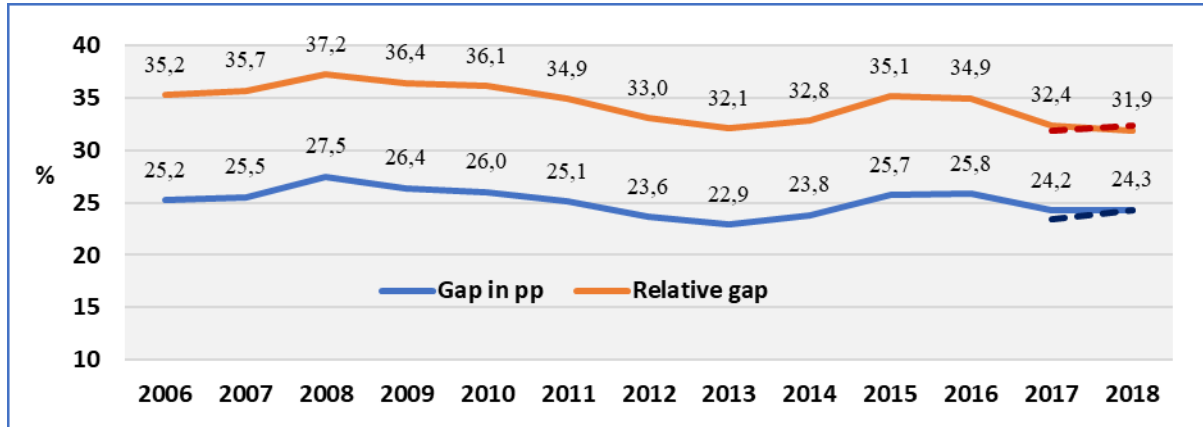
Data source: EU-SILC UDB. EU covers 28 Member States.

2.2.6 Evolution in the Member States

The big majority of Member States (27) experienced a stable or a higher employment rate of persons with disabilities in 2018 compared to 2017.

Figure 19: Employment rate of people with disabilities, (Age: 20-64)
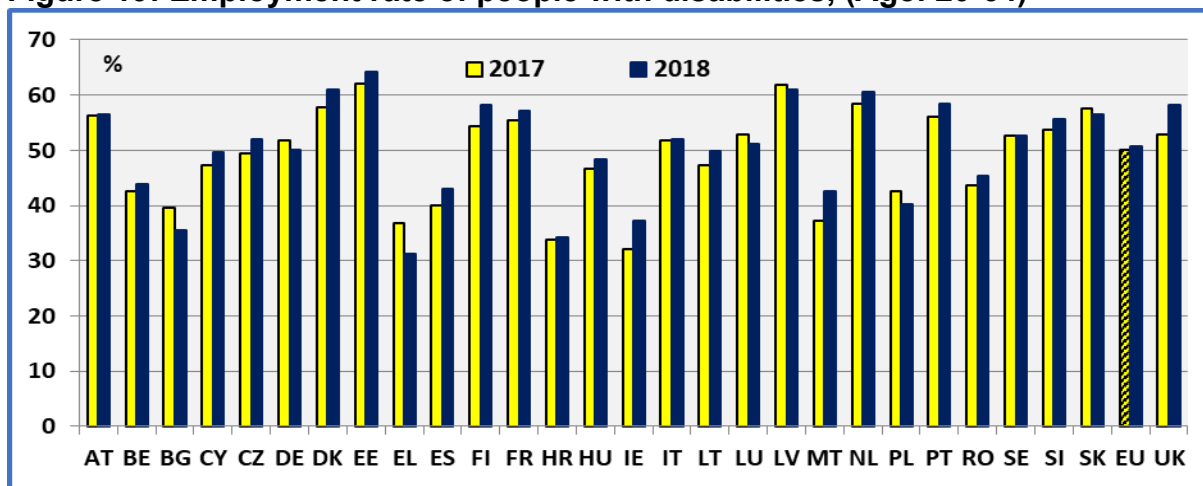
Data source: EU-SILC UDB. EU covers 27 Member States.

There is no correlation between the evolution of national employment rates (change 2017-2018) between persons with and without disabilities.

2.2.7 Evolution of youth employment rates

As noted above, when we compare the employment rate of all persons aged 20-64, we miss the specific characteristics of certain smaller age groups. In this section, we will focus on the employment rate of young persons with disabilities.

It is common to define youth as persons aged 16-24. However, for young persons with disabilities, this measure presents some statistical problems. In this group, the number of observations of persons with disabilities is relatively small. In fact, disability prevalence is small in this age group. Consequently, we have to enlarge the age group in order to increase the probability to have more persons with disabilities in the sample. One possibility is to put the upper limit at 29 years.

Furthermore, we propose to exclude persons aged less than 20 years, in order to avoid the noise in the data generated by different educational systems in the Member States. In fact, the age of compulsory education varies across Member States and in a certain number of cases a given education curriculum is organised across a longer period of time for persons with disabilities compared to persons without disabilities. For these reasons, we propose to study the age group 20 to 29.

The employment rate of both young people with and without disabilities was deteriorating between 2008 and 2013. From 2015 to 2016, the employment rate of young persons with and without disabilities has increased.

Figure 20: Employment rate of young people with and without disabilities, EU, (Age: 20-29)
Dotted lines cover EU 27.
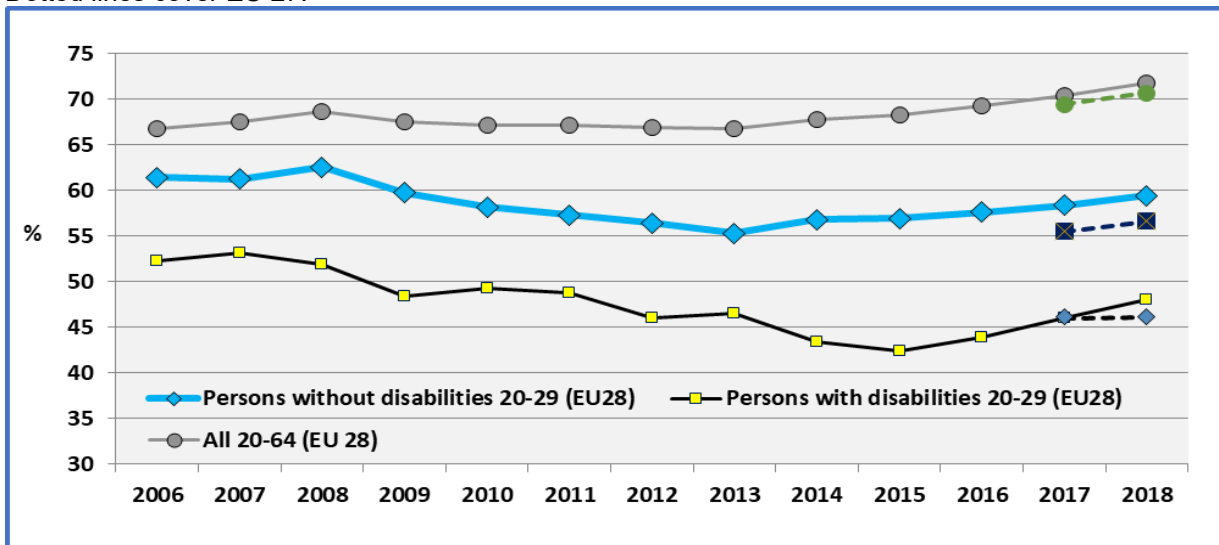
Note: The different years do not cover the same countries. See tables and data sources. However, this problem is marginal.
Data source: EU-SILC UDB.

2.3 Employment, disability and COVID-19

2.3.1 Employment characteristics, disability and COVID-19

The COVID-19 pandemic is expected to decrease sharply the employment rate. The global effect will be negative, but some group of workers might be affected more than others. In the following, we analyse the relative situation of persons with disabilities in comparison to non-disabled persons.

Unlike previous economic recessions, older workers face a higher risk to lose their jobs or retire. In fact, in previous recessions, seniority rights were protecting older workers since it was more difficult to fire them compared to younger employees. The COVID-19 pandemic has reversed the situation. Older persons are affected disproportionately. This might push older workers either to take early retirement[40] or lose their jobs due to health problems.

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[40] Early evidence suggests that retirement increased significantly in the first months of the pandemic (Coibion, Gorodnichenko & Weber, 2020), suggesting that older workers are retiring early instead of taking the risk in: Truc Thi Mai Bui, Patrick Button, Elyce G. Picciotti: "*Early evidence on the impact of COVID-19 and the recession on older workers*"; Working Paper 27448, National Bureau OF Economic Research, June 2020. http://www.nber.org/papers/w27448.

Concerning employed persons, the average age of persons without disabilities is 42.5 years and of persons with disabilities 47.5 years (EU-SILC 2018). This means that persons with disabilities face a higher risk, concerning severe or fatal cases, than persons without disabilities.

When older people apply for jobs, they may face even more age discrimination. Employers may assume that older people are riskier to hire because their age group is statistically more susceptible to severe COVID-19 symptoms.[41] In the case of persons with disabilities, this disadvantage might be strengthened by a higher comorbidity.

A certain number of small businesses face higher financial fragility compared to bigger productive units. COVID-19 and the associated lock downs and social distancing might have an important impact on these businesses. However, the distribution of employed persons (16 and over) with and without disabilities by size of company is very close. About 8.5 % of persons without disabilities work in one-person productive unit (or are self-employed), compared to 10.0 % of persons with disabilities. But, if we consider all productive units employing between 1 and 10 persons, the rates are very close: 29.2 % (not-disabled) and 29.4 % (disabled). We observe a very small disadvantage of persons with disabilities compared to persons without disabilities.

Economic lockdown and social distancing, ordered by the government to prevent the virus from spreading, might affect economic sectors differently. The decrease in active workforce affects mainly hotel restaurants, arts & leisure and service activities.[42]

The accommodation and food sector (hotels, bars, restaurants, cafeterias, etc.) is an important provider of employment. This sector is expected to be affected negatively due to COVID-19 measures (social distancing, etc.). The small size of these business adds an additional strain to their economic viability. Persons with disabilities are under-represented in these sectors. The negative impact on employment is expected to be relatively less for persons with disabilities compared to persons without disabilities.

Table 4: Distribution of employees by economic sector, EU 27, (Age: 20-64), 2018

	NACE Rev2	Persons without disabilities	Persons with disabilities	Total
Agriculture …	a	4.3	5.0	4.4
Manufacturing, electricity, gas, water	b - e	18.6	17.7	18.5
Construction	f	6.8	6.7	6.8
Wholesale & Retail trade, repair	g	13.6	12.3	13.4
Transport	h	5.4	5.1	5.4
Accommodation & Food services	i	4.4	4.1	4.3

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[41] Bui, T., Button, P., Picciotti, E.: "*Early evidence on the impact of COVID-19 and the recession on older workers*"; Working Paper 27448, National Bureau of Economic Research, June 2020. http://www.nber.org/papers/w27448.

[42] Barrot, J-N., Grassi, B. and Sauvagnat, J.: "*Sectoral effects of social distancing*" in Covid Economics 3, CEPR, 10 April 2020: p. 85-102; and Blundell, R., Costa Dias, M., Joyce, R. and Xu, X.: "*COVID-19 and Inequalities*". FISCAL STUDIES, vol. 41, no. 2, pp. 291–319 (2020) 0143-5671; https://onlinelibrary.wiley.com/doi/epdf/10.1111/1475-5890.12232.

	NACE Rev2	Persons without disabilities	Persons with disabilities	Total
Information & Communication	j	3.4	2.6	3.3
Finance	k	3.1	2.3	3.0
Real estate, professional & administrative services	l - n	9.7	9.2	9.6
Public administration	o	7.9	8.6	7.9
Education	p	7.5	7.7	7.5
Health & social work	q	11.0	13.9	11.3
Arts & Other services	r - u	4.5	4.9	4.6
Total		**100**	**100**	**100**

Data source: EU-SILC UDB 2018.

On the other hand, scientific activities and computer services are the less affected. Furthermore, if we take into account a higher demand for such services, employment might increase in these sectors. The increased demand might stem from telework, distance education, etc. Similarly, employment in the health sector might increase due to a higher demand for medical services.

Concerning the employment of persons with disabilities, we can observe, in the previous table, an overrepresentation of persons with disabilities in health and social work activities. As noted, this sector might experience an increase in employment due to higher demand. However, persons with disabilities might not benefit from this increase. In fact, employees in this sector are exposed to COVID-19 and this might have a negative impact on the employment of older workers and persons with comorbidities. Persons with disabilities share these later characteristics. The negative impact might outweigh any positive employment prospect.

On the other side, persons with disabilities are under-represented in wholesale and retail trade ("merchant" distributive trade services). This sector is expected to be adversely affected by COVID-19 measures. Consequently, the negative impact on employment will be relatively less for persons with disabilities compared to persons without disabilities.

In several economic sectors, the impact on employment is uncertain. For example, passenger transport was reduced due to stay-at-home orders. However, in the future, social distancing might increase employment in this sector if frequency of transport is increased to enable the same number of persons to travel safely. But this raises the question of financial viability of several sectors.

To summarize, we can say that age and comorbidity might have a negative impact on the employment (including hiring) of persons with disabilities. For those in employment, health problems might push older workers to take early retirement. Similarly, their sectorial and occupational distribution might have a negative impact on their employment prospects.

Globally, total employment is expected to decrease significantly. Concerning persons with disabilities, their relative position might be worsened due to health and age

considerations as well as their under-representation in sectors with relatively small losses.

The above data cover EU 27. It is important to note that there are big differences across Member States. In certain Member States, very small businesses dominate the productive structure and employed persons with disabilities are overrepresented. Also, the accommodation sector, which has been severely hit, has an important weight in certain economies. In these countries, the impact on persons with disabilities ought to be more accentuated.

2.3.2 COVID-19, work from home and persons with disabilities

An important impact of the COVID-19 pandemic is the increase of telework (remote work, work from home and other forms). The question is which economic sectors may transfer their workers outside the productive unit and which occupations can support such a movement.

Economic activity sectors with high work from home possibilities are finance and insurance, information and communications, professional services, other business services (e.g., travel agencies), education and public administration.[43] Persons with disabilities are underrepresented in these sectors except the education and public sector. On the other extreme, we find hotel and restaurants and personal services. These sectors have a low work from home possibilities.

Dingel and Neiman find similar sectorial results for the US. Furthermore, they consider that about 34 % of US jobs could be performed at home.[44] Similar estimates for home-based work potential are found in European countries: 24 % for Italy, 28 % for France, 29 % for Germany, 25 % for Spain and 31 % for Sweden and the United Kingdom.[45]

Concerning the nature of occupations, the highest share of employees working from home (occasionally or usually) are professionals (Science and engineering professionals, Health professionals, Teaching professionals, Business and administration professionals, Information and Communications Technology professionals, Legal, Social and cultural professionals and managers (Chief executives, Senior officials, Administrative and Commercial managers, Production and

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[43] Bonacini, L., Gallo, G. and Scicchitano. S.: "Working from home and income inequality: risks of a 'new normal' with COVID-19". Journal of Population Economics (2021) 34:303–360. https://link.springer.com/article/10.1007/s00148-020-00800-7.
The authors use an index to assess the feasibility of an occupation of being performed from home, in Italy. This index is based on replies to the following seven questions: (i) importance of working with computers; (ii) importance of performing general physical activities (which enters reversely); (iii) importance of manoeuvring vehicles, mechanical vehicles or equipment (reversely); (iv) requirement of face-to-face interactions (reversely); (v) dealing with external customers or with the public (reversely); (vi) physical proximity (reversely); and (vii) time spent standing (reversely).

[44] Dingel, J.; Neiman, B. (2020) "*How many jobs can be done at home*?" Covid Economics: Vetted and real-time papers. No 1, pp. 16-24.

[45] Boeri, T., Caiumi, A. and Paccagnella, M. (2020), '*Work versus safety*', Covid Economics: Vetted and real-time papers, No. 2, 8 April; cited by Konstantinos Pouliakas: "*Working at Home in Greece: Unexplored Potential at Times of Social Distancing*? Discussion Paper Series. IZA DP No. 13408, IZA Institute of Labor Economics, June 2020.http://ftp.iza.org/dp13408.pdf.

services managers, Hospitality, Retail and other services managers).[46] Persons with disabilities are underrepresented in these occupational skills.

On the contrary, persons with disabilities are overrepresented in skills (notably, elementary skills) (EU-SILC 2018), where the rate of work from home is very low. The skills of persons with disabilities do not favour work from home. Consequently, there is a need to favour the acquisition of new skills meeting new needs.

The increasing importance of work from home means that existing schemes in favour of technical aids and work adaptations ought to be adjusted. In the past, we were focussing on work adaptations inside the company. Here, we observe a shift towards working from home. National schemes ought to take into account the new needs of persons with disabilities.

Work from home raises a specific issue for persons with disabilities: accessibility. Accessibility might concern software as well as hardware. In order to know better these needs, we ought to include relevant questions in different surveys. This might help us to refine our knowledge and elaborate pertinent solutions.

The "European Accessibility Act" [47] could be used to make accessible certain products and services enabling people with disabilities to participate in telework and distance learning. This Directive applies to products placed on the market after 28 June 2025. However, the collection of information and their analysis takes time.

For persons with mobility restrictions, work from home might open a range of jobs which were inaccessible due to barriers. About 15 million people aged 15-64, in the EU 27, face mobility barriers.[48] This represents 5 % of the total population, aged 15-64, living in private households. A certain number of them works but an important number might face problems to work due to barriers. Work from home might be an opportunity for them.

It is important to note that work from home poses new challenges to the work life balance and raises new issues concerning the distribution of work inside the family. K. Pouliakas (2020) notes that a supportive policy is needed to provide stronger childcare facilities and support to households with children, especially females employees with young children and working atypical hours from home. This applies for women with disabilities, too.

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[46] Pouliakas, K.: "Working at Home in Greece: Unexplored Potential at Times of Social Distancing? Discussion Paper Series. IZA DP No. 13408, IZA Institute of Labour Economics, June 2020. He uses the LFS survey for the period 2008-2018. http://ftp.iza.org/dp13408.pdf.
In Greece, Pouliakas notes that "the highest percentages of employees working from house are also evident for professionals (14 %; specifically, teaching professionals and legal, social and cultural professionals), managers (7 %; notably, administrative and commercial managers), ICT technicians and sales workers".

[47] European Commission: "*Directive (EU) 2019/882 of the European Parliament and of the Council of 17 April 2019 on the accessibility requirements for products and services*"; OJ L 151/83.

[48] These estimations are rounded and indicative. The European Health and Social Integration Survey (EHSIS) was run in 2012. See:
https://ec.europa.eu/eurostat/databrowser/view/hlth_dsi090/default/table?lang=en.

3   Unemployment rate

3.1   Relevance to EU policy / Strategy

Unemployment may lead to poverty and social exclusion. Consequently. the reduction of unemployment is considered to be a privileged way to social inclusion and participation.

The UN Convention in Article 27 treating "Work and employment" stress the promotion of "employment opportunities and career advancement for persons with disabilities in the labour market. as well as assistance in finding. obtaining. maintaining and returning to employment".

The EU strategy for the period 2010-2020 is a comprehensive framework committing the Commission to empowerment of people with disabilities to enjoy their full rights. and to removing everyday barriers in life. This Strategy focuses on eliminating barriers. The Commission has identified eight main areas for action: Accessibility. Participation. Equality. Employment. Education and training. Social protection. Health. and External Action. The aim is to raise significantly the share of persons with disabilities working in the open labour market. This implies a reduction of unemployment.

As the strategy draws to a close, the Commission has begun the process of evaluating it in 2019.

On 25 September 2015, the UN General Assembly adopted a Resolution on "Transforming our world: the 2030 Agenda for Sustainable Development". Goal 8 recognises the importance of sustained economic growth and high levels of economic productivity for the creation of well-paid quality jobs and more efficient production. It calls for providing opportunities for full employment and decent work for all. Decent employment for all, including women, people with disabilities, youth, the elderly and migrants, is crucial for improving the wellbeing of society as a whole.

The European Pillar of Social Rights under "Equal opportunities" provides that regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, everyone has the right to equal treatment and opportunities regarding employment, social protection, etc.

3.2   Assessment and analysis of main results and their evolution

3.2.1   Comparison between LFS and EU-SILC survey

Eurostat is using the results of the Labour Force Survey (LFS) in order to monitor unemployment rate in the EU. In this approach, unemployed persons are persons who were without work during the reference week, were currently available for work and were either actively seeking work in the past four weeks or had already found a job to start within the next three months. The EU-SILC reports the self-declared current 'main activity status'.

Both series are quasi-perfectly correlated for the estimators at the EU-level between 2006 and 2018 (R^2=0.89). However, there is a significant systematic difference between the two surveys. In previous ANED reports, we analysed the difference between the LFS and the EU SILC estimations.

In the EU 27, in 2018, the LFS survey reported an unemployment rate of 7.1 % for persons aged 20-64. The equivalent rate delivered by the EU-SILC survey is 10.1 %. The first uses the ILO definition while the second reports self-declared economic status. However, in the EU-SILC survey, if we exclude from persons declaring unemployed those who are not available for work and/or are not actively searching for a job, we obtain significantly lower unemployment rates.

We may note that this definition which is close to the ILO definition (and hence to the LFS survey) reduces drastically the unemployment rate of persons with disabilities. In fact, this definition considers that unemployed persons who are not actively searching for a job do not participate on the labour market. Consequently, they are treated as voluntarily economically inactive persons.

The ILO definition excludes from the analysis an important number of unemployed persons with disabilities, notably those which might have the biggest need for work adaptations and new skills in order to increase their employment prospects and hence encourage an active search for a job. There is a need to analyse the needs of those who are excluded from the official unemployment rates and see whether they need work adaptations, new skills, assistance and guidance. etc.

3.2.2 General comments

In the following. we analyse the results of EU-SILC based on self-declarations concerning the economic status. The LFS is expected to include the GALI question in the 2021 collection round.

The EU 27 unemployment rate of people with disabilities aged 20-64 is 18.6 % compared to 8.8 % of people without disabilities of the same age group. The total unemployment rate is 10.1.

At the EU 27 level, about 5.2 million persons with disabilities (aged 20-64) are unemployed out of 27.9 million economically active disabled persons.

Table 5: Unemployment rate by disability status (Age: 20-64), 2018

	Employed	Unemployed	Total
1,000,000			
Persons without disabilities	156.2	15.0	**171.1**
Persons with disabilities	22.7	5.2	**27.9**
Total	**178.9**	**20.2**	**199.0**
%			
Persons without disabilities	91.3	8.8	**100**
Persons with disabilities	81.4	18.6	**100**
Total	89.9	10.1	**100**

Data source: EU-SILC UDB 2017-2018. EU covers 27 Member States.

The national unemployment rates of persons with disabilities are correlated with the national unemployment rates of persons without disabilities (R^2=0.67).

Figure 21: Unemployment rate by disability status and Member State (Age: 20-64), 2018

The unemployment rate represents unemployed persons as a percentage of the labour force.
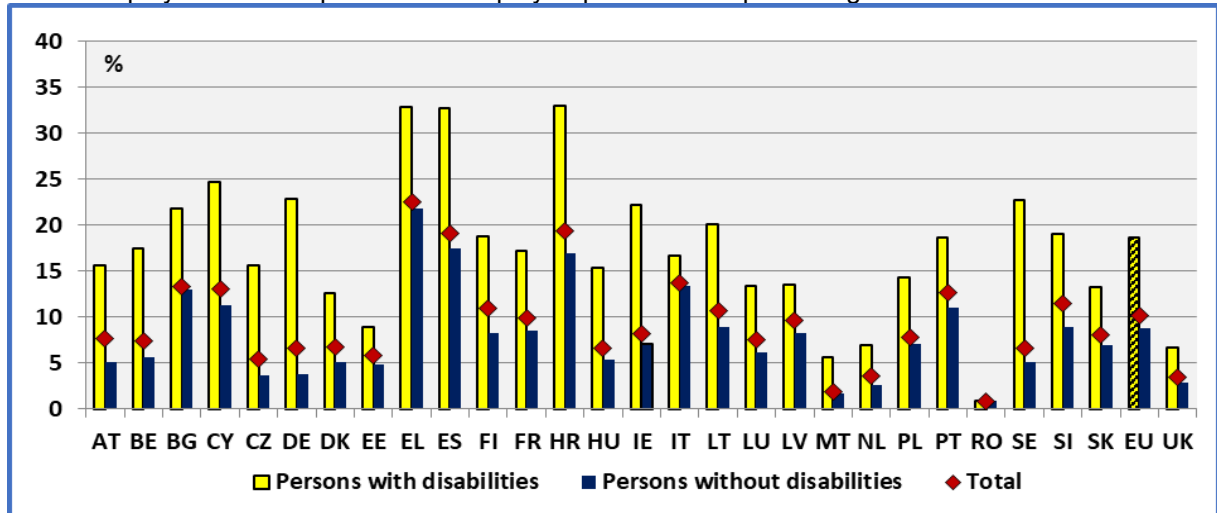
Data source: EU-SILC UDB 2018.

At the EU 27 level, there is an unemployment gap of 9.9 percentage points.

Given the relatively small number of observations for persons with disabilities and in order to increase the reliability of the estimations, we take the average gap of the last two years (2017-2018). We may note that the gap is relatively high in Croatia, Sweden and Germany. On the other hand, it is relatively low in Romania, Italy and Estonia. Similar results were found in previous years.

Figure 22: Disadvantage of people with disabilities concerning unemployment (Age: 20-64), 2017-2018

Disadvantage = (Unemployment rate of people with disabilities) – (unemployment rate of people without disabilities). Average of 2017-2018.

Data source: EU-SILC UDB. EU covers 27 Member States.

45
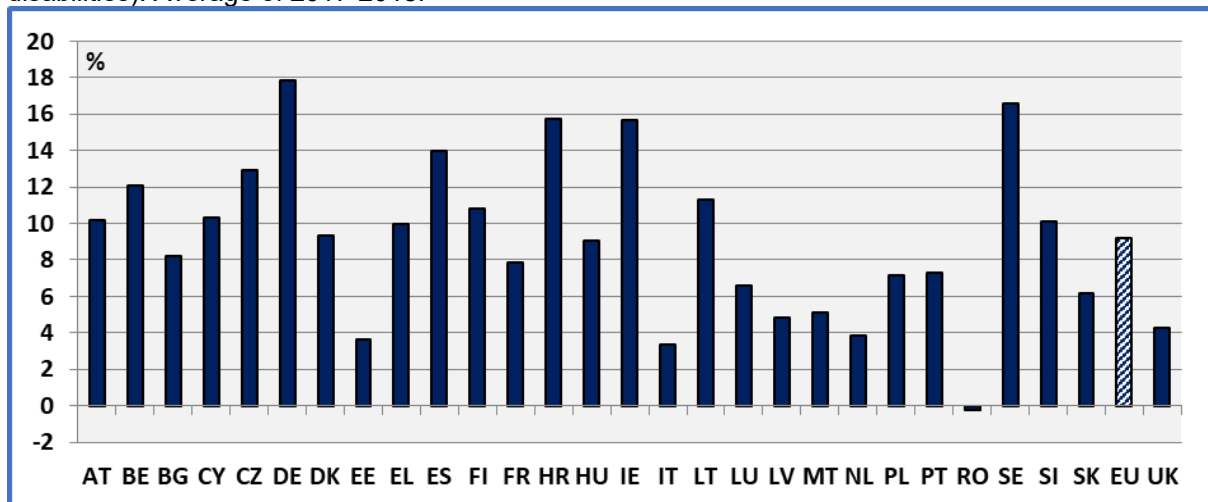
3.2.3 Gender

First, we compare men and women with disabilities. This is the gender gap among persons with disabilities.

At the EU 27 level, the unemployment rate of women with disabilities is 18.3 % and of men with disabilities 18.9 %. The two rates are close. But one might expect an inverse relation: disabled women having a higher unemployment rate compared to men with disabilities. However, a certain number of factors might explain this result. First, a discouragement effect (due to low chances to find a job) might push unemployed women out of the labour force.

Secondly, young girls with disabilities have lower early school drops.

Finally, the traditional distribution of role pushing disabled women into inactivity (fulfilling domestic tasks and care responsibilities) might also be a factor.

The unemployment rate of women with disabilities is low in Romania, the Netherlands and the United Kingdom. On the contrary, it is high in Croatia, Spain and Greece. Similar results were found in previous years.

The disability related gaps measure the gap between the unemployment rates of persons with and without disabilities for a specific gender. So, at the EU 27 level, 18.3 % women with disabilities are unemployed compared to 9.4 % of women without disabilities. The resulting disability gap among women is 8.9 percentage points. This gap is high in Spain, Ireland and Germany. Similar results were found for Germany in previous years.

The respective disability related gap for men is 10.7 percentage points. In fact. the unemployment rate among men with disabilities is 18.9 % and this rate among unemployed men without disabilities 8.2 %.

Figure 23: Unemployment rate by disability status and Member State (Age: 20-64), 2018

Unemployed persons as a percentage of the labour force (same sex and age).
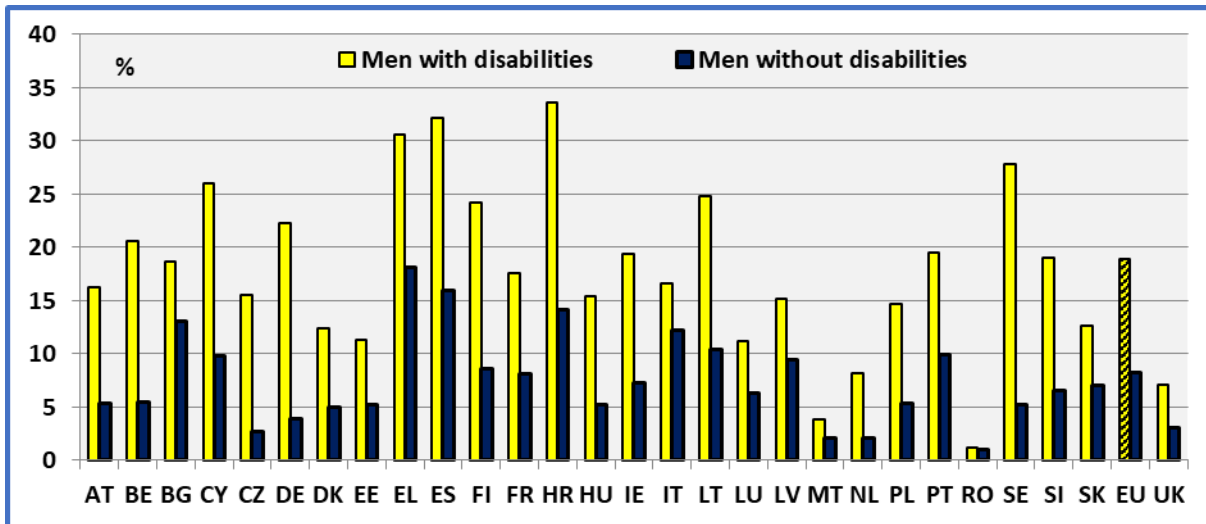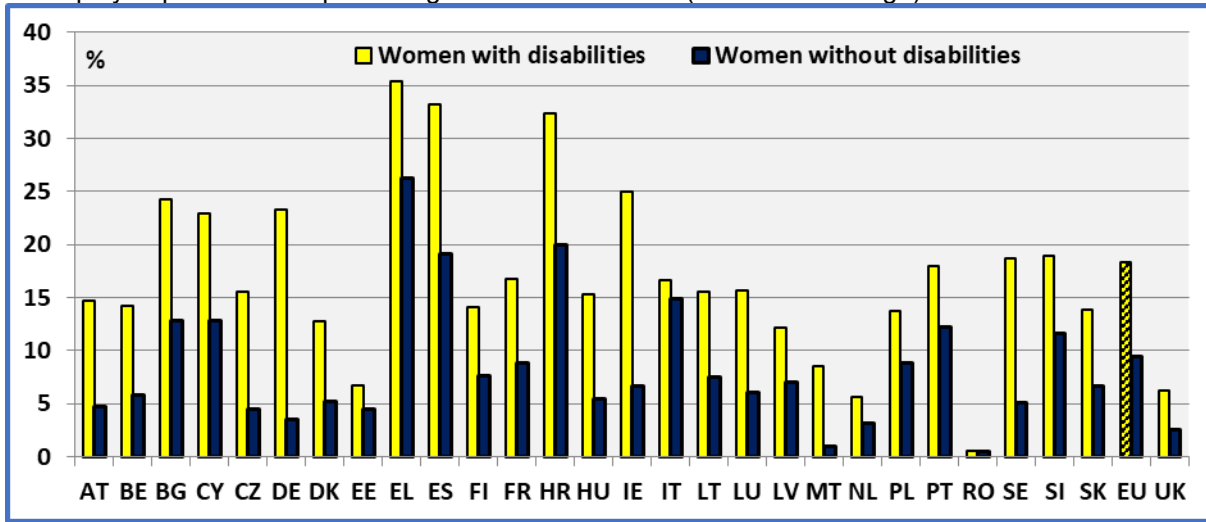
Data source: EU-SILC UDB 2018.

3.2.4 Age

At the European level, when we compare the evolution of unemployment rates across the life cycle, we observe similar paths for people with and without disabilities. However, the unemployment rate of persons with disabilities is higher compared to persons without disabilities at all stages of the life cycle. The shape of unemployment during the life cycle is very similar across Member States.

At the EU level, we may note that the unemployment rate for persons without disabilities is decreasing till the age of 45-54 and increases latter. The turning point for persons with disabilities is at the age group 35-44.

Also, we may note that the absolute difference between the unemployment rate of people with and without disabilities varies with age. This gap is more pronounced in relative terms. In 2018, we observe an initial relative disadvantage of persons with disabilities of about 30.5 % (6.2 percentage points in absolute terms). It reaches 151.9 % in the age group 55-64 (12.6 percentage points).

Figure 24: Unemployment rate by disability status and age group, 2018
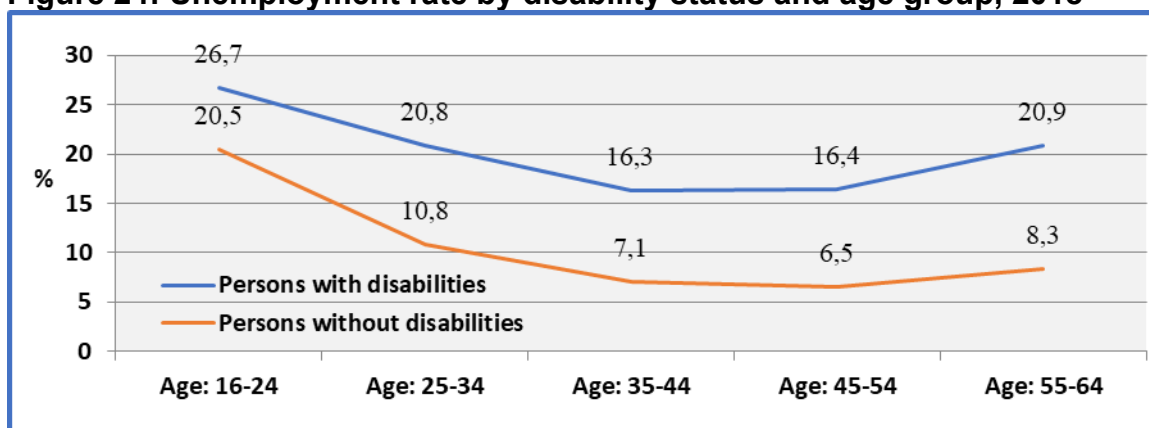
Data source: EU-SILC UDB 2018.

3.2.5 Degree of disability

The degree of disability is a significant factor affecting unemployment rate. The degree of disability increases unemployment rate. Persons with a severe disability experience an unemployment rate of 32.8 % persons with a moderate disability 15.6 % and persons without disabilities 8.8 %. The unemployment rate of persons with severe disabilities is high notably in Spain, Lithuania and Bulgaria.

The unemployment gap between persons with severe disabilities and persons without disabilities is small in Malta, Romania and Estonia. However, these estimates are indicative because the standard errors are high in these countries. This gap is high notably in Germany, Finland and Croatia.

Figure 25: Unemployment rate by degree of disability and Member State (Age: 20-64), 2018

Unemployed persons as a percentage of the labour force (same age).
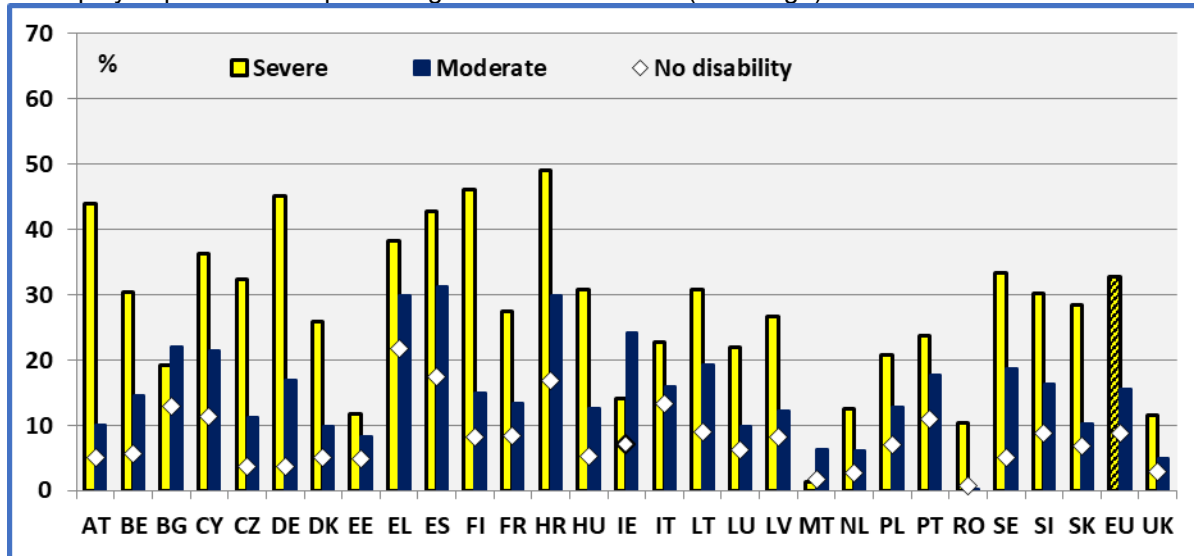
Data source: EU-SILC UDB 2018.

3.2.6 Evolution at the EU level

At the EU 27 level, we note a constant decrease of total unemployment rate since 2013. Persons with disabilities experienced a decrease during the period 2015-2017. After this period, despite the general improvement of the economy, persons with disabilities experience an increase of their unemployment rate, notably persons with severe disabilities.

Figure 26: Evolution of the unemployment rate of people with disabilities EU 28, (Age: 20-64)

Dotted lines cover EU 27.
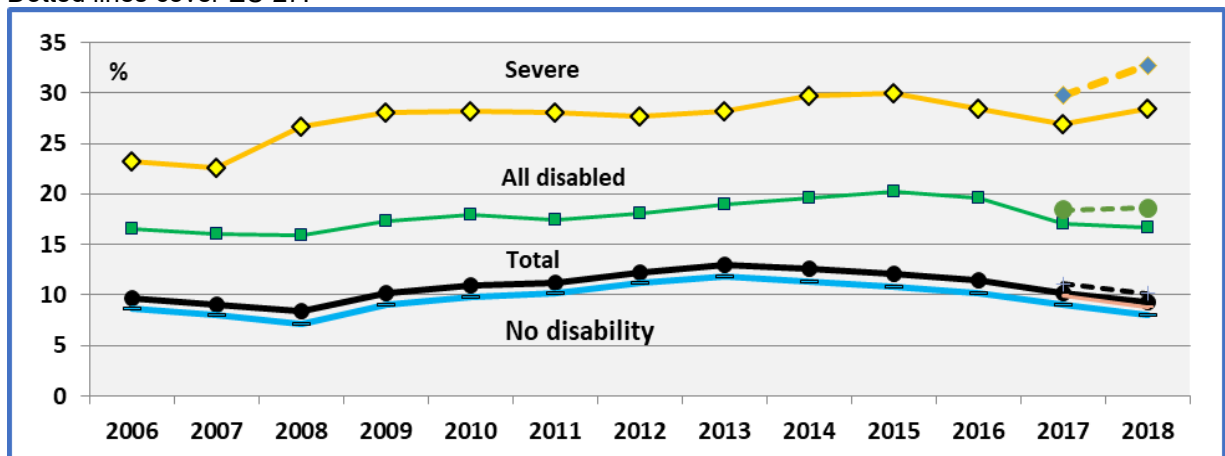
Note: The different years do not include all 28 Member States. However. this affects only marginally the unemployment rates. Dotted lines, for 2017-2018, cover EU 27.
Data source: EU-SILC UDB.

The evolution of the unemployment rate of young persons with and without disabilities has a special interest. In fact, younger persons with disabilities might experience much more important shocks than elderly persons with disabilities. Older workers might benefit from seniority rights, more work experience, better protection against dismissals. etc.

As the age group 16-24 includes a limited number of observations, notably for persons with disabilities, we present also the evolution of the unemployment rate of persons aged 25-34.

We may note that the unemployment rate of both persons with and without disabilities, aged 16-24, experienced a decrease. However, since 2103, we observe a decrease for persons aged 25-34 but a relative stability for persons with disabilities of the same age group.

We may note that at an initial stage, following the entry to the labour force both youth with and without disabilities aged 16-24 face high unemployment rates and a relatively small gap. However, the job search looks more successful for young persons without disabilities compared to persons without disabilities. In fact, when we pass from the age group 16-24 to 25-34, we observe an increase of the unemployment gap. This might indicate the need to take action at an early stage, notably concerning human capital (lack in education and skills), work adaptations (lack of technical aids), guidance on the labour market (lack of information concerning employment opportunities due to marginalisation and lack of social capital), etc.

Figure 27: Evolution of the unemployment rate by disability status and age group, EU
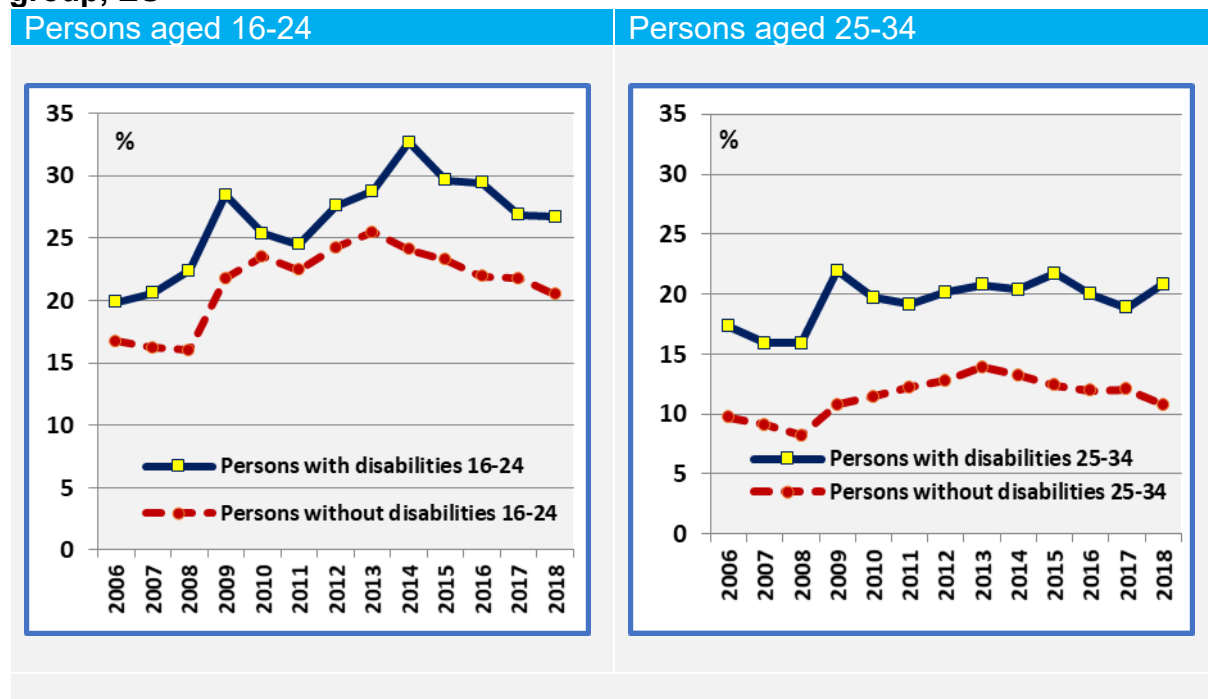
Note: In 2009 a new classification of self-defined economic status was adopted. In 2015. Germany modified the question concerning people with disabilities (limitations). Till 2016, the data cover EU 28. The years 2017 and 2018 present EU 27.
Data source: EU-SILC UDB.

3.2.7   Evolution at national level

The above estimations are European aggregates and national evolutions might be very different. We observe a decrease of the unemployment rate of persons with disabilities in 17 Member States but in several Member States, this decrease is marginal.

Figure 28: Persons with disabilities; Evolution of the unemployment rate by Member State (Age: 20-64)
The unemployment rate represents unemployed persons as a percentage of the labour force.
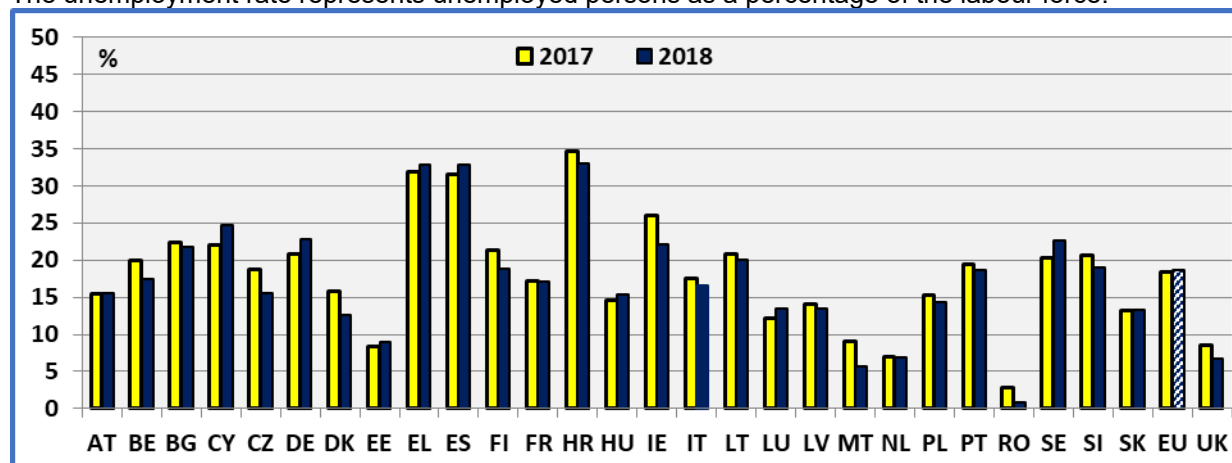
Data source: EU-SILC UDB 2017 & 2018. EU covers 27 Member States.

3.3   Unemployment, disability and COVID-19

As discussed above, in the case of employment, we can say that age and comorbidity might have a negative impact on the employment (including hiring) of persons with disabilities. This ought to exert an upward movement of the unemployment rate of persons with disabilities.

Lock downs and an increasing uncertainty concerning the future is pushing the households to save more and consequently to reduce their demand. This ought to affect all sectors (except health services and computer related services) and increase unemployment for all groups. However, the distribution of employment by sector varies across countries and the economic policies followed differ from country to country. Consequently, the overall impact might be uncertain.

For those in employment, health problems might push older workers to take early retirement. This might decrease the activity rate of older workers with health problems or disabilities. For others, who were planning to enter the labour market, low expectations (discouragement effect) due to high unemployment rates, might push them to postpone their decision.

The ILO definition of unemployment might dampen the expected increase of the unemployment rate of persons with disabilities. According to the International Labour Organization's definition of unemployment, unemployed persons who are not actively searching for a job should be classified as being outside the labour force. As described in previous ANED reports, a large proportion of long term unemployed are persons with disabilities. During the COVID-19 period, their lower expectations to find a job might push them not to search actively for a job during the last month or week. According to ILO definition, they ought to be considered as having left the labour

market. This accounting bias will tend to decrease the unemployment rate of persons with disabilities in the near future.

It is important to note that unemployment affects general health and chronic diseases. In fact, an important number of studies have used unemployment as an explanatory factor to explain the incidence, prevalence or diffusion of communicable diseases. The result is that unemployment and lower education levels are associated with lower immunisation rates. From one period to the next, unemployed have more chances to pass from good to bad health compared to other groups. The duration of unemployment is also a significant factor. Also, material deprivation and unemployment increase significantly unmet medical needs. Unemployed people constitute a vulnerable group which needs a special attention for prevention and health care policies. Unemployment reinforces other disadvantages like poverty and risky behaviours which favour the spread of communicable diseases.[49] This is also true for persons with disabilities, where long term unemployment is relatively important.

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[49] Grammenos, S. (2012) "*Analysis of Youth Unemployment impacts on Communicable Diseases*"; Study financed by the European Centre for Disease prevention and Control (ECDC); Open call: OJ/23/02/2011-PROC/2011/014. Brussels.

4 Activity rate

4.1 Relevance to EU policy / Strategy

Participating in the labour market is a prerequisite for a job that ensures economic independence, foster personal achievement and offers the best protection against poverty.

Europe 2020 had among other goals to turn the EU into a smart, sustainable and inclusive economy delivering high levels of employment, productivity and social cohesion. Employment rate is one of the headline indicators in this new strategy.

Europe 2020 strategy is under a process of evaluation. The Employment Committee and the Social Protection Committee (SPC) note that unemployment and economic inactivity remain very high in some countries, notably amongst a number of groups who, despite recent progress, continue to be under-represented on the labour market: women, people from a migrant background, the low-skilled, youth, older workers and people with disabilities.[50]

The European Disability Strategy 2010-2020[51] was adopted on 15 November 2010. The Strategy builds on the UN CRPD and takes into account the experience of the Disability Action Plan (2004-2010). Its objectives are pursued by actions in eight priority areas. One area covers employment. The aim is to raise significantly the share of persons with disabilities working in the open labour market.

The European Commission is carrying out an evaluation to assess how the strategy was implemented during the period 2010-2020.

4.2 Assessment and analysis of main results and their evolution

4.2.1 General comments

At the EU 27 level, about 62.4 % of persons with disabilities participate on the labour market (employed or unemployed) compared to 82.2 % of persons without disabilities. The total rate is 78.7 %. For comparison. the LFS report an activity rate of 77.9 % for the same age group.[52]

At the EU 27 level, about 27.9 million persons with disabilities (aged 20-64) are economically active out of 44.7 million disabled persons of the same age group.

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[50] European Commission (2019), "Assessment of the Europe 2020 Strategy"; Joint report of the Employment Committee (EMCO) and Social Protection Committee (SPC), European Commission Directorate-General for Employment, Social Affairs and Inclusion.

[51] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe; European Commission Brussels, 15.11.2010 COM (2010) 636 final.

[52] Eurostat, http://ec.europa.eu/eurostat/en/data/database. Data extracted on 06/10/2020 from [ESTAT].

Table 6: Activity rate by disability status (Age: 20-64), 2018

	Economically inactive (not in the labour force)	Economically active (employed or unemployed)	Total
1,000,000			
Persons without disabilities	37.1	171.1	**208.2**
Persons with disabilities	16.8	27.9	**44.7**
Total	**53.9**	**199.0**	**252.9**
%			
Persons without disabilities	17.8	82.2	**100**
Persons with disabilities	37.6	62.4	**100**
Total	**21.3**	**78.7**	**100**

Data source: EU-SILC UDB 2017-2018. EU covers 27 Member States.

The activity rate of persons with disabilities is particularly low in Malta, Bulgaria and Romania. On the contrary, it is relatively high in Latvia, Finland and Portugal. Similar results were reported in previous years.

The data indicates that countries with similar activity rates for non-disabled people present big differences in the activity rate of people with disabilities. This means that there is a potential for increasing the activity rate of people with disabilities by the transfer of experience from one country to another, notably concerning the provision of technical aids and work adaptations.

At the EU 27 level, there is a big difference between persons with and without disabilities. The absolute activity gap amounts to 19.8 percentage points. This activity gap is high notably in Poland, Ireland and Bulgaria. On the contrary, it is relatively low in Finland, Slovenia and France.

Figure 29: Activity rate by disability status and Member State (Age: 20-64), 2018

Percent of the population (same age group) which is employed or unemployed.
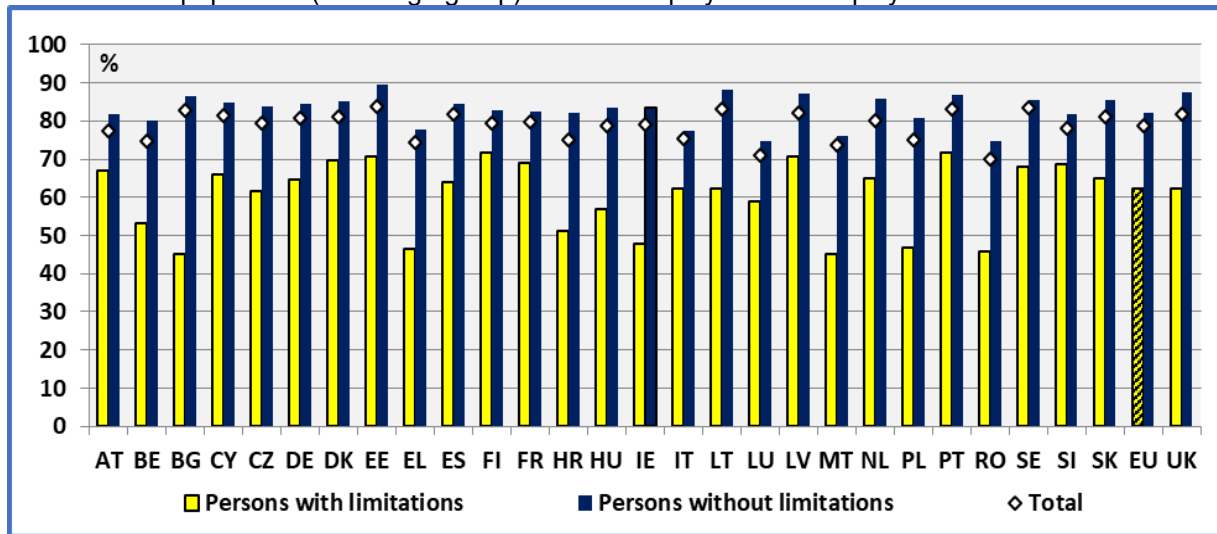
Data source: EU-SILC UDB 2018.

Figure 30: Activity gap (Age: 20-64), 2018
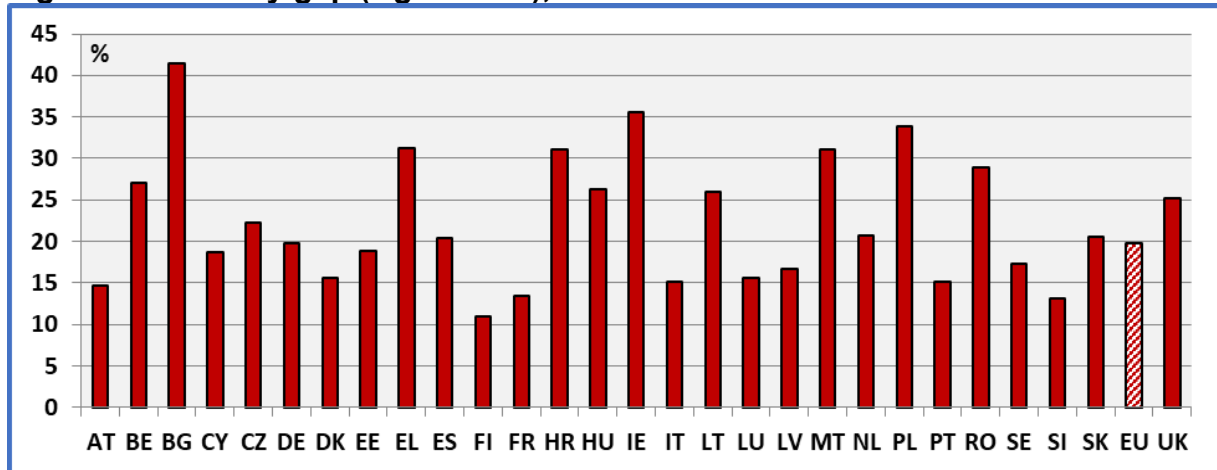
Gap = (Activity rate of people without disabilities %) – (Activity rate of people with disabilities %).
Data source: EU-SILC UDB 2018.

4.2.2 Gender

At the EU 27 level, the activity rate of women with disabilities is 58.5 % and of women without disabilities it is 75.9 %. This represents a gap of 17.4 percentage points. The respective rates for men are 66.9 % and 88.5 %. This represents a gap of 21.6 percentage points.

The lowest activity rate of women with disabilities can be found in Malta, Romania and Greece. The countries with the highest activity rates of disabled women are Portugal, Latvia and Finland.

The smallest difference (activity gap) between women with and without disabilities can be found in Finland, France and Latvia. We find the same countries, if we use the relative difference. The highest difference can be found in Croatia, Ireland and Bulgaria. If we use the relative difference, Romania, Bulgaria and Malta have the biggest gap.

Figure 31: Female activity rate by disability status and Member State (Age: 20-64), 2018

Percent of the population (same sex and age group) which is employed or unemployed.
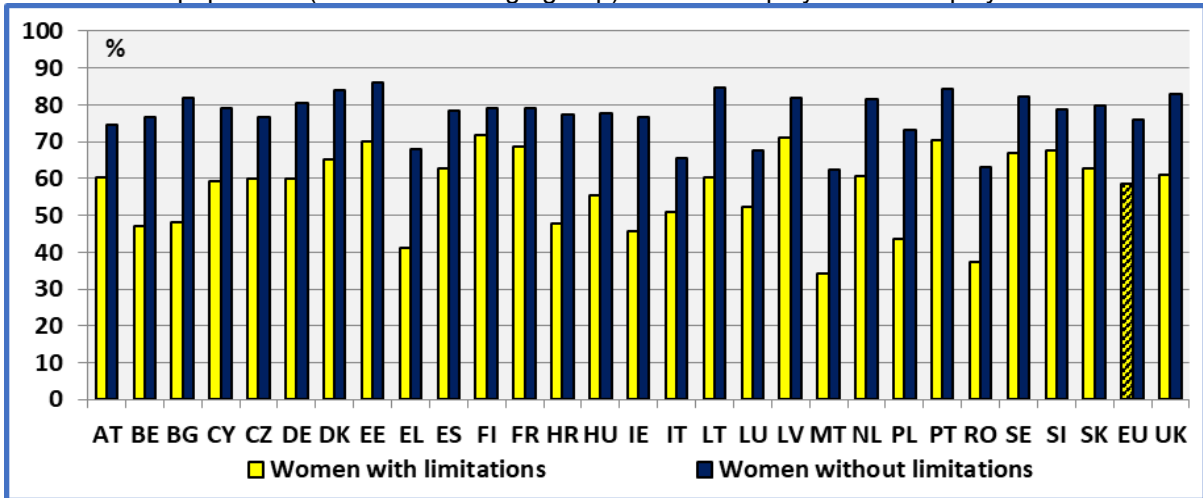
Data source: EU-SILC UDB 2018.

Figure 32: Male activity rate by disability status and Member State (Age: 20-64), 2018

Percent of the population (same sex and age group) which is employed or unemployed.
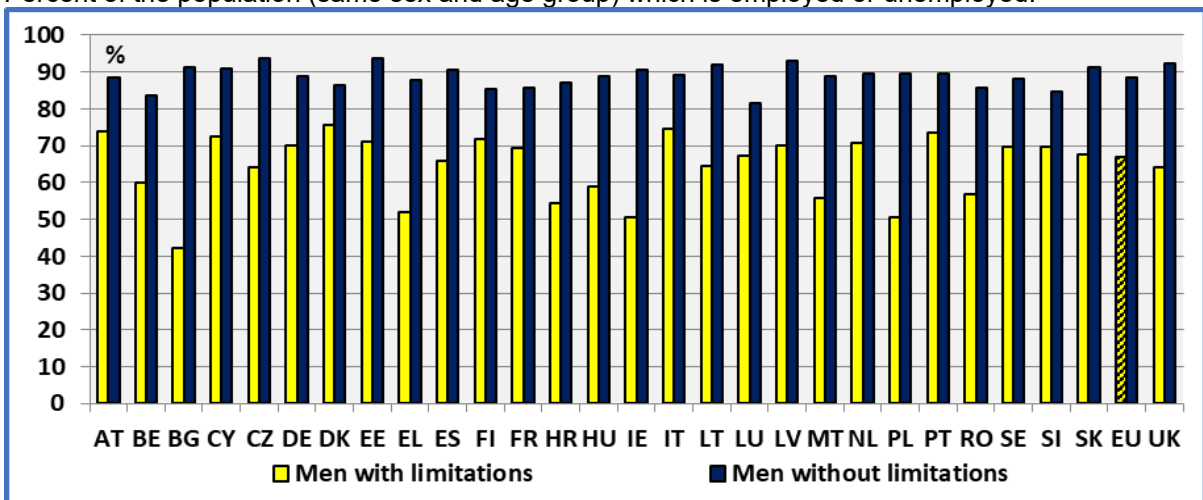
Data source: EU-SILC UDB 2018.

Concerning persons with disabilities, at the EU 27 level, the activity rate of women with disabilities is 8.4 percentage points lower compared to men with disabilities.

Concerning women, the activity rate of women with disabilities (58.5 %) is lower compared to the one of women without disabilities (75.9 %). The disability gap among women is 17.4 percentage points. This is much higher compared to the gender gap (8.4 pp) among persons with disabilities. Consequently, women with disabilities face a double disadvantage relating to gender and disability.

4.2.3 Age

From a life cycle perspective. the activity rate of people with disabilities is lower at all ages compared to people without disabilities. The absolute difference increases continuously with age till the retirement age.

As we noted earlier for the evolution of unemployment rate. this shape during the life cycle might stem from the following factors:

- An initial disadvantage leads to unemployment and lack of experience which further increases the initial disadvantage of persons with disabilities. This might push them to exit from the labour market.
- An initial activity limitation might deteriorate through time increasing the initial health disadvantage. This deterioration might be the result of the initial unemployment (poverty. living styles. etc.). This deterioration might push people with disabilities out of the labour market.

Recent policies aiming to increase the activity rate of older workers had a certain success. The activity rate of persons without disabilities aged 55-64 increased by 12.6 percentage points between 2011 and 2018. The corresponding increase for persons with disabilities was about 10.0 pp. In terms of relative change, the increase was 21.9 % for persons without disabilities and 26.7 % for persons with disabilities.[53] Flexible work arrangements and the incorporation of health issues in national policies (improved working conditions, accommodations to workers with health problems, mobility inside a company for workers with health problems, etc.) have favoured the participation of older workers in the labour force.

The activity rate of both young with disabilities and without disabilities tend to be equal. However, the disability gap increases with age.

Figure 33: Life cycle and activity rate by disability status, EU (Age: 16-64), 2018
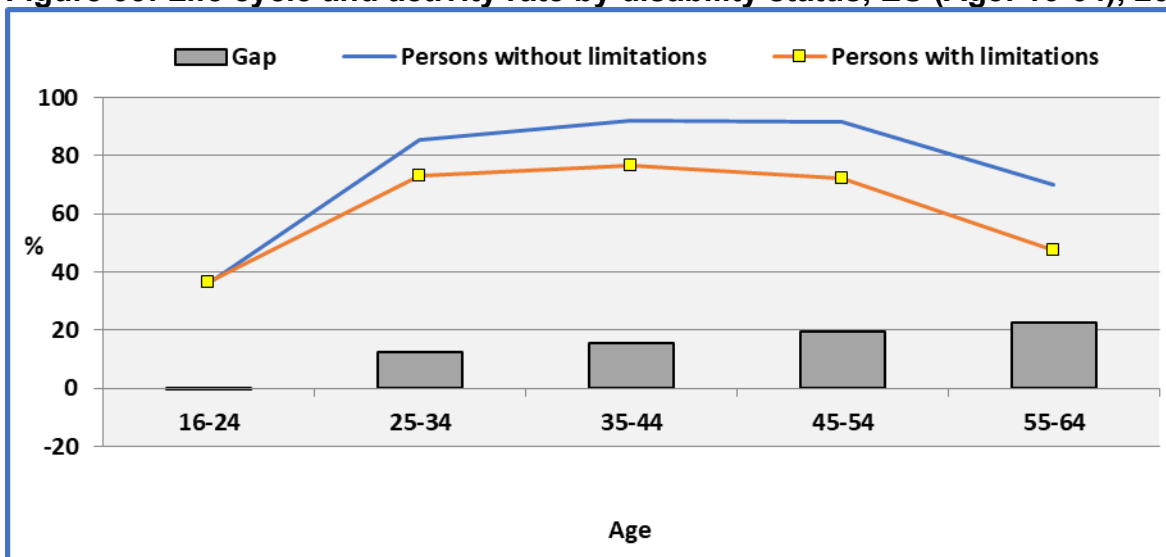
Data source: EU-SILC UDB 2018.

4.2.4 Degree

The disability degree decreases significantly the activity rate. The labour force participation rate is 42.7 % for persons with a severe disability, about 69.1 % for persons with a moderate disability and 82.2 % for persons without disabilities, in the EU 27.

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[53] For comparison, LFS data provide a total increase of 11.7 percentage points (23.7 %) between 2011 Q2 and 2018 Q2.
https://ec.europa.eu/eurostat/databrowser/view/LFSI_EMP_Q__custom_41134/default/table?lang=en. Extracted on 07.10.20.

The lowest activity rates for persons with severe disabilities can be found, by increasing order, in Romania, Bulgaria and Poland. On the other hand, France, Slovenia and Denmark report the highest rates. Slovenia and Sweden had a high rank in previous years too.

The difference of participation rates between severely disabled and non-disabled is small in Slovenia, France and Luxembourg. On the contrary, this difference is high in the Netherlands, Lithuania and Romania.

Figure 34: Activity rate by disability status and Member State (Age: 20-64), 2018
Percent of the population (same sex and age group) which is employed or unemployed.
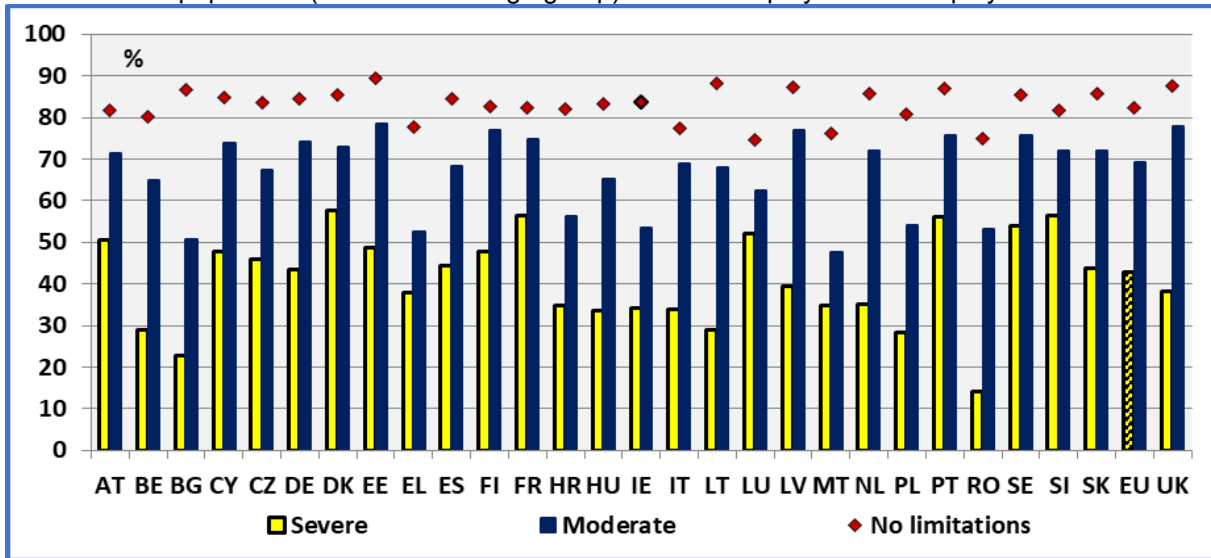
Data source: EU-SILC UDB 2018.

Concerning participation on the labour market, previous reports found that persons with a moderate disability and persons without disabilities share similar behaviours and react in a similar way to exogenous factors on the labour market. A policy targeting persons without disabilities can with the relevant adaptation reach persons with a moderate disability. Mainstreaming can be a useful tool.

On the contrary. persons with a severe disability and persons without disabilities do not share similar behaviours concerning participation in the labour force. They react differently to the same (national) environment and policies. This means that general policies might not reach persons with severe disabilities even after some kind of adaptation. We may question the efficacy of mainstreaming for persons with severe disabilities. If they do not share some characteristics with persons without disabilities. then it means that we have to elaborate specific policies for this group.

4.2.5 Evolution at the EU level

At the EU 27 level, we note a continuous increase of the activity rates of the different groups since 2010. The apparent decrease of the activity rate between 2014 and 2015 is due to the change in the definition of activity limitations in 2015 in Germany.

It appears that national activation policies and the increase of the employment rate (implying improved prospects for employment) are increasing the activity rates of all groups.

At the EU 27 level, the activity rate of persons with disabilities, aged 20-64, increased from 61.5 % to 62.4 %. However, persons with disabilities are not a homogenous group. Persons with a severe disability experienced a slight decrease.

Total activity rate (all persons aged 20-64) increased from 78.1 % (2017) to 78.7 % (2018).

Concerning the activity gap between persons with and without disabilities, we may observe a long-term decrease.

Figure 35: Evolution of the activity rate of people with disabilities, EU (Age: 20-64)
Dotted lines cover EU 27.
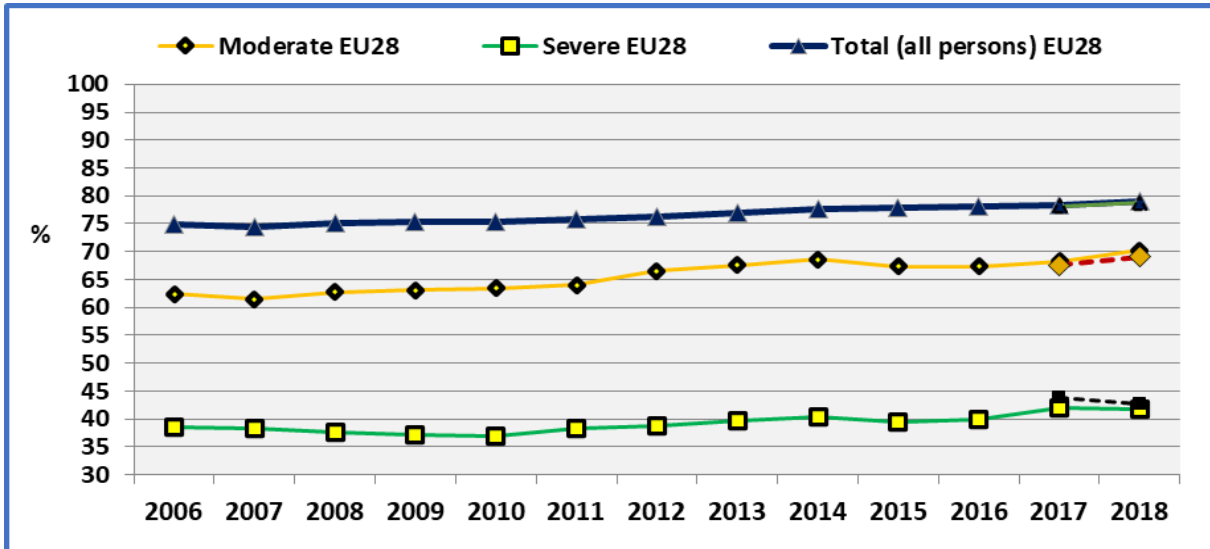
Note: The different years do not include all Member States. But this changes the activity rates only marginally and does not affect the conclusions.
Data source: EU-SILC UDB.

4.2.6 Evolution at national level

As noted, between 2017 and 2018, the activity rate of persons with disabilities, aged 20-64, increased from 61.5 % to 62.4 %, in the EU 27.

National evolutions are very different across the 27 Member States. We observe an increase of the activity rate of persons with disabilities in seventeen (17) Member States and a decrease in nine (9) Member States. The change was marginal in one (1) Member State.

A further analysis of annual changes indicates that the changes of national activity rates of persons with and without disabilities are not correlated. The graph below presenting the national changes in the activity rates between 2017 and 2018 help us to visualise these results.

This might indicate that each activity rate (of persons with and without disabilities) is affected by specific factors. In fact, persons with disabilities might not benefit from a generalised growth if they do not have the necessary work adaptations and technical aids.

Figure 36: Persons with disabilities; Evolution of the activity rate by Member State (Age: 20-64)
Percent of the population (same age group) which is employed or unemployed.
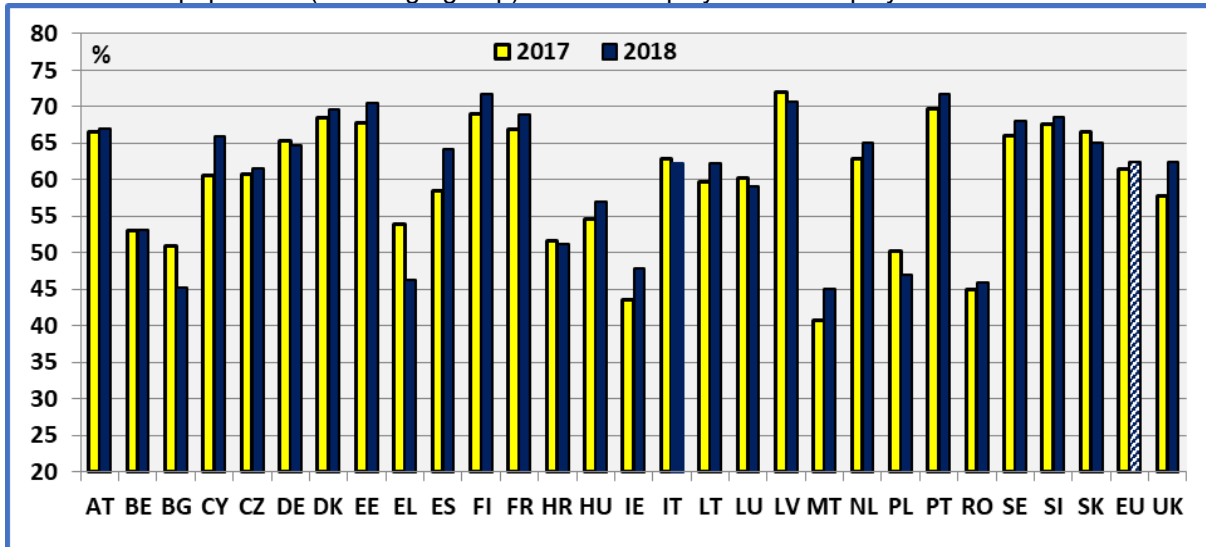
Data source: EU-SILC UDB 2017 & 2018. EU covers 27 Member States.

Figure 37: Relative change of the activity rate between 2017 and 2018 (Age: 20-64)

Change = 100*(Activity rate 2017-Activity rate 2018.)/Activity rate 2017.
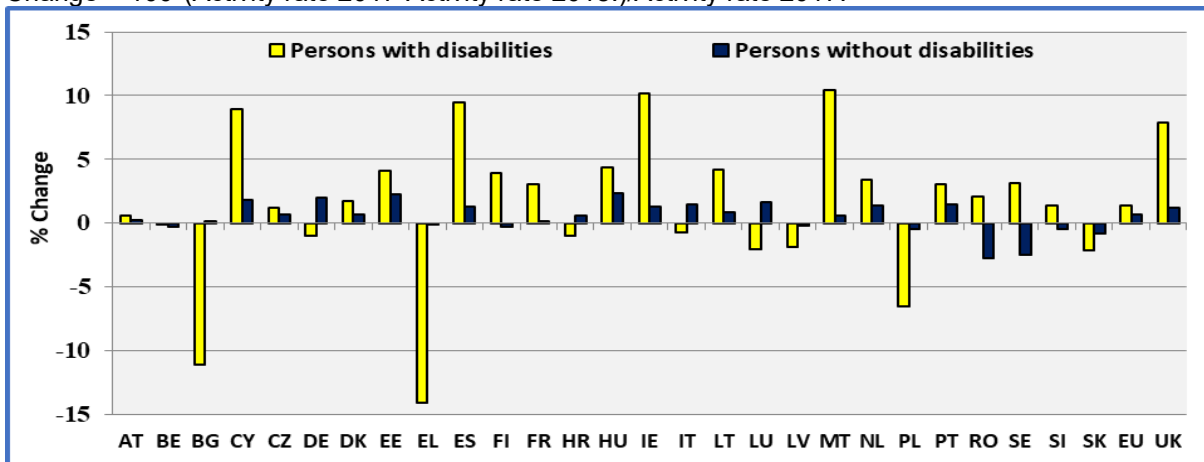
Data source: EU-SILC UDB 2017 & 2018. EU covers 27 Member States.

4.3 Economic activity, COVID-19 and persons with disabilities

As discussed above, in the case of employment and unemployment, we can say that age and comorbidity might have a negative impact on the activity rate of persons with disabilities. These factors ought to exert a negative impact on the activity rate of persons with disabilities.

In fact, health problems increase the risk of severe COVID-19 infection. This might push older workers to take early retirement or quit the labour force. This might decrease the activity rate of older workers with health problems or disabilities.

Also, low expectations concerning employment might also discourage persons with disabilities to enter the labour force, notably, women with disabilities.

5 Early leavers from education and training

5.1 Relevance to EU policy / Strategy

Article 24 of the UN Convention treats "Education". It notes that "States Parties recognise the right of persons with disabilities to education. With a view to realising this right without discrimination and on the basis of equal opportunity. States Parties shall ensure an inclusive education system at all levels and lifelong learning".

On 25 September 2015, the UN General Assembly adopted a Resolution on "Transforming our world: the 2030 Agenda for Sustainable Development". The Declaration stipulates that people who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include notably persons with disabilities. Goal 4 aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

The European Disability Strategy for the period 2010-2020 is a comprehensive framework committing the Commission to empowerment of people with disabilities to enjoy their full rights and to removing everyday barriers in life.[54] The Strategy builds on the UN CRPD. Its objectives are pursued by actions in eight priority areas. One area covers 'Education and training'. The aim is to promote inclusive education and lifelong learning for students and pupils with disabilities. The European Commission is carrying out an evaluation to assess how the strategy was implemented during the period 2010-2020.

On 30 September 2020, the Commission adopted two initiatives that will strengthen the contribution of education and training to the EU's recovery from the coronavirus crisis. They aim at achieving a European Education Area (EEA) by 2025 and resetting education and training for the digital age.[55]

The EEA clearly states that "Education systems at all levels should comply with the UN Convention on the Rights of Persons with Disabilities".

It includes two initiatives: 1) The Communication on the European Education Area outlines how cooperation can further enrich the quality, inclusiveness and digital and green dimension of Member State education systems; and 2) The Digital Education Action Plan (2021-2027) proposes a set of initiatives for high-quality, inclusive and accessible digital education in Europe.

According to the Europe 2020 objectives. the share of early school leavers should be under 10 %. This indicator covers population aged 18-24 with at most a lower secondary education level and not in further education or training.

5.2 Assessment and analysis of main results and their evolution

5.2.1 Comparison between EU-SILC and LFS estimations

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[54] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe; European Commission Brussels, 15.11.2010 COM (2010) 636 final.

[55] https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1743.

The indicator presents the percentage of the population aged 18-24 with at most 'lower secondary education and not in further education or training'. Eurostat[56] and the Member States use the LFS survey in order to monitor the percentage of early school leavers. But the LFS survey (except in certain Member States) does not provide information on disability status.

Eurostat notes that from 2014, the educational attainment level is to be coded according to the ISCED 2011 in the LFS survey. Early school leavers refer to ISCED 2011 level '0' (Less than primary education). '1' (Primary education) and '2' (Lower secondary education). Similarly, for the EU-SILC survey, the classification to be used for the highest ISCED level attained is ISCED 2011.

Following this harmonisation, both surveys use the same ISCED 2011 classification. since 2014. In 2018, the LFS survey presents an estimation of 10.5 % and the EU-SILC of 10.6 %, for EU 27. However, national estimates may differ due to sampling differences. The difference is higher than 3 percentage points in 4 Member States. Despite these differences, there is a good correlation of national estimates between the two surveys (R^2=0.79).

The LFS survey is expected to include the GALI indicator in the 2021 run. But, as currently, it does not distinguish between disabled and non-disabled people, in the following, we use the EU-SILC data.

5.2.2 General comments

According to human capital theory, high educational achievements increase knowledge and skills. This in turn improves the chances to find a job. Also, higher educational levels favour higher productivity and thus higher earnings. Early school leavers might lack the minimum prerequisites enabling them to meet market needs and changing technological skills. Consequently, the share of early school leavers is a good indicator of expected success on the labour market by young workers.

In the following graph, we present the share of early school leavers among persons aged 18-24 for persons with and without disabilities. We may note that several Member States have reached or are close to their national target. This is notably true for persons without disabilities. On the contrary, the situation of people with disabilities appears extremely disadvantaged.

However, due to sampling limitations, the annual estimations concerning persons with disabilities ought to be interpreted with caution. In fact, the number of observations concerning persons with disabilities (activity limitations) aged 18 to 24 in the sample and for which we have the relevant information is less than 50 in several countries. As shown in previous ANED reports, the confidence intervals are large, and any conclusion based on annual averages, for persons with disabilities aged 18-24, might lead to erroneous conclusions. For this reason, we present also the two-year averages (2017-2018).

Despite sampling limitations. the EU indicator is quite robust but in a certain number of Member States the variability through time is relatively important. This is notably true for Member States with a small sample, e.g., Malta.

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[56] Eurostat, http://ec.europa.eu/eurostat/cache/metadata/EN/t2020_40_esmsip.htm.

In 2018, at the EU 27 level, about 20.3 % of young disabled aged 18-24 are early school leavers compared to 9.8 % for non-disabled young persons. The EU total average rate is 10.6 % compared to a target of 10 %.

In 2018, early school leavers with disabilities, aged 18-24, living in private households represent about 485 600 persons out of approximately 2.4 million young disabled aged 18-24 living in private households.

Table 7: Early school leavers aged 18-24, EU, 2018

	Not Early School Leavers	Early School Leavers	Total
	1,000		
Persons without disabilities	25,981	2,819	**28,799**
Persons with disabilities	1,904	486	**2,390**
Total	**27,885**	**3,304**	**31,189**
	%		
Persons without disabilities	90.2	9.8	100
Persons with disabilities	79.7	20.3	100
Total	**89.4**	**10.6**	**100**

Data source: EU-SILC UDB 2017-2018. EU covers 27 Member States.

Figure 38: Share of early school leavers by disability status (Age: 18-24)
The EU target is 10 % but national targets vary depending on national specificities.
The annual data for young disabled are indicative.
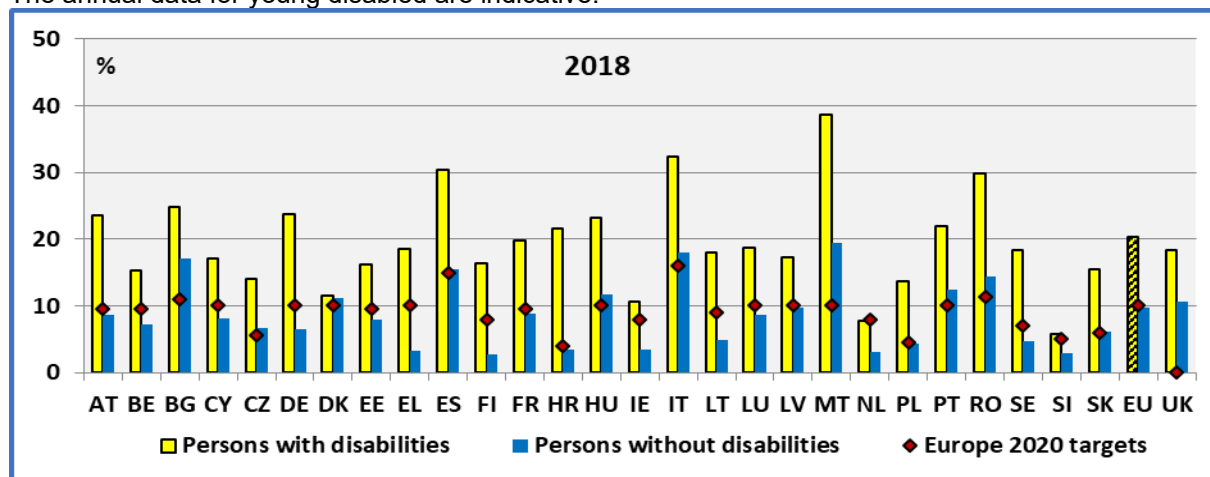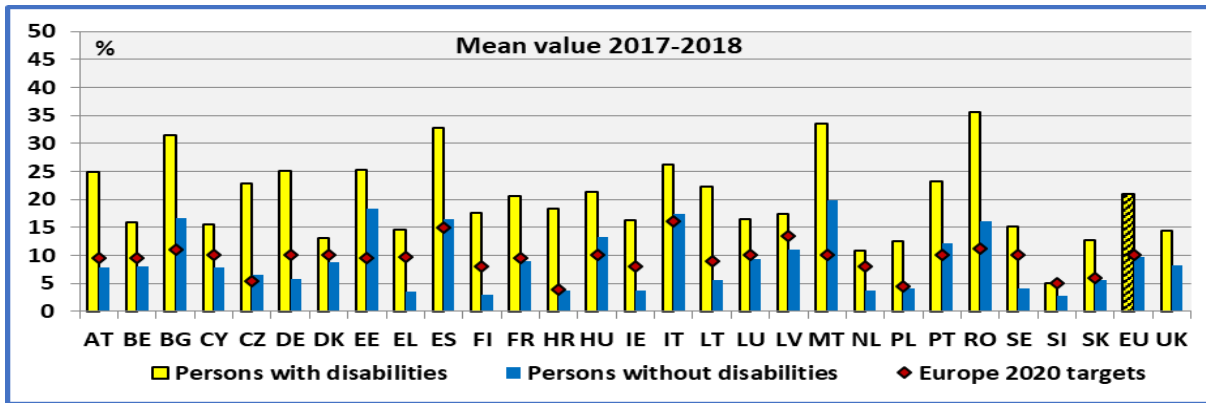
UK: The UK did not set any national targets for employment, R&D, tertiary education and early-school leaving.
Note: In 2018, the number of observations is between 20 & 49 in Bulgaria and Romania. The number of observations is less than 20 in Czechia, Malta and Sweden.
Data source: EU-SILC UDB 2017-2018.

The disadvantage of young persons with disabilities compared to young persons without disabilities can be measured by the difference of the respective shares of early school leavers among persons with and without disabilities. The estimations for the age group 18-24 are sensible due to a relatively small sample size in several Member States. In order to minimise these problems, we present the average gap for the years 2017-2018.

At the EU 27 level in 2018, there was a gap between persons with and without disabilities of about 11.1 percentage points. We can say that this gap between young persons with and without disabilities is small in Slovenia, Denmark and Latvia. On the other hand, this gap is relatively high in Austria, Germany and Romania.

From a policy perspective, this gap measures the efforts Member States ought to develop in order to achieve equality of opportunities among young persons with and without disabilities.

Figure 39: The disadvantage of young persons with disabilities, (Age: 18-24), average 2017-2018
Disability gap = Percent of persons with disabilities – Percent of persons without disabilities (see previous figure for the original data: Mean value 2017-2018).
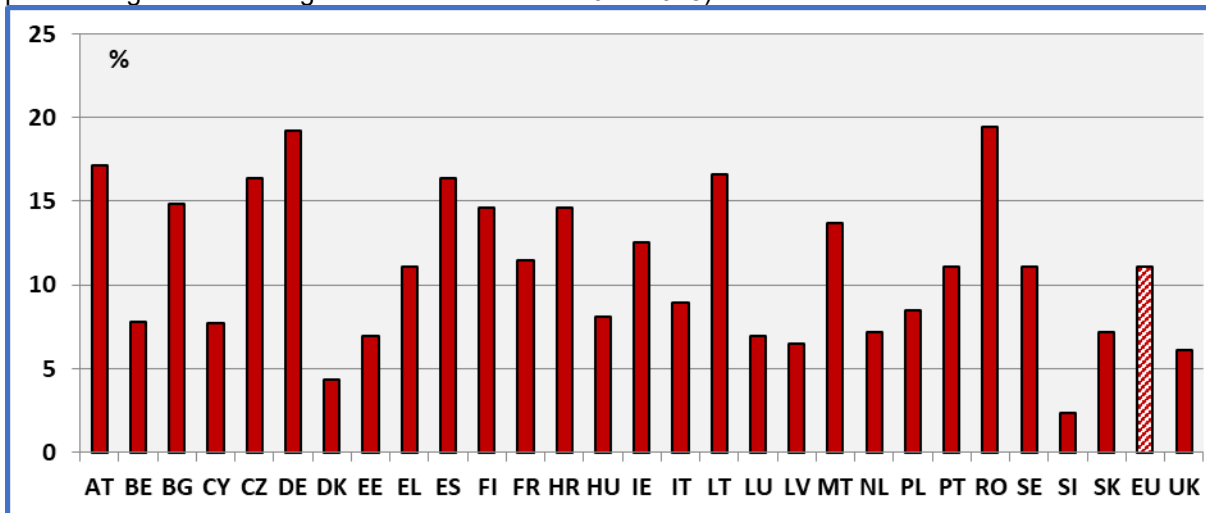
Data source: EU-SILC UDB 2017-2018.

The high rates of early school leavers among young disabled might indicate problems related to accessibility and absence of adapted programmes. Physical and architectural barriers might be important obstacles but also methods and instruments which do not meet the abilities of young disabled.

5.2.3 Early school leavers by gender

As noted above, the number of observations concerning young persons with disabilities aged 18-24 is relatively small in this age group, in several Member States. This makes the estimates very unstable. The standard errors are very high, and the confidence intervals become very large. Consequently, we discuss here only the EU indicators as they are not affected by these problems.

At the EU 27 level, young women aged 18-24 have better achievements (lower share of early school levers) compared to young boys aged 18-24. Early school leavers among young girls represent 8.8 % compared to 12.3 % among young boys. The grand total is 10.6 %.

This applies also for young women with disabilities in comparison to young boys with disabilities. At the EU level, among girls with disabilities aged 18-24. 15.5 % are early school leavers compared to 25.8 % for young disabled boys.

The analysis by Member State indicates that in the big majority of Member States, young women with disabilities aged 18-24 have better achievements (lower share of early school leavers) compared to young boys with disabilities of the same age group.

Figure 40: Persons with disabilities - Share of early school leavers by gender, EU (Age: 18-24), 2018
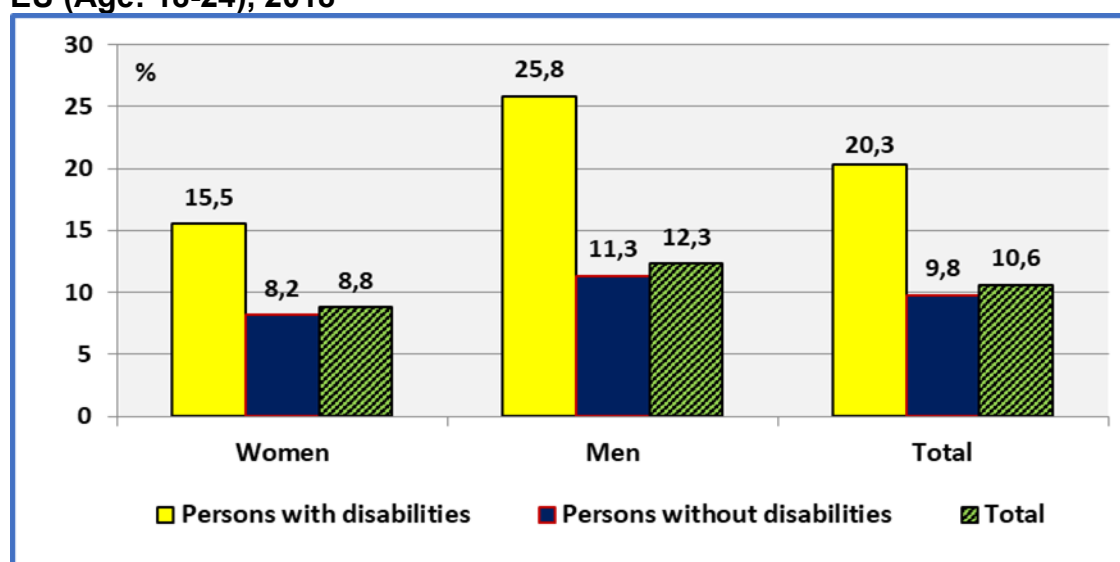
Data source: EU-SILC UDB 2018.

5.2.4 Early school leavers by degree of disability

The limited number of observations concerning persons with disabilities aged 18-24 does not enable us to present estimations by degree of disability and by Member State. Consequently, we present the percentage of early school leavers for the EU.

The rate of early school leavers among young with a severe disability is 37.1 %. The equivalent rate for persons with a moderate disability is 15.9 %. This rate is 9.8 % for persons without disabilities. The total is 10.6 %.

The following chart reveals the particularly disadvantaged position of young persons with a severe disability aged 18-24.

Figure 41: Early school leavers by degree of disability (Age: 18-24), EU, 2018
Percent of the population aged 18-24. Europe 2020 is 10 %.
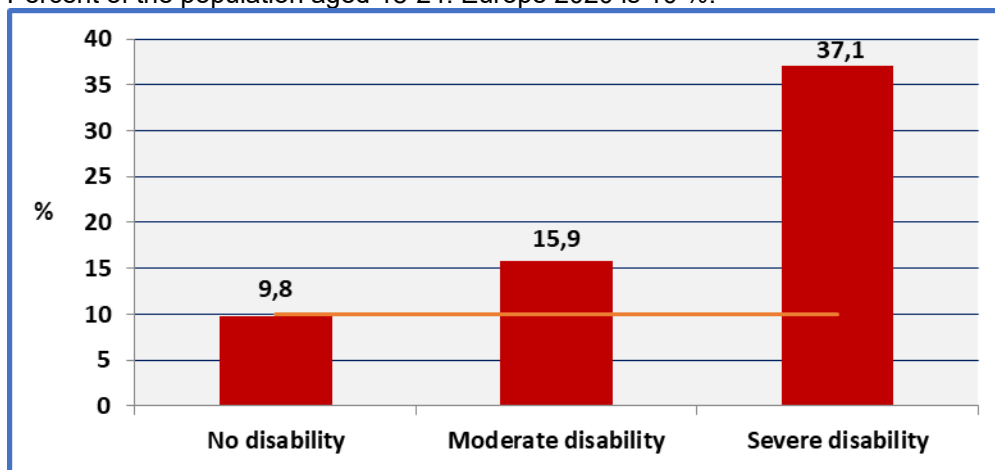
Data source: EU-SILC UDB 2018.

5.2.5 Evolution at the EU level

A persistent high level of early school leavers means that these persons enter the labour market without a skill. This constitutes an important barrier for their integration into the labour market and their adaptability to technological change. This disadvantage is notably high for young disabled persons.

For young persons without disabilities, the decrease was continuous since 2006 (keeping in mind that the years 2013-2014 are not comparable due to a change of definitions used).

The evolution for persons with disabilities is more erratic. However, we may observe a declining trend with some fluctuations around it. This may be due to sampling errors and changing definitions. In fact, in 2015, we had a discontinuity of series in Germany, in 2016, in Italy and in 2017, in the United Kingdom. These countries have an important weight in the EU 28 aggregate.

Figure 42: Evolution of the shares of early school leavers, EU (Age: 18-24)
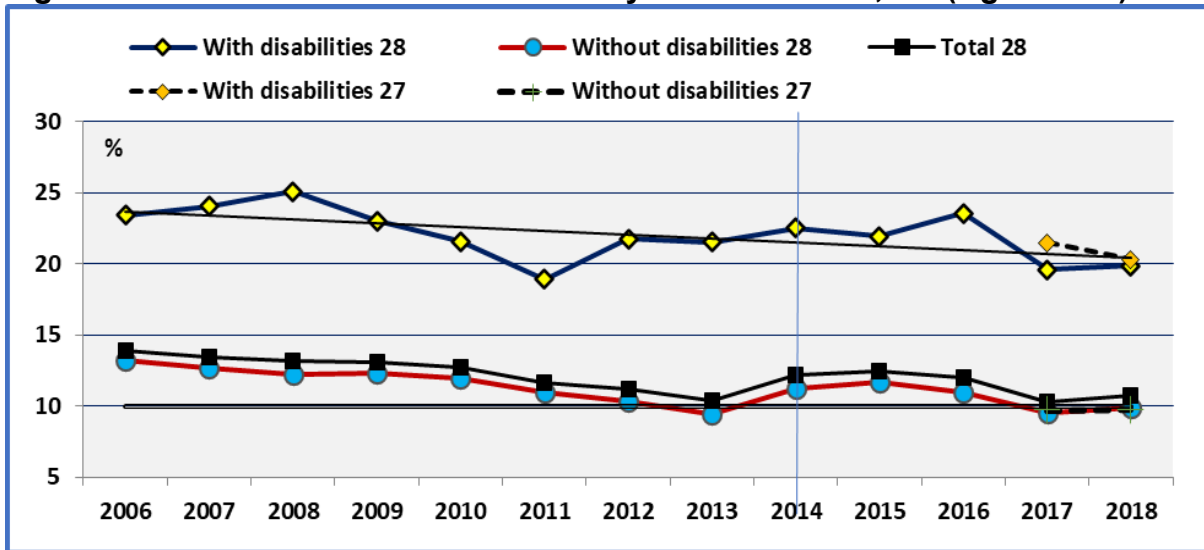
Note: Break in time series due to a new classification since 2014. The UK estimates, for 2017, present a discontinuity for persons with severe disabilities.
Data source: EU-SILC UDB.

Between 2017 and 2018, we observe a decline of the percentage of early school leavers among young disabled, in the EU 27. This decrease stands both for young with moderate and severe disability.

5.2.6 Unemployment of young early school leavers

As noted above, early school leavers enter the labour market without the necessary human capital required by labour market needs. Furthermore, they might miss the necessary minimal human capital enabling them to acquire on the job training. Consequently, a low initial human capital may push early school leavers into jobs which are low qualified, unstable and without promotion prospects.

For statistical (sampling) reasons, we focus on persons aged 20-29 and compare it with the total active population aged 20-64.

The following graph indicates that there is an important difference between early school leavers and non-early school leavers. The unemployment rate among early school leavers is much higher compared to non-early school leavers. This holds both for persons with and without disabilities.

As we noted in previous reports. there is a qualitative difference between the unemployment rate of early school leavers and non-early school leavers. The unemployment duration of early school leavers is higher compared to non-early school leavers.

Figure 43: Unemployment rate of young early school leavers by disability status, EU, 2018
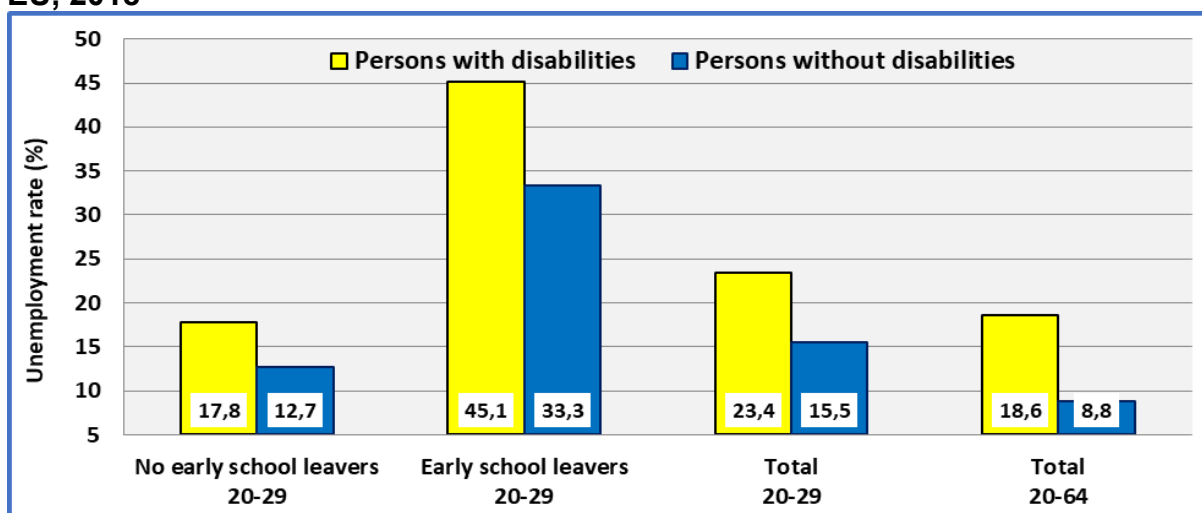
Data source: EU-SILC UDB 2018.

5.2.7 Early school leavers, disability and economic crisis

As noted above, the EU initiatives stress the need to enrich the quality, inclusiveness and digital dimension of Member State education systems; and proposes a set of initiatives for high-quality, inclusive and accessible digital education in Europe.

The question is whether persons with disabilities may benefit on an equal basis as other young people, with the necessary technical aids and adaptations. Several factors may affect this process.

First, although, the rate of early school leavers is decreasing, it remains very high for young persons with disabilities. This means that they are not well equipped to adapt to the changing needs of employers and new technologies.

Secondly, the economic crisis following the pandemic of COVID-19 has strengthened a certain number of changes, notably the use of new technologies in educational methods. Closures of educational infrastructures and distance learning is one such aspect. This requires both digital equipment and digital skills.

Distance learning needs to be accessible to persons with disabilities. A UN report notes that "as states adopt distance learning practices, students with disabilities are facing barriers due to the absence of necessary equipment, internet access, accessible materials, and the support that would allow them to follow online programmes".[57]

Unfortunately, our knowledge concerning young disabled is limited and efforts ought to be developed in order to include disability aspects in relevant surveys (Adult Education Survey, etc.). This can be done either by inserting GALI in the questionnaire or inserting disability aspects in relevant questions. For example, the question on reasons for not participating in education ought to include among other factors: accessibility problems, lack or technical aids, etc.

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[57] United Nations (2020), "*Policy Brief: Education during COVID-19 and beyond*"; UN, August 2020 https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf.

The lack of digital equipment due to economic reasons might be an important obstacle to participate in certain educational programmes. It is important to note here, that household poverty is an important factor of school drops-out. In fact, the rate of early school leavers, aged 18-24, is 6.6 % among young persons in rich households and 14.5 % among young persons in poor households (EU-SILC 2018).[58] Furthermore, disability prevalence is higher among young persons living in poor households (9.0 %) compared to young persons living in rich households (6.3 %). Due to these reasons, the current economic crisis ought to deteriorate further the situation of young persons with disabilities.

Generally, young persons from disadvantaged backgrounds may face barriers (accessibility of programmes, lack of technical equipment, low digital skills, etc.) avoiding them from participating in the new educational programmes.

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[58] Rich households are those households with a gross value of household main residence higher than the mean national value.

6   Persons who have completed a tertiary or equivalent education

6.1   Relevance to EU policy / Strategy

Article 24 of the UN Convention treats "Education". It notes that, "States Parties recognise the right of persons with disabilities to education. With a view to realising this right without discrimination and on the basis of equal opportunity. States Parties shall ensure an inclusive education system at all levels and lifelong learning".

On 25 September 2015, the UN General Assembly adopted a Resolution on "Transforming our world: the 2030 Agenda for Sustainable Development". The Declaration stipulates that people who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include notably persons with disabilities. Goal 4 aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

The European Disability Strategy for the period 2010-2020 is a comprehensive framework committing the Commission to empowerment of people with disabilities to enjoy their full rights and to removing everyday barriers in life.[59] The Strategy builds on the UN CRPD. Its objectives are pursued by actions in eight priority areas. One area covers 'Education and training'. The aim is to promote inclusive education and lifelong learning for students and pupils with disabilities. The European Commission is carrying out an evaluation to assess how the strategy was implemented during the period 2010-2020.

On 30 September 2020, the Commission adopted two initiatives that will strengthen the contribution of education and training to the EU's recovery from the coronavirus crisis. They aim at achieving a European Education Area (EEA) by 2025 and resetting education and training for the digital age.[60]

The EEA clearly states that "Education systems at all levels should comply with the UN Convention on the Rights of Persons with Disabilities".

It includes two initiatives: 1) The Communication on the European Education Area outlines how cooperation can further enrich the quality, inclusiveness and digital and green dimension of Member State education systems; and 2) The Digital Education Action Plan (2021-2027) proposes a set of initiatives for high-quality, inclusive and accessible digital education in Europe.

The Europe 2020 strategy for jobs and smart, sustainable and inclusive growth aims at helping Europe to recover from the crisis by boosting competitiveness, productivity, growth potential, social cohesion and economic convergence. Europe 2020 target aims to increase the share of the population aged 30-34 having completed tertiary education to at least 40 %. Consequently, this chapter presents the share of the population aged 30-34 years who have successfully completed university or university-like (tertiary-level) education.

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[59]   Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe; European Commission Brussels, 15.11.2010 COM (2010) 636 final.

[60]   https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1743.

6.2 Assessment and analysis of main results and their evolution

6.2.1 Comparison between EU-SILC and LFS estimations

Eurostat and the Member States use the LFS survey in order to monitor the percentage of persons who have completed a tertiary or equivalent education. Currently, the LFS survey does not distinguish between disabled and non-disabled people (except in a limited number of Member States). However, this survey is expected to include the GALI indicator in the 2021 run.

In the following, we use the EU-SILC survey. In order to assess the strength of this indicator, we compare the results, for all persons, of both surveys below.

The two estimates might be different due to sampling characteristics. the structure of the relevant questions (nomenclatures of educational levels) and implementation practices (even if classifications are similar).

First, when we compare the results of the two surveys, for all persons aged 30-34 at the EU 28 level, we find that both surveys present similar results (R^2=0.99. n=12 years) but the EU-SILC tends to provide an estimator higher compared to LFS. The difference, since 2014, is about 2.5 percentage points, despite efforts to harmonise classifications. Also, the EU-SILC estimate presents a higher variability.

Secondly, when we compare the national estimations, we find that the two surveys provide similar national estimates. In fact, there is a high correlation (R^2=0.87, n=28) between EU-SILC and LFS national estimates. But we observe big differences for certain Member States. This difference is higher than 5 percentage points in six Member States. Generally, this high difference concerns countries have a relatively small sample (e.g., Czechia, Lithuania, Luxembourg, Latvia) but this does not explain all cases (e.g., Netherlands, UK). This requires further analysis and comparison of the methodologies used by the two surveys.

Thirdly, the LFS estimators are annual averages while the EU-SILC are based on a specific period, generally, the first two quarters of the year.

As indicated below (see Methodology) the two surveys were using different classifications of educational curricula before 2014. Furthermore, the LFS was using a much more detailed one compared to EU-SILC.

From 2014 onwards, the two surveys use the same methodology. In fact, from this date, the educational attainment level is to be coded according to the International Standard Classification of Education (ISCED 2011). However, differences might appear in the implementation process. At this end, Eurostat notes that all questions about implementation of ISCED in the LFS survey may be addressed to the national ISCED coordinator who is nominated in each country to ensure coherence of the variable "Educational attainment" in different sources (in particular with EU-SILC).[61] This ought to improve comparability and reduce any differences between the LFS and the EU-SILC in the future.

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[61] European Commission, Eurostat: "EU Labour Force Survey: explanatory notes (to be applied from 2014q1 onwards)"; Eurostat Directorate F: Social Statistics and Information Society Unit F-3: Labour market Statistics; Luxembourg September 2013.

For the EU 27 Member States, the LFS survey indicates that 39.4 % of the population aged 30-34 years have successfully completed university or university-like (tertiary-level) education. The equivalent rate for the EU-SILC is 42.3 %.

In the following, we will use the EU-SILC data as this survey enables us to distinguish between persons with and without disabilities.

6.2.2 General comments

The EU considers that education has a central role in this important strategy in terms of fostering both societal and economic progress across the EU. It notes that education is crucial for young people's transitions from education into the labour market and for their successful integration in the society. Higher educational attainment levels increase employability and reduce poverty in the context of a knowledge-based economy.

This indicator presents a specific problem for persons with disabilities. The number of observations in the EU-SILC survey, concerning persons with activity limitations aged 30-34, is relatively small in several Member States. In order to solve this problem, we present also the average of the last two years. The EU estimation is still robust.

Concerning EU27, in 2018, 42.3 % of all persons aged 30-34 have completed a tertiary or equivalent education. The rate of persons with disabilities who have completed a tertiary or equivalent education is 29.4 %. This rate is 43.8 % for persons without disabilities. The target for Europe 2020 is 40 %.

At the EU 27 level, about 826 400 persons with disabilities (aged 30-34 living in private households) have acquired a tertiary or equivalent education, out of 2.8 million disabled persons with the same age and housing conditions.

Table 8: Persons who have completed a tertiary or equivalent education, (Age: 30-34), EU, 2018

	Less than tertiary	Tertiary or equivalent	Total
	1,000		
Persons without disabilities	13,536	10,563	**24,099**
Persons with disabilities	1,981	826	**2,808**
Total	**15,517**	**11,389**	**26,907**
	%		
Persons without disabilities	56.2	43.8	**100**
Persons with disabilities	70.6	29.4	**100**
Total	**57.7**	**42.3**	**100**

Data source: EU-SILC UDB 2017-2018. EU covers 27 Member States.

Given the low number of observations in the sample of persons with disabilities in the age group 30-34, we add the mean value for the last two years. This does not change significantly the picture provided by the annual data.

The disadvantage of people with disabilities may be measured in different ways. One way consists in measuring the difference between the percentage of people with and without disabilities that have completed a tertiary education. In 2018, at the EU 27 level, the percentage of persons who have completed a tertiary or equivalent education, aged 30-34, is 29.4 % for people with disabilities and 43.8 % for people without disabilities. The disadvantage, of people with disabilities, amounts to 14.4 percentage points (in relative terms: 32.9 %).

The average education gap, in the period 2017-2018, is high in the big majority of Member States. We may observe that certain countries with good achievements for persons without disabilities present very low performances for persons with disabilities.

Figure 44: Percent of persons who have completed a tertiary or equivalent education by Member State and disability status (Age: 30-34)
Share of the population of the same age group. The annual data for young disabled are indicative.
The EU target is 40 % but national targets vary depending on national specificities.

Education gap between persons with and without disabilities (mean 2017-2018)
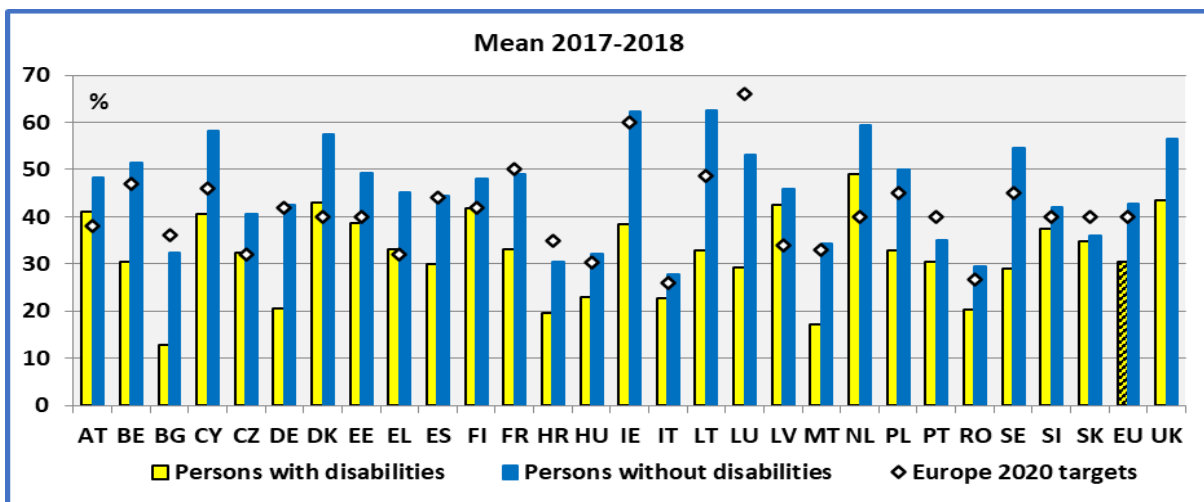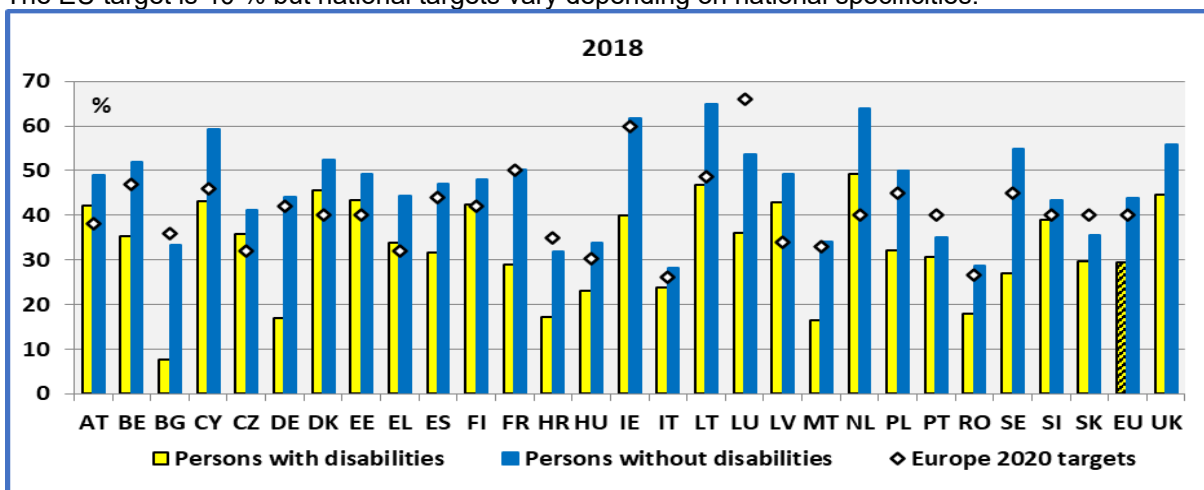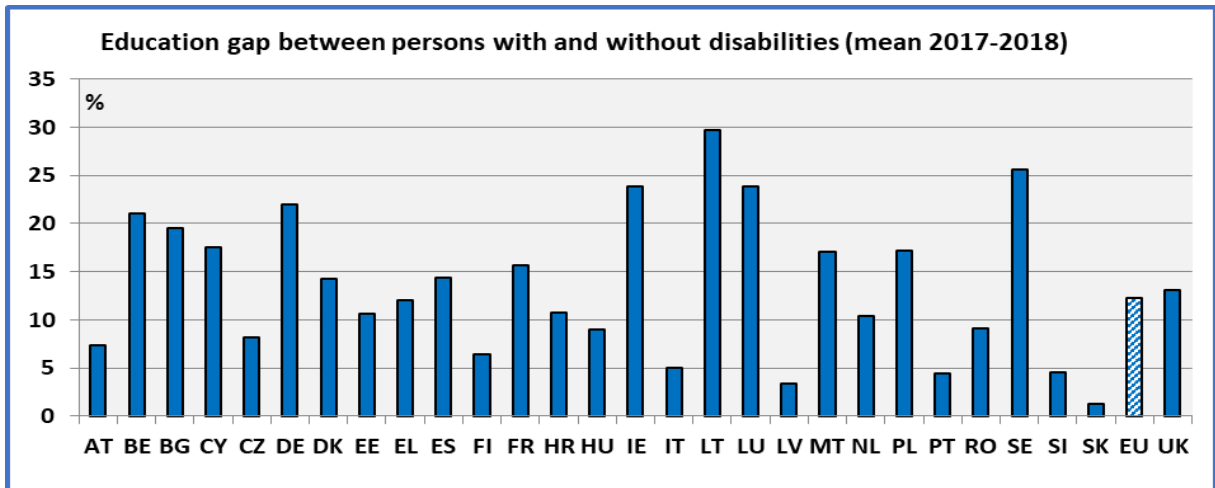
Data source: EU-SILC UDB 2017-2018.

DE & FR: If we add all persons with a post-secondary non-tertiary education (level 4), the rates for Germany are: Total: 60.8 %; Disabled: 34.9 %; Non-disabled: 64.0 %. France: the target covers the age group 27-33. The rates are 32.9 % (disabled), 49.2 % (non-disabled) and 47.4 % (total).

Note: The data for young disabled are indicative. The number of persons with disabilities in the sample aged 30-34 is between 20 and 49 in Bulgaria, Denmark, Ireland, Lithuania and Sweden. The number is less than 20 in Malta.

6.2.3 Gender

Concerning gender, women face an advantage in comparison to men. This is also true for women with disabilities in comparison to men with disabilities.

As the number of observations concerning persons with disabilities (males or females) aged 30-34 is relatively small, we present below the rates by gender for the EU 27. The national estimates for persons without disabilities aged 30-34 do not have this statistical weakness.

At the European level, the percentage of women with disabilities aged 30-34 who completed tertiary or equivalent education is 34.1 %. This rate for men is 23.3 %.

The disability gap (difference between without and with disabilities) among women is 14.6 percentage points (relative difference: 29.9 %). The equivalent gap for men is 15.6 pp (relative difference: 40.0 %). As indicated above, the total gap is 14.4 pp (relative difference: 32.9 %).

Figure 45: Percent of persons with disabilities who have completed a tertiary or equivalent education by disability status and sex (Age: 30-34) EU, 2018
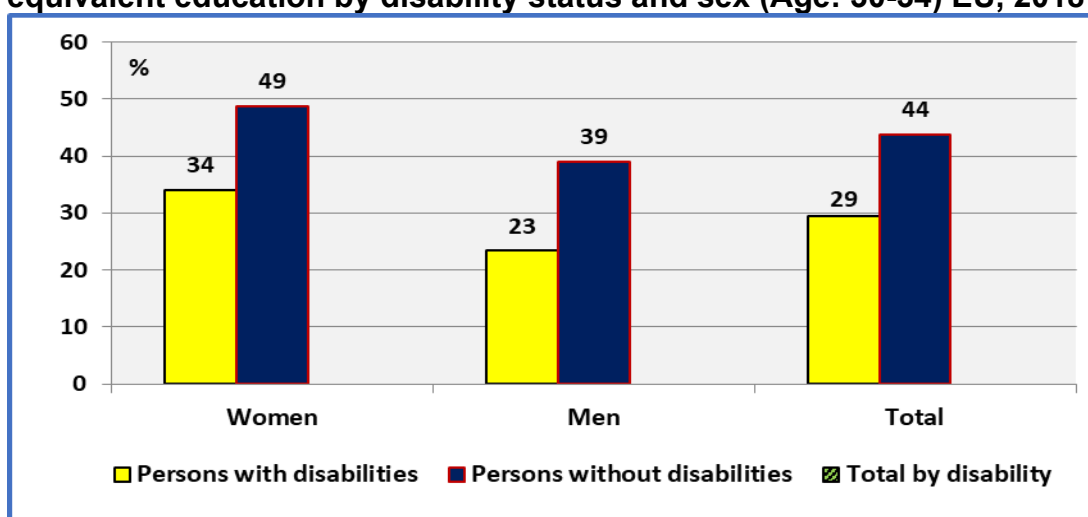
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

6.2.4 Degree of disability

The limited number of observations concerning persons with disabilities aged 30-34 does not permit us to present estimations by degree of disability and by Member State. Consequently, we present the percentage of persons who completed tertiary or equivalent education at the EU level.

About 17.9 % % of persons with a severe disability aged 30-34 have completed a tertiary or equivalent education programme. This rate is 32.8 % for persons with a moderate disability and 43.8 % for persons without disability. The following chart reveals the particularly disadvantaged position of persons with a severe limitation.

Figure 46: Percent of persons who have completed a tertiary or equivalent education by degree of disability (Age: 30-34) EU, 2018
Share of the population of the same age group and disability status.
The EU target is 40 % (dotted line).
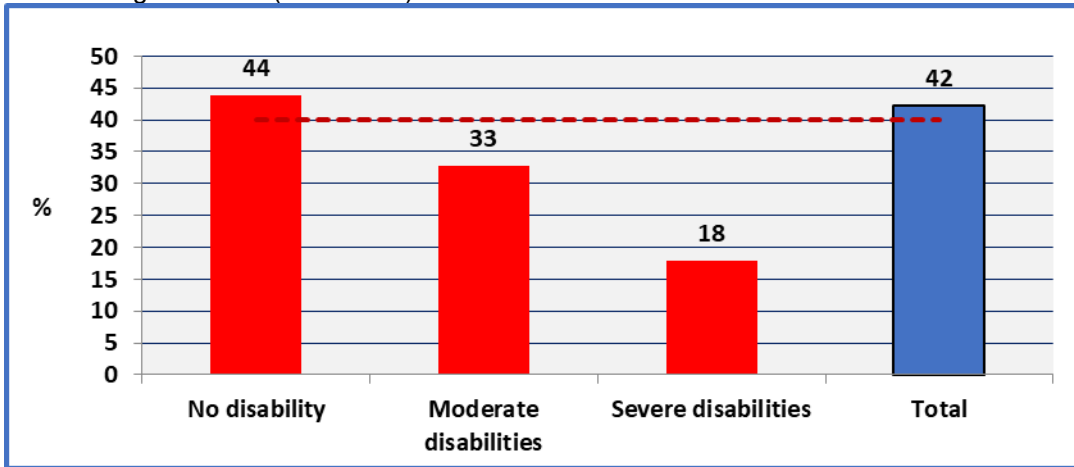
Source of data: EU-SILC UDB 2018. EU covers 27 Member States.

6.2.5 Evolution

We may observe a continuous improvement of the situation of persons with disabilities between 2008 and 2017. The small downward change in 2015 was the result of the change of disability definition in Germany.

At first sight, the situation has been reversed between 2017 and 2018. In fact, we observe a decline, at the EU level, which stems mainly from a decline in Germany, France and Romania. As the weight of these countries in the EU aggregate is important, the national decline pushes the EU aggregate downwards.

However, the number of observations in the sample, notably persons with disabilities aged 30-34, is relatively small. The change between 2017 and 2018 is not significant at the 95 % level.

Figure 47: Evolution of the share of persons who have completed a tertiary or equivalent education by disability status, EU 28 (Age: 30-34)
Dotted lines cover EU 27.
Share of the population of the same age group and disability status.
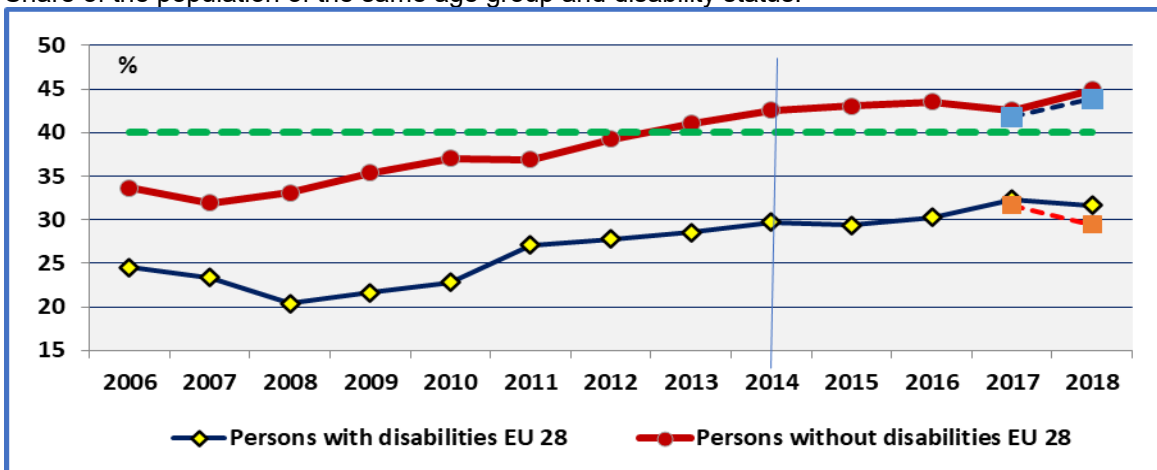
Note: Change of classification in 2014. In 2015. there was a change of definitions in Germany leading to a nominal downward movement.
Source of data: EU-SILC UDB.

At the EU 27 level, the gap between persons with and without disabilities remains high. We may observe a mean gap of 13 percentage points (mean relative gap: 32 %), since 2008. As noted, we cannot draw a robust conclusion concerning the change between 2017 and 2018.

6.2.6 Education and employment

According to human capital theory, employment prospects and wages depend on educational attainment. An investment in human capital increases employability (the probability of being in employment over the course of lifetime) and the wages individuals earn in employment. Concerning employment prospects, additional years of education increase employment and career opportunities.

In the following graph, we compare the employment rate of individuals with different educational levels. The employment rate is positively correlated with the educational level. In a causative interpretation, education increases the probability to enter the labour force and also the employment prospects.

The employment rate (as a percentage of the same age group) of all persons increases with the educational level. Additional years of education increase the employment rate of each group.

The employment rate for persons with disabilities increases from 27 % (persons with at most a primary education), to 51 % (upper secondary), and finally to 71 % (tertiary education). The respective rates for persons without disabilities are 52 % (primary), 73 % (upper secondary) and 85 % (tertiary). A similar order of magnitude was reported in previous years.

Figure 48: Relation between employment and education. EU 2018 (Age: 20-64)
Employment as a ratio to population of the same age group and disability status.
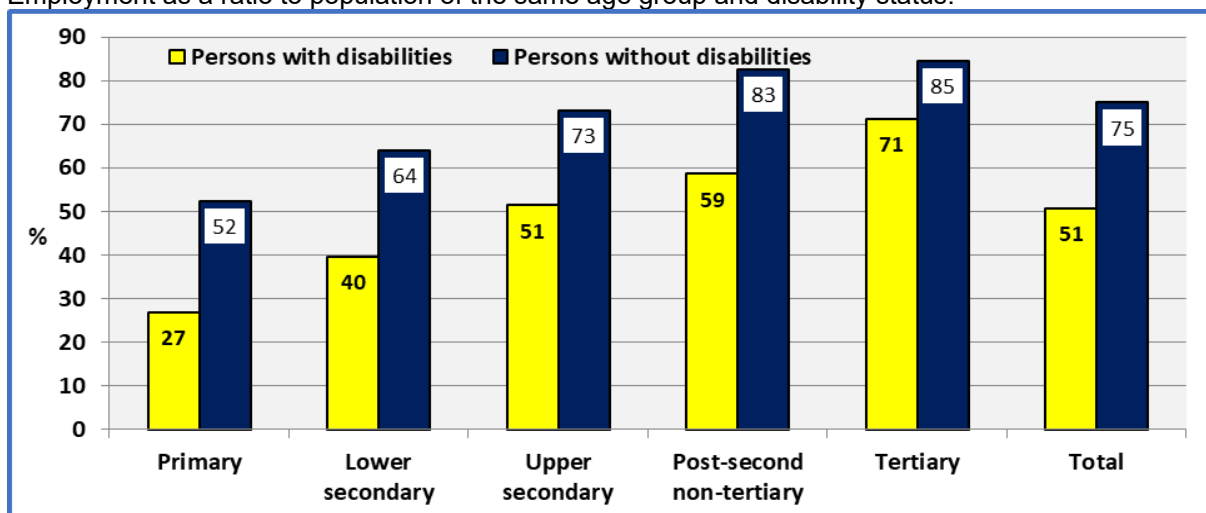
Note: The employment rate is calculated by dividing the number of persons aged 20 to 64 in employment by the total population of the same disability status and age group. The education level refers to persons who have completed the specified education or equivalent education level. The classification follows the International Standard Classification of Education (ISCED 2011). See: http://uis.unesco.org/en/topic/international-standard-classification-education-isced. Source of data: EU-SILC UDB 2018.

The graph indicates that more education provides generally a bigger increase in the employment rate of persons with disabilities compared to persons without disabilities.

In fact, we may observe that the relative gap[62] of persons with disabilities compared to persons without disabilities decreases as the education level increases. This relative difference decreases from 48.8 % (primary) to 15.7 % (tertiary). This means that investing in education for persons with disabilities yields a higher profit compared to persons without disabilities and decreases their relative disadvantage.

A more popular view focus on the unemployment rate. Better education is associated with lower unemployment rates. Consequently, education appears again to be a strong policy instrument.

Figure 49: Relation between unemployment and education, EU, 2018 (Age: 20-64)
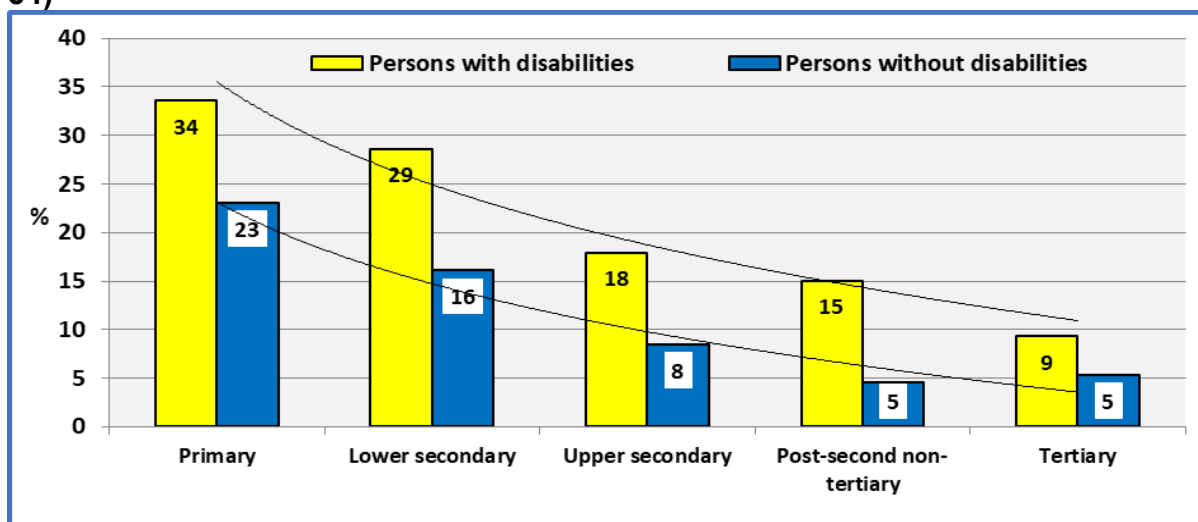
Note: EU covers 27 Member States.
Source of data: EU-SILC UDB 2018.

However, these observations ought not to hide the fact that education may not eradicate discrimination. In fact, we may still observe that persons with similar educational levels present different employment/unemployment rates. Consequently, education alone may not eradicate the disadvantage of persons with disabilities. Factors related to disability ought to be taken into consideration. This disadvantage might be, at least partly, the result of the lack of technical aids and work adaptations.

6.3   Tertiary education, employment and the COVID-19

The COVID-19 pandemic is associated with social distancing, stay at home measures and telework. All these factors ought to favour working from home. Employees with high work from home feasibility levels are more often high educated.[63] Similarly, persons with low education are expected to be affected disproportionately by the COVID-19 pandemic.[64] In fact, research using job/income losses in US and UK concludes that workers who can perform none of their tasks from home are more likely to lose their job. Also, the research found that younger individuals and people without

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[62]   The relative gap is: (% persons without disabilities - % persons with disabilities) / (% persons without disabilities), for each educational level.

[63]   Bonacini, L., Gallo, G. and Scicchitano, S. (2021) "*Working from home and income inequality: risks of a 'new normal' with COVID-19*". Journal of Population Economics (2021) 34:303–360. https://link.springer.com/article/10.1007/s00148-020-00800-7.

[64]   Brodeur, A., Gray, D., Islam, A. and Jabeen Bhuiyan, S. (2020) "A Literature Review of the Economics of COVID-19". Discussion Paper Series; IZA DP No. 13411; IZA Institute of Labour Economics; June 2020. http://ftp.iza.org/dp13411.pdf.

a university education were significantly more likely to experience drops in their income. In the same direction, other studies note that workers with lower levels of education are concentrated in occupations that are less likely to be performed from home.

As noted above, the EU initiatives stress the need to enrich the quality, inclusiveness and digital dimension of Member State education systems; and propose a set of initiatives for high-quality, inclusive and accessible digital education in Europe.

The question is whether persons with disabilities may benefit on an equal basis as other young people, with the necessary technical aids and adaptations. Several factors may affect this process.

First, the rate of persons with disabilities who have completed a tertiary is significantly lower compared to persons without disabilities. The gap remains very high. The mean absolute gap between 2016-2018 was 12.2 percentage points (relative gap: 28.0 %). Still, investing in education for persons with disabilities not only increases their employment prospects but also decreases their relative disadvantage.

Secondly, the economic crisis following the pandemic of COVID-19 has strengthened a certain number of changes, notably the use of new technologies in educational methods. In fact, closures of educational infrastructures and distance learning reinforce the need of digital skills and equipment.

Furthermore, high early school leaving rates and a low percentage with a tertiary education means that persons with disabilities are not well equipped to adapt to the changing needs of employers and new technologies.

Researchers[65] note that it is not only the more educated[66] but also the ones who are in jobs and occupations more amenable to remote work who fare better. In most cases, these are people with digital skills. Furthermore, more service provides have now to connect through internet and online.

The Directive of 17 April 2019 on the accessibility requirements for products and services)[67] might be an important instrument in helping persons with disabilities to participate in new educational methods and new work arrangements. In fact, the Directive aims at making various products and services, in the European Union, more accessible for persons with disabilities. It includes accessibility requirements for key products and services notably phones, computers, electronic communications services (including internet services), access to audio-visual media services (which are

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[65] Fasih, T., Patrinos, H. and Najeeb Shafiq, M.: "*The impact of COVID-19 on labor market outcomes: Lessons from past economic crises*"; May 20, 2020. Published on Education for Global Development https://blogs.worldbank.org/education/impact-covid-19-labor-market-outcomes-lessons-past-economic-crises.

[66] For example, the share of Greek employees working from home (occasionally or usually), during 2008-2018, was 9 % for high educational level and 1 % for low and medium education level. Pouliakas, K. (2020) "Working at Home in Greece: Unexplored Potential at Times of Social Distancing? Discussion Paper Series. IZA DP No. 13408, IZA Institute of Labour Economics, June 2020. http://ftp.iza.org/dp13408.pdf.

[67] Directive (EU) 2019/882 of the European Parliament and of the Council of 17 April 2019 *on the accessibility requirements for products and services*; L 151/70, Official Journal of the European Union.

important for distance learning), e-books, etc. This ought to promote internet access, accessible materials, and the support that would allow persons with disabilities to follow online programmes.

Unfortunately, our knowledge concerning accessibility in distance learning of young disabled is limited and efforts ought to be developed in order to include disability aspects in relevant surveys (Adult Education Survey, etc.). This can be done either by inserting GALI in the questionnaire or inserting disability aspects in relevant questions. For example, the question on reasons for not participating in distance learning ought to include along economic barriers, factors such as accessibility problems, lack or technical aids, etc.

In summary, the COVID-19 pandemic and the subsequent economic crisis favours investment in digital skills and requires new technology infrastructures.

Persons with disabilities might face a double obstacle. First, a lack of digital equipment due to economic reasons and secondly, a lack of accessibility to products and services. Household poverty is high among persons with disabilities (see risk of poverty). Economic constraints due to poverty, coupled with barriers (accessibility of programmes, lack of technical equipment, low digital skills, etc.) might be serious obstacles in participating in distance learning and new work arrangements.

7 People living in households with very low work intensity

7.1 Relevance to EU policy / Strategy

The UN Convention in Article 27 treating "Work and employment" stress the promotion of "employment opportunities and career advancement for persons with disabilities in the labour market. as well as assistance in finding. obtaining. maintaining and returning to employment".

The EU strategy for the period 2010-2020 is a comprehensive framework committing the Commission to empowerment of people with disabilities to enjoy their full rights. and to removing everyday barriers in life. This Strategy includes employment among the main areas for action. As the strategy draws to a close, the Commission has begun the process of evaluating it in 2019.

On 25 September 2015, the UN General Assembly adopted a Resolution on "Transforming our world: the 2030 Agenda for Sustainable Development". Goal 8 recognises the importance of sustained economic growth and high levels of economic productivity. It calls for providing decent employment for all, including women, people with disabilities, youth, the elderly and migrants.

The European Pillar of Social Rights under "Equal opportunities" provides that regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, everyone has the right to equal treatment and opportunities regarding employment, social protection, etc.

The European strategy for jobs and smart, sustainable and inclusive growth, known as the Europe 2020 strategy, includes an indicator referring to very low work intensity. It states that people living in households with very low work intensity are people living in households where the adults work less than 20 % of their total work potential during the past year.

The work intensity of the household is defined as the ratio between on the one hand. the number of months that all working age household members have been working during the income reference year and on the other hand. the total number of months that could theoretically have been worked by the same household members in the same period.[68]

People living in households with very low work intensity are more likely exposed to social exclusion and risk of poverty due to their dependency on social transfers and their difficulty to access to common goods and services.

7.2 Assessment and analysis of main results and their evolution

7.2.1 General comments

People living in households with very low work intensity are people living in households where the adults work less than 20 % of their total work potential during the past year. Consequently, work intensity measures the employment rate of the household, but it

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[68] Eurostat:
http://epp.eurostat.ec.europa.eu/portal/page/portal/sdi/files/QP%20People%20living%20in%20households%20with%20very%20work%20intensity.pdf.

does not take into account the distribution of employment inside a household (including several adults).

At the EU 27 level, in 2018, 22.8 % of persons with disabilities live in households with a low work intensity (<20 %) compared to 7.2 % of persons without disabilities. This represents a difference of about 15.7 percentage points. Similar differences were observed in previous years. The total rate is 9.6 %. The data cover persons aged 16-59.

The percentage of persons with disabilities living in households with a low work intensity (<20 %) varies from 10.4 % (Slovakia) to 35.5 % (Greece) in the Member States.

This indicator has to be treated with care. In fact, work intensity is estimated at the household level. The same value is then attributed to all household members.

Figure 50: Percent of persons living in households with low work intensity (Work Intensity < 20 %) (Age: 16-59), 2018
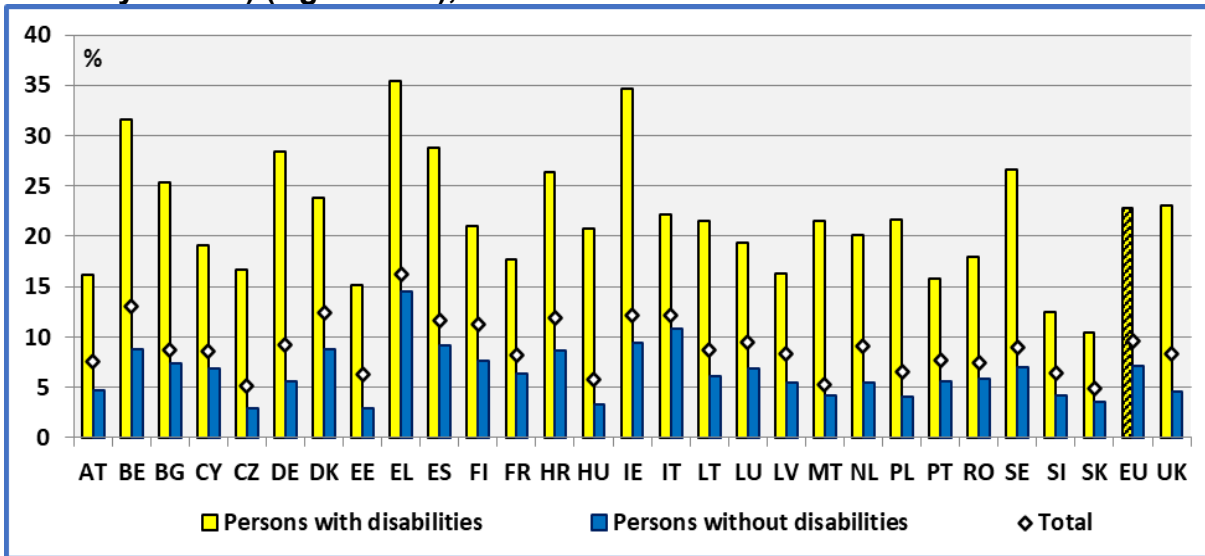
Data source: EU-SILC UDB 2018.

Figure 51: The work intensity gap between persons with and without disabilities, 2018

Gap = % of persons with disabilities - % of persons without disabilities.
Persons living in households with low work intensity (WI< 20 %); Age 16-59.
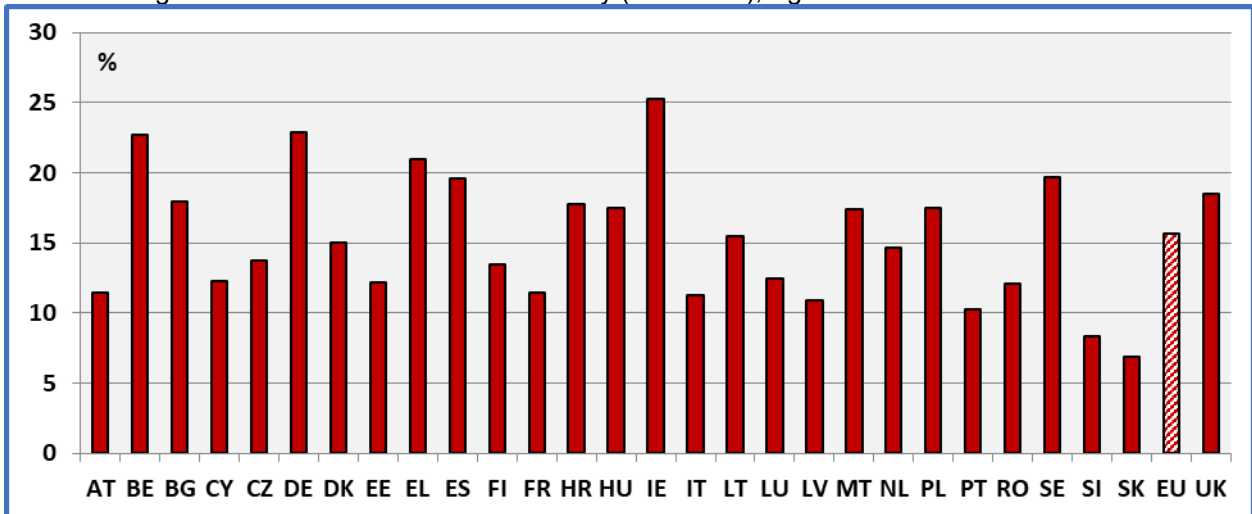
Data source: EU-SILC UDB 2018.

In certain countries, the difference between persons with and without disabilities is relatively small (e.g. Slovakia, Slovenia and Portugal). However, in other Member States the difference is relatively important (Belgium, Germany and Ireland). Similar results were reported in previous years too.

7.2.2 Gender

Gender differences provide mixed results. Apparently, there is no gender disadvantage among persons with disabilities at the EU level, but this might be the result of the nature of the indicator. The unit of the indicator is the household, and the indicator does not take into account the distribution of work inside the household among adult members. The same work intensity status is assigned to each household member.

In the discussion of unemployment rates, we noticed that contrary to our expectations, the unemployment rate of women with disabilities was lower compared to men with disabilities. The results concerning low work intensity are partly related to the unemployment situation. Partly, because low work intensity is established at the household level, while the unemployment rate is established at the individual level. Also, the distribution of part-time work is not equally distributed among men and women. Low work intensity requires a threshold of 20 % for the household. Previous reports indicated that women with disabilities are overrepresented among part-time work compared both to men with disabilities (less than 35 hours per week in all jobs) and women without disabilities (less than 30 hours per week in all jobs).

Figure 52: Percent of persons with disabilities living in households with low work intensity (WI < 20 %) (Age: 16-59), 2018
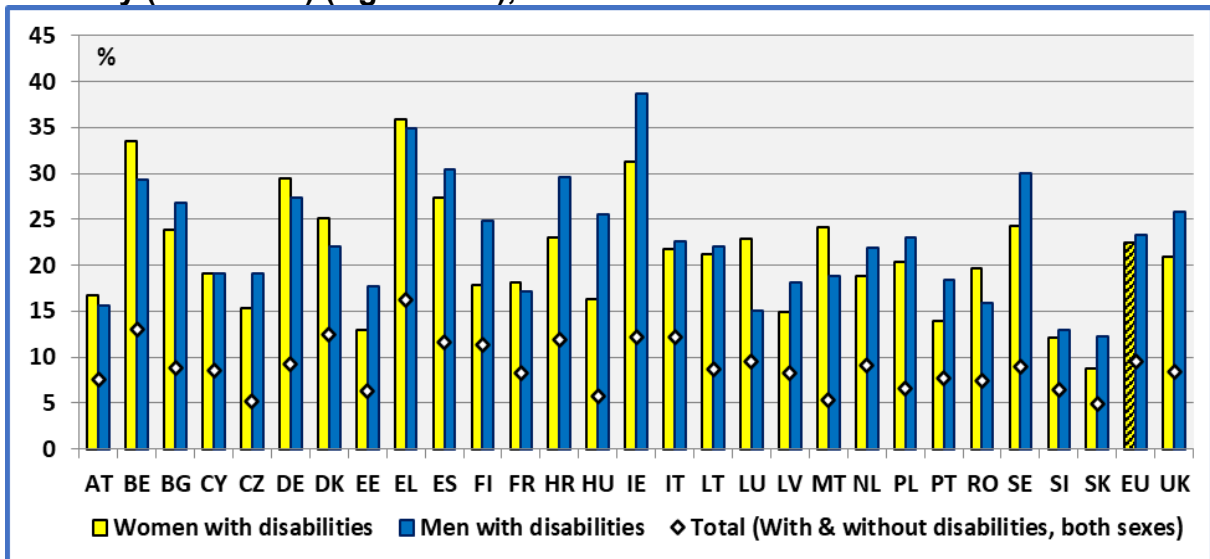
Data source: EU-SILC UDB 2018.

At the EU 27 level, in 2018, about 22.5 % of women with disabilities live in households with low work intensity compared to 7.8 % of women without disabilities. The respective percentages for men are 23.2 % and 6.6 %.

Both women and men with disabilities are disadvantaged compared to respectively women and men without disabilities. The disability related gap is 16.7 percentage points among women and 14.7 pp among men. The differences between disabled and non-disabled are substantial for both genders in all Member States.

At the EU level, the gender gap inside each group is apparently relatively very small or inexistent.

7.2.3 Characteristics by age

We may observe that the evolution by age group of the percentage of persons living in households with low work intensity (WI < 20 %) evolves in a similar way for persons with and without disabilities. However, the difference between the two groups is increasing with age, except for the age group 55-59.

Figure 53: Percent of persons living in households with low work intensity (WI < 20 %) by age-group and disability status (Age: 16-59), EU 2018
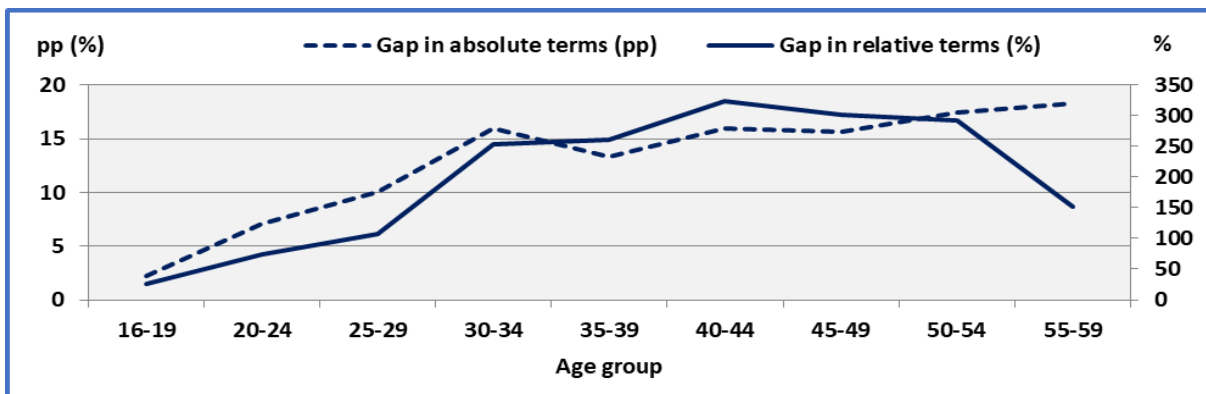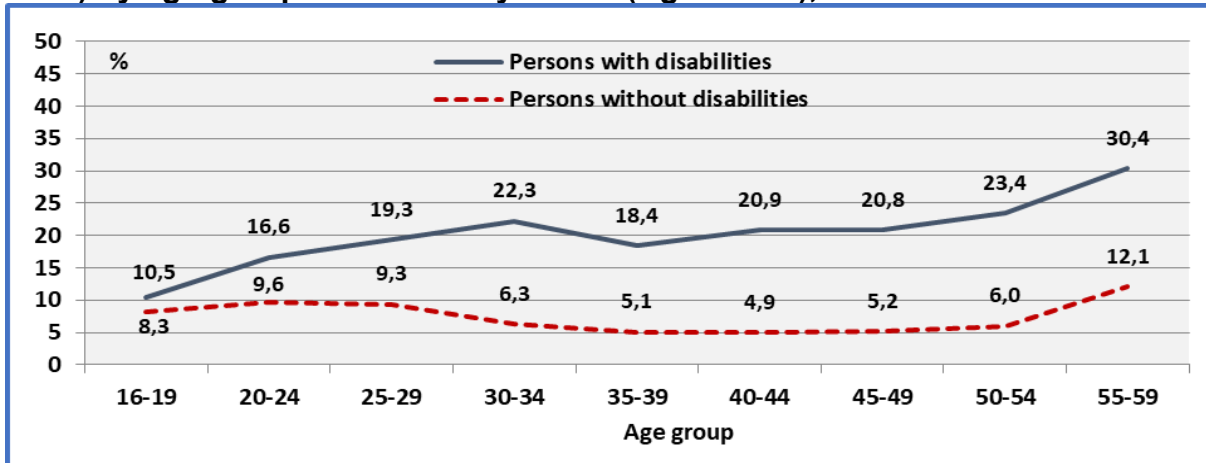
Data source: EU-SILC UDB 2018.

7.2.4 Degree of disability

The degree of disability is an important factor. At the EU level, the percentage of severely disabled people living in households with a low work intensity (WI<20 %) amounts to 38.6 % compared to 7.2 % of people without disabilities. The rate among persons with a moderate disability is 17.6 %.

When we compare the percentage of persons with severe disabilities living in households with low work intensity across Member States, we observe a big variability of this percentage. It ranges from 21.3 % (Slovenia) to 48.7 % (Belgium). This percentage for persons without disabilities ranges from 2.9 % (Czechia) to 14.5 % (Greece).

Countries with similar rates for persons without disabilities experience different rates for persons with a severe disability. These rates reveal the diversity of national policies concerning people with disabilities and the different impact of such policies. They indicate that improvements are possible for persons with severe disabilities.

Figure 54: Percent of persons living in households with low work intensity (WI < 20 %) by degree of disability (Age: 16-59), 2018
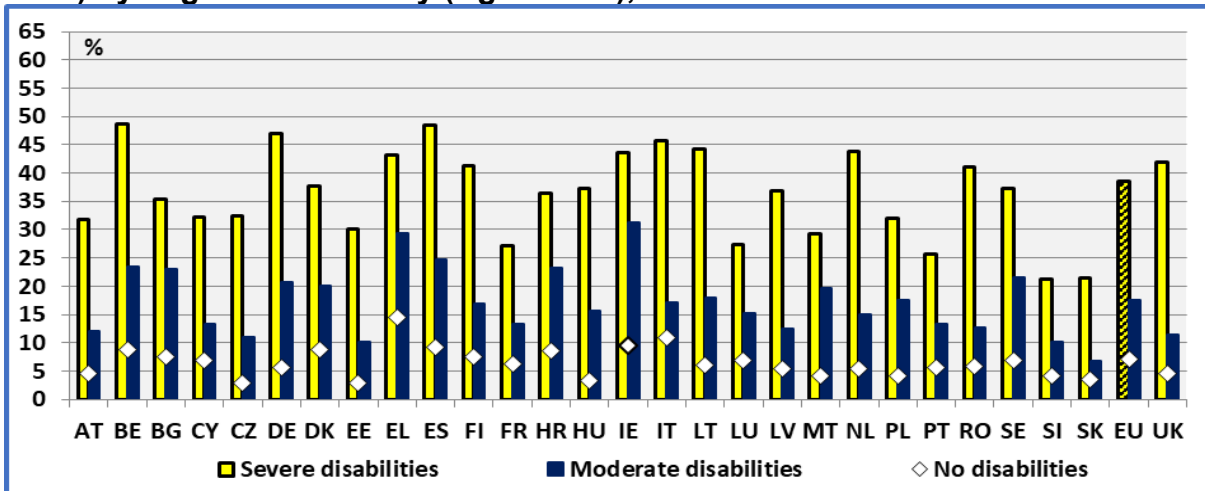
Data source: EU-SILC UDB 2018.

7.2.5 Evolution at the EU level

The following graph presents the evolution of low work intensity for persons with and without disabilities. At the EU level, we may observe the impact of the financial crisis in 2008-2009. After this period, the rate of persons living in households with very low work intensity was increasing, till 2015. After this period, provisional data indicate a stabilisation. The evolution is similar for persons with and without disabilities.

Figure 55: Evolution of the percentage of persons living in households with low work intensity (WI < 20 %), (Age: 16-59), EU 28
Dotted lines cover EU 27.
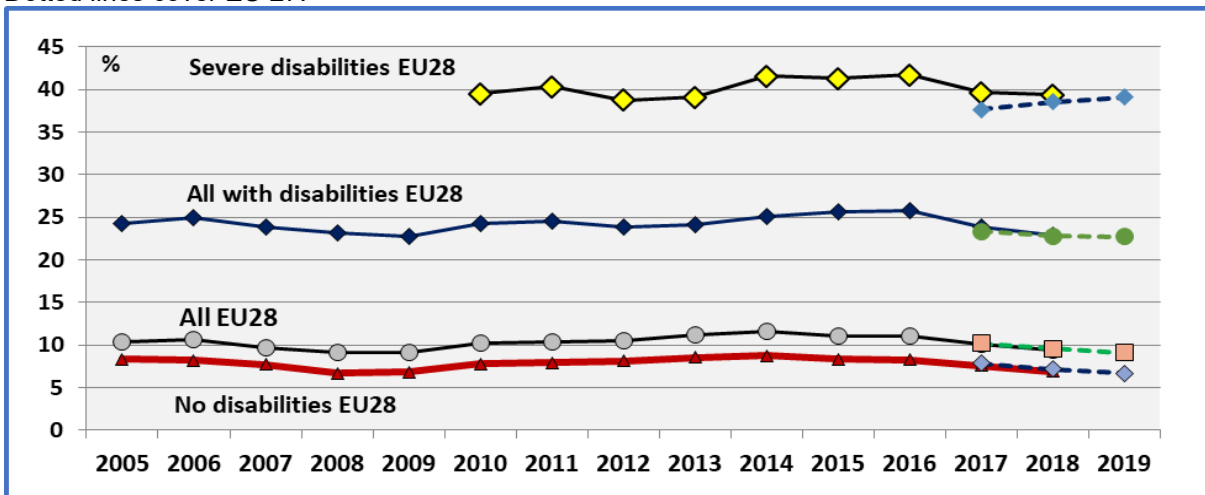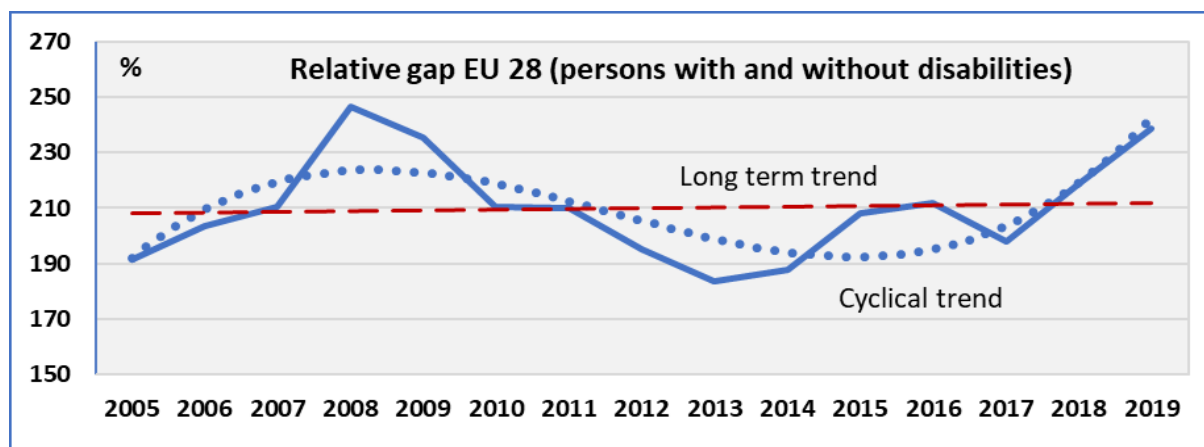
Note: Relative gap = 100*(% persons with disabilities - % persons without disabilities) / (% persons without disabilities).
Data source: EU-SILC UDB and Eurostat. Data for 2019 are provisional estimations.

The evolution after 2013 has been partly affected by a change of disability definitions. This might have accentuated the gap since a narrower definition of disability was applied (e.g., in Germany).

An interesting question is whether the gap between persons with and without disabilities has decreased. In fact, national and European policies aim to reduce discrimination and thus the disadvantage of persons with disabilities in comparison to persons without disabilities.

The graph presents the evolution of the relative gap,[69] at the EU level. We may observe a constant trend (dashed line) and a clear cyclical movement (continuous-observed and dotted line-fitted). During growth periods (before 2008 and after 2013) the relative gap is increasing and during recessions (2009-2013), it decreases.

One possible explanation is the following: during recessions older workers with established work rights are protected from firings. Since older workers are over-represented among persons with disabilities, this implies that firings affect less the group of persons with disabilities. After the recession and at the beginning of the recovery, the existence of a high number of job seekers might lead employers to favour persons without disabilities and thus discriminating, at least partly, persons with disabilities.

7.2.6 Evolution at national level

Although the change was small at the EU level, we observe significant differences in a certain number of Member States.

In sixteen (16) Member States, we observe an improvement of the situation of persons with disabilities (decrease of the percentage with low work intensity). The percentage of persons with disabilities living in households with low work intensity decreased by 2.1 % between 2017 and 2018.

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[69] Relative gap =100* (% persons with limitations - % persons without limitations) / (% persons without limitations).

Figure 56: Evolution of the number of persons with disabilities living in households with low work intensity (WI < 20 %), (Age: 16-59)
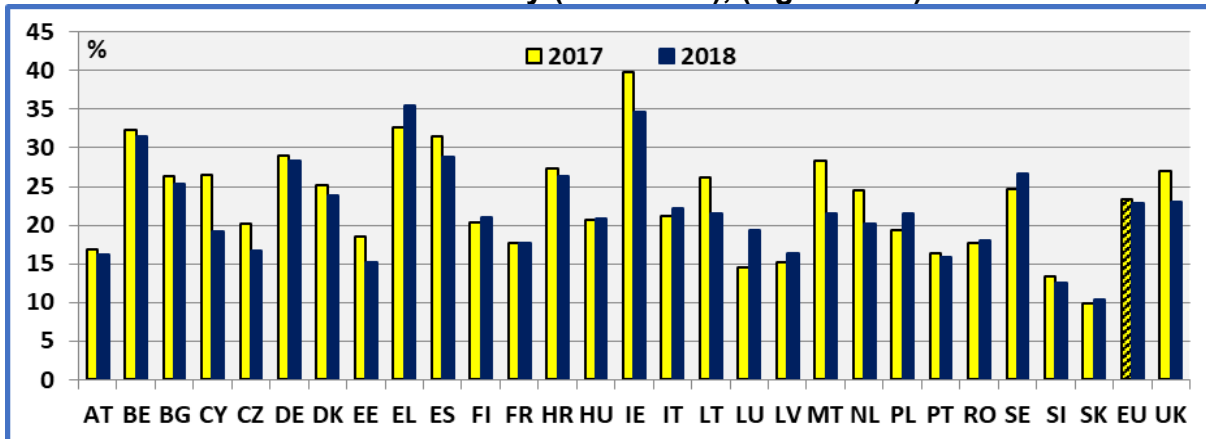
Data source: EU-SILC UDB 2017 & 2018. EU covers 27 countries.

Taking into account the national evolutions between persons with and without disabilities, we can say that there is no significant correlation in the evolution of the percentages (changes between successive years) of persons with and without disabilities across the Member States.

7.2.7 Low work intensity, COVID-19 and disability

In the discussion of employment and unemployment, we have discussed the expected impact of the COVID-19 pandemic on persons with disabilities. However, the indicator "low work intensity" might present a smoother evolution if part of these changes redistribute work inside the family. For example, this might be the case, if women employed in the health sector increase their workload while men in the construction sector see their work reduced.

However, the negative impact of high chronic illness prevalence and age might dominate the impact on persons with disabilities.

8   People at-risk-of-poverty after social transfers

8.1   Relevance to EU policy / Strategy

Article 28 of the UN Convention treats "Adequate standard of living and social protection". It provides notably for measures "To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes".

On 25 September 2015, the UN General Assembly adopted a Resolution on "Transforming our world: the 2030 Agenda for Sustainable Development". This Agenda is a plan of action. It seeks notably, to eradicate poverty in all its forms and dimensions and considers that this is an indispensable requirement for sustainable development.

The European Pillar of Social Rights aims to build a more inclusive and fairer European Union. It covers, notably, three broad dimensions of societal progress: labour market, fair working conditions and public support / social protection & inclusion.

In the Europe 2020 strategy, the Commission proposed among others the following EU headline target: lifting over 20 million people out of poverty. Currently, there is a discussion on a possible successor strategy to Europe 2020.

One of the indicators proposed is the number of People at-risk-of-poverty after social transfers. Persons at risk-of-poverty are persons with an equivalised disposable income below the risk-of-poverty threshold, which is set at 60 % of the national median equivalised household disposable income (after social transfers).

8.2   Assessment and analysis of main results and their evolution

8.2.1   General comments

The data reveal that people with a disability face a higher risk of poverty after social transfers compared to people without disabilities. At the EU level, in 2018, about 20.9 % of persons with disabilities aged 16 and over face a risk of poverty compared to 15.0 % of persons without disabilities of the same age group. The percentage for all persons aged 16 and over is 16.5 %.

Table 9: Persons at risk of poverty after social transfers (Age: 16+), 2018 (Million)
Percent of people living in households with a household equivalised disposable income less than 60 % of the median national household equivalised disposable income (after social transfers).

	No risk of poverty	At risk of poverty	Population
	million		
Persons without disabilities	228.8	40.4	269.2
Persons with disabilities	69.0	18.3	87.3
Moderate disabilities	50.1	12.3	62.4
Severe disabilities	18.9	6.0	24.9
Total (weights covering health items)	**297.8**	**58.7**	**356.5**
Total (weights covering sample)	307.6	60.3	367.9

	%		
Persons without disabilities	85.0	15.0	100
Persons with disabilities	79.1	20.9	100
Moderate disabilities	80.3	19.7	100
Severe disabilities	76.0	24.0	100
Total (weights covering health items)	**83.5**	**16.5**	**100**
Total (weights covering sample)	83.6	16.4	100

*: The totals differ because there is missing information concerning disability status for some persons and the weights are not re-adjusted.
Data source: EU-SILC UDB 2018.

At the EU level, there are about 59 million persons aged 16 and over living in private households at risk of financial poverty. This number includes about 18 million with disabilities and 40 million without disabilities.[70]

The percentage of persons with disabilities at risk of poverty is high in Lithuania, Latvia and Estonia. On the other hand, this rate is relatively low in Slovakia, France and Finland. Similar orderings were found in previous years.

Figure 57: People at risk of poverty after social transfers (Age: 16+), 2018
Percent of people with an equivalised household disposable income less than 60 % of the median national equivalised household disposable income (after social transfers).
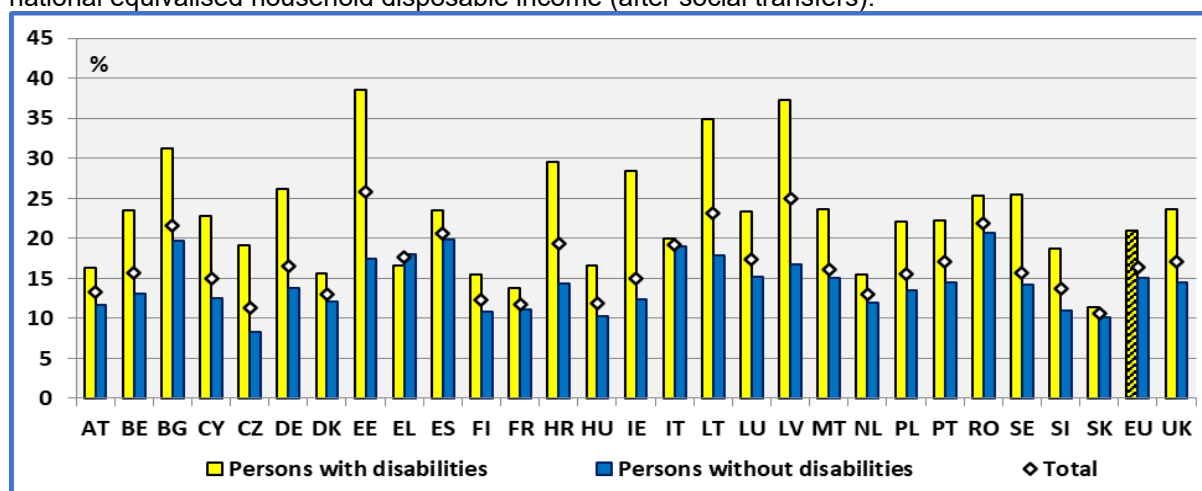
Data source: EU-SILC UDB 2018.

We may note that countries with high poverty rates among persons with disabilities present often high rates for persons without disabilities (R²=0.33. n=28).

In the following, in order to measure any comparative disadvantage, we measure the difference between the two groups, inside each country. Another possibility is to measure the relative difference between the two groups. For the facility of understanding, we present below the absolute disadvantage. But the relative difference (disadvantage) is strongly correlated (R²=0.85) with the absolute disadvantage presented here. The conclusions are the same.

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[70] The estimations are not corrected for missing values.

Figure 58: Disadvantage of people with disabilities in comparison to people without disabilities, (Age: 16+), 2018

Absolute disadvantage = (% of disabled people at risk of poverty) – (% of non-disabled people at risk of poverty).
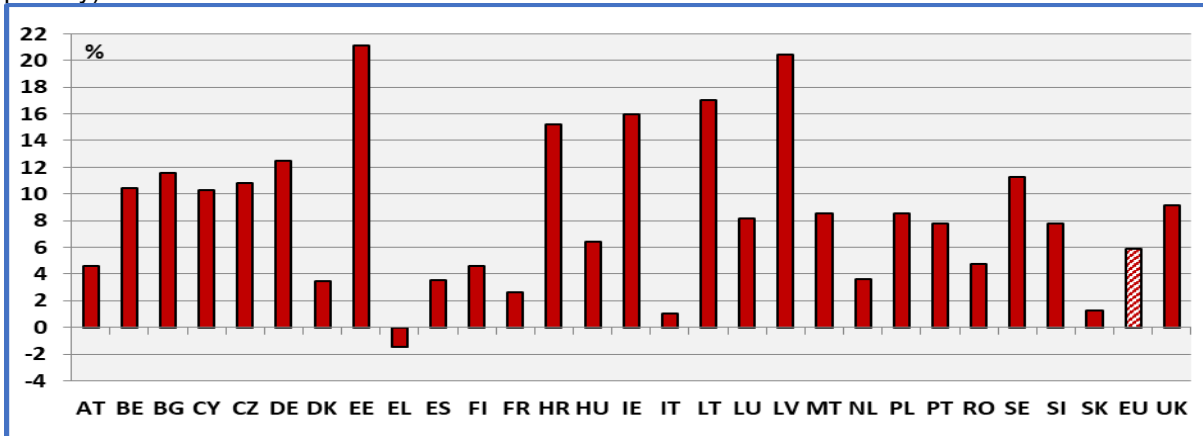
Data source: EU-SILC UDB 2018.

At the EU 27 level, there is an absolute poverty gap at the disadvantage of persons with disabilities of 5.9 percentage points (39.4 % in relative terms). In certain countries, the difference between people with and without disabilities is relatively low (Greece, Italy and Slovakia) and in certain other Member States, this gap is reversed, notably in Greece. A general pauperisation in Greece and the role of disability allowances might explain the results in this Member State and generally in countries that experience sharp economic slowdowns.

In Lithuania, Latvia and Estonia the absolute difference is relatively high. However, in relative terms, we find Latvia, Ireland and the Czechia. Similar orderings were found in previous years.

The data indicate that the difference between people with and without disabilities is significantly lower compared to work related measures. We can conclude that the welfare state is correcting the labour market inequalities.

8.2.2 Gender

At the EU 27 level, about 21.6 % of women with disabilities aged 16 and over live in households at risk of financial poverty compared to 15.8 % of women without disabilities. This rate for all women is 17.3 %. The respective percentages for men are 20.1 % (men with disabilities), 15.09 % (men without disabilities) and 16.5 % (all men). But there are significant differences across countries.

Figure 59: Percent of people with disabilities at risk of poverty after social transfers by gender, (Age: 16+), 2018
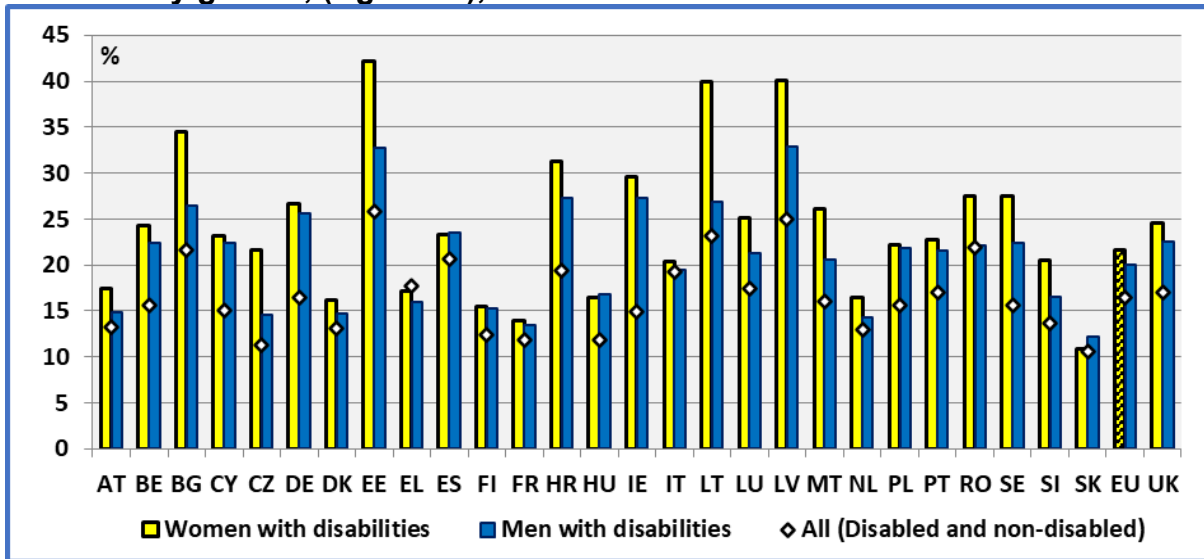
Note: The risk of poverty means that a person lives in a household with an equivalised household disposable income less than 60 % of the median national equivalised household disposable income (after social transfers).
Data source: EU-SILC UDB 2018.

We distinguish below the gender gap (difference between women and men) and the disability gap (difference between persons with and without disabilities). The gender gap (disadvantage) among persons with disabilities is relatively small (1.5 percentage points). The gender gap among persons without disabilities is similar (1.5 percentage points).

The disability related gap among women is 5.8 percentage points and among men 5.9 percentage points. Differences stemming from disability are much bigger than pure gender differences inside the group of persons with disabilities.

Figure 60: Percent of persons at risk of poverty after social transfers by gender and disability status (Age: 16+), 2018
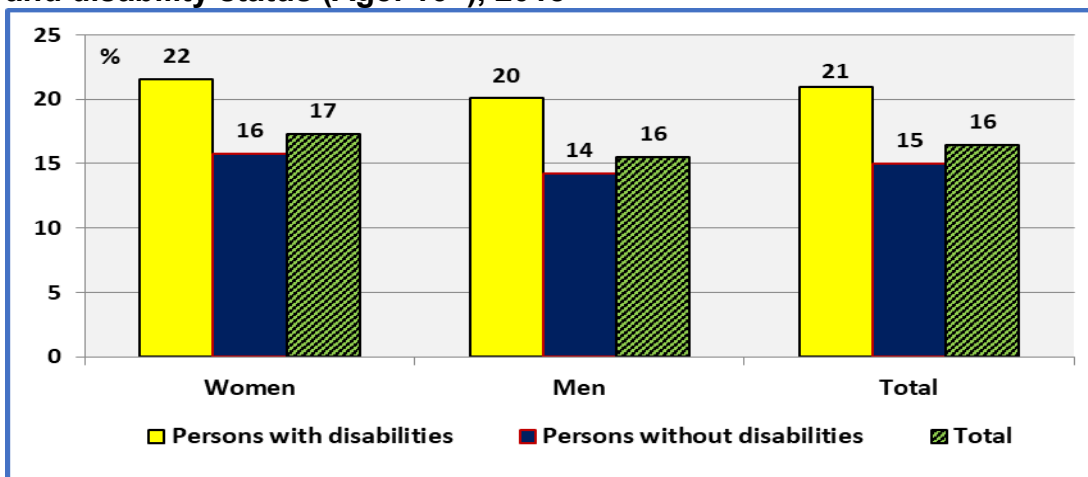
Data source: EU-SILC UDB 2018.

However, the method of estimating poverty might underestimate gender differences. In fact, the income level is computed at the household level. The same value is then attributed to all members of a household. Consequently, it does not take into account of any intra-family differences.

Generally, poverty rates of disabled women and disabled men are strongly correlated. If the percentage of men with disabilities is high in a country, the corresponding rate for women is high too.

8.2.3 Age

At the EU 27 level, in the age group 16 - 64 about 23.7 % of persons with disabilities are at risk of financial poverty compared to 15.4 % for persons without disabilities. The total rate for this age group is 16.8 %. The respective percentages for elderly people aged 65 and over are 17.8 %, 13.3 % and the total 15.4 %.

As noted above, the number of persons with disabilities aged 16 and over at risk of financial poverty can be estimated at about 18.3 million persons. This includes 10.8 million persons aged 16-64 and 7.4 million aged 65 and over.

Pension schemes in the EU decrease the risk of relative poverty. The percentage of persons aged 65 and over at risk of poverty (15.4 %), is less compared to persons aged 16-64 (16.8 %). This is notably true for persons with disabilities (17.8 % and 23.7 % respectively).

It is important to note the impact of special expenses related to disabilities on disposable income of persons with disabilities. In fact, special allowances aiming to ensure autonomy or pay extra medical expenses might artificially increase disposable income and reduce the number of people with disabilities under the poverty threshold. In fact, these allowances do not constitute a 'disposable' income as they are aimed to meet specific expenses.

Figure 61: Percent of people at risk of poverty after social transfers
By age group and disability, 2018.

Persons with disabilities 16-64 ☐   Persons without disabilities 16-64 ■   ◇ Total 16-64

Persons with disabilities 65+ ☐   Persons without disabilities 65+ ■   ◇ Total 65+
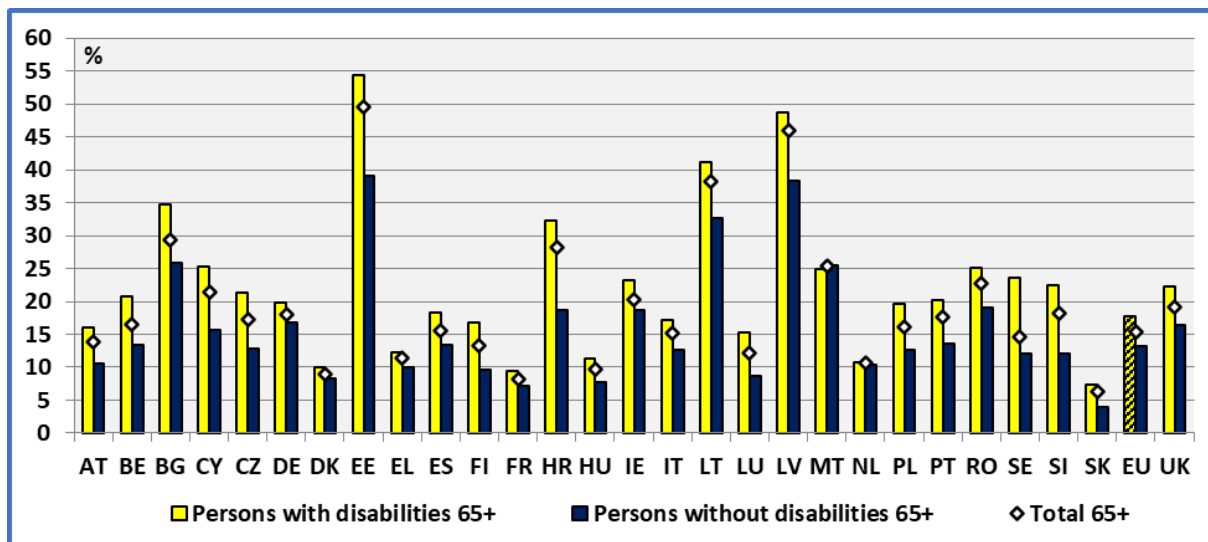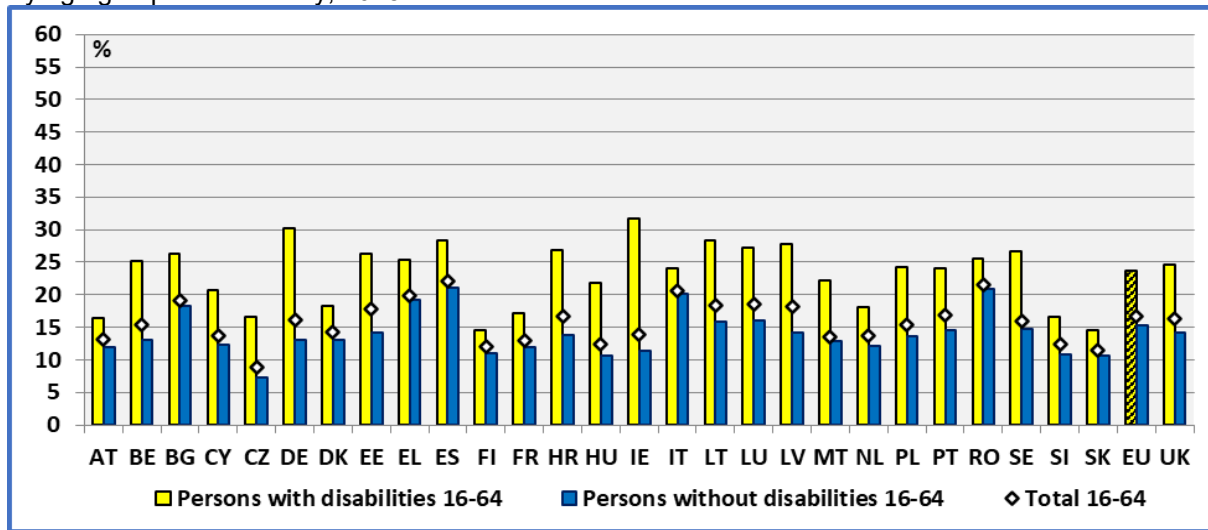
Note: The risk of poverty means that a person lives in a household with a household equivalised disposable income less than 60 % of the median national household equivalised disposable income (after social transfers).
Data source: EU-SILC UDB 2018.

Concerning the age group 16-64 at the EU 27 level, the absolute disability related gap is about 8.3 percentage points. This gap is low in Finland, Slovakia and Italy. On the contrary, it is relatively high in Latvia, Germany and Ireland. If we measure the disability gap in relative terms, we find again Germany and Ireland.

Concerning the age group 65 and over at the EU 27 level, the disability related gap in absolute terms is about 4.6 percentage points. It is inexistent or small in Malta, the Netherlands and Denmark. On the other hand, it is relatively high in Sweden, Croatia and Estonia. In relative terms, Sweden presents the highest difference, but the sample is relatively small in this Member State.

A more detailed analysis by age group indicates that the disability gap increases till the age of 65 and decreases abruptly latter (see graph below). As noted above, this abrupt reduction, is the result of pension and social protection schemes. But we have to keep in mind that the method of measuring household disposable income does not take into account the impact of additional costs of elderly persons related to health and disability.

Figure 62: Percent of people at risk of poverty after social transfers by age group and disability, EU 27, 2018
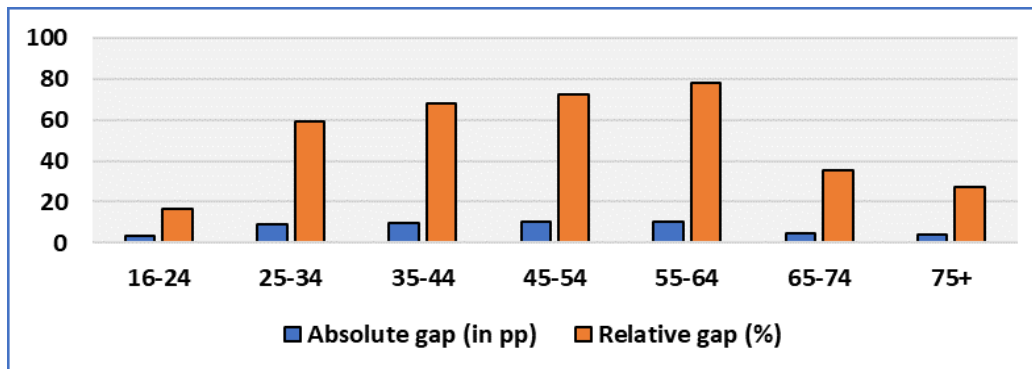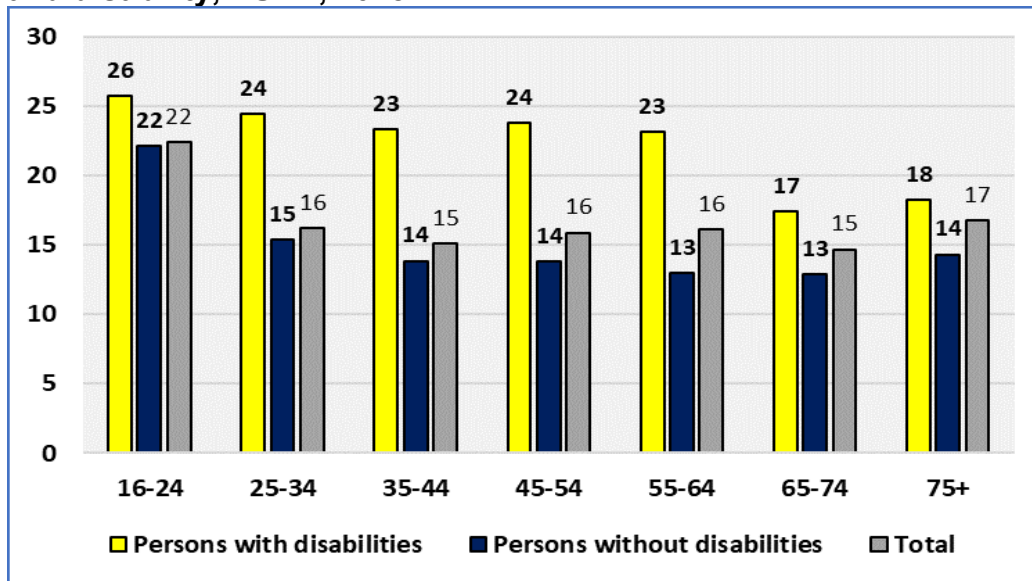
Note: Absolute gap= % persons with disabilities - % persons without disabilities.
Relative gap=100*(% persons with disabilities - % persons without disabilities)/ (% persons without disabilities).
Data source: EU-SILC UDB 2018.

8.2.4 Degree of disability

At the EU 27 level, 24.0 % of persons with severe disabilities aged 16 and over live in households at risk of financial poverty compared to 19.7 % of persons with moderate disabilities and 15.0 % among persons without disabilities.

As noted above, the number of persons with disabilities aged 16 and over at risk of financial poverty can be estimated at about 18.3 million persons. This includes 12.3 million persons with moderate disabilities and 6.0 million with a severe limitation.

The poverty rate is not the same through the life cycle. Overall, retirement pensions reduce poverty among retired persons and reduce the gap between persons with and without disabilities. Again, as noted above, this does not take into account health related expenditure.

Figure 63: People with disabilities at risk of poverty after social transfers by degree, 2018
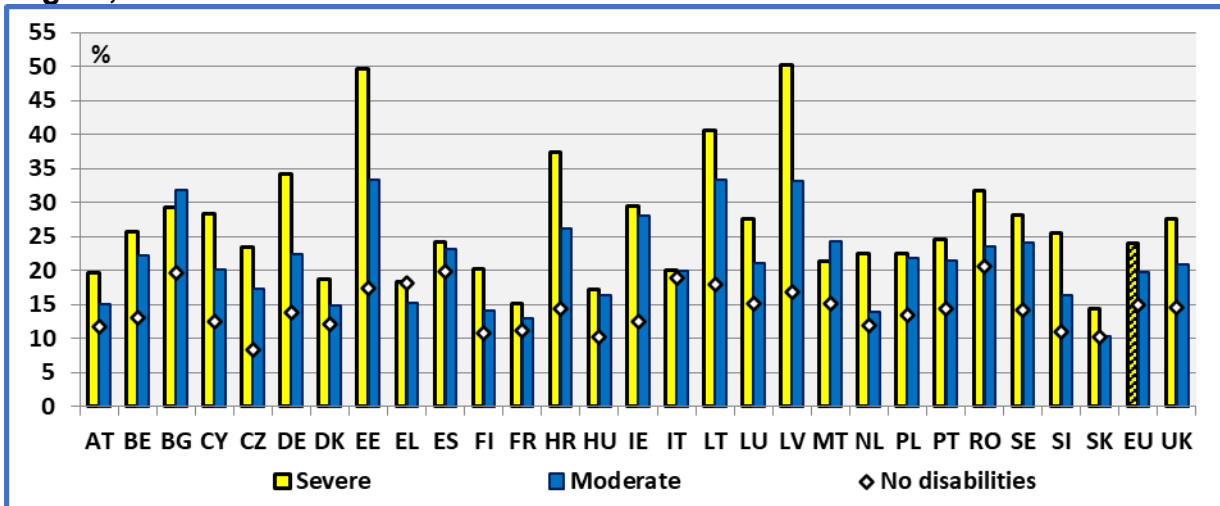
Note: The risk of poverty means that a person lives in a household with an equivalised household disposable income less than 60 % of the median national equivalised household disposable income (after social transfers).
Data source: EU-SILC UDB 2018.

8.2.5 Evolution through time at the EU level

Comparing the situation between 2017 and 2018, we may observe a deterioration (increase of poverty) of the situation of persons with disabilities at the EU level. On the contrary, we observe an improvement (decrease of poverty) for persons without disabilities. A similar evolution took place between 2018-2019.

Figure 64: Persons at risk of poverty after social transfers by disability and year, EU (Age: 16+)
Dotted lines cover EU 27.
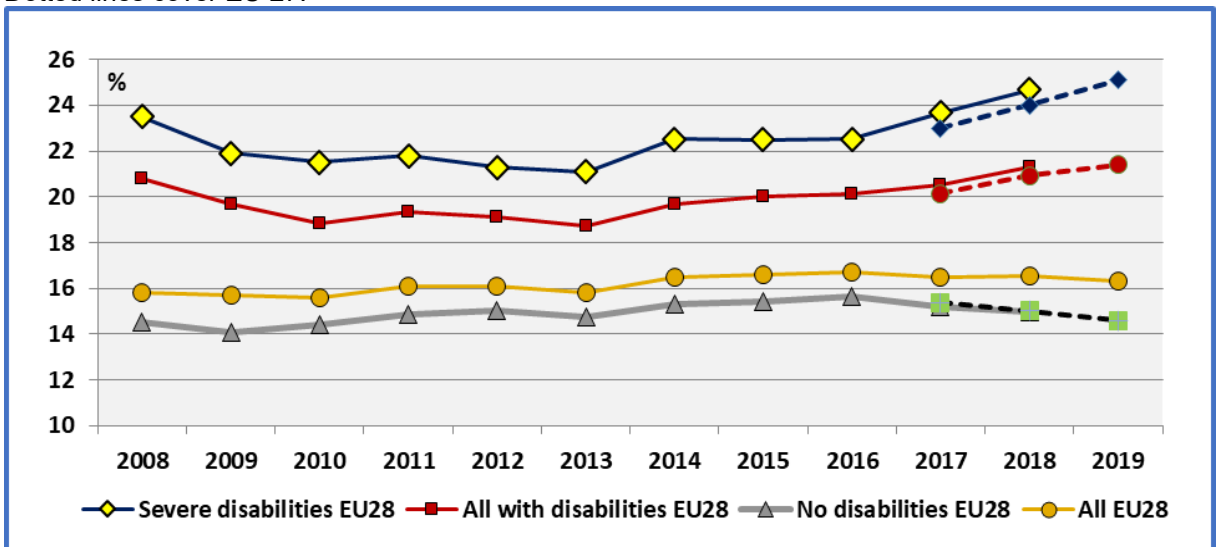
Note: The risk of poverty means that a person lives in a household with an equivalised household disposable income less than 60 % of the median national equivalised household disposable income (after social transfers).
Data source: EU-SILC UDB and Eurostat (2019, extracted on 22/10/2020)). Data for 2019 are provisional estimations.

In order to capture better the situation of persons with disabilities, we present below the evolution of financial poverty by age group.

Concerning persons aged 16-64, we may note that this group relies mainly on work income. Globally, it follows the evolution of the economic cycle. The evolution of the risk of financial poverty is similar for persons with and without disabilities. Poverty decreased for both groups between 2015-2019.

Concerning persons aged 65 and over. we may note that this group relies mainly on retirement pensions. The evolution of financial poverty of this group is different compared to persons aged 16-64. Again, the evolution of the risk of financial poverty is similar for persons with and without disabilities.

Generally, retirement pensions and social transfers dampen any negative impact of the economic crisis and the ensuing reduction of income. In fact, retirement pensions and social allowances might not decrease in the same proportion as nominal wages. Consequently, for elderly people, household income might not decrease in case of a recession at least at the initial stage. On the contrary, for persons active on the labour market, the loss of employment and probably the evolution of wages might mean a lower median income. These factors might explain why we observe an increase of poverty levels for persons aged 16-64 and a decrease for elderly persons aged 65 and over during the recession period 2008 to 2013.

During an improvement on the labour market, economically active persons aged 16-64 may improve their situation relative to retired persons.

We have to stress that this indicator does not take into account health expenses which might be important for elderly people.

Figure 65: Persons at risk of poverty after social transfers by disability and year, EU 28
Dotted lines cover EU 27.
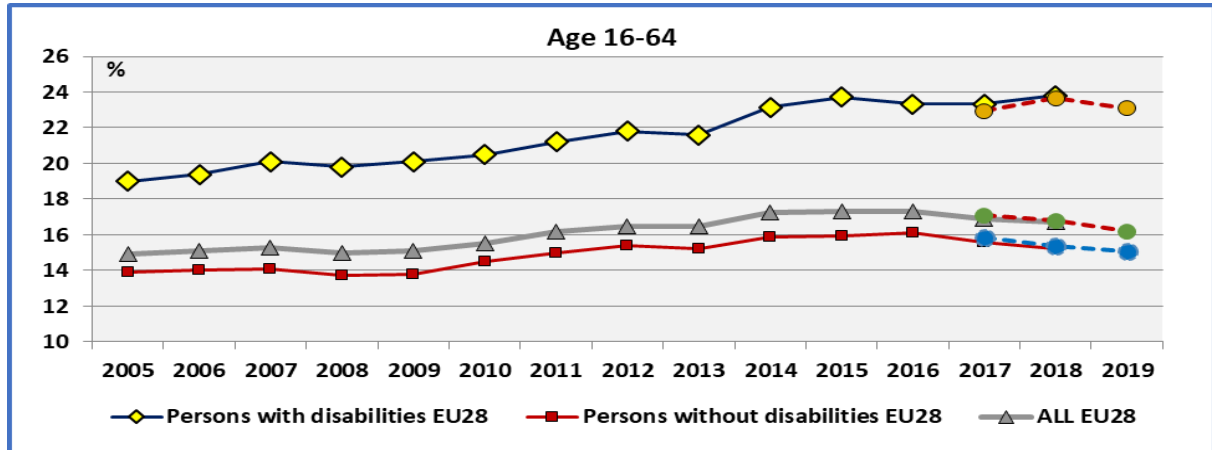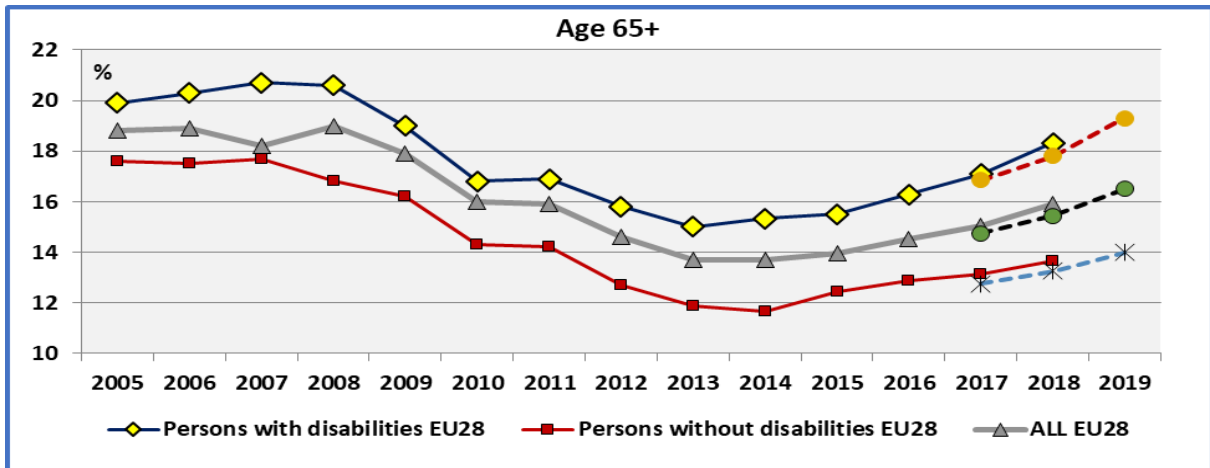
Note: Data for 2019 are provisional estimations.
Data source: EU-SILC UDB and Eurostat (Data extracted on 22/10/2020 from [ESTAT]).

Concerning the relative gap in financial poverty (difference between persons with and without disabilities as a percent of the latter), the following graph indicates an increasing trend for both groups (persons aged 16-64 and 65 and over). This reveals the difficulty of European and national policies to decrease the gap between persons with and without disabilities.

Figure 66: The evolution of relative gap between persons with and without disabilities, EU
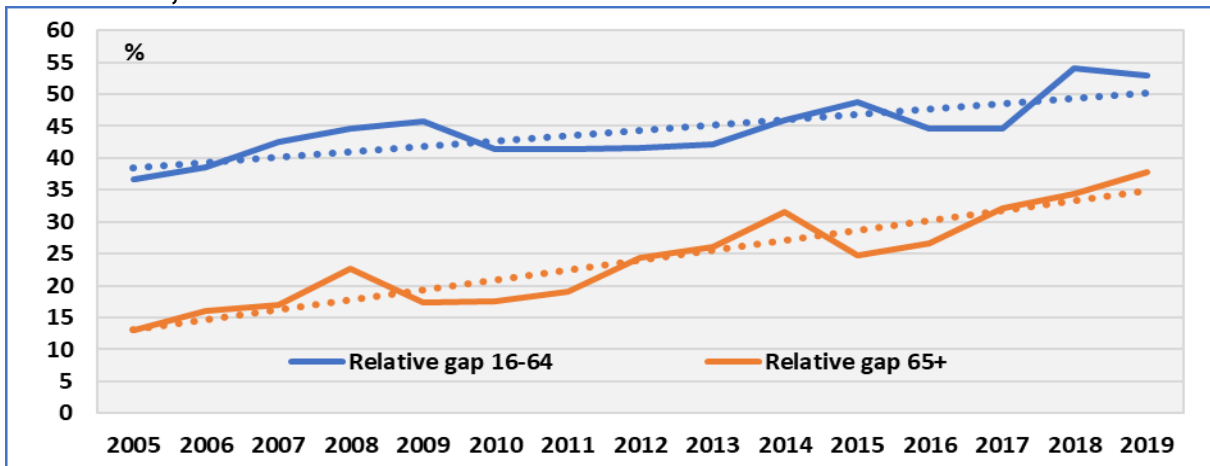
Note: Dotted lines represent the respective trends.
Data: EU 28: 2005-2016. EU 27: 2017 onwards. Data for 2019 are provisional estimations.
Data source: Eurostat & EU-SILC UDB.

The gap between the two groups follows a cyclical fluctuation around the trend depending on the economic cycle, wage rigidities, lags in the adjustment of pensions, etc.

8.2.6 Evolution through time at the national level

As noted, between 2017 and 2018, we observe a marginal deterioration of the situation of persons with disabilities. In the EU 27, the percentage of persons with disabilities at risk of financial poverty, aged 16 and over, increased from 20.1 % to 20.9 %.

The evolution of financial poverty risk of persons with disabilities varies across Member States. A deterioration of the situation of persons with disabilities has taken place in

the big majority of Member States. Six Member States experienced an improvement of the situation of persons with disabilities.

Figure 67: People with disabilities at risk of poverty after social transfers in 2017 and 2018 (Age: 16+)
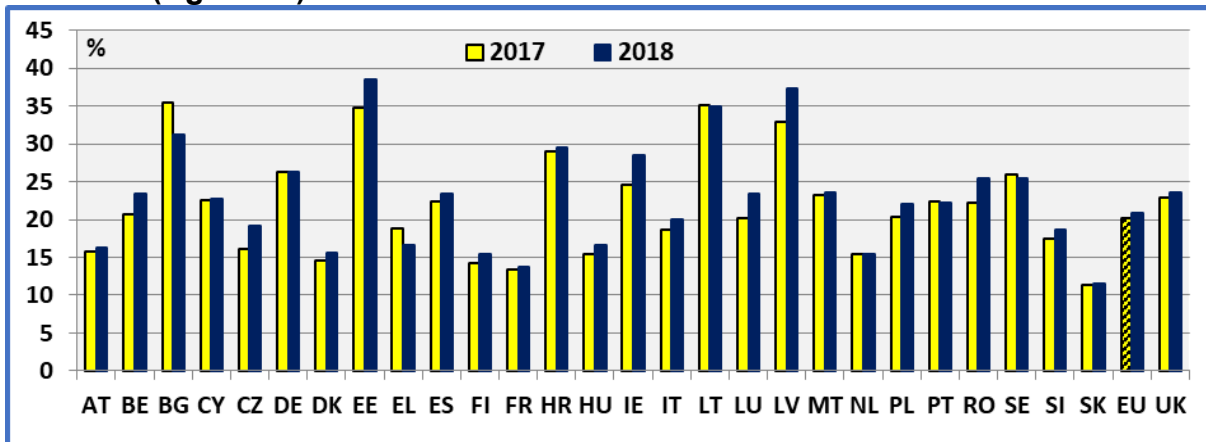
Data source: EU-SILC UDB 2017 & 2018.

The data indicate that the evolution of the situation of persons with disabilities is not correlated with the evolution of persons without disabilities at this stage of the economic cycle.

In previous ANED reports, we have presented a critic of this indicator and its relevance for persons with disabilities.

8.2.7 The impact of disability benefits on household income and poverty reduction

As noted in the discussion of disability prevalence, the EU-SILC survey provides information on persons who receive disability benefits. According to the EU-SILC methodology, 'disability benefits refer to benefits that provide an income to persons below standard retirement age whose ability to work and earn is impaired beyond a minimum level laid down by legislation by a physical or mental disability'.

As in several Member States, disability pensions are replaced by an ordinary retirement pension, we analyse below data for the age group 16 to 64. The recipiency rate for persons aged 16 to 64 was 4.6 % in the EU 27, in 2018.

First, we analyse the importance of disability benefits in total disposable household income of recipients of these benefits.

Disability benefits are an important part of total disposable household income of recipients of disability benefits, aged 16-64. They represent 26.5 % of their total disposable income, at the EU 27 level, in 2018.

In the following graph, we present the cumulative share of total disposable household income (vertical axis) against the cumulative population percentage (horizontal axis). The population is ordered in ascending order of total disposable household income. So, the first 10 % include those with the lowest incomes. The vertical axis measures the cumulative amount of total disposable household. The diagonal indicates a perfectly equal distribution: 10 % of population receives 10 % of income, etc.

Furthermore, we subdivide the curve of total income by income factors: disability benefits and other sources of household income. The bottom curve displays the part of cumulative total disposable household income due to disability benefits. The area between the bottom curve and the upper curve measures the contribution of other income factors (work, wealth, etc.).[71] For the lowest incomes, disability benefits represent a very high share of total income. For all recipients, this share is 26.5 % (not weighted).

Figure 68: The importance of disability benefits for recipients, EU 27 (Age: 16-64), 2018
The population is ordered in ascending order of total disposable household income. So, the first 10 % include those with the lowest incomes.
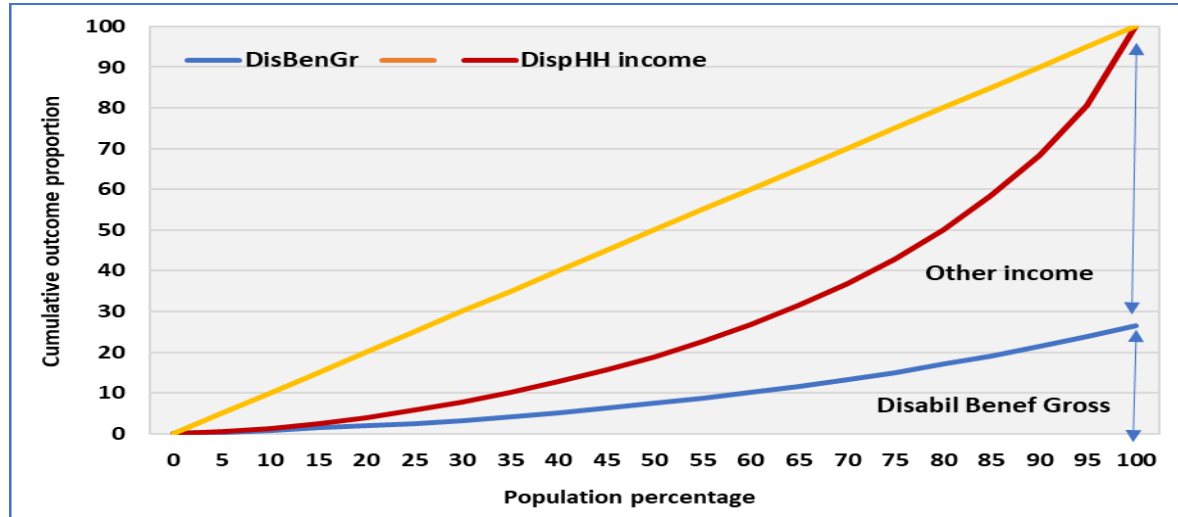
Note: 'DisBenGr' stands for gross disability benefits and 'DispHHIncome' for disposable household income.
Data source: EU-SILC UDB 2018.

This graph covers very different national situations and an analysis by Member State is presented below.

We focus on recipients of disability benefits aged 16-64 in the EU Member States. The graph presents gross disability benefits as a share of total disposable household income. We present this percentage for 2018. However, as the number of observations is relatively low for certain Member States, we present also the mean of 2016 and 2018.

Disability benefits as a share of disposable household income ranges from 7.5 % (Bulgaria) to 45.5 % (Denmark). The EU 27 average is 29.1 % (weighted) in 2018.

A low share is often the result of a low amount in disability benefits: low both in absolute terms and in relation to the national mean disposable household income.

In the EU 27, the mean amount of gross disability benefits, received by recipients aged 16-64, represents 22.5 % of the mean national disposable household income, received by persons aged 16 and over, in 2018. Disability benefits cover persons 16-64 because after this age they are replaced by old-age pension schemes. Mean disposable household income covers all persons 16 and over in order to have a national standard.

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[71] For the methodology and the STATA programme see: Ben Jann: "Estimating Lorenz and concentration curves in Stata". Department of Social Sciences, University of Bern, 2016. The method used here does not support weighting, https://ideas.repec.org/p/bss/wpaper/15.html.

Figure 69: Disability benefits as a % of disposable household income. Recipients aged 16-64, EU 27, 2018
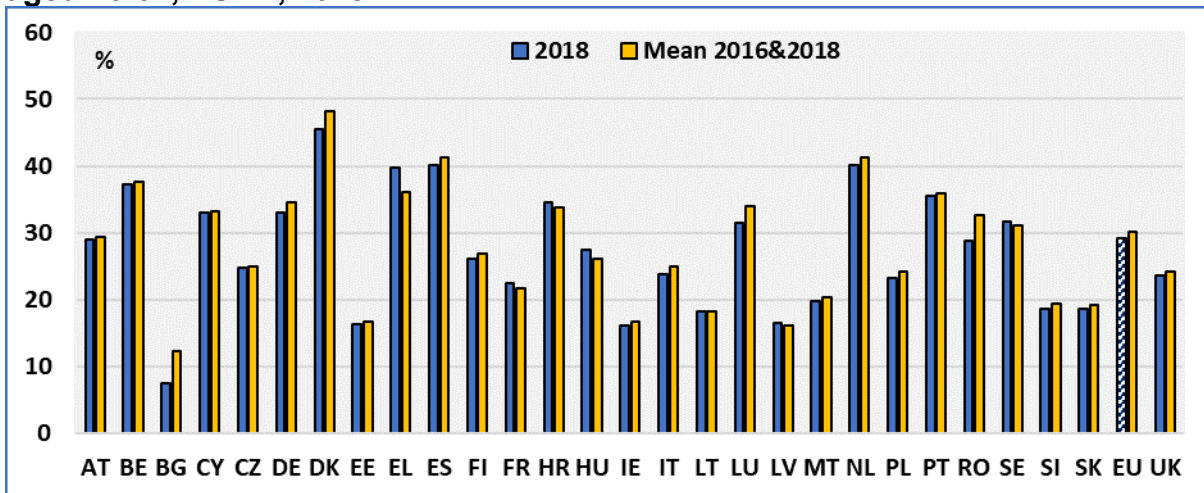
Data source: EU-SILC UDB 2018.

Secondly, we analyse below the impact of disability benefits on poverty and income inequality reduction.

In the following graph, we present the cumulated share of gross disability benefits (Disab Ben Gr) and total disposable household income without disability benefits (TotDispHHInc-DisBenGr). Again, the population is ordered by total disposable household income excluding gross disability benefits.

The graph indicates that 10 % of the poorest persons receive 36.0 % of gross disability benefits compared to 1.0 % of household income excluding disability benefits. The 20 % poorest individuals receive 48.3 % and 4.0 % respectively. Consequently, disability benefits accrue mainly to the lowest income classes. This is an expected result, as several disability benefits are granted under certain income conditions. Consequently, disability pensions and allowances redistribute resources mainly in favour to financially disadvantaged people. By this way, they reduce inequality and contribute to the reduction of poverty.

We find similar results if we focus on persons with disabilities.

We may note that between 2016 and 2018, the lowest 10 % of all persons, aged 16-64, increased its share of disability benefits by 1.3 percentage points, at the expense of the next income classes.

Figure 70: The impact of disability benefits on income inequality, EU 27, 2018

Disability benefits have a strong redistributive impact.

All persons aged 16-64	Persons with disabilities aged 16-64
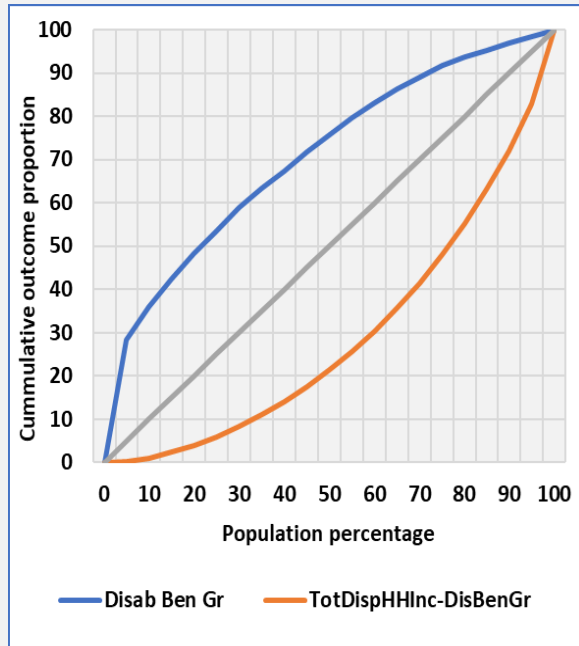
Gini: 0.41 (income); -0.42 (disability benefits)
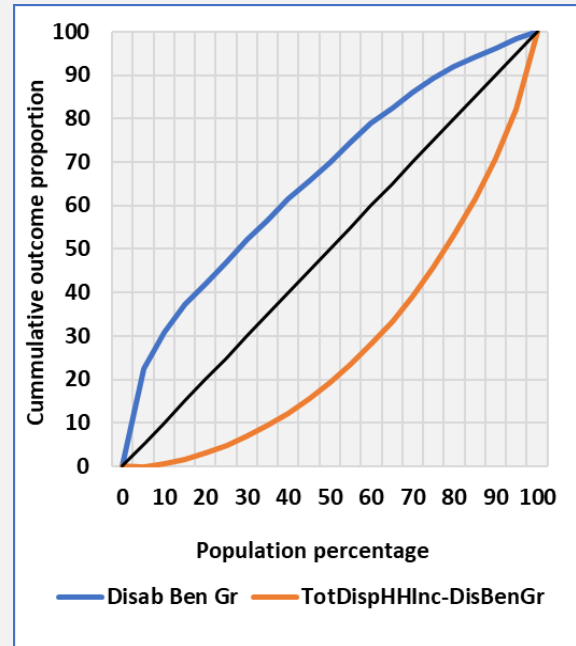
Gini: 0.44 (income); -0.33 (disability benefits)

Data source: EU-SILC UDB 2018.

9 Severely materially deprived people

9.1 Relevance to EU policy / Strategy

Article 28 of the UN Convention treats "Adequate standard of living and social protection". It recognises the "the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realisation of this right without discrimination on the basis of disability".

At the European Council held on 17 June 2010, the Member states' Heads of State and Government endorsed a new European strategy for jobs and smart, sustainable and inclusive growth, known as the Europe 2020 strategy. Currently, there is a discussion on a possible successor strategy to Europe 2020.

"Severely materially deprived persons" is an indicator of social exclusion which expresses the person's inability to afford for certain goods or services which are considered as of common use. This indicator complements the income-related measures of poverty in order to have wider understanding of the various facets of social exclusion. The collection "material deprivation" covers indicators relating to economic strain. durables. housing and environment of the dwelling.

It is a component of the Europe 2020 headline indicator "population at risk of poverty or social exclusion" which is attached to the EU-wide agreed objectives to reduce by at least 20 million the number of Europeans exposed to poverty and social exclusion by 2020.

9.2 Assessment and analysis of main results and their evolution

9.2.1 Definition of severe material deprivation

The indicator concerning severely materially deprived persons presents the share of population with an enforced lack of at least four out of nine material deprivation items in the 'economic strain and durables' dimension.

Deprivation here refers to an enforced lack and not to a deliberate choice. For example, if a household cannot afford a colour TV, then it is counted among deprived persons. However, if it is a deliberate choice, then there is no deprivation.

The 9 items are:

1. arrears on mortgage or rent payments. utility bills. hire purchase instalments, etc.;
2. capacity to afford paying for one week's annual holiday away from home;
3. capacity to afford a meal with meat. chicken. fish (or vegetarian equivalent) every second day;
4. capacity to face unexpected financial expenses;
5. household cannot afford a telephone (including mobile phone);
6. household cannot afford a colour TV;
7. household cannot afford a washing machine;
8. household cannot afford a car and
9. ability of the household to pay for keeping its home adequately warm.

Severely materially deprived persons are persons with an enforced lack of at least four out of nine material deprivation items. Critics argue that certain items are subjective measures and all persons do not share the same thresholds.

9.2.2 General comments

In 2018, about 9.0 % of people with disabilities aged 16 and over are living in households which are severely materially deprived compared to 4.7 % of people without disabilities. The total is 5.8 %.

For comparison, if we define the criterion to be lack for "at least 3 dimensions", then the percentage of people with disabilities increases sharply. The cut point has a big importance for the number of materially deprived people.

In the EU 27 Member States, there are about 20.6 million persons (aged 16 and over) living in households at risk of severe material deprivation. There are about 7.8 million with disabilities and 12.7 million without disabilities.

Table 10: Persons living in households which are severely materially deprived by disability status, EU 27, (Age: 16+), 2018

	Not at risk	At risk	Total
	1,000,000		
Persons without disabilities	256.5	12.7	**269.2**
Persons with disabilities	79.4	7.8	**87.3**
Total	335.9	20.6	**356.5**
	%		
Persons without disabilities	95.3	4.7	**100**
Persons with disabilities	91.0	9.0	**100**
Total	**94.2**	**5.8**	**100**

Data source: EU-SILC UDB 2018.

There is a wide diversity of situations in the Member States. The share of severely materially deprived persons is low in Luxembourg, Sweden and Denmark. It is relatively high in Romania, Greece and Bulgaria.

Figure 71: Percent of persons living in households which are severely materially deprived by disability status and Member State, 2018

Percent of population with an enforced lack of at least four out of nine material deprivation items in the 'economic strain and durables' dimension (Age 16+).
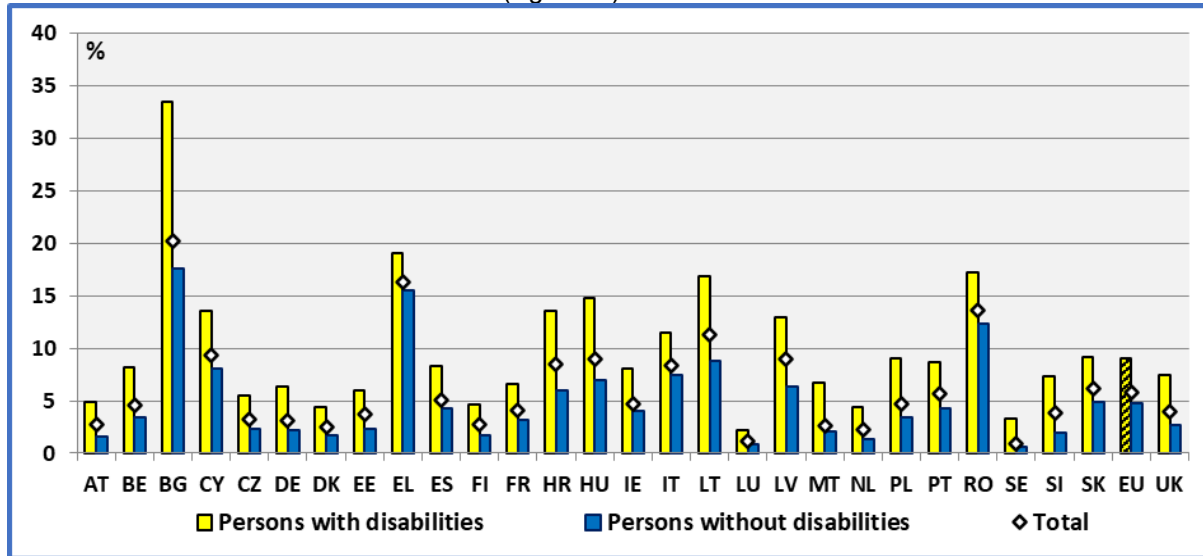
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

We may note that Member States with high income have low rates of severe material deprivation and countries with low income have high rates of severe material deprivations.

The range of variation here is much bigger compared to other poverty indicators. In fact, the characteristic of a group of persons in one country is not compared to a national average. Here, the reference is the same for all Member States: deprivation in at least four items out of nine. In summary, here we have an absolute measure of poverty and not a relative one as in the case of financial poverty.

If we define disadvantage as the difference of respective rates between persons with and without disabilities, we find that this disadvantage is high notably in most of the new Member States. This disadvantage ranges from a low 1.3 percentage points (Luxembourg) to 16.0 percentage points (Bulgaria). The EU 27 average gap is 4.3 percentage points.

Figure 72: Disadvantage of persons with disabilities concerning severe material deprivation, 2018 (Age: 16+)

Disadvantage = (Percent of persons with disabilities) – (Percent of persons without disabilities).
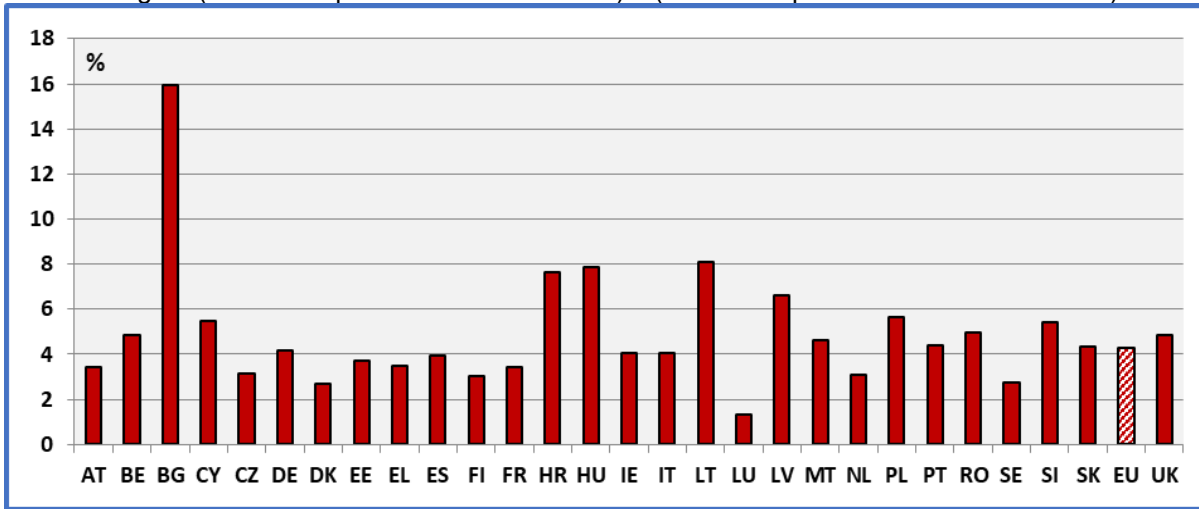
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

9.2.3 Gender

In the EU 27, about 9.5 % of women with disabilities aged 16 and over live in households who are severely materially deprived compared to 8.4 % of men with disabilities. The total for all persons disabled and non-disabled, aged 16 and over, is 5.8 %.

Figure 73: Percent of persons living in households which are severely materially deprived by gender, disability status and Member State, 2018 (Age: 16+)

Percent of population with an enforced lack of at least four out of nine items.
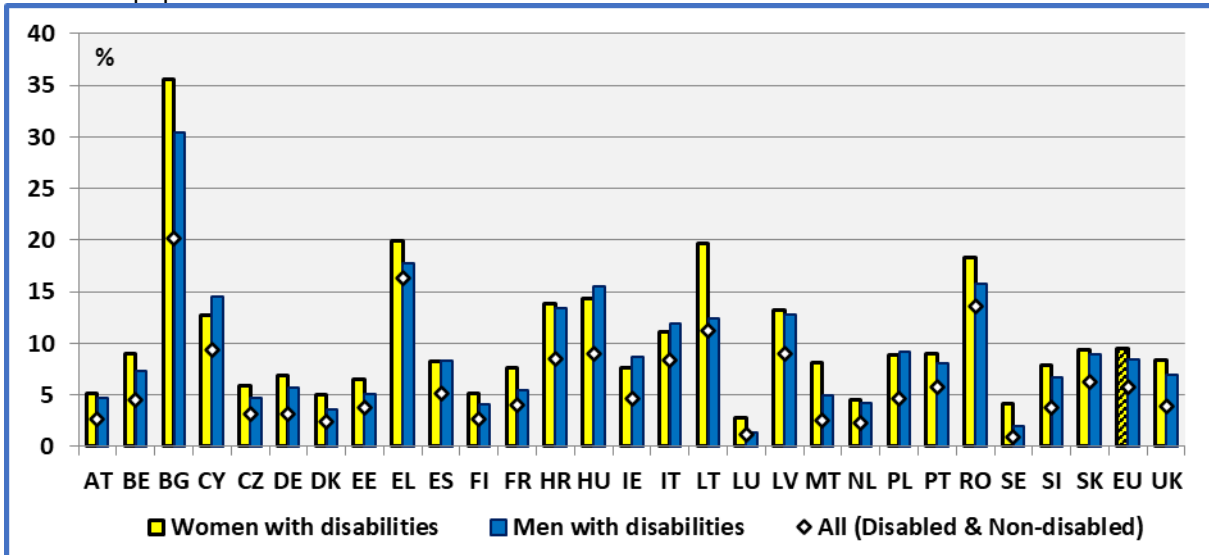
Data source: EU-SILC UDB 2018.

The gender gap among persons with disabilities is about 1.1 percentage points. In the EU 27. This gap is very low in the majority of Member States and close to the statistical error. However, the method used for the construction of the indicator might underestimate gender issues in Member States.

The disability related differences are much higher. The difference between women with and without disabilities amounts to 4.7 percentage points. The respective difference for men is 3.7 percentage points.

Figure 74: Percent of persons living in households which are severely materially deprived by gender and disability status, EU 27, (Age: 16+), 2018
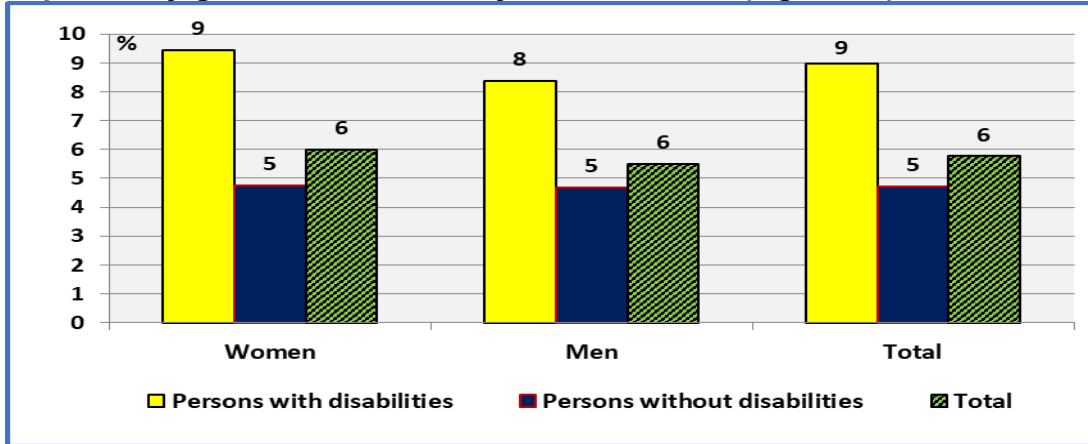
Data source: EU-SILC UDB 2018.

9.2.4 Age

In the following figure, we may observe that the percentage of persons living in households which are severely materially deprived declines significantly at the retirement age. However, elderly people might have lower expectations than persons aged 16-64 and underestimate certain situations and needs.

Apparently, retirement schemes reduce the number of materially deprived persons for all categories: persons with moderate disabilities and persons without disabilities.

Figure 75: Percent of persons living in households which are severely materially deprived by age group and disability status, EU 27, 2018
Percent of population with an enforced lack of at least four out of nine items.
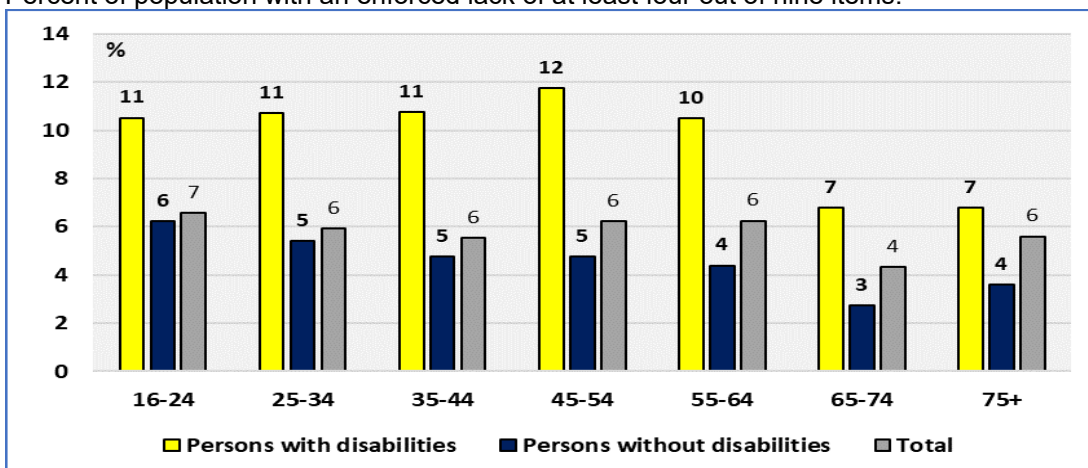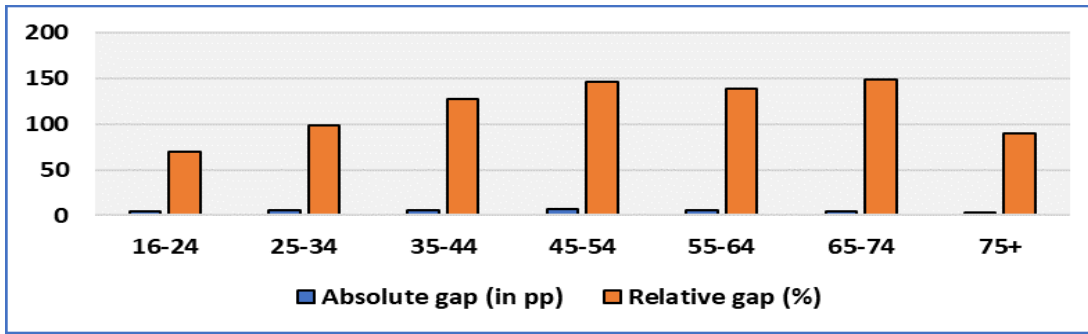
Data source: EU-SILC UDB 2018.

From a life cycle perspective, disabled persons experience a higher percentage of severe material deprivation compared to non-disabled. at all ages. While the absolute gap in percentage points decreases at retirement age, the relative gap remains high and decreases only for the very old (75+). But we have to keep in mind that high income classes have longer life expectancy.

Globally, material deprivation reflects the different living standards in the Member States. Countries with very high incomes (GDP per capita in PPS) present the lowest rates of material deprivation while countries with very low incomes present extremely high rates of material deprivation. This stands for all age groups and groups by disability status.

9.2.5 Degree of disability

The degree of disability increases significantly the percentage of persons living in households which are in severe material deprivation. About 11.7 % of persons with a severe disability aged 16 and over face severe material deprivation. This percentage is 7.9 % for persons with a moderate disability and 4.7 % for persons without disabilities.

There are about 7.8 million persons with disabilities, aged 16 and over (living in private households) at risk of severe material deprivation. This group includes about 4.9 million with a moderate disability and about 2.9 million with a severe disability.

Figure 76: Percent of persons living in households which are severely materially deprived by degree of disability, (Age: 16+), 2018

Percent of population with an enforced lack of at least four out of nine items.
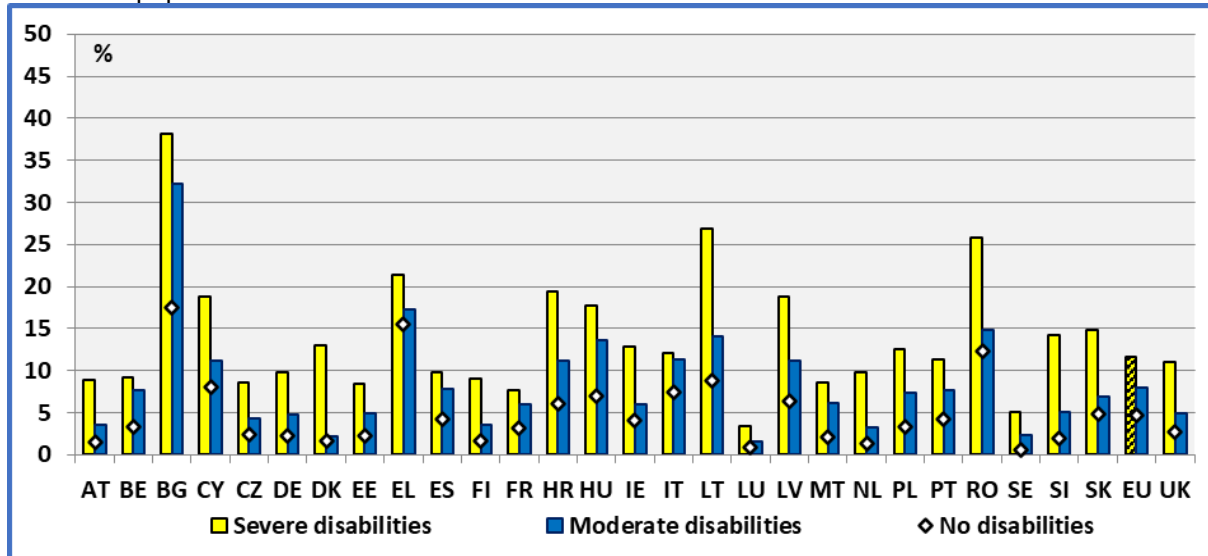
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

9.2.6 Evolution through time at the EU level

In the following graph, we present the evolution of severe material deprivation for persons with and without disabilities. Between 2017 and 2018, we observe a decrease, in the EU 27, from 6.9 % to 5.8 %. This represents a decrease of 15.9 %. Provisional data indicate a deceleration of the decrease in the rate of persons at risk of severe material deprivation.

We may observe that all groups are affected by the recent 2008/2009 recession and that the different evolutions present a cyclical fluctuation following the labour market and the economic cycle.

Since 2008/2009, the rate of severely material deprivation for persons aged 16+ has displayed an upward trend until 2012. Since 2013, we observe an improvement (decrease of poverty) for all groups.

However, the situation of persons with disabilities has deteriorated in comparison to persons without disabilities. In fact, the relative difference[72] of the rates of severe material deprivation between persons with and without disabilities has increased. This raises several questions concerning the efficiency of national and European policies.

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[72] Relative severe material deprivation rate: (% persons with disabilities - % Persons without disabilities) / (% Persons without disabilities).

Figure 77: Percent of persons living in households which are severely materially deprived, EU 27 (Age: 16+)
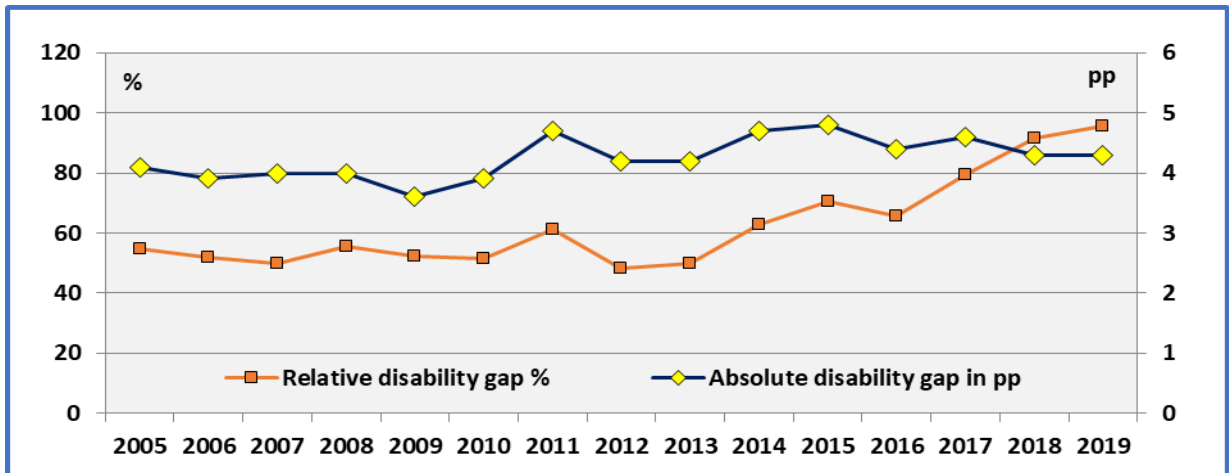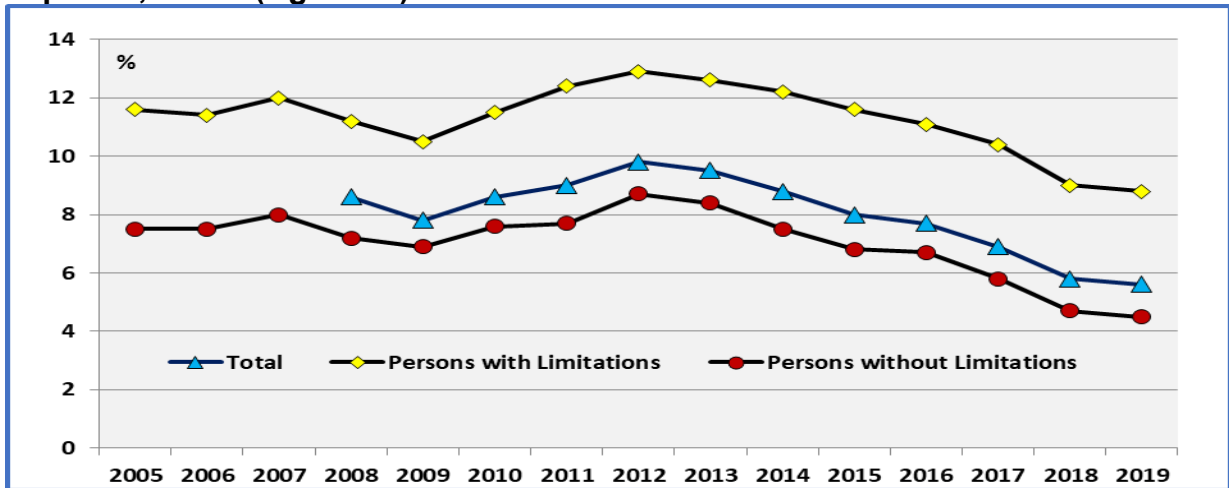
Absolute gap: (% persons with disabilities - % Persons without disabilities).

Relative gap: 100*(% persons with disabilities - % Persons without disabilities) / (% Persons without disabilities).

Note: EU 27 from 2010 on. 2019: Provisional data.

Data source: Eurostat (Extracted on 22.10.2020) and EU-SILC UDB for 2005-2009.

9.2.7 Evolution through time at national level

Between 2017 and 2018, the improvement was generalised. Concerning persons with disabilities aged 16 and over, we observe an improvement in the big majority of Member States (22 countries).

Figure 78: Percent of persons with disabilities living in households which are severely materially deprived in 2017 and 2018 and relative change between 2017 and 2018 (Age: 16+)
A negative value means a decrease of the percentage (decrease of severe material deprivation).
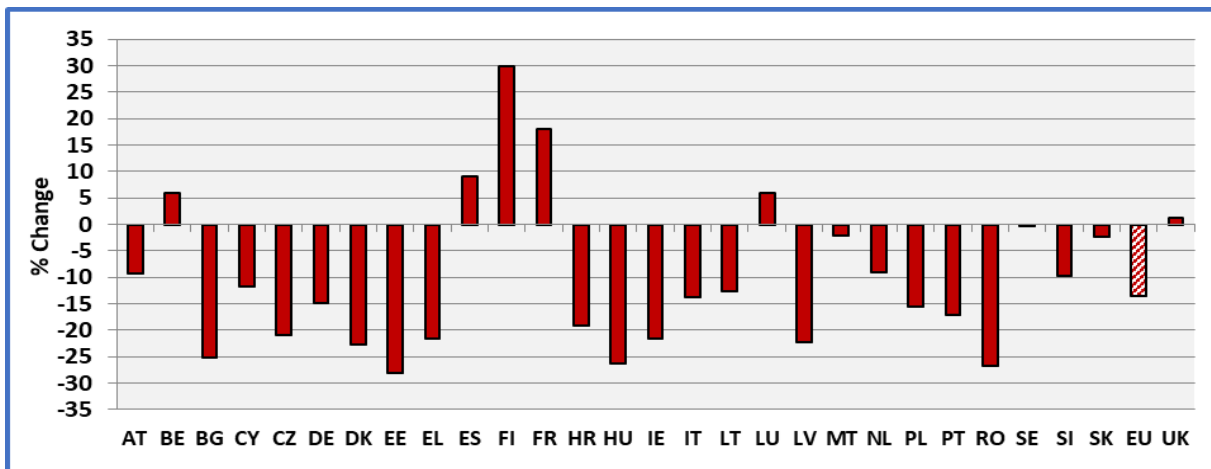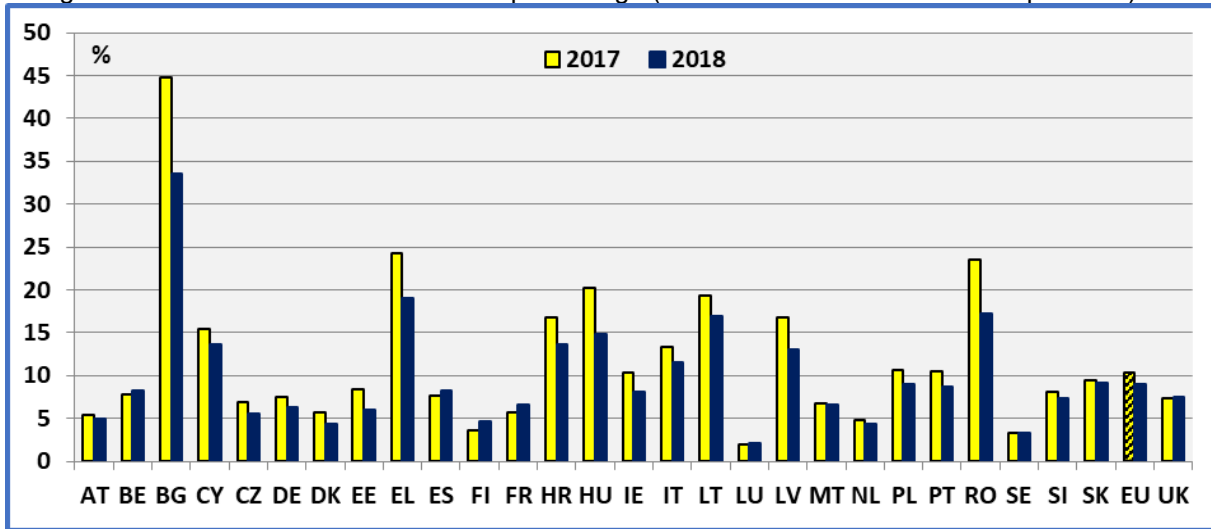
Data source: EU-SILC UDB 2017 and 2018.

10   People at-risk-of-poverty or social exclusion (union of the three indicators above)

10.1 Relevance to EU policy / Strategy

At the European Council held on 17 June 2010, the Member states' Heads of State and Government endorsed a new European strategy for jobs and smart, sustainable and inclusive growth, known as the Europe 2020 strategy. Currently, there is a discussion on a possible successor strategy to Europe 2020.

The headline indicator "population at risk of poverty or exclusion" is attached to the EU-wide objective to reduce the number of Europeans exposed to poverty and social exclusion by 2020. The headline indicator combines three sub-indicators namely the at-risk-of-poverty rate after social transfers, the severe material deprivation rate, and people living in households with very low work intensity.

This indicator corresponds to the sum of persons who are either at risk of poverty or severely materially deprived or living in households with very low work intensity. Persons present in several sub-indicators are counted only once.

As discussed above. each poverty indicator has its advantages and weaknesses. The global indicator covering persons at risk of poverty or social exclusion combines the three cited indicators and hence presents some advantages.

10.2   Assessment and analysis of main results and their evolution

10.2.1 General comments

In 2018, in the EU 27, about 28.6 % of people with disabilities aged 16 and over live in households which are at risk of poverty or social exclusion compared to 19.1 % of persons without a disability of the same age group. The percentage for all persons aged 16 and over is 21.3 %.

This represents about 76.4 million people, aged 16 and over, living in households at-risk-of-poverty or social exclusion. This total includes 51.4 million without disabilities and 25.0 million with disabilities.

Table 11: People living in households at-risk-of-poverty or social exclusion, EU 27, 2018 (Age: 16+)

Persons who are either at risk of poverty or severely materially deprived or living in households with very low work intensity, (Million).

Age	16-64			65+			16+		
	Poverty or social exclusion			**Poverty or social exclusion**			**Poverty or social exclusion**		
Disability	**No**	**Yes**	**Total**	**No**	**Yes**	**Total**	**No**	**Yes**	**Total**
No dis/ty	180.3	44.9	225.2	37.1	6.5	43.6	217.8	*51.4*	269.2
Yes dis/ty	30.6	16.1	46.7	31.7	8.8	40.6	62.3	**25.0**	87.3
Moderate	*24.2*	*10.6*	*34.8*	*21.9*	*5.8*	*27.6*	*46.1*	*16.3*	*62.4*
Severe	*6.3*	*5.5*	*11.9*	*9.9*	*3.1*	*13.0*	*16.2*	*8.6*	*24.9*
Total	**210.9**	**61.0**	**271.9**	**68.8**	**15.3**	**84.2**	**280.1**	**76.4**	**356.5**

Data source: EU-SILC UDB 2018.

Concerning people with disabilities aged 16 plus, the lowest rates can be found in Slovakia, France and Austria. On the other hand, the highest rates can be found in Lithuania, Latvia and Bulgaria. These later countries had a similar rank in previous years.

Table 79: Percent of people living in households at-risk-of-poverty or social exclusion, 2018 (Age: 16+)

Percent of persons who are either at risk of poverty or severely materially deprived or living in households with very low work intensity. Crude rates (not age-adjusted).
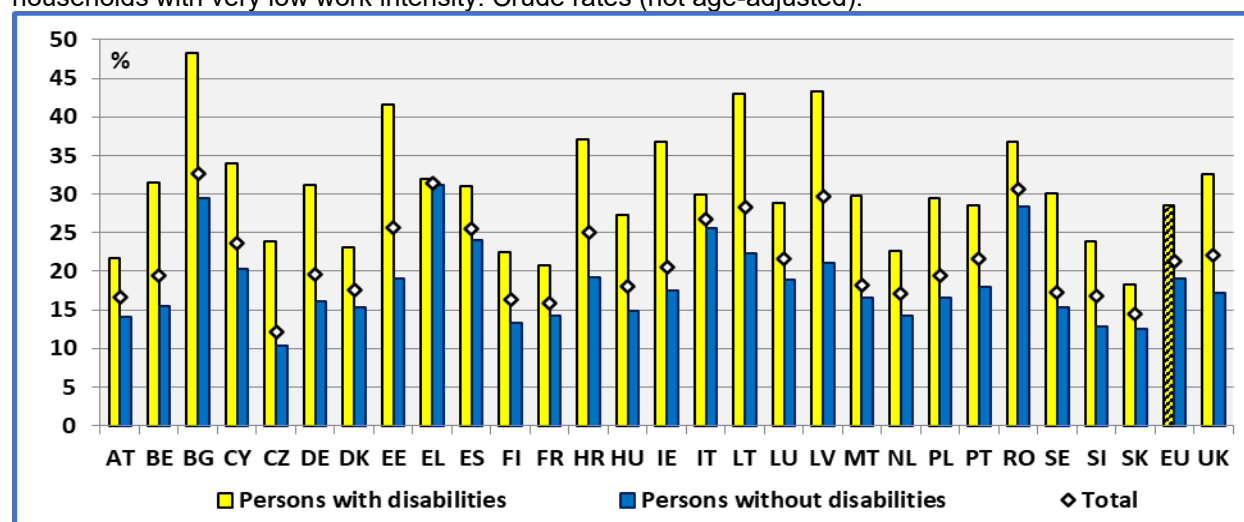
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

In the EU 27, the gap between persons with and without disabilities amounts to 9.5 percentage points. High gaps can be found in Lithuania, Latvia and Estonia. On the contrary, small gaps can be found in Greece, Italy and Slovakia. Greece experienced small gaps in previous years too. In this latter country, the economic crisis has deteriorated sharply the labour market. Disability pensions constitute a protection against relative poverty and social exclusion, notably when unemployment benefits are low and limited in time.

The following graphs illustrate national situations.

Figure 80: The poverty and social exclusion gap between persons with and without disability (Age: 16+)

Gap: Percent of persons with disabilities – Percent of persons without disabilities; 2018.
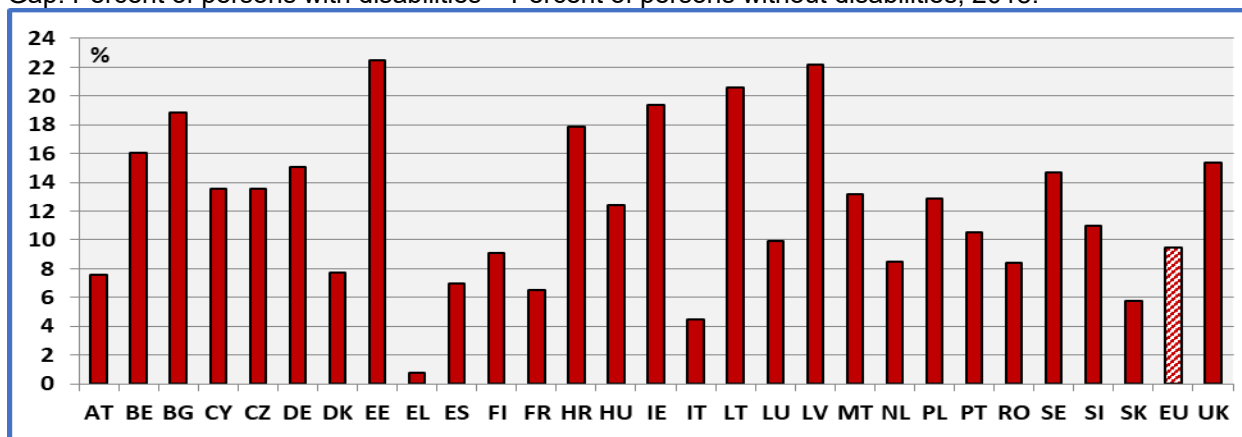
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

However, the aggregation of all age groups might be misleading. As noted above, people aged 16-64 and people aged 65 and over do not follow the same evolutions. Furthermore, the statistical indicator is not the same for both groups. In fact, work intensity plays an important role for persons aged 16 to 59 but is not relevant to retired people. Also, poverty among economically active persons does not require the same policies as for elderly people.

For persons aged 16 to 64, the dominant instrument to take people out of poverty or social exclusion is employment and education. For persons aged 65 and over, policies concerning retirement pensions are more relevant. For these reasons, we will detail below the situation of persons aged 16 to 64 years and persons aged 65 and over.

10.2.2 Gender

From a gender point of view, gender differences inside each group (group of disabled and group of non-disabled) are relatively small. In the EU 27, about 29.5 % of women with disabilities are at risk of poverty compared to 27.5 % for men with disabilities. The corresponding rates for non-disabled are 20.1 % (women without disabilities) and 18.1 % (men without disabilities). These rates cover persons aged 16 and over.

The gender gap among disabled persons is 2.0 percentage points. We find a similar rate for non-disabled persons. But these low gaps are not surprising as the indicator is constructed at the household level and not at the individual level. In fact, the same value is assigned to all household members.

The following graph presents gender differences among persons with disabilities aged 16 and over. The term 'Total' includes both genders and persons with and without disabilities. It helps us to visualise the gender gap (differences between men and women) and the disability gap (difference between disabled and total).

Figure 81: Percent of persons with disabilities living in households at-risk-of-poverty or social exclusion by gender, 2018

Percentage of persons who are either at risk of poverty or severely materially deprived or living in households with very low work intensity. Age 16+.
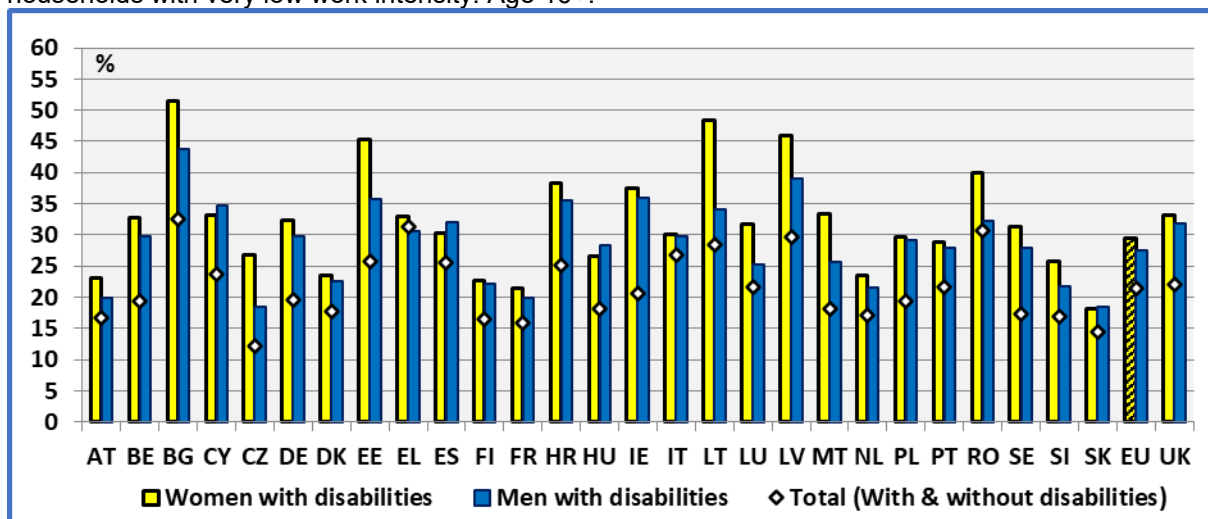
Data source: EU-SILC UDB 2018. EU covers 27 MS.

The disability gap among women is 9.4 percentage points. In fact, from a disability point of view at the EU level about 29.5 % of women with disabilities are at risk of poverty compared to 20.1 % of women without disabilities. The disability related gap among men is similar.

10.2.3 Age

As noted, there are about 25.0 million people with disabilities at-risk-of-poverty or social exclusion. This includes 16.1 million persons with disabilities aged 16-64 and 8.8 million aged 65 and over.

There is a big difference concerning poverty or social exclusion between adults (16-64) and elderly people (65 and over). As noted above each group shares different characteristics. Also, the criteria for each age group are not the same. Low work intensity concerns only persons aged less than 60 years.

In the following figure, we can see this difference. The risk at-risk-of-poverty or social exclusion decreases abruptly after the age of 65. We have noted, two possible factors:

- low work intensity (unemployment measured at the household level) plays a role for economically active persons but not for retired people, and
- pension schemes and social protection play a protective role for elderly people as noted earlier in the discussion of financial poverty.

The relative gap (relative difference between persons with and without disabilities) increases with age and decrease at retirement. This reminds us, the divergent evolution of employment and unemployment of persons with and without disabilities, during their economic life cycle.

Figure 82: Percent of people living in households at-risk-of-poverty or social exclusion by age-group, 2018

Percent of persons who are either at risk of poverty or severely materially deprived or living in households with very low work intensity.
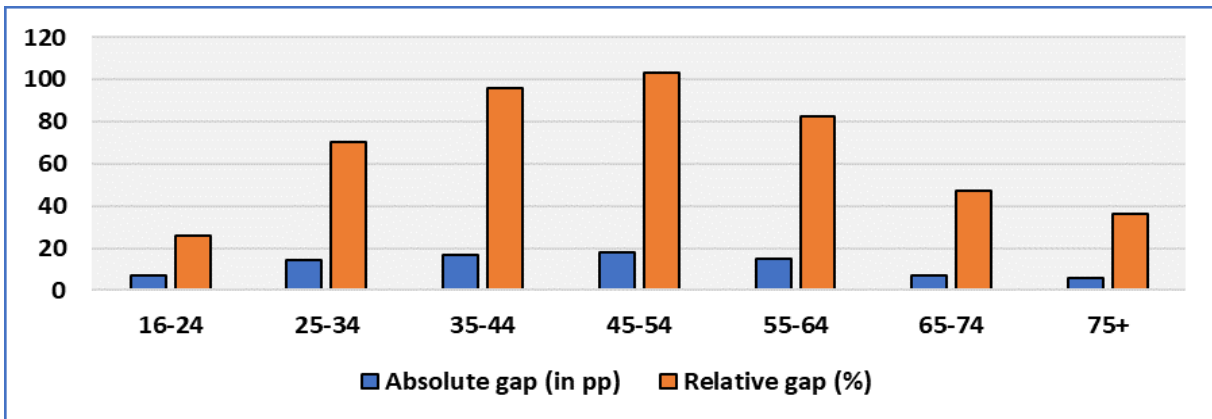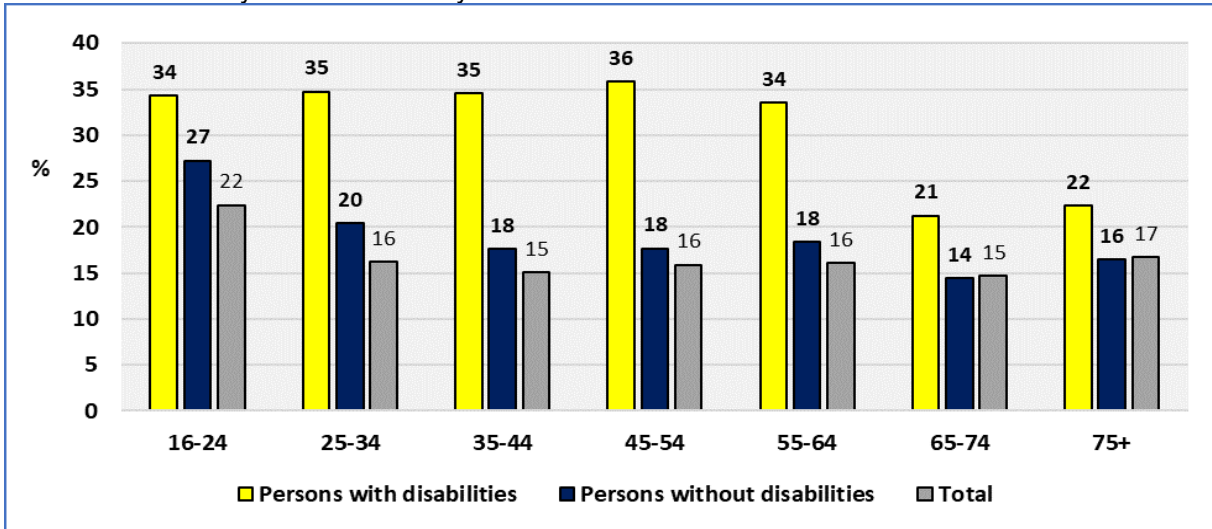
Data source: EU-SILC UDB 2018.

10.2.4 Degree of disability

The degree of disability increases significantly with the risk of poverty or social exclusion in all Member States. At the EU level, 34.7 % of persons with a severe disability aged 16 and over are at risk of poverty or social exclusion. The equivalent rate for persons with a moderate disability is 26.2 % and for persons without disabilities 19.1 %.

As indicated above, the number of persons with disabilities at-risk-of-poverty or social exclusion includes about 16.3 million people with moderate disabilities and 8.6 million with severe disabilities.

Figure 83: Percent of persons living in households at-risk-of-poverty or social exclusion

By degree of disability; age: 16+ 2018.
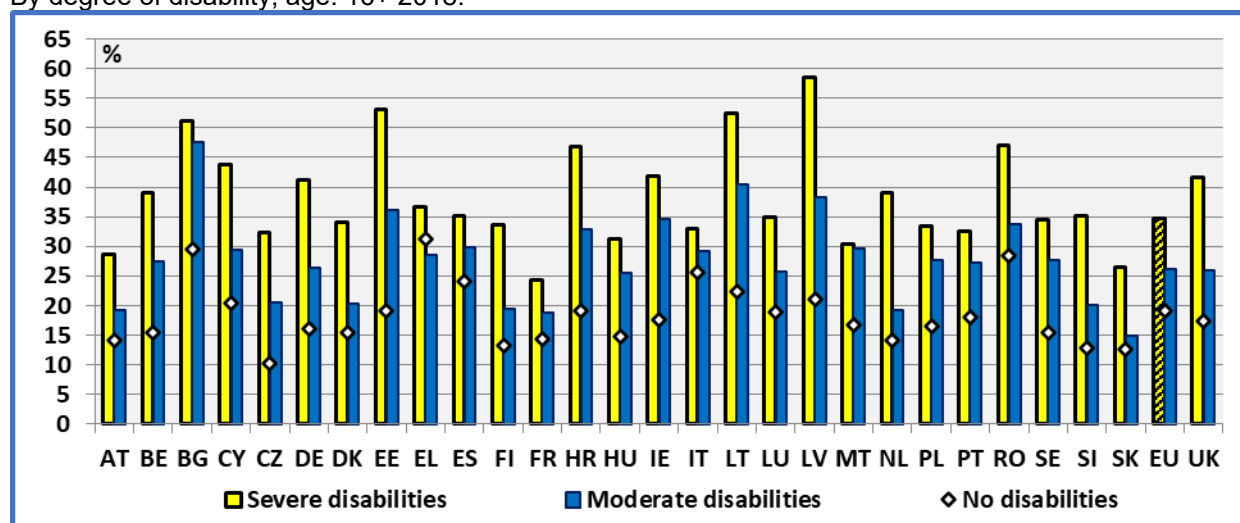
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

10.2.5 Evolution at the EU level

In the following graph, we present the evolution of the percentage of persons at-risk-of-poverty or social exclusion by disability status. Since 2016, we observe a decrease of poverty for both groups but the decline of poverty or social exclusion for persons without disabilities is steeper.

We may observe a cyclical fluctuation of the poverty rates. From 2009/2010 to 2011/2012, we note an increase of poverty, after the financial crisis, and a decrease of poverty after 2012, with some small fluctuations for persons with disabilities.

In the short term, the relative disability poverty gap follows a pro-cyclical evolution. It was increasing before the financial crisis of 2008/2009. During the recession period 2008 – 2012, it experienced a decrease and later again an increase. The decrease during the recession period can be explained by social protection schemes (notably disability pensions), lower unemployment changes among older workers with disabilities and an age composition effect (retirement pension schemes dampen relative poverty).

However, as noted above, persons aged 16-64 and persons aged 65 and over do not share the same characteristics. Due to the importance of age and given the specific characteristics of elderly persons, we present below the evolution of poverty and social exclusion rates by age group.

Figure 84: Percent of persons living in households at-risk-of-poverty or social exclusion, EU 27 (Age: 16+)
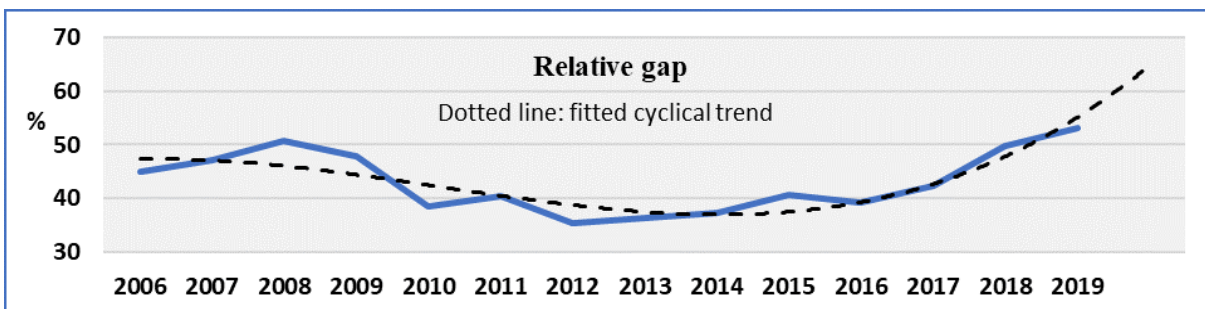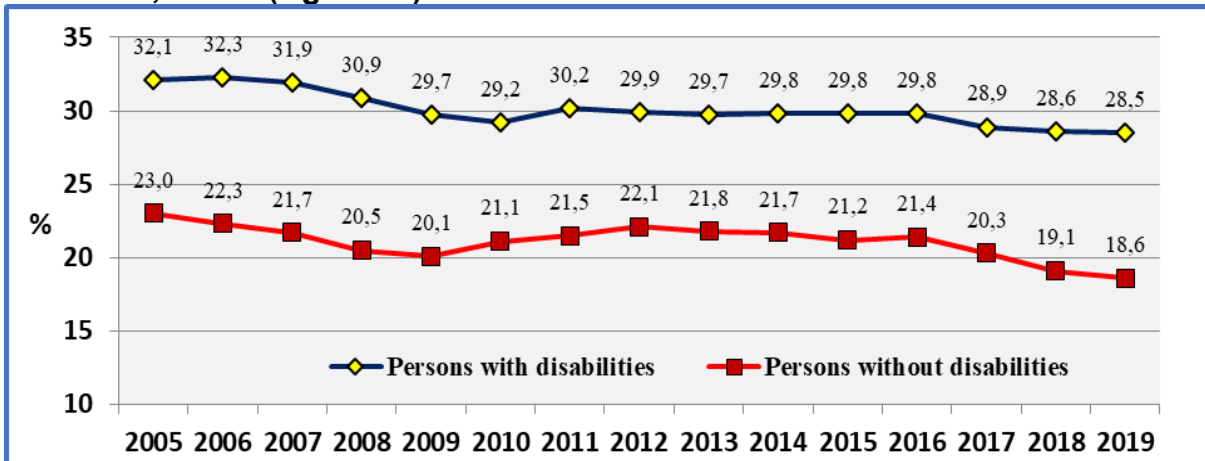
Note: Relative gap = 100*(% persons with disabilities - % persons without disabilities) / % persons without disabilities.
Note: EU 27 from 2010 on. Data for 2019 are provisional estimations.
Data source: Eurostat and EU-SILC UDB.

Concerning persons aged 16-64 and 65 and over, the following figure indicates that the two groups have followed different paths.

Since 2017, persons aged 16-64 improved their situation following a favourable situation on the labour market. On the contrary, elderly people experienced a deterioration of their situation.

As noted above, the economic cycle does not affect elderly persons through wages and employment. The economic cycle affects this age group through pension schemes. Apparently, stable pensions (at least not decreasing) improve the situation of elderly relative to economically active people during a recession. This can be reversed during an improvement on the labour market, and this probably explains the reversal of the evolution of poverty in 2014.

Concerning the relative gap between persons with and without disabilities aged 16-64, we may observe a persistent high relative gap. We observe a slight increase of this relative gap since 2016 (the important increase of the relative gap in 2015 might be due, at least partly, to a change in definitions of disability in Germany).

Concerning the relative gap between persons with and without disabilities, aged 65 and over, we may observe a deterioration of the situation of persons with disabilities relative to persons without disabilities. However, since 2013, we observe a reversal of the trend in favour of persons with disabilities.

Globally, the trend reveals a deterioration of the situation of persons with disabilities relative to persons without disabilities. for all age groups.

Figure 85: Percent of persons living in households at-risk-of-poverty or social exclusion, EU 27
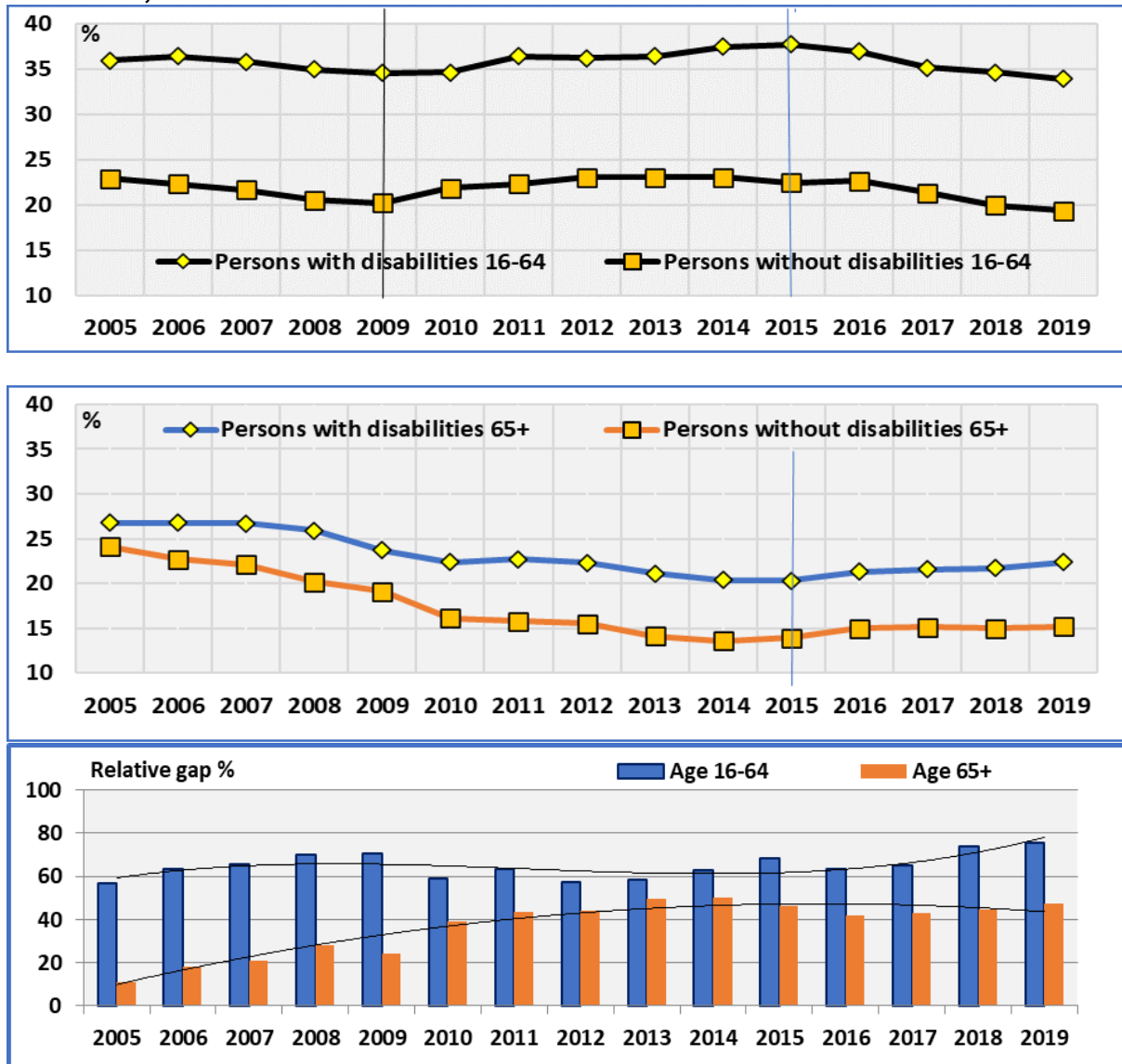
Note: EU 27 from 2010 on. Data for 2019 are provisional estimations.
Data source: Eurostat and EU-SILC UDB.

10.2.6 Evolution at Member States level

The Member States follow different paths. The following figure indicates an improvement of the situation of persons with disabilities in the majority (15) of Member States, but this reduction of poverty or social exclusion is relatively small in several Member States. Bulgaria, Hungary and Greece experienced the bigger reductions of poverty or social exclusion.

Figure 86: Evolution of the number of persons with disabilities living in households at-risk-of-poverty or social exclusion (Age: 16+)
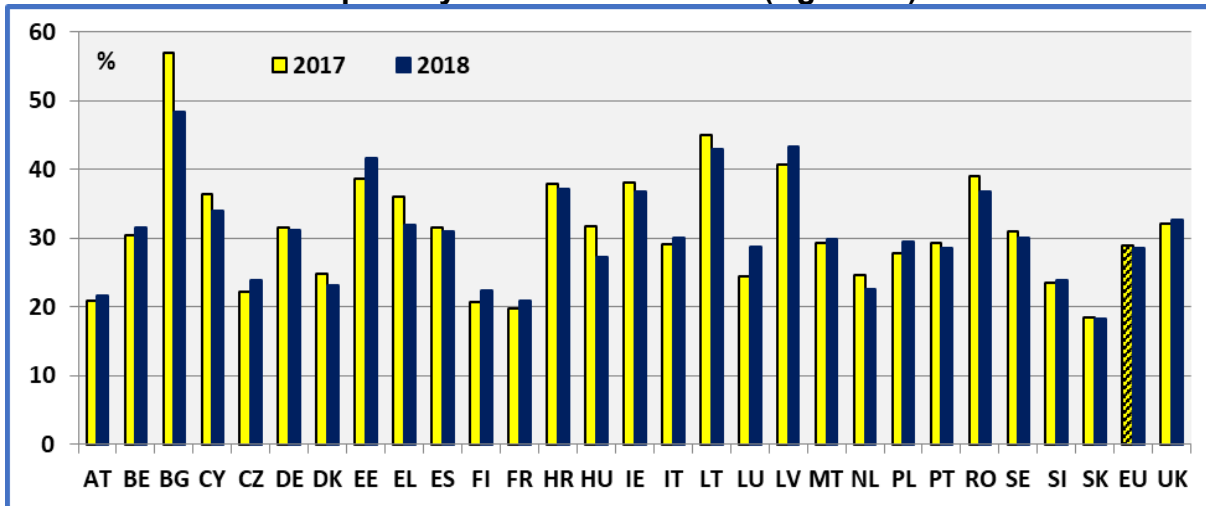
Data source: EU-SILC UDB. EU covers 27 Member States.

We may observe a relatively small correlation between the changes (both in absolute and relative terms) of persons with and without disabilities. In previous years, we did not observe such a correlation.

Figure 87: Change between 2017 and 2018 of the percentage of persons with disabilities living in households at-risk-of-poverty or social exclusion (Age: 16+)
% Persons in 2018 - % Persons in 2017. A negative value means an improvement of the situation (reduction of poverty or social exclusion).
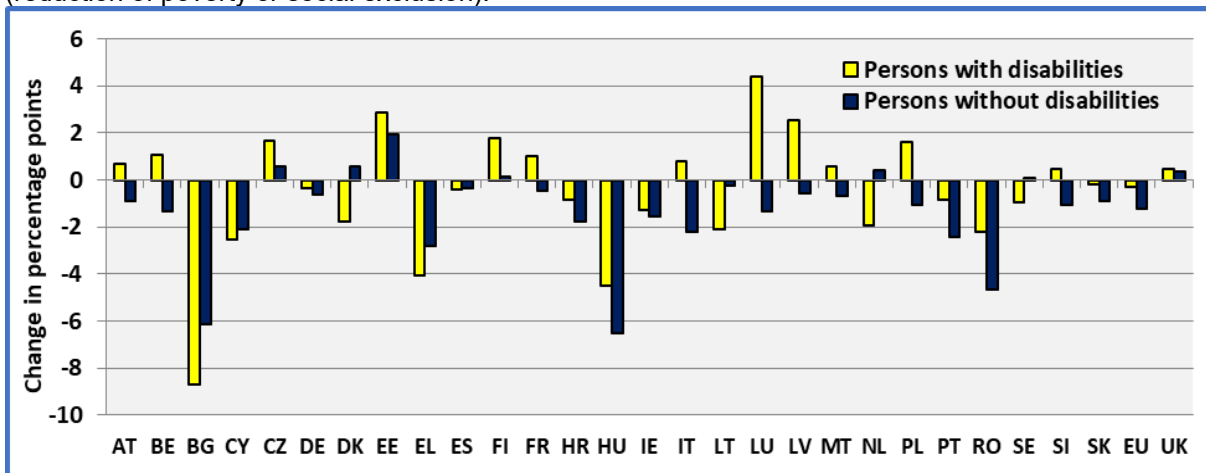
Data source: EU-SILC UDB.

10.2.7 Poverty, disability and COVID-19

The high rate of persons with disabilities at-risk of poverty or social exclusion raises several issues in relation to COVID-19 pandemic. In fact, several studies have established a strong association between socio-economic status and health. For example, correlations between poverty and tuberculosis, disadvantaged neighbourhoods and incidence of AIDS, poor social conditions and HIV infection, etc. These studies have established an inverse correlation between income and health.[73]

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[73] For a review of the literature see: S. Grammenos: "*Analysis of Youth Unemployment impacts on Communicable Diseases*"; Study financed by the European Centre for Disease prevention and Control (ECDC); Open call: OJ/23/02/2011-PROC/2011/014. Brussels, 2012.

The relation (causality) of poverty and health/disability runs in two directions. Poor health and disability might lead to unemployment and poverty. But on the other hand, poverty might generate poor health and disability. In order to assess the impact of income and living conditions on disability, we estimated disability prevalence in poor and rich households. We focussed on persons aged 16-24 in order to eliminate the impact of disability on income. Poor households are those with a total net wealth[74] less than the national mean. We find that disability prevalence is higher, in the big majority of Member States, among young persons living in poor households compared to young persons living in rich households. In the EU 27, disability prevalence is 7.8 % among young poor and 6.0 % among young rich.[75]

Poverty may affect the incidence, prevalence and diffusion of communicable diseases through different channels, notably through:

1. Direct effects: poverty might increase stress which in turn might affect health vulnerability.
2. Economic deprivation: income and wealth effects might generate financial constraints and lead to malnutrition, unaffordable medical expenses, etc.
3. Lifestyles: poverty may favour the adoption of risky lifestyles.
4. Working conditions: poor people in many cases have only access to low-skilled jobs associated very often with bad working conditions.
5. Living environment: notably bad housing conditions and disadvantaged neighbourhoods.
6. Social capital: poverty might lead to isolation and a decrease of external resources. Social networks are often the first suppliers of information, advice and help. Social networks and the underlying information networks are also important factors for health prevention.

These factors might strengthen the diffusion of COVID-19 among persons with disabilities, in addition to comorbidities.

S. Drefahl et Ali.[76] found that, among different factors, low disposable income and a low education level independently predict a higher risk of death from COVID-19, in Sweden. They also observe that socio-economic characteristics are more pronounced at working ages, whereas the role of one's marital status is more pronounced at retirement ages. They conclude that while COVID-19 does not discriminate, the interaction of the virus and its social environment exerts unequal burden on the most disadvantaged members of society. Disadvantaged sub-populations show elevated COVID-19 mortality risk – as is the case for most other causes of death and mortality in general.

In Belgium, A. Decoster et Ali.[77] note that a rapidly growing literature suggests that socioeconomic factors are important determinants of COVID-19-related mortality but

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[74] Total net wealth includes household main residence, other real property and real & financial assets. The model assumes a discount rate of 3 %. "Poor" are persons with total net wealth less than the mean national total net wealth. We use the EU-SILC 2016 microdata.
[75] The corresponding rates for EU 28 are 9.0 % and 6.5 %.
[76] Drefahl, S., Wallace, M., Mussino, E., Aradhy, S., Kolk, M., Brandén, M., Malmberg, B. and Andersson, G. (2020) "*Socio-demographic risk factors of COVID-19 deaths in Sweden: A nationwide register study*". Stockholm Research Reports in Demography. no 2020:23; Department of Sociology. Demography Unit. Stockholm University.
[77] Decoster, A., Minten, T. and Spinnewijn, J. (2020) "*The Income Gradient in Mortality during the Covid-19 Crisis: Evidence from Belgium*". FACULTY OF ECONOMICS AND BUSINESS; KU

the argument that socio-economic factors affect morbidity and mortality has been presented prior to the arrival of the coronavirus. In many countries mortality rates are higher among individuals with lower socioeconomic status. They provide evidence of the unequal burden of mortality due to the COVID-19 pandemic but relate it to the "usual" inequality in mortality in Belgium. However, low education explains excess mortality, as elderly who did not complete primary school experienced higher increases in mortality rates than elderly with higher education.

In the USA, G. J. Borjas[78] study the characteristics of New York City neighbourhoods that were most affected by the COVID-19 pandemic. He finds that the probability of a positive test result (conditional on testing) is larger in poorer neighbourhoods, in neighbourhoods where large numbers of people reside together, and in neighbourhoods with a large black or immigrant population.

The high poverty rates among persons with disabilities, notably severely disabled, indicate that prevention measures ought to target this disadvantaged group of persons.

Leuven, September 2020.
https://feb.kuleuven.be/research/economics/ces/documents/DPS/2020/dps2018.pdf.

[78] Borjas, G. (2020) "*Demographic determinants of testing incidence and Covid-19 infections in New York City neighbourhood*s"; COVID Economics, Vetted and Real-time Papers; Covid Economics Issue 3, CEPR, April 2020.

PART III: Health and medical care

11   General health and unmet medical needs

11.1 Relevance to EU policy / Strategy

The UN Convention on the Rights of Persons with Disabilities (UN CRPD) provides in Article 25 (Health) that "States Parties recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation".

Universal health coverage is an objective of the EU Charter of Fundamental Rights. One of the three priorities of the EU's health policy is increasing accessibility to healthcare.

The European Pillar of Social Rights is about delivering new and more effective rights for citizens. It builds upon 20 key principles, structured around three categories: 1) Equal opportunities and access to the labour market, 2) Fair working conditions and 3) Social protection and inclusion. The third area covers health care, inclusion of people with disabilities and long-term care. Health care stipulates that everyone has the right to timely access to affordable, preventive and curative health care of good quality.

On 25 September 2015, the UN General Assembly adopted a Resolution on "Transforming our world: the 2030 Agenda for Sustainable Development". Goal 3 aims to ensure healthy lives and promote well-being for all at all ages. It covers notably, self-perceived health (Very good or good) and unmet need for medical examinations and care.

In 2017, the Commission developed a reference indicator framework to monitor the SDGs in an EU context. The EU SDG indicator set is aligned as far as appropriate with the UN list of global Indicators.

In the following, we are going to present the share of people with good or very good perceived health and self-reported unmet need for medical examination and care. Additional information will be given about obesity, as it seems to be an important factor concerning the COVID-19 pandemic.

11.2 General health

In the following, we will focus on the main indicator: share of people with good or very good perceived health (% of population aged 16 or over). This indicator is also included as a main indicator in the Social Scoreboard for the European Pillar of Social Rights.

The indicator is part of the EU Sustainable Development Goals (SDG) indicator set. It is used to monitor progress towards SDG 3 on good health and well-being.

Eurostat[79] notes that the indicator is a subjective measure on how people judge their health in general on a scale from "very good" to "very bad". It is expressed as the share of the population aged 16 or over perceiving itself to be in "good" or "very good" health.

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[79] https://ec.europa.eu/eurostat/databrowser/view/sdg_03_20/.

The data stem from the EU Statistics on Income and Living Conditions (EU SILC). Indicators of perceived general health have been found to be a good predictor of people's future health care use and mortality.

In the EU 27, in 2018, about 20.5 % of persons with disabilities, aged 16 and over, declare to be in good or very good health compared to 84.2 % of persons without disabilities. In fact, about 83.0 % of persons with disabilities declare suffer from a chronic (long-standing) illness or condition, compared to 17.2 % of persons without disabilities.

Figure 88: Share of people with good or very good perceived health, 2018 (Age: 16+)
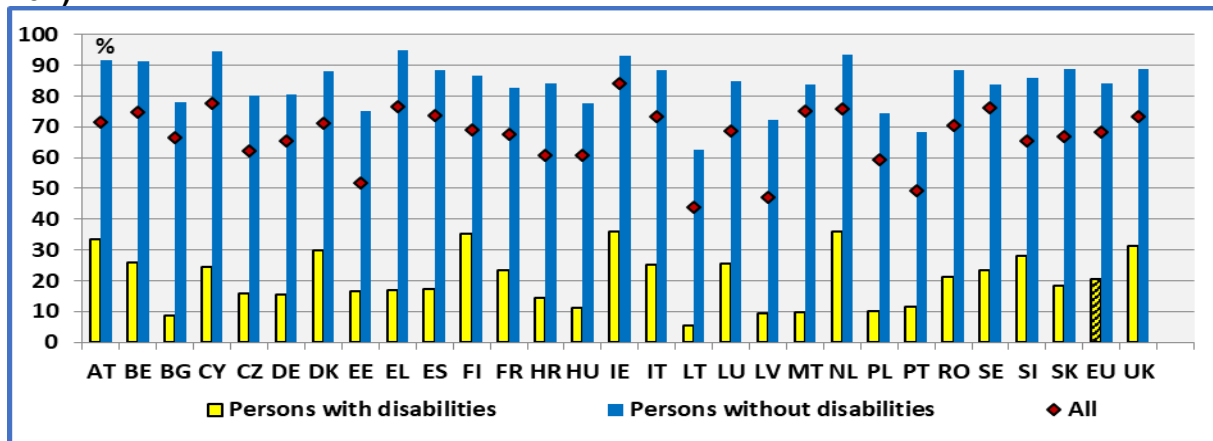
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

We may observe that the share of women declaring good or very good health is lower compared to men inside each group. Gender differences inside each group is small compared to the disability gap (difference between persons with and without disabilities).

Figure 89: Share of people with good or very good perceived health by gender, EU 27, 2018 (Age: 16+)
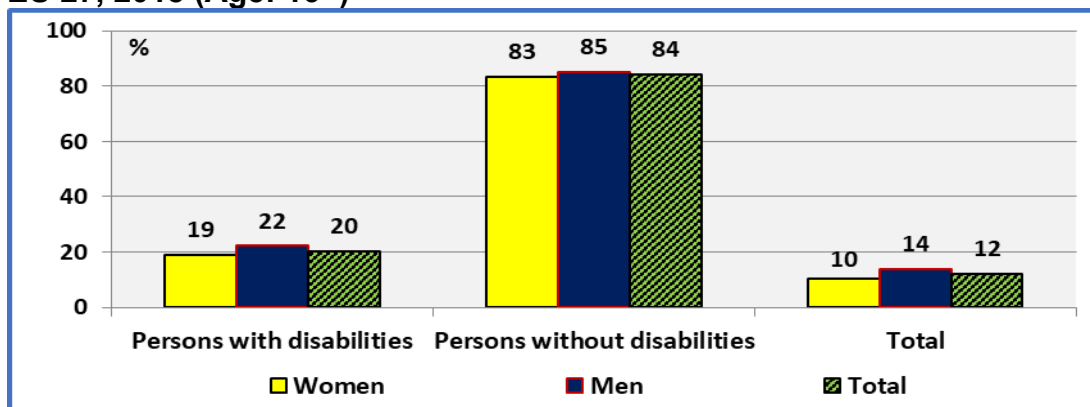
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

Health deteriorates with age, but this deterioration is more rapid for persons with disabilities, at least at younger ages. In fact, the deterioration (decline of the share in good or very good health) is linear for persons without disabilities but increasing at a rapid pace, at least in younger ages, for persons with disabilities. This means that prevention and rehabilitation ought to begin at an early age.

Figure 90: Share of people with good or very good perceived health by age group, EU 27, 2018 (Age: 16+)
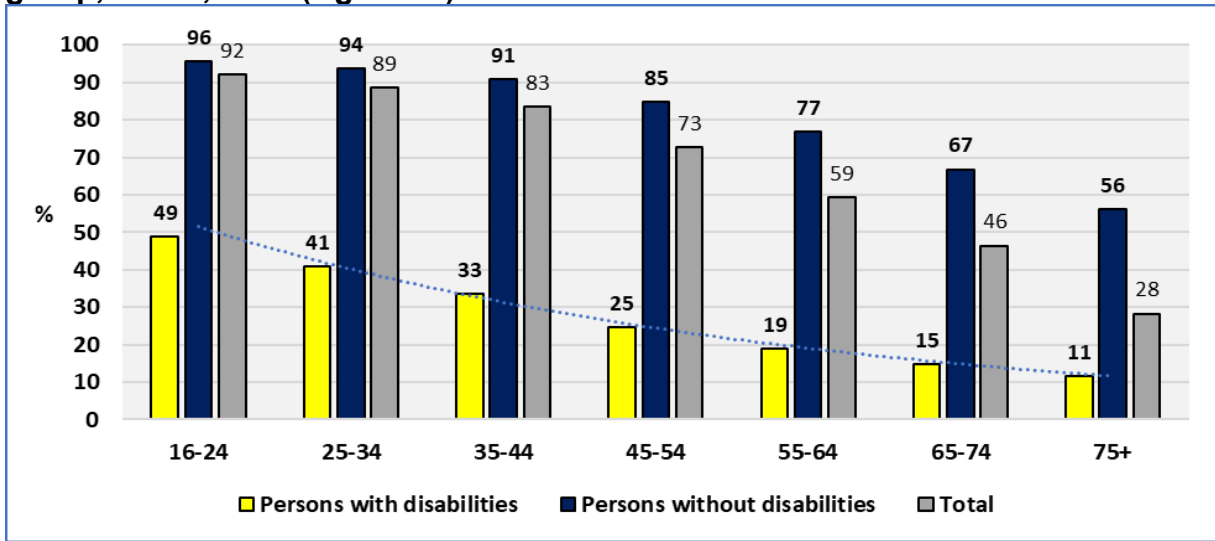
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

A small improvement has taken place for both groups, between 2010 and 2018. The analysis by age group indicates that this improvement concerns mainly persons aged 45 and over.

Figure 91: Evolution of the share of people with good or very good perceived health by age group, EU 27, 2018
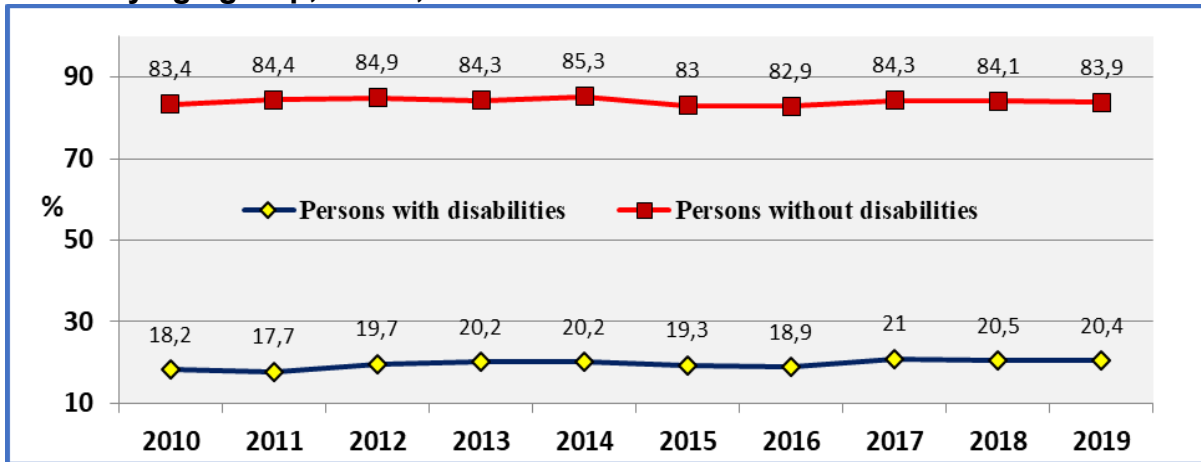
Data source: Eurostat. Data for 2019 are provisional estimates.

11.3 Unmet medical needs

The indicator is part of the EU Sustainable Development Goals (SDG) indicator set. It is used to monitor progress towards SDG 3 on good health and well-being and SDG 1 on ending poverty in all its forms everywhere.

The indicator is also included as a main indicator in the Social Scoreboard for the European Pillar of Social Rights. Universal health coverage is an objective of the EU Charter of Fundamental Rights. One of the priorities of the EU's health policy is increasing accessibility to healthcare.

Eurostat[80] notes that the indicator measures the share of the population aged 16 and over reporting unmet needs for medical care due to one of the following reasons: 'Financial reasons', 'Waiting list' and 'Too far to travel' (all three categories are cumulated). Dental care is excluded.

Eurostat notes that the indicator is derived from self-reported data, so it is, to a certain extent, affected by respondents' subjective perception as well as by their social and cultural background. Another factor playing a role is the different organisation of health care services. All these factors should be taken into account when analysing the data and interpreting the results.

In the EU 27, about 4.0 % of persons with disabilities report unmet needs for medical care due to 'Financial reasons', 'Waiting list' or 'Too far to travel', compared to 1.0 % for persons without disabilities.

Figure 92: Self-reported unmet needs for medical examination by disability status, (Age: 16+), 2018

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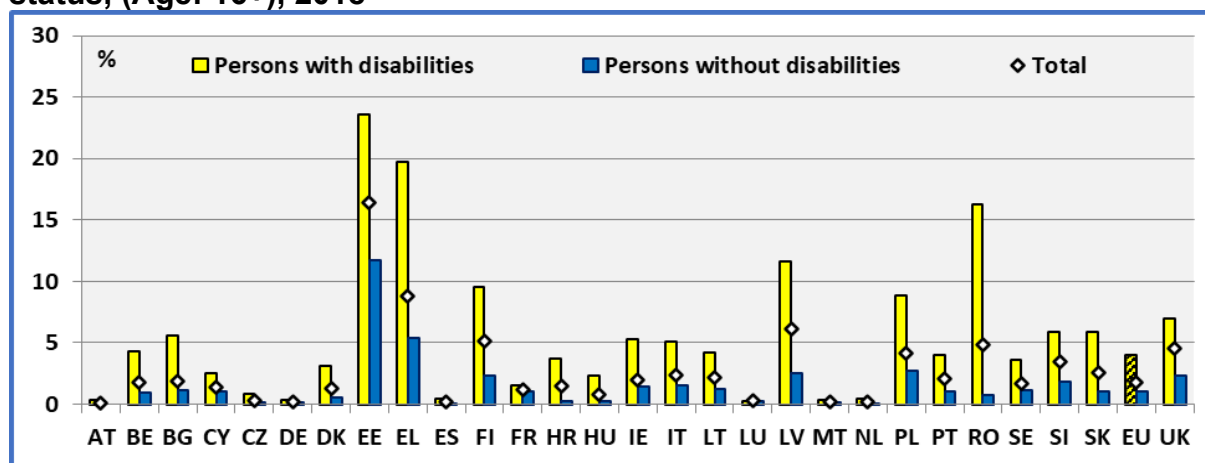
80   https://ec.europa.eu/eurostat/databrowser/view/sdg_03_60/.
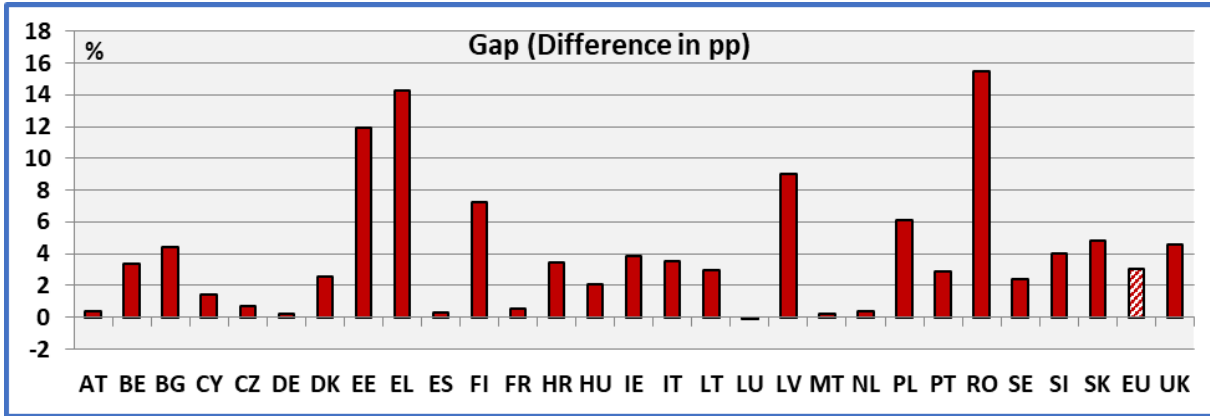
Note: Unmet needs for medical care due to: 'Financial reasons', 'Waiting list' or 'Too far to travel'.
Gap: % persons with disabilities - % persons without disabilities.
Data source: EU-SILC UDB 2018. EU covers 27 Member States.

The following graph indicates that an important factor affecting the rate of unmet needs for medical examination are household disposable income.

Figure 93: Self-reported unmet needs for medical examination by income level, EU 27, (Age: 16+), 2018

$y = 10,889x-1,222$
$R^2 = 0,69$
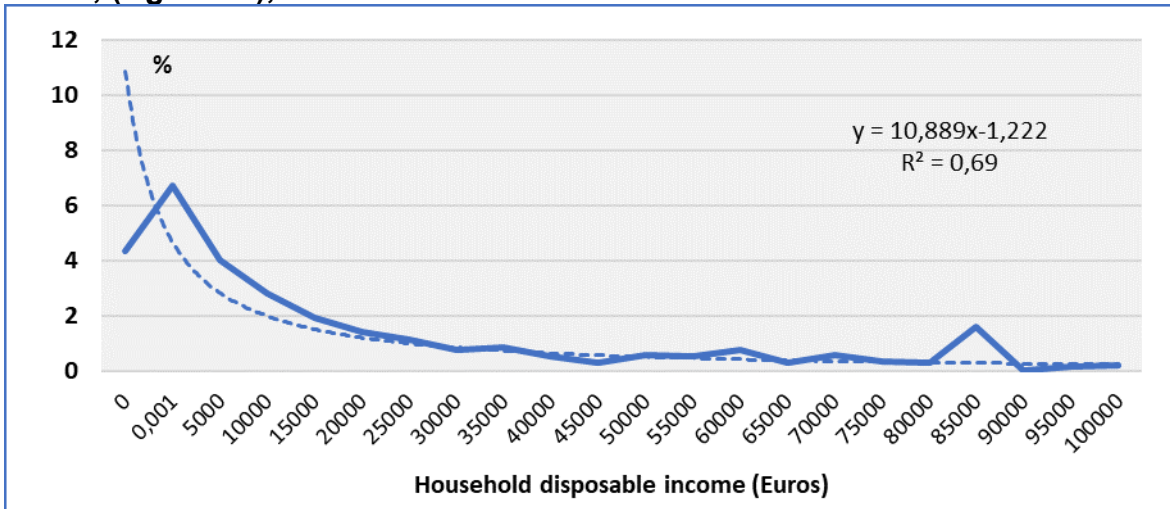
Note: The axis distinguishes zero or negative income from very low values. We obtain a similar shape and correlation if we use equivalised household disposable income or the relative equivalised household disposable income. However, in order to make the figure easily readable, we use household disposable income.
Data source: EU-SILC UDB 2018.

We may observe that the share of women declaring unmet needs for medical examination is higher compared to men inside each group. Gender differences inside each group is small compared to the disability gap (difference between persons with and without disabilities).

Figure 94: Self-reported unmet needs for medical examination by sex and disability status EU 27, (Age: 16+), 2018
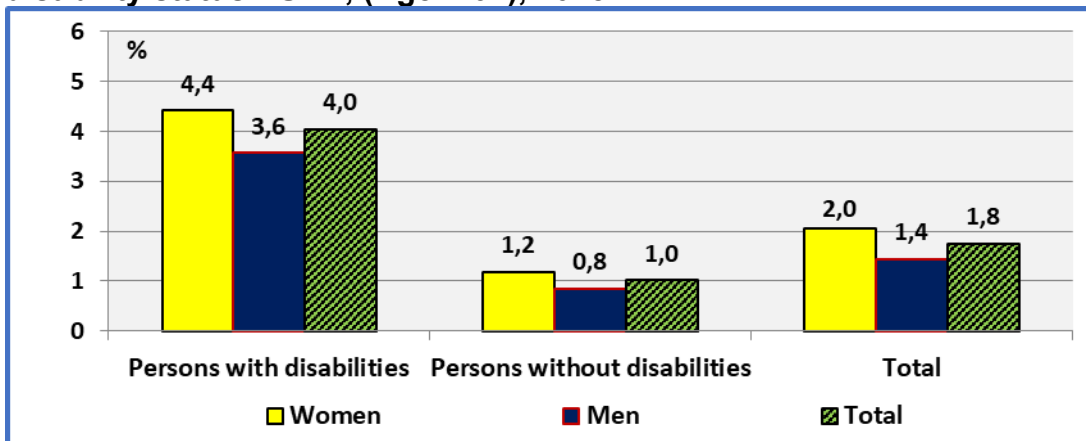
Data source: EU-SILC UDB 2018.

Self-reported unmet needs for medical examination increase with age, notably for very elderly people (75+). There is a tendency for the gap between persons with and without disabilities to increase with age. Future policies ought to target better the needs of people aged 75 and over.

Figure 95: Self-reported unmet needs for medical examination by age group and disability status, EU 27, 2018
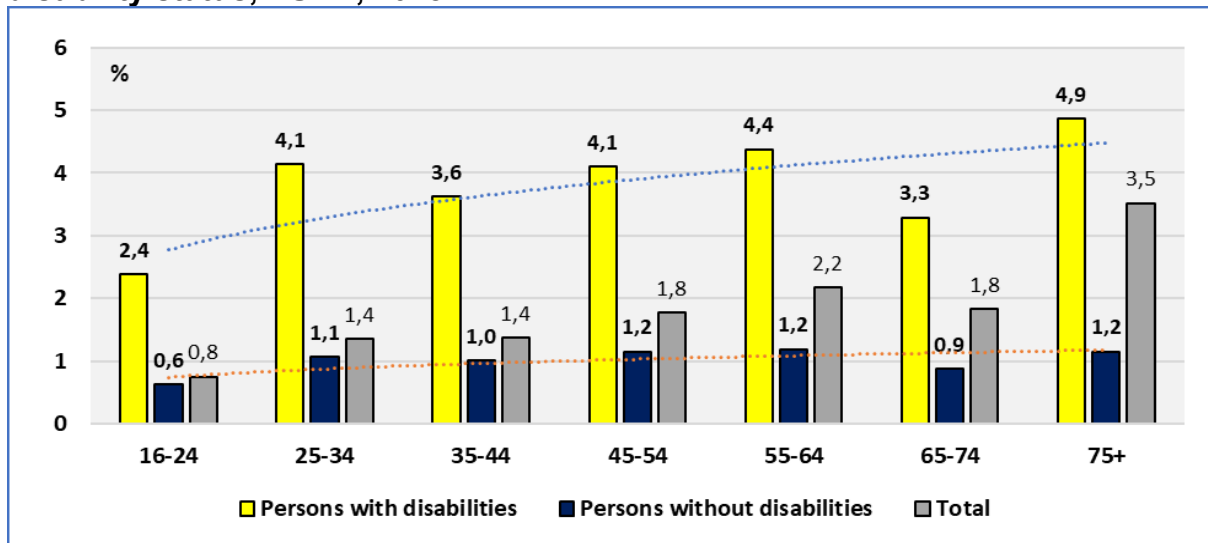
Data source: EU-SILC UDB 2018.

We may observe a significant improvement of the situation of persons with disabilities between 2012 and 2017. The following figure indicates a sharp decrease of the percentage of persons with disabilities reporting unmet needs for medical examination.

The evolution follows the business cycle: an improvement of the economic situation after 2012 has led to a sharp decrease of unmet medical needs. However, a floor was reached around 2017.[81] We have noted above the strong correlation between unmet medical needs and income.

Also, the gap between persons with and without disabilities has been reduced significantly. However, the difference remains and was unchanged during the last years.

Figure 96: Self-reported unmet needs for medical examination by disability status, EU 27
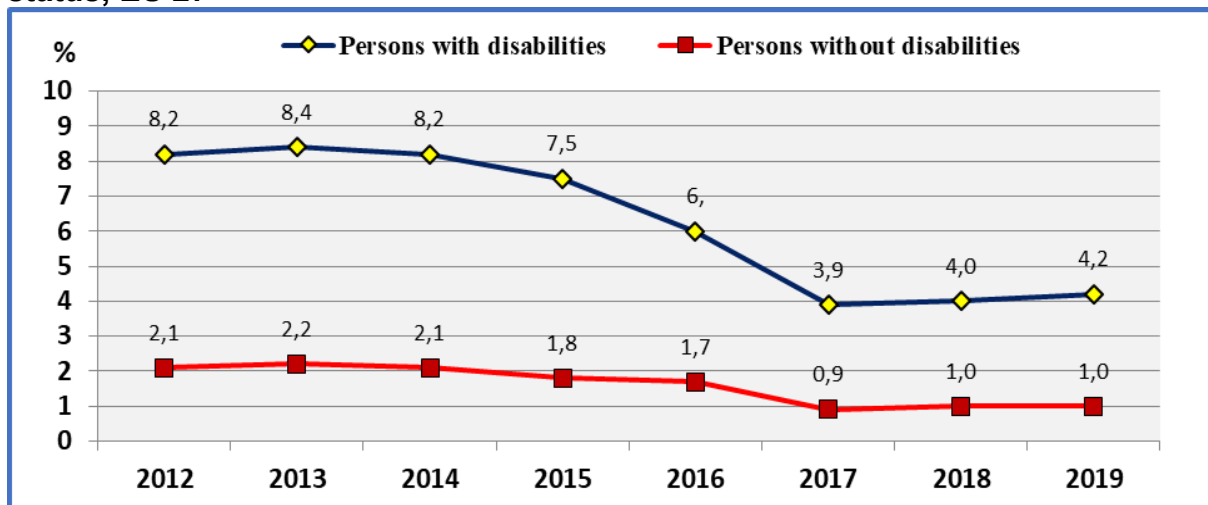
Data source: Eurostat Data for 2019 are provisional estimates.

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[81] See the GDP growth cycle as a percentage of deviation from the trend in Eurostat, "*Business Cycle Clock*"; https://ec.europa.eu/eurostat/cache/bcc/bcc.html.

11.4 Health, disability and the COVID-19

In the discussion of disability prevalence and risk factors concerning severe/fatal COVID-19 cases, we noted that persons with disabilities present a higher rate of comorbidities and thus a higher risk in relation to COVID-19 compared to persons without disabilities.

The review of the different studies converged towards the same conclusions. Cardiac disorder, diabetes, hypertension, chronic lung disease and kidney-related condition / renal disease appear to be important risk factors. Persons with disabilities face a higher risk of comorbidities and they are overrepresented in these diseases/conditions (except hypertension). This means that persons with disabilities face a higher risk (severe or fatal issue) in relation to COVID-19 compared to persons without disabilities. Furthermore, we indicated that the share of obese people (Body Mass Index – BMI >=30) is 24.1 % among persons with disabilities aged 20 and over compared to 13.2 % among persons without disabilities of the same age group.

The most recent studies show that there is a disruption in healthcare services (including non-communicable diseases diagnosis and treatments).[82] Diabetes, chronic obstructive pulmonary disease, and hypertension were the most impacted conditions due to reduction in access to care.[83] This might deteriorate health and lead to activity limitations increasing consequently the number of persons with disabilities.

A saturation of hospitals and the postponement of cases non-related to COVID-19 may have an indirect detrimental impact on the health of persons with disabilities. In fact, in the EU, about 22.9 % of persons with disabilities had been in hospital during the past 12 months for overnight or longer. This rate was 6.6 % for persons without disabilities (EHIS Wave 2).[84] Also, about 18.5 % of persons with disabilities have been in hospital during the past twelve months as a day patient (not required to stay overnight). This rate is 8.2 % for persons without disabilities. This means that a postponement of medical care might have serious negative impact on the health of persons with disabilities.

As S. Drefahl et Ali. Notes,[85] despite the widely assumed notion that the virus does not discriminate, they show that the interaction of the virus and its environment does discriminate, exerting an unequal burden on the most disadvantaged members of society. They add that beyond the strong effects of age on COVID-19 mortality, they find that better health care resources may need to be allocated towards disadvantaged communities.

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[82] *UN News: "COVID-19 impact on treatment for chronic illness revealed", 4 September 2020; Health. In* https://news.un.org/en/story/2020/09/1071732.

[83] Chudasama, Y., Gillies, C., Zaccardi, F., Coles, B., Davies, M., Seidu, S. and Khuntia, K. (2020), "*Impact of COVID-19 on routine care for chronic diseases: A global survey of views from healthcare professionals*"; Diabetes & Metabolic Syndrome: Clinical Research & Reviews 14 (2020) 965-967. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7308780/pdf/main.pdf.

[84] The data refer to the European Health Interview Survey (EHIS) Wave 2, 2013-2015. The survey covers persons aged 15+.

[85] Drefahl, S., Wallace, M., Mussino, E., Aradhy, S., Kolk, M., Brandén, M., Malmberg, B. and Andersson, G. (2020) "*Socio-demographic risk factors of COVID-19 deaths in Sweden: A nationwide register study*". Stockholm Research Reports in Demography. no 2020:23; Department of Sociology. Demography Unit. Stockholm University.

Finally, prevention plays an important role M. Goumenou et Ali[86] study the Italian case and arrive at the conclusion that though different factors have some contribution, they consider that the key factors that allowed the high spread of infections in Italy, were that of existing bias, administrative organisation and bureaucracy. They argue that the high number of deaths is related to the collapse of the health system.

Prevention and preparedness against infectious outbreaks are of key importance. Better knowledge of risk factors and the associated priority groups favour a better design and efficiency of national and European policies.

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[86] Goumenou,M., Sarigiannis, D., Tsatsakis, A., Anesti, O., Docea, A., Petrakis, D., Tsoukalas, D., Kostoff, R., Rakitskii, V., Spandidos, D., Aschner, M. and Calina, D. (2020) "*COVID-19 in Northern Italy: An integrative overview of factors possibly influencing the sharp increase of the outbreak (Review)*", Molecular Medicine Reports 22: 20-32.

ANNEX I: Statistical tables

1.   Population of persons with disabilities

Table 12: Percent of people with disabilities by Member State, 2018
The data include only persons living in private households (see note).

	2017	2018									
	Total	Total	Gender		Age		Degree		Distribution		
	%	% of the same age group									
		Total	Men	Wo-men	16-64	65+	Severe	Mode-rate	16-64	65+	Total
	16+	16+					16+				16+
AT	34.2	34.1	32.3	35.8	27.3	60.0	9.0	25.2	63.2	36.8	100
BE	24.9	25.2	23.0	27.2	19.8	43.1	8.8	16.4	60.7	39.3	100
BG	18.8	16.6	14.1	18.9	9.0	39.1	3.7	13.0	40.3	59.7	100
CY	19.9	24.0	23.3	24.7	16.1	59.8	7.6	16.4	54.8	45.2	100
CZ	28.2	28.0	25.3	29.8	18.6	51.2	7.8	20.2	47.2	52.8	100
DE	22.2	22.3	21.3	23.2	17.9	36.4	7.1	15.1	60.0	40.0	100
DK	30.2	29.0	25.3	32.5	25.3	40.4	5.8	23.2	66.3	33.7	100
EE	34.4	39.5	36.2	42.0	29.7	68.0	12.7	26.8	55.9	44.1	100
EL	24.3	23.8	21.8	25.6	10.3	61.4	10.2	13.6	31.8	68.2	100
ES	18.6	20.6	17.8	23.4	13.3	44.7	4.4	16.3	49.1	50.9	100
FI	33.5	34.2	29.9	38.6	28.3	50.7	7.3	26.9	60.9	39.1	100
FR	25.4	25.2	23.2	27.1	18.2	46.7	9.3	15.9	54.4	45.6	100
HR	32.9	33.4	31.3	35.4	21.6	70.7	10.1	23.3	49.1	50.9	100
HU	26.1	25.4	22.4	28.0	16.5	55.1	7.4	18.0	50.2	49.8	100
IE	17.0	15.8	15.3	16.3	11.9	33.8	4.9	10.9	61.6	38.4	100
IT	23.9	23.7	20.9	26.4	12.7	53.9	5.5	18.2	39.1	60.9	100
LT	30.1	30.6	26.1	34.1	19.3	64.9	6.6	24.0	47.6	52.4	100
LU	28.3	27.2	25.1	29.3	22.1	50.7	9.3	18.0	66.7	33.3	100
LV	41.3	40.0	35.7	43.3	28.8	73.4	9.7	30.3	53.9	46.1	100
MT	11.8	11.9	10.8	13.1	7.6	27.9	2.5	9.4	50.1	49.9	100
NL	30.4	31.2	27.3	35.1	26.0	48.5	5.5	25.7	63.9	36.1	100
PL	24.0	24.0	22.2	25.4	16.1	50.0	7.5	16.4	51.5	48.5	100
PT	33.3	33.5	28.3	38.2	23.4	62.8	8.6	25.0	51.7	48.3	100
RO	27.6	26.5	21.9	30.7	16.2	61.8	5.9	20.6	47.3	52.7	100
SE	13.2	13.0	10.0	16.0	10.2	21.8	4.5	8.5	59.3	40.8	100
SI	36.3	35.4	32.7	38.0	28.6	59.8	9.0	26.5	63.0	37.0	100
SK	31.9	31.2	28.1	34.2	21.7	71.7	9.2	22.0	56.1	43.9	100
EU	**24.4**	**24.5**	**22.1**	**26.8**	**17.0**	**47.8**	**7.0**	**17.5**	**52.5**	**47.5**	**100**
UK	25.2	27.3	25.0	29.5	21.9	45.9	11.5	15.8	62.1	38.0	100

Note: All EU SILC estimations cover only persons living in private households.
Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

Table 13: Population of people with disabilities by Member State, 2018
The data include only persons living in private households.

	1 000 (Thousands)								
	Disability				Disabled	Age		Age group	
	No	Moderate	Severe	Total	All	Men	Women	16-64	65+
	16+								
AT	4,796	1,830	651	7,277	2,482	1,148	1,334	1,569	913
BE	6,805	1,490	799	9,094	2,289	1,026	1,263	1,390	899
BG	4,988	775	219	5,982	994	406	588	400	594
CY	539	116	54	710	170	80	90	93	77
CZ	3,982	1,119	428	5,529	1,547	554	993	731	816
DE	53,343	10,386	4,903	68,632	15,289	7,188	8,100	9,152	6,091
DK	3,285	1,071	269	4,625	1,340	578	763	888	452
EE	533	236	112	881	348	136	213	195	154
EL	6,812	1,216	908	8,935	2,123	937	1,187	675	1,449
ES	30,778	6,301	1,701	38,780	8,002	3,351	4,651	3,930	4,072
FI	2,916	1,191	323	4,431	1,514	671	843	922	593
FR	39,426	8,379	4,916	52,721	13,295	5,876	7,419	7,237	6,058
HR	2,258	791	342	3,391	1,133	507	626	556	577
HU	5,932	1,427	589	7,948	2,016	836	1,180	1,012	1,004
IE	3,181	413	184	3,778	597	284	313	368	229
IT	38,613	9,221	2,797	50,630	12,017	5,106	6,911	4,700	7,318
LT	1,566	540	149	2,255	689	263	426	328	361
LU	348	86	44	478	130	60	70	87	43
LV	917	462	148	1,527	611	240	371	329	282
MT	349	37	10	396	47	22	26	24	24
NL	9,359	3,497	753	13,610	4,251	1,837	2,413	2,717	1,534
PL	19,433	4,200	1,922	25,555	6,122	2,567	3,555	3,155	2,967
PT	5,814	2,184	749	8,747	2,933	1,152	1,781	1,516	1,417
RO	12,007	3,360	962	16,329	4,321	1,732	2,589	2,045	2,276
SE	7,104	696	363	8,164	1,060	410	650	628	432
SI	1,090	446	151	1,687	598	272	325	376	221
SK	3,021	968	403	4,393	1,371	595	776	769	602
EU	269,200	62,439	24,850	356,483	87,289	37,833	49,456	45,791	41,452
UK	37,679	8,183	5,986	51,847	14,169	6,318	7,851	8,792	5,377

Note: The estimates have not been adjusted for missing values. This affects estimates for Germany (marginally) because we miss information concerning age.
Data source: EU-SILC UDB 2018, release 2020, version 1.

Table 14: Percent of persons who receive a disability benefit (Age: 16-64)

	2010	2018
AT	4.7	3.9
BE	5.0	5.9
BG	7.7	17.3
CY	3.0	3.1
CZ	8.2	6.9
DE	3.8	3.9
DK	9.8	5.6
EE	8.5	12.8
EL	2.1	2.1
ES	3.7	4.0
FI	10.4	9.7
FR	3.9	2.4
HR	10.3	6.3
HU	7.5	5.2
IE	12.1	10.8
IT	4.2	4.5
LT	7.7	9.6
LU	3.7	3.3
LV	7.1	8.5
MT	3.3	2.4
NL	5.5	4.7
PL	6.8	6.0
PT	3.6	2.8
RO	4.9	3.2
SE	7.2	4.9
SI	6.8	5.9
SK	5.8	5.7
UK	5.1	6.7
EU	5.0	4.8

Data source: EU-SILC UDB 2010 & 2018.

Table 15: Percent of persons reporting a disease or condition during the last 12 months*, EU 27, 2014

	Persons without disabilities	Persons with disabilities
Asthma	4.0	11.2
Bronchitis	2.3	8.1
Heart Infarction	0.7	3.3
Heart Coronary	1.8	6.8
Blood Pressure	19.6	30.2
Stroke	0.5	2.9
Arthrosis	10.1	25.7
Back	16.8	41.2
Neck	12.5	28.8
Diabetes	5.4	11.9
Allergy	14.5	23.1
Cirrhosis	0.2	0.9
Urinary	3.0	9.3
Kidney	1.4	5.4
Depression	3.6	18.0

*: A person may report several diseases/conditions. Age-standardised estimates.
Source: EHIS Wave 2.

The European Health Interview Survey (EHIS wave 2) includes a question asking: "during the past 12 months, have you had any of the following diseases or conditions?"

A. Asthma (allergic asthma included)
B. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema
C. Myocardial infarction (heart attack) or chronic consequences of myocardial infarction
D. Coronary heart disease or angina pectoris
E. High blood pressure (hypertension)
F. Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke
G. Arthrosis (arthritis excluded)
H. Low back disorder or other chronic back defect
I. Neck disorder or other chronic neck defect
J. Diabetes
K. Allergy, such as rhinitis, hay fever, eye inflammation, dermatitis, food allergy or other allergy (allergic asthma excluded)
L. Cirrhosis of the liver
M. Urinary incontinence, problems in controlling the bladder
N. Kidney problems
O. Depression

2. Employment

Table 16: Employment rate by disability status and Member State, (Age: 20-64), 2018

The employment rate is calculated by dividing the number of persons aged 20 to 64 in employment by the total population of the same age group. The data are not seasonally adjusted.

	Disability			Women		Men		Degree		Target
				Disability		Disability				EU 2020
	Yes	No	Total	Yes	No	Yes	No	Severe	Moderate	
AT	56.5	77.5	71.6	51.3	71.1	61.9	83.9	28.3	64.2	(77-78) 77
BE	43.8	75.6	69.1	40.5	72.3	47.6	78.9	20.2	55.5	73.2
BG	35.4	75.5	71.7	36.5	71.5	34.3	79.2	18.3	39.5	76
CY	49.7	75.2	70.9	45.8	68.9	53.6	81.8	30.4	58.1	(75-77) 75
CZ	51.9	80.6	75.2	50.7	73.3	54.1	91.2	31.1	59.6	75
DE	50.0	81.4	75.6	46.1	77.4	54.4	85.5	23.8	61.7	77
DK	60.9	81.0	75.6	56.8	79.5	66.3	82.2	42.8	65.6	80
EE	64.3	85.2	78.8	65.3	82.1	63.2	88.9	42.9	71.8	76
EL	31.1	60.7	57.6	26.7	50.0	36.1	71.8	23.4	36.9	70
ES	43.1	69.8	66.2	41.8	63.3	44.6	76.2	25.3	46.9	74
FI	58.3	75.9	70.8	61.7	73.2	54.4	78.1	25.7	65.4	78
FR	57.2	75.4	71.9	57.1	72.2	57.3	78.6	40.9	64.9	75
HR	34.3	68.3	60.6	32.3	61.9	36.2	74.8	17.7	39.5	62.9
HU	48.3	78.9	73.6	47.1	73.5	49.7	84.3	23.3	57.0	75
IE	37.3	77.6	72.6	34.2	71.4	40.7	83.9	29.4	40.5	(69-71) 69
IT	51.9	67.1	65.1	42.5	55.9	62.3	78.4	26.2	57.8	(67-69) 67
LT	49.8	80.3	74.2	50.9	78.3	48.4	82.4	20.1	54.8	72.8
LU	51.1	70.1	65.8	44.2	63.4	59.6	76.6	40.7	56.4	73
LV	61.1	80.0	74.4	62.4	76.1	59.5	84.3	28.8	67.5	73
MT	42.5	74.8	72.3	31.3	61.8	53.7	86.9	34.2	44.5	70
NL	60.6	83.5	77.4	57.1	79.0	65.0	87.6	30.7	67.5	80
PL	40.2	75.2	69.3	37.6	66.7	43.0	84.7	22.4	47.1	71
PT	58.4	77.4	72.7	57.9	74.1	59.2	80.5	42.9	62.4	75
RO	45.5	74.2	69.4	37.1	62.8	56.2	84.7	12.7	52.9	70
SE	52.7	81.0	78.0	54.4	78.1	50.4	83.5	35.9	61.6	80
SI	55.6	74.5	69.0	54.9	69.5	56.4	79.2	39.4	60.2	75
SK	56.5	79.7	74.5	54.2	74.3	59.1	84.9	31.2	64.7	72
EU	**50.8**	**75.0**	**70.7**	**47.8**	**68.8**	**54.3**	**81.2**	**28.7**	**58.3**	**75**
UK	58.2	85.1	79.1	49.3	80.8	59.6	89.3	33.9	74.0	

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from: https://www.disability-europe.net/theme/statistical-indicators.

Table 17: Employment rate by disability status and Member State, (Age: 20-64), 2017

	Persons with limitations	Persons without limitations	Total
AT	56.3	76.9	71.1
BE	42.5	74.4	68.0
BG	39.5	73.7	70.1
CY	47.3	71.0	67.8
CZ	49.4	79.1	73.3
DE	51.8	79.4	74.4
DK	57.7	80.8	74.3
EE	62.2	83.0	77.8
EL	36.7	59.7	56.7
ES	40.1	67.6	64.1
FI	54.4	74.4	68.8
FR	55.5	74.0	70.6
HR	33.8	65.9	58.8
HU	46.7	76.1	70.8
IE	32.2	74.3	68.3
IT	51.8	65.5	63.6
LT	47.3	79.2	73.1
LU	53.0	68.9	65.1
LV	61.8	78.9	73.6
MT	37.2	73.6	70.8
NL	58.5	81.5	75.5
PL	42.5	74.5	69.1
PT	56.1	75.0	70.4
RO	43.7	74.3	69.0
SE	52.6	83.5	80.3
SI	53.7	73.5	67.5
SK	57.7	80.0	74.9
EU	50.2	73.6	69.5
UK	52.9	83.4	77.1

Data source: EU-SILC UDB.

Table 18: Evolution of the employment rate of people with and without disabilities, EU (Age: 20-64)

	EU 28			EU 27		
	Persons with disabilities	Persons without disabilities	All (28)	Persons with disabilities	Persons without disabilities	All (27)
2006	46.3	71.6	66.8			
2007	46.1	71.6	67.6			
2008	46.4	73.9	68.7			
2009	46.1	72.5	67.6			
2010	46.0	72.0	67.2			
2011	46.9	72.0	67.2			
2012	47.9	71.5	67.0			
2013	48.5	71.4	66.8			
2014	48.7	72.5	67.7			
2015	47.4	73.1	68.3			
2016	48.1	73.9	69.3			
2017	50.6	74.8	70.5	50.2	73.6	69.5
2018	52.0	76.2	71.8	50.8	75.0	70.7

Data source: EU-SILC UDB.

Table 19: Employment rate of young people with and without disabilities, EU

	EU 28			EU 27		
	Age: 20-29		Age: 20-64	Age: 20-29		Age: 20-64
	Persons without disabilities	Persons with disabilities	All 20-64	Persons without disabilities	Persons with disabilities	All 20-64
2006	61.5	52.3	66.8			
2007	61.3	53.1	67.6			
2008	62.6	51.9	68.7			
2009	59.7	48.4	67.6			
2010	58.2	49.3	67.2			
2011	57.3	48.8	67.2			
2012	56.5	46.1	67.0			
2013	55.3	46.5	66.8			
2014	56.8	43.4	67.8			
2015	57.0	42.5	68.3			
2016	57.7	43.9	69.3			
2017	58.4	46.0	70.5	55.5	46.1	69.5
2018	59.5	48.1	71.8	56.7	46.1	70.7

Data source: EU-SILC UDB.

3. Unemployment

Table 20: Unemployment rate by disability status and Member State (Age: 20-64), 2018

The unemployment rate represents unemployed persons as a percentage of the labour force. The labour force is the total number of people employed and unemployed. The data are not seasonally adjusted.

| | Disability | | | Women | | Men | | Degree | |
| | | | | Disability | | Disability | | | |
	Yes	No	Total	Yes	No	Yes	No	Severe	Moderate
AT	15.6	5.0	7.6	14.7	4.7	16.3	5.3	43.9	10.1
BE	17.5	5.7	7.4	14.2	5.9	20.5	5.5	30.4	14.6
BG	21.8	12.9	13.4	24.3	12.8	18.7	13.0	19.2	22.1
CY	24.7	11.3	13.1	23.0	12.8	26.1	9.8	36.3	21.4
CZ	15.6	3.6	5.4	15.6	4.4	15.5	2.7	32.4	11.3
DE	22.8	3.7	6.6	23.3	3.6	22.3	3.9	45.1	17.0
DK	12.6	5.1	6.8	12.8	5.2	12.4	4.9	25.8	9.9
EE	8.9	4.8	5.9	6.8	4.4	11.3	5.2	11.7	8.3
EL	32.8	21.8	22.5	35.3	26.3	30.6	18.2	38.2	29.9
ES	32.8	17.4	19.0	33.3	19.1	32.2	15.9	42.9	31.4
FI	18.8	8.2	10.9	14.1	7.7	24.3	8.6	46.1	15.1
FR	17.1	8.5	9.9	16.7	8.8	17.6	8.2	27.5	13.4
HR	33.0	16.9	19.4	32.4	20.0	33.6	14.1	49.1	29.9
HU	15.4	5.3	6.6	15.3	5.4	15.4	5.3	30.8	12.6
IE	22.1	7.0	8.2	24.9	6.7	19.4	7.3	14.1	24.2
IT	16.7	13.3	13.7	16.7	14.9	16.6	12.2	22.7	16.0
LT	20.0	8.9	10.6	15.6	7.5	24.9	10.4	30.9	19.3
LU	13.4	6.2	7.5	15.7	6.1	11.3	6.3	21.9	9.8
LV	13.6	8.3	9.6	12.2	7.0	15.2	9.5	26.7	12.2
MT	5.6	1.6	1.8	8.6	1.0	3.9	2.1	1.4	6.4
NL	6.9	2.6	3.5	5.7	3.2	8.2	2.1	12.5	6.2
PL	14.3	7.0	7.8	13.8	8.8	14.7	5.3	20.8	12.9
PT	18.6	11.0	12.6	18.0	12.2	19.5	9.9	23.7	17.7
RO	0.9	0.8	0.8	0.6	0.5	1.2	1.1	10.4	0.3
SE	22.7	5.1	6.6	18.7	5.1	27.8	5.2	33.3	18.7
SI	19.0	8.9	11.5	19.0	11.6	19.0	6.6	30.3	16.4
SK	13.2	6.9	8.1	13.8	6.7	12.6	7.1	28.4	10.2
EU	**18.6**	**8.8**	**10.1**	**18.3**	**9.4**	**18.9**	**8.2**	**32.8**	**15.6**
UK	6.6	2.8	3.5	6.2	2.5	7.2	3.1	11.6	5.1

Data source: EU-SILC UDB 2018, release 2020, version 1.

Additional data can be downloaded from https://www.disability-europe.net/theme/statistical-indicators.

Table 21: Evolution of unemployment rate by disability status, (Age: 20-64), EU

	EU 28				EU 27			
	Disability			All	Disability			All
	Severe	All Disabled	No disability	Total	Severe	All Disabled	No disability	Total
2006	23.3	16.6	8.6	9.7				
2007	22.6	16.1	8.0	9.1				
2008	26.7	15.9	7.1	8.4				
2009	28.1	17.3	9.0	10.2				
2010	28.2	18.0	9.8	10.9				
2011	28.0	17.4	10.2	11.2				
2012	27.6	18.1	11.2	12.2				
2013	28.1	19.0	11.8	13.0				
2014	29.8	19.6	11.3	12.6				
2015	29.9	20.2	10.8	12.1				
2016	28.5	19.6	10.1	11.4				
2017	27.0	17.1	9.1	10.2	29.7	18.4	9.9	11.1
2018	28.4	16.7	8.0	9.2	32.8	18.6	8.8	10.1

Data source: EU-SILC UDB.

Table 22: Evolution of unemployment rate by disability status and age group, EU

	Age: 16-24		Age: 25-34	
	Persons with disabilities	Persons without disabilities	Persons with disabilities	Persons without disabilities
2006	19.9	16.7	17.3	9.7
2007	20.6	16.2	15.9	9.1
2008	22.4	16.0	15.9	8.2
2009	28.5	21.8	22.0	10.8
2010	25.4	23.5	19.7	11.5
2011	24.5	22.4	19.1	12.3
2012	27.6	24.2	20.2	12.8
2013	28.8	25.5	20.8	13.9
2014	32.7	24.1	20.4	13.2
2015	29.7	23.3	21.7	12.4
2016	29.4	21.9	20.0	11.9
2017	26.9	21.8	18.9	12.1
2018	26.7	20.5	20.8	10.8

Data source: EU-SILC UDB.

Table 23: Evolution of unemployment rate of persons with disabilities, (Age: 20-64), EU

	2017	2018
AT	15.4	15.6
BE	19.9	17.5
BG	22.4	21.8
CY	21.9	24.7
CZ	18.7	15.6
DE	20.9	22.8
DK	15.8	12.6
EE	8.3	8.9
EL	32.0	32.8
ES	31.6	32.8
FI	21.3	18.8
FR	17.1	17.1
HR	34.7	33.0
HU	14.7	15.4
IE	26.1	22.1
IT	17.5	16.7
LT	20.9	20.0
LU	12.2	13.4
LV	14.1	13.6
MT	9.0	5.6
NL	7.0	6.9
PL	15.3	14.3
PT	19.5	18.6
RO	2.9	0.9
SE	20.3	22.7
SI	20.6	19.0
SK	13.3	13.2
EU	18.4	18.6
UK	8.5	6.6

Data source: EU-SILC UDB.

4. Economic activity

Table 24: Activity rate by disability status and Member State, (Age: 20-64), 2018
Percent of the population (same age group) which is employed or unemployed.
The data are not seasonally adjusted.

| | Disability | | | Women | | Men | | Degree | |
| | | | | Disability | | Disability | | | |
	Yes	No	Total	Yes	No	Yes	No	Severe	Moderate
AT	66.9	81.6	77.5	60.2	74.6	73.9	88.6	50.5	71.4
BE	53.1	80.2	74.7	47.2	76.8	60.0	83.4	29.0	65.0
BG	45.3	86.7	82.8	48.2	82.0	42.2	91.1	22.6	50.6
CY	66.0	84.7	81.6	59.4	79.1	72.5	90.7	47.7	73.9
CZ	61.5	83.7	79.5	60.0	76.7	64.0	93.7	45.9	67.2
DE	64.7	84.6	80.9	60.1	80.3	69.9	88.9	43.4	74.3
DK	69.7	85.3	81.1	65.1	83.9	75.7	86.5	57.6	72.8
EE	70.6	89.5	83.7	70.0	85.9	71.2	93.7	48.6	78.4
EL	46.3	77.6	74.3	41.3	67.8	52.0	87.7	37.8	52.7
ES	64.1	84.5	81.7	62.7	78.3	65.8	90.6	44.3	68.3
FI	71.8	82.6	79.5	71.8	79.2	71.8	85.5	47.7	77.0
FR	69.0	82.4	79.8	68.6	79.1	69.5	85.6	56.4	74.9
HR	51.2	82.2	75.2	47.7	77.3	54.4	87.1	34.8	56.3
HU	57.1	83.3	78.8	55.6	77.7	58.8	89.0	33.7	65.2
IE	47.9	83.5	79.0	45.6	76.5	50.4	90.6	34.2	53.4
IT	62.3	77.5	75.5	51.0	65.7	74.7	89.3	33.9	68.8
LT	62.2	88.2	83.0	60.3	84.7	64.5	91.9	29.1	67.9
LU	59.0	74.7	71.1	52.4	67.4	67.2	81.7	52.1	62.5
LV	70.6	87.3	82.3	71.0	81.9	70.2	93.2	39.3	76.9
MT	45.1	76.1	73.6	34.2	62.4	55.8	88.8	34.7	47.6
NL	65.0	85.8	80.2	60.6	81.6	70.8	89.5	35.1	72.0
PL	46.9	80.8	75.2	43.6	73.2	50.4	89.5	28.3	54.1
PT	71.8	86.9	83.3	70.5	84.4	73.5	89.4	56.2	75.8
RO	45.9	74.8	69.9	37.3	63.1	56.8	85.6	14.2	53.1
SE	68.1	85.4	83.6	66.9	82.3	69.7	88.1	53.8	75.7
SI	68.6	81.8	78.0	67.7	78.6	69.6	84.8	56.5	72.1
SK	65.1	85.6	81.0	62.9	79.6	67.6	91.3	43.6	72.1
EU	62.4	82.2	78.7	58.5	75.9	66.9	88.5	42.7	69.1
UK	62.4	87.6	81.9	60.9	82.9	64.2	92.2	38.3	77.9

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from: https://www.disability-europe.net/theme/statistical-indicators.

Table 25: Activity rate by disability status and age group, EU, 2018

	16-24	25-34	35-44	45-54	55-64	Total
Persons without limitations	35.9	85.6	92.1	91.8	70.0	77.8
Persons with limitations	36.4	73.0	76.8	72.4	47.5	61.3

Data source: EU-SILC UDB 2018, release 2020, version 1.

Table 26: Evolution of the activity rate of persons with disabilities by Member State (Age: 20-64)

	2017	2018
AT	66,6	66,9
BE	53,1	53,1
BG	50,9	45,3
CY	60,6	66,0
CZ	60,7	61,5
DE	65,4	64,7
DK	68,5	69,7
EE	67,8	70,6
EL	54,0	46,3
ES	58,5	64,1
FI	69,1	71,8
FR	66,9	69,0
HR	51,7	51,2
HU	54,7	57,1
IE	43,5	47,9
IT	62,8	62,3
LT	59,8	62,2
LU	60,3	59,0
LV	72,0	70,6
MT	40,8	45,1
NL	62,9	65,0
PL	50,2	46,9
PT	69,7	71,8
RO	45,0	45,9
SE	66,0	68,1
SI	67,7	68,6
SK	66,5	65,1
EU	61,5	62,4
UK	57,8	62,4

Data source: EU-SILC UDB.

Table 27: Evolution of the activity rate, EU (Age: 20-64)

	EU 28			EU 27		
	Disability		All persons	Disability		All persons
	Moderate	Severe		Moderate	Severe	
2006	62.4	38.5	75.0			
2007	61.5	38.2	74.4			
2008	62.7	37.6	75.0			
2009	63.1	37.1	75.2			
2010	63.4	37.0	75.4			
2011	64.1	38.3	75.7			
2012	66.6	38.7	76.3			
2013	67.6	39.7	76.8			
2014	68.6	40.3	77.5			
2015	67.3	39.4	77.8			
2016	67.4	39.9	78.2			
2017	68.2	42.0	78.4	67.5	43.9	78.1
2018	70.3	41.8	79.1	69.1	42.7	78.7

Data source: EU-SILC UDB.

5. Early school leavers

Table 28: Share of early school leavers by disability status and Member State (Age: 18-24), 2018
The EU-SILC estimators for young disabled people are indicative.
Percentage of the population aged 18-24 with "at most" lower secondary education and not in further education or training. The EU-SILC data are not comparable with LFS data.
Due to the limited number of observations. estimations for persons with disabilities are indicative.

	2018			Mean 2017-2018			Target
	Disability			Disability			
	Yes	No	Total	Yes	No	Total	EU 2020
AT	23.5	8.6	10.7	24.9	7.8	10.2	9.5
BE	15.3	7.3	8.0	15.9	8.1	8.8	9.5
BG	(24.9)	17.0	17.3	31.5	16.7	17.1	11
CY	17.2	8.2	8.7	15.5	7.8	8.2	10
CZ	a	6.8	7.1	22.9	6.5	7.6	5.5
DE	23.7	6.4	7.8	25.1	5.8	7.3	<10
DK	11.5	11.1	11.2	13.1	8.7	9.5	<10
EE	16.2	7.9	9.2	25.3	18.3	19.3	9.5
EL	18.5	3.3	3.8	14.5	3.5	3.8	9.7
ES	30.4	15.5	16.1	32.8	16.5	17.2	* 15
FI	16.4	2.7	5.6	17.6	3.0	5.9	8
FR	19.7	8.9	9.8	20.5	9.1	9.9	9.5
HR	21.7	3.5	4.5	18.3	3.7	4.5	4
HU	23.2	11.8	12.6	21.3	13.2	13.8	10
IE	10.7	3.5	4.0	16.4	3.8	4.6	8
IT	32.4	17.9	18.6	26.3	17.4	17.8	(15-16) 16
LT	17.9	4.9	6.3	22.2	5.6	7.1	<9
LU	18.6	8.6	9.7	16.4	9.4	10.2	<10
LV	17.2	9.7	10.6	17.5	11.0	11.8	13.4
MT	a	19.4	20.1	33.5	19.8	20.2	10
NL	7.7	3.1	3.9	10.8	3.7	4.9	<8
PL	13.7	4.3	4.8	12.6	4.2	4.6	4.5
PT	21.9	12.4	13.5	23.3	12.2	13.4	10
RO	(29.8)	14.3	15.1	35.6	16.1	17.1	11.3
SE	a	4.7	5.3	15.2	4.1	4.7	<10
SI	5.8	2.9	3.4	5.0	2.7	3.1	5
SK	15.5	6.2	6.8	12.8	5.5	6.1	<6
EU	**20.3**	**9.8**	**10.6**	**20.9**	**9.8**	**10.6**	**<10**
UK	18.3	10.6	11.9	14.4	8.2	9.3	

*: Target defined for school drop-out rate
Notes: "(data in parenthesis)": Between 20 and 49 observation, "a": less than 20 observations.
Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from: https://www.disability-europe.net/theme/statistical-indicators.

Table 29: Evolution of the shares of early school leavers, EU, (Age: 18-24), Europe 2020 target: 10 %

	EU 28			EU 27		
	Persons with disabilities	Persons without disabilities	Total	Persons with disabilities	Persons without disabilities	Total
2006	23.4	13.2	13.9			
2007	24.0	12.7	13.4			
2008	25.1	12.2	13.2			
2009	23.0	12.3	13.1			
2010	21.6	12.0	12.7			
2011	18.9	11.0	11.6			
2012	21.8	10.3	11.2			
2013	21.5	9.4	10.4			
2014	22.5	11.2	12.2			
2015	22.0	11.7	12.5			
2016	23.6	11.0	12.0			
2017	19.6	9.5	10.3	21.5	9.8	10,6
2018	19.9	9.9	10.7	20.3	9.8	10,6

Data source: EU-SILC UDB.

Additional data can be downloaded from: https://www.disability-europe.net/theme/statistical-indicators.

6. Persons who have completed a tertiary or equivalent education

Table 30: Percent of persons who have completed a tertiary or equivalent education by Member State and disability status (Age: 30-34), 2018

Share of the population of the same age group.

Due to the limited number of observations. estimations for persons with disabilities are indicative. Indicator for the EU target refers to ISCED 2011 level 5-8 (data 2014 onwards). National targets as set out in the most recent National Reform Programmes. The definitions of the national targets are comparable to the EU target except for Germany, France and Finland.[1]

	2018			Mean 2017-2018			EU 2020	
	Disability			Disability			Target	
	Yes	No	Total	Yes	No	Total		
AT	42.1	49.0	47.6	41.0	48.4	46.9	38	
BE	35.3	52.0	49.8	30.4	51.5	49.0	47	
BG	(7.6)	33.4	32.6	12.8	32.4	31.6	36	
CY	43.1	59.3	57.9	40.6	58.2	56.8	46	
CZ	35.7	41.2	40.7	32.4	40.5	39.7	32	
DE	17.0	44.2	41.2	20.4	42.5	40.2	42	(1)
DK	(45.5)	52.5	51.4	43.1	57.3	54.4	>40	
EE	43.4	49.3	48.0	38.7	49.3	47.7	40	
EL	33.8	44.2	43.8	33.1	45.2	44.4	32	
ES	31.7	47.1	45.9	30.0	44.3	43.2	44	
FI	42.4	48.1	46.6	41.7	48.1	46.4	42	(1)
FR[2]	28.9	50.3	47.6	33.2	48.9	46.9	50	(1)
HR	17.3	31.8	30.5	19.6	30.4	29.4	35	
HU	23.1	33.7	33.1	23.1	32.1	31.4	34	
IE	(39.9)	61.7	60.4	38.4	62.2	60.4	60	
IT	23.8	28.1	27.8	22.7	27.7	27.3	26-27	
LT	(46.9)	64.9	63.2	32.7	62.5	59.8	48.7	
LU	35.9	53.5	51.0	29.3	53.1	49.6	66	
LV	42.9	49.2	47.9	42.6	46.0	45.3	34-36	
MT	a	34.0	33.4	17.3	34.3	33.7	33	
NL	49.2	64.0	61.1	49.0	59.4	57.4	>40	
PL	32.2	49.9	48.5	32.8	50.0	48.6	45	
PT	30.6	35.1	34.4	30.5	35.0	34.3	40	
RO	18.0	28.8	28.1	20.3	29.4	28.8	26.7	
SE	(27.0)	54.9	52.6	29.0	54.6	52.4	45-50	
SI	38.9	43.3	42.6	37.5	42.0	41.2	40	
SK	29.7	35.5	34.9	34.8	36.0	35.9	40	
EU	**29.4**	**43.8**	**42.3**	**30.6**	**42.8**	**41.6**	**>40**	
UK	44.7	55.9	54.0	43.4	56.5	54.5	:	(1)

Notes: "(data in parenthesis)": Between 20 and 49 observation, "a": less than 20 observations.

[1]: Definition differs. DE: EU 2020 includes ISCED 2011 level 4-8; FI: narrower national definition (excluding former tertiary Vocational Education and Training (VET)); FR: 27-33 years-old; UK: No national target.

[2]: Age group 27-33: 32.9 % (disabled). 49.2 % (non-disabled) and 47.4 % (total).

Data source: EU-SILC UDB 2018, release 2020, version 1.

Additional data can be downloaded from: https://www.disability-europe.net/theme/statistical-indicators.

Table 31: Evolution of the share of persons who have completed a tertiary or equivalent education by disability status (Age: 30-34)

	EU 28		EU 2020	EU 27	
	Persons with disabilities	Persons without disabilities	Target	Persons with disabilities	Persons without disabilities
2006	24.5	33.7	40		
2007	23.4	31.9	40		
2008	20.4	33.1	40		
2009	21.6	35.4	40		
2010	22.8	37.0	40		
2011	27.1	36.9	40		
2012	27.8	39.3	40		
2013	28.5	41.1	40		
2014	29.7	42.6	40		
2015	29.4	43.0	40		
2016	30.3	43.5	40		
2017	32.4	42.5	40	31.7	41.8
2018	31.7	44.9	40	29.4	43.8

Data source: EU-SILC UDB.

7. Very low work intensity

Table 32: Percent of persons living in households with very low work intensity (Age: 16-59), 2018

People living in households with very low work intensity are people living in households where the adults work less than 20 % of their total work potential during the past year.

| | Disability | | | Women | | Men | | Degree | |
| | | | | Disability | | Disability | | | |
	Yes	No	Total	Yes	No	Yes	No	Severe	Moderate
AT	16.2	4.7	7.6	16.7	5.3	15.6	4.0	31.7	12.0
BE	31.5	8.8	13.1	33.5	9.5	29.3	8.2	48.7	23.5
BG	25.3	7.4	8.8	23.9	7.0	26.8	7.9	35.4	23.0
CY	19.1	6.8	8.6	19.1	7.6	19.1	6.1	32.1	13.3
CZ	16.6	2.9	5.2	15.4	3.6	19.1	1.9	32.5	10.9
DE	28.4	5.6	9.3	29.4	5.9	27.3	5.3	46.9	20.6
DK	23.8	8.8	12.4	25.2	9.6	22.0	8.1	37.8	20.0
EE	15.1	3.0	6.2	12.9	2.6	17.7	3.4	30.2	10.1
EL	35.5	14.5	16.2	35.9	16.3	35.0	12.6	43.1	29.5
ES	28.8	9.2	11.6	27.3	9.9	30.4	8.5	48.4	24.8
FI	21.0	7.6	11.3	17.9	6.4	24.9	8.6	41.2	16.9
FR	17.7	6.3	8.2	18.2	6.5	17.2	6.1	27.2	13.2
HR	26.4	8.7	11.9	23.0	9.3	29.5	8.0	36.5	23.2
HU	20.8	3.3	5.7	16.3	3.7	25.5	3.0	37.3	15.6
IE	34.6	9.4	12.1	31.2	11.6	38.6	7.1	43.6	31.3
IT	22.2	10.9	12.1	21.8	12.4	22.6	9.4	45.7	17.0
LT	21.6	6.1	8.7	21.2	6.1	22.0	6.1	44.3	18.0
LU	19.3	6.9	9.5	22.8	6.6	15.1	7.1	27.4	15.3
LV	16.4	5.4	8.3	14.8	5.4	18.1	5.4	36.8	12.5
MT	21.5	4.1	5.3	24.2	5.4	18.8	3.0	29.2	19.6
NL	20.1	5.5	9.1	18.8	6.4	21.9	4.7	43.9	15.0
PL	21.6	4.1	6.5	20.3	4.8	23.0	3.4	31.9	17.6
PT	15.8	5.5	7.7	14.0	5.4	18.3	5.7	25.6	13.3
RO	18.0	5.9	7.5	19.6	6.8	15.9	5.0	41.2	12.7
SE	26.7	7.0	8.9	24.3	7.1	30.0	6.9	37.4	21.5
SI	12.5	4.2	6.4	12.1	4.4	12.9	4.0	21.3	10.2
SK	10.4	3.6	4.8	8.8	3.9	12.2	3.3	21.5	6.8
EU	**22.8**	**7.2**	**9.6**	**22.5**	**7.8**	**23.2**	**6.6**	**38.6**	**17.6**
UK	23.0	4.6	8.4	20.9	5.4	25.8	3.8	41.9	11.4

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

Table 33: Evolution of the percentage of persons living in households with low work intensity (WI < 20 %) (Age: 16-59)

	EU 28				EU 27			
	Disability			All		Disability		All
	Severe	All disabled	Not disabled		Severe	All disabled	Not disabled	
2005		24.2	8.3	10.4				
2006		24.9	8.2	10.6				
2007		23.9	7.7	9.7				
2008		23.2	6.7	9.1				
2009		22.8	6.8	9.1				
2010	39.5	24.2	7.8	10.2				
2011	40.3	24.5	7.9	10.4				
2012	38.7	23.9	8.1	10.5				
2013	39.1	24.1	8.5	11.2				
2014	41.6	25.1	8.7	11.6				
2015	41.3	25.6	8.3	11.0				
2016	41.7	25.8	8.3	11.0				
2017	39.6	23.9	7.6	10.1	37.7	23.3	7.8	10.2
2018	39.3	22.8	6.9	9.4	38.6	22.8	7.2	9.6
2019					39.1	22.7	6.7	9.1

Data source: EU-SILC UDB.

Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

8. People at risk of poverty after social transfers (financial poverty)

Table 34: People at risk of poverty by disability status and Member State, (Age: 16+), 2018

Percent of people living in households with an equivalised household disposable income less than 60 % of the median national equivalised household disposable income.

| | Disability | | | Women | | Men | | Degree | |
| | | | | Disability | | Disability | | | |
	Yes	No	Total	Yes	No	Yes	No	Severe	Moderate
AT	16.3	11.7	13.3	17.5	12.6	14.9	10.9	19.7	15.1
BE	23.5	13.0	15.7	24.3	13.8	22.4	12.3	25.7	22.2
BG	31.2	19.7	21.6	34.5	20.3	26.4	19.0	29.3	31.8
CY	22.8	12.5	15.0	23.1	13.5	22.5	11.5	28.4	20.2
CZ	19.1	8.3	11.3	21.6	10.2	14.6	5.5	23.5	17.4
DE	26.2	13.7	16.5	26.7	15.2	25.7	12.2	34.2	22.5
DK	15.6	12.1	13.1	16.2	12.2	14.7	11.9	18.6	14.8
EE	38.5	17.4	25.8	42.2	17.5	32.8	17.3	49.6	33.3
EL	16.6	18.1	17.7	17.2	18.2	15.9	17.9	18.4	15.3
ES	23.4	19.9	20.6	23.3	20.7	23.6	19.1	24.2	23.2
FI	15.4	10.8	12.4	15.6	10.5	15.3	11.1	20.2	14.1
FR	13.7	11.2	11.8	13.9	11.2	13.5	11.1	15.1	12.9
HR	29.5	14.3	19.4	31.3	15.0	27.3	13.6	37.3	26.1
HU	16.6	10.2	11.8	16.5	11.2	16.8	9.2	17.1	16.4
IE	28.4	12.5	15.0	29.6	14.2	27.2	10.7	29.5	28.0
IT	20.0	19.0	19.2	20.4	20.3	19.5	17.7	20.0	20.0
LT	35.0	17.9	23.1	39.9	18.8	26.9	17.0	40.6	33.4
LU	23.3	15.2	17.4	25.1	16.1	21.2	14.3	27.6	21.1
LV	37.3	16.8	25.0	40.1	18.1	32.9	15.3	50.3	33.1
MT	23.6	15.0	16.1	26.1	16.3	20.7	13.9	21.4	24.2
NL	15.5	11.9	13.0	16.5	12.0	14.2	11.8	22.5	14.0
PL	22.1	13.5	15.6	22.2	13.5	21.8	13.5	22.5	21.8
PT	22.2	14.4	17.1	22.7	14.6	21.5	14.3	24.5	21.5
RO	25.4	20.6	21.9	27.6	21.1	22.1	20.2	31.6	23.6
SE	25.5	14.2	15.7	27.5	15.6	22.3	13.0	28.2	24.1
SI	18.7	10.9	13.7	20.5	11.0	16.6	10.9	25.5	16.4
SK	11.4	10.2	10.6	10.8	10.9	12.2	9.5	14.3	10.3
EU	20.9	15.0	16.5	21.6	15.8	20.1	14.2	24.0	19.7
UK	23.7	14.5	17.0	24.6	16.1	22.5	13.0	27.6	20.8

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

Table 35: People at risk of poverty by disability status, Member State and age group, 2018

	2018					
	Age 16-64			Age 65+		
	Disability			Disability		
	Yes	No	Total	Yes	No	Total
AT	16.4	11.9	13.1	16.1	10.6	13.9
BE	25.1	13.0	15.4	20.7	13.3	16.5
BG	26.2	18.3	19.0	34.7	25.9	29.4
CY	20.8	12.2	13.6	25.3	15.6	21.4
CZ	16.6	7.2	8.9	21.4	12.8	17.3
DE	30.3	13.0	16.1	19.8	16.9	18.0
DK	18.4	13.0	14.4	10.0	8.4	9.0
EE	26.3	14.1	17.7	54.4	39.1	49.5
EL	25.4	19.2	19.9	12.3	10.0	11.4
ES	28.4	21.1	22.1	18.4	13.4	15.7
FI	14.6	11.1	12.1	16.8	9.6	13.2
FR	17.2	12.0	12.9	9.4	7.1	8.2
HR	26.9	13.8	16.7	32.2	18.7	28.3
HU	21.8	10.6	12.5	11.3	7.8	9.7
IE	31.7	11.4	13.8	23.3	18.6	20.2
IT	24.1	20.2	20.7	17.3	12.6	15.1
LT	28.4	15.9	18.3	41.1	32.7	38.2
LU	27.2	16.0	18.5	15.3	8.7	12.1
LV	27.7	14.2	18.1	48.7	38.4	46.0
MT	22.2	12.8	13.5	25.0	25.5	25.4
NL	18.1	12.2	13.7	10.7	10.5	10.6
PL	24.3	13.7	15.4	19.5	12.7	16.1
PT	24.1	14.6	16.8	20.2	13.5	17.7
RO	25.6	20.9	21.6	25.1	19.0	22.8
SE	26.7	14.8	16.0	23.6	12.1	14.6
SI	16.5	10.7	12.4	22.5	12.0	18.3
SK	14.5	10.7	11.5	7.3	3.9	6.4
EU	**23.7**	**15.4**	**16.8**	**17.8**	**13.3**	**15.4**
UK	24.5	14.1	16.4	22.3	16.4	19.1

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from: Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

Table 36: Percent of persons at risk of poverty after social transfers by disability and year, EU, (Age: 16+)

	EU 28				EU 27			
	Disability			All	Disability			All
	Severe	All disabled	Not disabled		Severe	All disabled	Not disabled	
2008	23.5	20.8	14.5	15.8				
2009	21.9	19.7	14.1	15.7				
2010	21.5	18.8	14.4	15.6				
2011	21.8	19.4	14.9	16.1				
2012	21.3	19.1	15.0	16.1				
2013	21.1	18.7	14.8	15.8				
2014	22.5	19.7	15.3	16.5				
2015	22.5	20.0	15.4	16.6				
2016	22.5	20.2	15.6	16.7				
2017	23.7	20.5	15.2	16.5				
2018	24.7	21.3	15.0	16.5	24.0	20.9	15.0	16.5
2019				16.3	25.1	21.4	14.6	16.2

Data source: EU-SILC UDB.

Additional data can be downloaded from: Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

Table 37: Persons at risk of poverty after social transfers by disability and year

Age: 16-64	EU 28			EU 27		
	Persons with disabilities	Persons without disabilities	ALL	Persons with disabilities	Persons without disabilities	ALL
2005	19.0	13.9	14.9			
2006	19.4	14.0	15.1			
2007	20.1	14.1	15.3			
2008	19.8	13.7	15.0			
2009	20.1	13.8	15.1			
2010	20.5	14.5	15.5			
2011	21.2	15.0	16.2			
2012	21.8	15.4	16.5			
2013	21.6	15.2	16.5			
2014	23.2	15.9	17.3			
2015	23.7	16.0	17.3			
2016	23.3	16.1	17.3			
2017	23.3	15.6	16.9	23.0	15.9	17.1
2018	23.8	15.2	16.7	23.7	15.4	16.8
2019				23.1	15.1	16.2

Age: 65+	Persons with disabilities	Persons without disabilities	ALL	Persons with disabilities	Persons without disabilities	ALL
2005	19.9	17.6	18.8			
2006	20.3	17.5	18.9			
2007	20.7	17.7	18.2			
2008	20.6	16.8	19.0			
2009	19.0	16.2	17.9			
2010	16.8	14.3	16.0			
2011	16.9	14.2	15.9			
2012	15.8	12.7	14.6			
2013	15.0	11.9	13.7			
2014	15.3	11.7	13.7			
2015	15.5	12.4	14.0			
2016	16.3	12.9	14.5			
2017	17.1	13.1	15.0	16.9	12.8	14.7
2018	18.3	13.7	15.9	17.8	13.3	15.4
2019				19.3	14	16.5

Data source: EU-SILC UDB.

Additional data can be downloaded from Eurostat:

https://ec.europa.eu/eurostat/data/database?node_code=hlth

Table 38: Disability benefits as a % of disposable household income, recipients aged 16-64

	2018	Mean 2016&2018
AT	29.0	29.4
BE	37.2	37.7
BG	7.5	12.3
CY	32.9	33.2
CZ	24.7	24.9
DE	33.0	34.6
DK	45.5	48.2
EE	16.2	16.7
EL	39.8	36.1
ES	40.2	41.3
FI	26.1	26.8
FR	22.5	21.6
HR	34.6	33.8
HU	27.4	26.0
IE	16.1	16.6
IT	23.9	24.9
LT	18.2	18.3
LU	31.4	33.9
LV	16.5	16.1
MT	19.6	20.3
NL	40.1	41.2
PL	23.2	24.1
PT	35.5	35.8
RO	28.8	32.6
SE	31.6	31.1
SI	18.6	19.4
SK	18.5	19.1
EU	29.1	30.0
UK	23.6	24.1

Data source: EU-SILC UDB.

9. Persons severely materially deprived

Table 39: Percent of persons living in households which are severely materially deprived by disability status and Member State, (Age: 16+), 2018

Percent of population with an enforced lack of at least four out of nine material deprivation items in the 'economic strain and durables' dimension.

	Disability			Women		Men		Degree	
				Disability		Disability			
	Yes	No	Total	Yes	No	Yes	No	Severe	Moderate
AT	4.9	1.5	2.7	5.2	1.4	4.7	1.7	8.9	3.5
BE	8.2	3.4	4.6	9.0	3.4	7.3	3.3	9.3	7.6
BG	33.5	17.6	20.2	35.6	18.3	30.5	16.8	38.2	32.2
CY	13.6	8.1	9.4	12.8	7.7	14.5	8.5	18.7	11.2
CZ	5.5	2.3	3.2	5.9	2.7	4.7	1.9	8.6	4.3
DE	6.4	2.2	3.1	6.9	2.3	5.8	2.0	9.8	4.7
DK	4.4	1.7	2.5	5.0	1.7	3.6	1.7	13.0	2.2
EE	6.0	2.3	3.7	6.6	2.3	5.1	2.2	8.4	4.9
EL	19.0	15.5	16.4	20.0	15.5	17.8	15.6	21.4	17.3
ES	8.3	4.3	5.1	8.3	4.3	8.3	4.3	9.8	7.9
FI	4.7	1.7	2.7	5.1	1.4	4.1	1.9	9.1	3.5
FR	6.7	3.2	4.1	7.6	3.5	5.4	3.0	7.7	6.0
HR	13.6	6.0	8.5	13.8	5.9	13.4	6.1	19.4	11.1
HU	14.8	7.0	9.0	14.4	7.3	15.5	6.7	17.8	13.6
IE	8.1	4.0	4.7	7.6	3.7	8.6	4.4	12.9	5.9
IT	11.5	7.4	8.4	11.1	7.3	12.0	7.5	12.2	11.3
LT	16.9	8.8	11.3	19.7	8.9	12.5	8.7	26.9	14.1
LU	2.1	0.8	1.2	2.8	0.8	1.4	0.9	3.4	1.5
LV	13.0	6.4	9.0	13.2	6.5	12.8	6.2	18.8	11.1
MT	6.7	2.1	2.6	8.1	2.4	5.0	1.8	8.6	6.2
NL	4.4	1.3	2.3	4.6	1.2	4.2	1.4	9.8	3.3
PL	9.0	3.4	4.7	8.9	3.3	9.2	3.5	12.5	7.4
PT	8.6	4.3	5.7	9.0	3.8	8.1	4.8	11.3	7.7
RO	17.3	12.3	13.6	18.3	11.8	15.7	12.8	25.7	14.9
SE	3.3	0.6	0.9	4.2	0.8	2.0	0.4	5.1	2.4
SI	7.3	1.9	3.8	7.9	2.0	6.7	1.9	14.2	5.0
SK	9.2	4.9	6.2	9.4	5.0	8.9	4.8	14.8	6.8
EU	**9.0**	**4.7**	**5.8**	**9.5**	**4.8**	**8.4**	**4.7**	**11.7**	**7.9**
UK	7.5	2.7	4.0	8.4	3.0	6.9	2.3	11.0	4.9

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

Table 40: Percent of persons living in households which are severely materially deprived, EU 27* (Age: 16+)

	Total	Persons with disabilities	Persons without disabilities
2005		11.6	7.5
2006		11.4	7.5
2007		12.0	8.0
2008	8.6	11.2	7.2
2009	7.8	10.5	6.9
2010	8.6	11.5	7.6
2011	9.0	12.4	7.7
2012	9.8	12.9	8.7
2013	9.5	12.6	8.4
2014	8.8	12.2	7.5
2015	8.0	11.6	6.8
2016	7.7	11.1	6.7
2017	6.9	10.4	5.8
2018	5.8	9.0	4.7
2019	5.6	8.8	4.5

*: Data for 2005-2009 cover EU 28.
Data source: EU-SILC UDB

10. People at-risk-of-poverty or social exclusion

Table 41: Percent of people at-risk-of-poverty or social exclusion by disability status and Member State, (Age: 16+), 2018

	Total			Women		Men		Degree	
	Disability			Disability		Disability			
	Yes	No	Total	Yes	No	Yes	No	Severe	Moderate
AT	21.7	14.1	16.7	23.1	15.2	20.0	12.9	28.7	19.1
BE	31.5	15.4	19.5	32.8	16.2	29.8	14.7	39.0	27.4
BG	48.3	29.5	32.6	51.5	30.4	43.8	28.4	51.2	47.5
CY	33.9	20.4	23.6	33.2	22.0	34.7	18.7	43.7	29.3
CZ	23.8	10.3	12.1	26.8	12.7	18.5	6.9	32.3	20.6
DE	31.1	16.0	19.6	32.4	17.6	29.7	14.5	41.2	26.4
DK	23.1	15.4	17.6	23.6	15.9	22.5	14.9	34.0	20.4
EE	41.6	19.1	25.7	45.3	19.2	35.8	18.9	53.1	36.1
EL	32.0	31.2	31.4	33.0	32.3	30.7	30.1	36.6	28.5
ES	31.0	24.1	25.5	30.3	25.3	32.1	22.9	35.2	29.9
FI	22.4	13.3	16.4	22.7	12.9	22.1	13.7	33.6	19.4
FR	20.8	14.3	15.9	21.5	14.7	19.9	13.9	24.4	18.7
HR	37.1	19.2	25.1	38.3	20.1	35.5	18.3	46.8	32.8
HU	27.2	14.8	18.0	26.5	15.7	28.2	13.8	31.3	25.6
IE	36.8	17.5	20.5	37.6	19.3	36.0	15.6	41.8	34.6
IT	30.0	25.5	26.7	30.1	27.2	29.9	23.8	33.0	29.1
LT	43.0	22.4	28.3	48.5	23.1	34.1	21.6	52.4	40.4
LU	28.8	18.9	21.7	31.7	20.0	25.3	17.8	34.8	25.7
LV	43.3	21.1	29.7	46.0	22.6	39.0	19.3	58.6	38.3
MT	29.8	16.6	18.2	33.4	18.1	25.6	15.3	30.4	29.7
NL	22.6	14.2	17.2	23.6	14.5	21.4	13.9	39.0	19.1
PL	29.4	16.5	19.4	29.6	16.9	29.2	16.1	33.4	27.6
PT	28.5	18.0	21.6	28.9	17.8	27.9	18.1	32.6	27.1
RO	36.8	28.4	30.6	39.9	28.9	32.1	27.8	47.1	33.8
SE	30.1	15.4	17.4	31.4	16.5	28.0	14.3	34.4	27.8
SI	23.9	12.9	16.8	25.8	13.2	21.8	12.6	35.0	20.2
SK	18.3	12.5	14.5	18.1	13.3	18.5	11.8	26.6	14.8
EU	**28.6**	**19.1**	**21.3**	**29.5**	**20.1**	**27.5**	**18.1**	**34.7**	**26.2**
UK	32.6	17.3	22.1	33.2	19.0	31.9	15.5	41.6	26.0

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

Table 42: People at risk-of -poverty or social exclusion by disability status, Member State and age group, 2018
Percent of population of the same age group.

	2018					
	Age 16-64			**Age 65+**		
	Disability			**Disability**		
	Yes	**No**	**Total**	**Yes**	**No**	**Total**
AT	24.4	14.5	17.2	16.9	10.9	14.6
BE	37.0	15.8	20.1	22.5	13.4	17.3
BG	44.2	27.3	28.8	51.3	39.5	43.7
CY	38.7	20.8	23.7	28.0	16.3	23.2
CZ	24.3	9.5	12.2	23.4	13.8	18.8
DE	37.6	15.8	19.7	21.0	17.4	18.9
DK	29.2	17.1	20.2	10.9	8.5	9.6
EE	30.9	16.0	20.4	55.5	39.3	50.1
EL	49.7	33.3	35.1	23.3	16.9	21.0
ES	40.4	25.8	28.0	21.5	14.4	17.5
FI	25.1	14.2	17.3	18.2	9.8	13.9
FR	28.1	15.6	17.9	11.7	7.8	9.7
HR	38.2	18.8	23.1	35.9	22.5	31.8
HU	38.3	15.6	19.4	15.7	9.5	13.1
IE	44.6	17.2	20.5	24.4	19.1	20.9
IT	39.7	27.3	29.0	23.5	15.7	20.0
LT	38.5	20.6	23.8	47.2	35.6	43.6
LU	35.3	20.2	23.6	15.3	8.7	12.2
LV	35.8	18.8	23.7	52.2	40.0	48.6
MT	33.0	14.6	16.0	26.7	26.3	26.4
NL	28.2	14.9	18.2	12.4	10.7	12.1
PL	35.3	16.9	19.9	22.9	14.4	18.8
PT	32.5	18.4	21.7	24.2	15.2	20.9
RO	39.4	28.6	30.4	34.3	26.3	31.2
SE	34.4	16.3	18.1	23.6	12.2	14.6
SI	23.1	13.0	15.9	25.3	12.7	20.1
SK	21.6	13.1	15.0	13.8	5.7	11.7
EU	**34.7**	**20.0**	**22.5**	**21.8**	**15.1**	**18.3**
UK	38.1	17.4	**21.9**	23.9	16.7	**19.9**

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

Table 43: Percent of persons living in households at-risk-of-poverty or social exclusion, EU

		Age: 16-64		Age: 65+	
		Persons with disabilities	Persons without disabilities	Persons with disabilities	Persons without disabilities
EU 28	2005	35.9	22.9	26.8	24.1
	2006	36.4	22.3	26.8	22.7
	2007	35.8	21.6	26.7	22.1
	2008	34.9	20.5	25.9	20.2
	2009	34.5	20.2	23.7	19.1
EU 27	2010	34.6	21.8	22.4	16.1
	2011	36.4	22.3	22.7	15.8
	2012	36.2	23.0	22.3	15.5
	2013	36.4	23.0	21.1	14.1
	2014	37.4	23.0	20.4	13.6
	2015	37.7	22.4	20.3	13.9
	2016	36.9	22.6	21.3	15.0
	2017	35.1	21.3	21.6	15.1
	2018	34.6	19.9	21.7	15.0
	2019	33.9	19.3	22.4	15.2

Data source: EU-SILC UDB.

Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

11. General health

Table 44: Self-perceived health by disability status and Member State, (Age: 16+), 2018
Percent of population of the same age group.

	Persons with disabilities			Persons without disabilities			Total		
	Good or Very good	Fair	Bad or Very bad	Good or Very good	Fair	Bad or Very bad	Good or Very good	Fair	Bad or Very bad
AT	33.3	43.5	23.1	91.6	8.1	0.3	71.7	20.2	8.1
BE	25.7	41.4	32.9	91.4	8.0	0.6	74.9	16.4	8.8
BG	8.5	39.0	52.4	78.0	19.7	2.3	66.5	22.9	10.6
CY	24.6	53.8	21.5	94.6	5.2	0.3	77.8	16.8	5.4
CZ	15.7	48.3	36.0	80.1	19.1	0.8	62.1	27.3	10.7
DE	15.5	52.6	31.9	80.4	18.2	1.4	65.5	26.1	8.4
DK	30.0	45.6	24.4	88.2	11.3	0.5	71.2	21.3	7.5
EE	16.5	46.9	36.7	75.0	24.9	0.2	51.9	33.6	14.6
EL	16.8	45.3	37.9	95.0	4.8	0.2	76.4	14.5	9.2
ES	17.4	49.8	32.8	88.3	11.0	0.7	73.7	19.0	7.3
FI	35.4	49.3	15.4	86.7	12.7	0.6	69.0	25.4	5.7
FR	23.5	46.7	29.9	82.6	16.4	1.0	67.7	24.0	8.3
HR	14.4	37.9	47.6	84.0	14.2	1.8	60.7	22.1	17.1
HU	11.3	45.2	43.5	77.5	21.4	1.1	60.7	27.5	11.8
IE	36.1	45.4	18.5	93.2	6.4	0.5	84.1	12.5	3.3
IT	25.2	48.1	26.8	88.6	11.0	0.4	73.3	19.9	6.8
LT	5.3	50.6	44.1	62.6	34.9	2.5	44.0	40.2	15.7
LU	25.4	40.2	34.4	84.7	14.2	1.1	68.6	21.3	10.2
LV	9.2	54.2	36.6	72.2	26.4	1.5	47.0	37.5	15.5
MT	9.9	62.9	27.2	83.8	15.1	1.1	75.0	20.8	4.2
NL	35.8	49.6	14.6	93.6	6.1	0.4	75.7	19.6	4.7
PL	10.0	46.4	43.6	74.6	22.4	3.1	59.2	28.1	12.7
PT	11.5	46.5	42.0	68.4	29.5	2.1	49.3	35.2	15.5
RO	21.3	52.7	26.1	88.4	11.4	0.2	70.6	22.3	7.1
SE	23.5	44.9	31.6	83.7	14.3	2.0	76.1	18.2	5.8
SI	28.1	45.8	26.1	85.9	13.4	0.7	65.4	24.9	9.7
SK	18.3	44.2	37.5	88.9	10.6	0.5	66.7	21.3	12.0
EU	**20.5**	**48.2**	**31.4**	**84.2**	**14.8**	**1.1**	**68.5**	**23.0**	**8.5**
UK	31.4	43.7	24.9	88.9	10.2	0.9	73.2	19.4	7.5

Data source: EU-SILC UDB 2018, release 2020, version 1.
Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

12. Self-reported unmet medical needs

Table 45: Self-reported unmet needs for medical examination by disability and Member State, (Age: 16+)
Percent of population of the same age group.

	Persons with disabilities			Persons without disabilities			Total		
	No	Yes (Reasons)		No	Yes (Reasons)		No	Yes (Reasons)	
	No	Expensive. Waiting list. Far	Other reasons	No	Expensive. Waiting list. Far	Other reasons	No	Expensive. Waiting list. Far	Other reasons
AT	99.2	0.3	0.5	99.8	0.0	0.2	99.6	0.1	0.3
BE	95.0	4.3	0.7	98.8	1.0	0.3	97.8	1.8	0.4
BG	92.3	5.6	2.1	97.7	1.2	1.2	96.8	1.9	1.3
CY	97.4	2.5	0.1	98.6	1.1	0.3	98.3	1.4	0.3
CZ	96.8	0.8	2.4	97.9	0.1	2.0	97.6	0.3	2.1
DE	99.0	0.4	0.7	99.5	0.2	0.3	99.4	0.2	0.4
DK	86.6	3.1	10.3	96.6	0.5	2.9	93.7	1.3	5.0
EE	71.9	23.6	4.5	87.2	11.7	1.1	81.1	16.4	2.5
EL	77.4	19.7	3.0	93.7	5.4	0.9	89.8	8.8	1.4
ES	99.3	0.4	0.3	99.7	0.1	0.3	99.6	0.2	0.3
FI	89.1	9.5	1.4	97.3	2.3	0.5	94.5	4.8	0.8
FR	96.4	1.6	2.1	96.7	1.0	2.3	96.6	1.2	2.2
HR	92.9	3.7	3.4	97.2	0.3	2.5	95.8	1.5	2.8
HU	91.1	2.3	6.6	95.5	0.3	4.2	94.4	0.8	4.8
IE	93.7	5.3	1.1	98.5	1.4	0.1	97.7	2.0	0.3
IT	94.7	5.1	0.3	98.3	1.5	0.2	97.4	2.4	0.2
LT	93.9	4.2	1.9	98.3	1.3	0.5	96.9	2.2	0.9
LU	98.8	0.3	1.0	99.3	0.3	0.5	99.1	0.3	0.6
LV	79.7	11.6	8.7	95.1	2.6	2.4	88.9	6.2	4.9
MT	98.5	0.4	1.1	99.6	0.1	0.3	99.5	0.2	0.4
NL	98.3	0.5	1.3	99.6	0.1	0.3	99.2	0.2	0.6
PL	87.4	8.8	3.8	92.8	2.8	4.4	91.5	4.2	4.3
PT	94.2	4.0	1.9	97.6	1.1	1.4	96.4	2.1	1.5
RO	77.3	16.2	6.5	98.7	0.8	0.5	93.1	4.9	2.1
SE	90.5	3.6	5.9	96.9	1.2	1.9	96.1	1.5	2.4
SI	93.3	5.9	0.8	97.7	1.9	0.5	96.1	3.3	0.6
SK	89.0	5.9	5.1	96.2	1.1	2.8	93.9	2.6	3.5
EU	93.9	4.0	2.0	97.8	1.0	1.2	96.9	1.8	1.4
UK	85.4	7.6	7.0	94.4	3.2	2.4	91.7	4.5	3.8

Note: Unmet need for medical examination or treatment during the last 12 months. No: No, there was no occasion when the person really needed examination or treatment but did not receive it. Yes: there was at least one occasion when the person really needed examination or treatment but did not receive it. Reasons/Answers grouped in: A) 1. Could not afford to (too expensive) + 2. Waiting list + 4. Too far to travel/no means of transportation. B) 3. Could not take time because of work, care for children or for others + 5. Fear of doctor/hospitals/examination/ treatment + 6. Wanted to wait and see if problem got better on its own +7. Didn't know any good doctor or specialist + 8. Other reasons.
Data source: EU-SILC UDB 2018, release 2020, version 1.

Additional data can be downloaded from Eurostat:
https://ec.europa.eu/eurostat/data/database?node_code=hlth.

ANNEX II: Metadata

1. Prevalence of disability

Methodology

The European Statistics of Income and Living Condition (EU-SILC) survey[87] contains a small module on health, composed of 3 variables on health status and 4 variables on unmet needs for health care.

The variables on health status represent the so called Minimum European Health Module (MEHM), and measures 3 different concepts of health:

- Self-perceived health
- Chronic morbidity (people having a long-standing illness or health problem)
- Activity limitation – disability (self-perceived long-standing limitations in usual activities due to health problems)

The data on limitation in activities due to health problems refer to the auto-evaluation by the respondents of the extent of which they are limited in activities people usually do because of health problems for at least the last 6 months. The exact question is "Limitation in activities people usually do because of health problems for at least the last 6 months" and possible answers are:

- yes, strongly limited
- yes, limited
- no, not limited

The survey covers all individuals aged 16 years and over living in private households. Persons living in collective households and in institutions are generally excluded from the target population. It includes persons aged 16 and over living in private households.

Information concerning health and limitations is not collected for all persons in all countries. In Denmark, Finland, Iceland, Netherlands, Norway, Sweden and Slovenia, the questions relative to health and limitations are asked to selected respondents and not all current household members aged 16 and over. The item non-response concerning limitations and other characteristics of the sample are presented in an Annex at the end of this report.

From 2014 onwards, the survey distinguishes: 1) Face to face interview-PAPI, 2) Face to face interview-CAPI, 3) CATI, telephone interview, 4) Self-administered by respondent, 5) Computer assisted web interviewing-CAWI, 6) Face to face interview-PAPI with proxy, 7) Face to face interview-CAPI with proxy, 8) CATI, telephone interview with proxy, 9) Self-administered by respondent with proxy and 10) Computer assisted web interviewing-CAWI with proxy. In the EU-SILC legal basis, priority is given to face-to-face personal interviews (PAPI or CAPI) over the other modes of data collection.

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[87] Eurostat: "Methodological Guidelines and Description of EU-SILC Target Variables - 2018 operation" (Version July 2019) DocSILC065 (2018 operation). European Commission – Eurostat, Directorate F: Social Statistics, Unit F-4: Quality of life https://ec.europa.eu/eurostat/data/database.

For estimations concerning health issues in Denmark, Finland, the Netherlands, Sweden, Slovenia, Iceland and Norway, we have used personal cross-sectional weights for selected persons (pb060). Otherwise, we have used personal cross-sectional weights (pb040).

We have used "age at the date of interview" for indicators concerning the prevalence rate, labour market and educational issues. We have used "age at the end of the income reference" period for income related indicators as well as for labour intensity. However, for Malta, we have only "age at the end of the income reference". Also, data for Malta are aggregated by 5 years groups.

Notes

EU-SILC estimators may underestimate the number of people with disabilities. In fact, persons living in collective households and in institutions are generally excluded from the sample. This underestimation might be marginal for persons aged 16-64 but significant for persons aged 65 or more.

The estimates included here may present marginal differences from previous reports or from Eurostat estimates. This is due to changes between different versions of the micro-data delivered by Eurostat (March version, August version and subsequent updates for a specific year).

2.   Employment rate

Methodology

The EU-SILC question (PL031) on 'Self-defined current economic status' provides the following possible answers (since 2009):

1.   Employee working full-time
2.   Employee working part-time
3.   Self-employed working full-time (including family worker)
4.   Self-employed working part-time (including family worker)
5.   Unemployed
6.   Pupil, student, further training, unpaid work experience
7.   In retirement or in early retirement or has given up business
8.   Permanently disabled or/and unfit to work
9.   In compulsory military community or service
10.   Fulfilling domestic tasks and care responsibilities
11.   Other inactive person

The employment indicator includes: 1. Employee working full-time, 2. Employee working part-time, 3. Self-employed working full-time and 4. Self-employed working part-time.

The employment rate is calculated by dividing the number of persons in employment by the total population of the same age group. The EU 2020 indicator includes persons aged 20-64.

For comparison, the LFS survey uses the ILO definition and asks the labour status during the reference week. Employed population consists of those persons who during the reference week did any work for pay or profit for at least one hour or were not working but had jobs from which they were temporarily absent. Other categories include was not working but had a job from which he/she was absent during the reference week, was not working because on lay-off, was a conscript on compulsory military or community service, and other who neither worked nor had a job during the reference week.

For data distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for selected persons (pb060). This holds for Iceland and Norway too. Otherwise, we have used personal cross-sectional weights (pb040).

Notes

EU-SILC estimates may overestimate the percentage of people with disabilities in employment. In fact, persons living in collective households and in institutions are generally excluded from the sample.

EU-SILC and LFS provide similar results for the same definition of employment.

3.   Unemployment rate

Methodology

The unemployment rate represents unemployed persons as a percentage of the labour force. The labour force is the total number of people employed and unemployed.

EU-SILC 2009 onwards includes a question (PL031) on 'Self-defined current economic status'. The possible answers are:

1.   Employee working full-time
2.   Employee working part-time
3.   Self-employed working full-time (including family worker)
4.   Self-employed working part-time (including family worker)
5.   Unemployed
6.   Pupil, student, further training, unpaid work experience
7.   In retirement or in early retirement or has given up business
8.   Permanently disabled or/and unfit to work
9.   In compulsory military community or service
10.   Fulfilling domestic tasks and care responsibilities
11.   Other inactive person

For estimations distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for selected persons (pb060). This holds for Iceland and Norway too. Otherwise, we have used personal cross-sectional weights (pb040).

Notes

The data here may be slightly different from those presented by Eurostat on his web page.[88] In fact, Eurostat presents estimations using the results of the Labour Force Surveys (LFS). The two surveys use different definitions of unemployment, but they yield estimations which are almost perfectly correlated.

The EU-SILC presents a systematically higher estimation. In fact, the EU-SILC data are based on self-declarations while the ILO definition does not include those who are not actively searching for a job.

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[88]   Eurostat, http://epp.eurostat.ec.europa.eu/portal/page/portal/microdata/.

4.   Activity rate

Methodology

Total population is divided into economically active and inactive population. The economically active population includes those who are employed, and those who are unemployed. An active person is a person who is economically active on the labour market.

The activity rate is the ratio of economically active people on the labour market (employed or unemployed) to the total population of the same age group.

The EU-SILC survey introduced in 2009 a new classification of 'Self-defined current economic status' (question PL031). The possible answers are:

1.   Employee working full-time
2.   Employee working part-time
3.   Self-employed working full-time (including family worker)
4.   Self-employed working part-time (including family worker)
5.   Unemployed
6.   Pupil, student, further training, unpaid work experience
7.   In retirement or in early retirement or has given up business
8.   Permanently disabled or/and unfit to work
9.   In compulsory military community or service
10.   Fulfilling domestic tasks and care responsibilities
11.   Other inactive person

We have included in the group of inactive people categories from '6' to '11'.

For estimations distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for selected persons (pb060). This holds for Iceland and Norway too. Otherwise, we have used personal cross-sectional weights (pb040).

Notes

In order to make this indicator comparable to Europe 2020 indicators, we focus on people aged 20-64. However, estimations by age group follow the standard Eurostat age groups.
The number of persons with limitations in the age group 16-24 is relatively small. The estimates for this age group have only an indicative value.

EU-SILC estimates might overestimate the percentage of people with disabilities who participate in the labour force. In fact, persons living in collective households and in institutions are generally excluded from the sample.

5. Early school leavers

Methodology

Europe 2020 indicator refers to the the population aged 18-24 with "at most" lower secondary education and who were not in further education or training during the last four weeks preceding the survey.

Eurostat publishes on his webpage the percentage of early leavers from education and training. Eurostat uses the results of the LFS (Labour Force Survey). From 20 November 2009, this indicator is based on annual averages of quarterly data instead of one unique reference quarter in spring.

Lower secondary education refers to ISCED 2011 level 0, 1 and 2 (for data as from 2014) and to ISCED 1997 level 0, 1, 2 and 3C short (for data up to 2013).

EU-SILC 2014

The classification to be used for this variable is the International Standard Classification of Education (ISCED 2011) which includes 9 categories for educational attainment:

0   Less than primary education
1   Primary education
2   Lower secondary education
3   Upper secondary education (not further specified)
4   Post-secondary non-tertiary education
5   First stage of tertiary education (not leading directly to an advanced research qualification)
6   Second stage of tertiary education (leading to an advanced research qualification)
5   Short cycle tertiary
6   Bachelor or equivalent
7   Master or equivalent
8   Doctorate or equivalent

We define early leavers from education as those who have attained level '0', '1' or '2' and are not currently participating in an educational activity. The EU-SILC survey collects information on "Current education activity" (whether the person is "In education" or "Not in education").

ISCED 2011 levels 2 and 3, lower secondary and upper secondary education, correspond mainly to levels 2 and 3 in ISCED 1997. However, due to the clarification of criteria and subsidiary criteria, ISCED 2011 may be implemented differently than ISCED 1997 (i.e., with some programmes being classified at different levels than before). Such differences may affect time series data for some countries.

The methodology is described in "Methodological Guidelines and Description of EU-SILC Target Variables 2014 operation (Version October 2014), DocSILC065 (2014 operation); Directorate F: Social Statistics Unit F-4: Quality of life; European Commission, Eurostat".

For estimations distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for selected persons (pb060). This holds for Iceland and Norway too. Otherwise, we have used personal cross-sectional weights (pb040).

Notes

Analysis by Member State may be considered to be robust for most countries. However, analysis by gender presents a certain number of statistical problems due to the low number of observations. Consequently, estimations for the age group 18-24 ought to be treated with caution.

In order to increase the robustness of estimates, we use the average of several years.

EU-SILC survey estimates cannot be compared with administrative data.

6.   Persons who have completed a tertiary or equivalent education

Methodology

Europe 2020 indicator refers to the age group 30-34.

Eurostat presents an indicator based on the LFS survey. Tertiary education covers ISCED 2011 levels 5, 6, 7 and 8 (short-cycle tertiary education, bachelor's or equivalent level, master's or equivalent level, doctoral or equivalent level, online code ED5-8 'tertiary education'). Data up to 2013 refer to ISCED 1997 levels 5 and 6. The data are calculated as annual averages of quarterly EU Labour Force Survey data (EU-LFS).

The educational attainment level of an individual is the highest ISCED (International Standard Classification of Education) level successfully completed, the successful completion of an education programme being validated by a recognised qualification.

EU-SILC UDB 2014

The classification to be used for this variable is the International Standard Classification of Education (ISCED 2011) which includes 9 categories for educational attainment: "

0   Less than primary education
1   Primary education
2   Lower secondary education
3   Upper secondary education (not further specified)
4   Post-secondary non-tertiary education
5   Short cycle tertiary
6   Bachelor or equivalent
7   Master or equivalent
8   Doctorate or equivalent

The methodology is described in "METHODOLOGICAL GUIDELINES AND DESCRIPTION OF EU-SILC TARGET VARIABLES 2014 operation (Version October 2014), DocSILC065 (2014 operation); Directorate F: Social Statistics Unit F-4: Quality of life; EUROPEAN COMMISSION, EUROSTAT".

For estimations distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for selected persons (pb060). This holds for Iceland and Norway too.

Notes

There is a very high variability of the percentage of persons with a 'post-secondary non-tertiary education' (level 4). This category has an impact on of Austrian and German estimates.

EU-SILC estimates may overestimate the percentage of people who have completed a tertiary education. In fact, persons living in collective households and in institutions are generally excluded from the sample.

The data concerning persons with disabilities are indicative, due to the relatively small number of persons with limitations in the sample, notably in the age group 30-34.

7.   Very low work intensity

Methodology

We summarise below the methodology adopted in the EU-SILC survey.

A working age person is defined as a person aged 18-64. For each working age person (Wage/person) two figures are computed:[89]

The number of months during the income reference period for which information on his/her activity status is available (the 'workable' months: NWAm).

The number of months during the income reference period for which the person has been classified as worker (Number of 'worked' months: NWm).

A derived 'AGE' variable is constructed. This is the age at the end of income reference period.

In each household, EU-SILC UDB (User Data Base) calculates the derived variables:

$$\text{TNWm} = \sum_{household\ members} \text{NWm}$$

$$\text{TNWAm} = \sum_{household\ members} \text{NWAm}$$

$$\text{WI} = \frac{TNWm}{TNWAm} \qquad \text{(WI: Work Intensity)}$$

Work intensity (RX040) is a continuous variable from 0 to 1 (People older than 59 has WORK_INT = 99). It is based on persons aged 18-59 (students excluded).

For 2011 and afterwards, the EU-SILC UDB data present a continuous variable varying from '0' to '1'. For 2010, the EU-SILC UDB data presented a binary indicator (0/1). For 2008 and 2009, the data presented four categories: 1) WI = 0; 2) 0 < WI < 0.5; 3) 0.5 ≤ W < 1and 4) W = 1. However, recent Eurostat updates present complete data since 2005.

The same work intensity status is assigned to each household member (including those younger than 18 years old).

WI=0 means that no adult is working in the household (a jobless household).
WI=1 means that all the adults in the household are employed during the whole year.

People living in households with very low work intensity are people living in households where the adults work less than 20 % of their total work potential during the past year.

For estimations distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for

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[89]   *Extract from "Year 2009: Cross-Sectional data; Differences between data collected (as described in the guidelines) and anonymised user database"; European Commission – Eurostat, Directorate F: Social Statistics and Information Society, Unit F-3: Living conditions and social protection.*

selected persons (pb060). This holds for Iceland and Norway too. Otherwise, we have used personal cross-sectional weights (pb040).

We have used the age at the end of the income reference period (px020).

Notes

Concerning Europe 2020, Eurostat presents an indicator covering people aged 0-59 living in households where the adults work less than 20 % of their total work potential during the past year. As the EU-SILC survey presents information on disability only for people aged 16 or more, we present the percentage of people with and without disabilities aged 16 to 59.

Work intensity in the household can be seen as an indicator of the employment rate of the household. However, other factors than unemployment may affect it.

8.   People at risk of poverty after social transfers (financial poverty)

Methodology

A household is at risk of poverty (HX080=1) if equivalised household disposable income (HX090) is lower than 60 % of the median national household equivalised disposable income. The indicator refers to the household.

The EU-SILC personal file provides information on disability while the EU-SILC household file provides the poverty indicator. By combining both files, we estimate the percentage of persons (disabled and non-disabled) with an equivalised household disposable income lower than 60 % of the median national equivalised household disposable income.

The EU-SILC UDB database[90] computes first gross household income. This includes all sources of revenue (work, allowances, benefits, rents, profits, etc.) for a given household. Then it subtracts regular taxes on wealth and tax on income and social insurance contributions in order to arrive at the total disposable household income. Then it takes into account the household size in order to arrive at the equivalised disposable income. Then it calculates median national household equivalised disposable income. A household is below poverty if his household equivalised disposable income is less than 60 % of the median national household equivalised disposable income.

The EU-SILC survey provides also information on disability. Consequently, we may estimate the percentage of disabled persons who live in poor households.

For estimations distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for selected persons (pb060). This holds for Iceland and Norway too. Otherwise, we have used personal cross-sectional weights (pb040).

We have used the age at the end of the income reference period (px020).

Notes

The poverty rate of disabled people aged 65 or more seems smaller compared to non-disabled persons of the same age group in certain Member States. As noted above, special allowances aimed to compensate for disability related barriers might reduce artificially poverty rates among elderly disabled people. Also, the indicator does not take into account extra health costs of elderly people.

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[90] For a full description see: European Commission – Eurostat: Directorate F: Social Statistics and Information Society Unit F-3: Living conditions and social protection statistics; "EU-SILC 065 (2008 operation), Description of target variables: Cross-sectional and Longitudinal"; 2008 operation (Version January 2010).

9.   Persons severely materially deprived

Methodology

This indicator presents the share of population with an enforced lack of at least four out of nine material deprivation items in the 'economic strain and durables' dimension.

The nine items considered are:

1.   Arrears on mortgage or rent payments, utility bills, hire purchase instalments or other loan payments
2.   Capacity to afford paying for one week's annual holiday away from home
3.   Capacity to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day
4.   Capacity to face unexpected financial expenses [set amount corresponding to the monthly national at-risk-of-poverty threshold of the previous year]
5.   Household cannot afford a telephone (including mobile phone)
6.   Household cannot afford a colour TV
7.   Household cannot afford a washing machine
8.   Household cannot afford a car
9.   Ability of the household to pay for keeping its home adequately warm

For estimations distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for selected persons (pb060). This holds for Iceland and Norway too. Otherwise, we have used personal cross-sectional weights (pb040). Also, we have used the age at the end of the income reference period (px020).

Notes

It is worth noting that financial poverty depends on national conditions (median national income) while material deprivation is defined in the same way in all Member States (at least four out of nine material deprivation items). Also, all items bear the same weight.

The survey indicates that the question focuses mainly on affordability of some aspects of living standards. However, subjective expectations might bias this measure. In fact, elderly people might indicate that "they don't want or need it" instead of "would like to have it but cannot afford it" (for example holidays, car, etc.). This means that the share of elderly people might be biased downwards.

10. People at-risk-of-poverty or social exclusion (AROPE)

Methodology

This EU 2020 indicator corresponds to the sum of persons who are either:

- At risk of financial poverty, or
- Severely materially deprived, or
- Living in households with very low work intensity.

The total population is however not a simple arithmetic sum of its three components because of overlaps between the populations covered by the three sub-indicators.

Eurostat defines a person at risk-of-poverty or social exclusion as:

- Persons with an equivalised disposable income below the risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income (after social transfers); or
- Material deprivation covers indicators relating to economic strain and durables. Severely materially deprived persons have living conditions severely constrained by a lack of resources, they experience at least 4 out of 9 following deprivations items: cannot afford i) to pay rent or utility bills, ii) keep home adequately warm, iii) face unexpected expenses, iv) eat meat, fish or a protein equivalent every second day, v) a week holiday away from home, vi) a car, vii) a washing machine, viii) a colour TV, or ix) a telephone; or
- People living in households with very low work intensity are those aged 0-59 living in households where the adults (aged 18-59) work less than 20 % of their total work potential during the past year.

Persons present in several sub-indicators are counted only once.

Information concerning disability (limitations) is provided for persons aged 16 or more. Consequently, we construct our indicator for the age group 16+.

For estimations distinguishing limited and not limited people in Denmark, Finland, the Netherlands, Sweden and Slovenia we have used personal cross-sectional weights for selected persons (pb060). This holds for Iceland and Norway too.

Notes

The EU-SILC survey provides information on disability (limitations) for persons aged 16 or more. The data include only persons living in private households.

The poverty or social exclusion indicator is established at the household level. The same value is attributed to all members of the household.

11. General health

Methodology

The European Statistics of Income and Living Condition (EU-SILC) survey contains a small module on health, composed of 3 variables on health status.

The variables on health status represent the so called Minimum European Health Module (MEHM), and measures 3 different concepts of health:

- Self-perceived health
- Chronic morbidity (people having a long-standing illness or health problem)
- Activity limitation – disability (self-perceived long-standing limitations in usual activities due to health problems)

The EU-SILC question (HS.1) is "How is your health in general"? Possible answers are:

- Very good
- Good
- Fair
- Bad
- Very bad

It refers to health in general.

Notes

Eurostat notes that the measurement of self-perceived health is, by its very nature, subjective.

Comparability across countries ought to take into account the age structure of the countries under study. In fact, countries with a larger proportion of elderly people might report a higher proportion of people reporting to be in bad health.

12. Unmet needs for medical examination

Methodology

The European Statistics of Income and Living Condition (EU-SILC) survey contains a small module on health, composed of 3 variables on health status and 4 variables on unmet needs for health care.

The variables on unmet needs for health care targets two broad types of services: medical care and dental care. The variables refer to the respondent's own assessment of whether he or she needed the respective type of examination or treatment, but did not have it and if so, what was the main reason of not having it.

A question (PH040) focusses on unmet need for medical examination or treatment during the last 12 months. The exact question is: "Was there any time during the past 12 months when you really needed medical examination or treatment (excluding dental) for yourself?

1. Yes, there was at least one occasion when the person really needed examination or treatment but did not receive it
2. No, there was no occasion when the person really needed examination or treatment but did not receive it

Another question (PH050) focusses on the main reason for unmet need for medical examination or treatment

Main reasons for unmet needs observed in SILC are the following:

1. Could not afford to (too expensive)
2. Waiting list
3. Could not take time because of work, care for children or for others
4. Too far to travel or no means of transportation
5. Fear of doctors (resp. dentists), hospitals, examination or treatment
6. Wanted to wait and see if problem got better on its own
7. Didn't know any good medical doctor (resp. dentist)
8. Other reasons.

Eurostat currently disseminates an indicator concerning "self-reported unmet needs for medical examination for reasons of barriers of access".

"Reasons of barriers of access" combines the following three reasons: 'Could not afford to (too expensive)', 'Waiting list' and 'Too far to travel or no means of transportation'.

Notes

Eurostat notes that the indicator is derived from self-reported data, so it is, to a certain extent, affected by respondents' subjective perception as well as by their social and cultural background. It adds that, another factor playing a role is the different organisation of health care services, be that nationally or locally.

13.   Methodological note on EU-SILC

The European Statistics of Income and Living Condition (EU-SILC) survey is the EU reference source for comparative statistics on income distribution and social exclusion at European level.

The European Statistics of Income and Living Condition (EU-SILC) survey contains a small module on health, including three questions on general health status.

Regulation (EU) 2019/2242 of 16 December 2019, on the organisation of a sample survey in the income and living conditions provides the technical details of the survey.

Definition of disability

The EU-SILC term (activity limitation) does not expressly take into account any 'interactions with barriers' which is typical of the social model approach and the UNCRPD. However, it cannot be compared to medical approaches as it does not focus on impairments, functional limitations or the consequences of diseases.

In a simplified and linear relation between impairment, disability and handicap, the EU-SILC stands in the middle. It is close to the concept of disabilities.
.
Characteristics of the sample

The survey covers all individuals aged 16 years old and over living in private households. Persons living in collective households and in institutions are generally excluded from the target population.

Age

The micro-data present two measures for the age of the respondent. The first concerns age at the date of the interview and the second, age at the end of the income reference period.

We have used "age at the date of interview" for indicators concerning the disability prevalence, labour market and education issues. We have used "age at the end of the income reference" period for income related indicators as well as for labour intensity.

Seasonality

Employment, unemployment and activity rates refer to the situation at the date of interview. For this reason, the data are not seasonally adjusted. On the contrary, the Labour Force Survey (LFS) provides an indicator which is based on annual averages of comparable quarterly data. However, income data presented here are annual (e.g., they cover a twelve-month period preceding the survey period).

Interviews

Four types of data are involved in EU-SILC:

i.   variables measured at the household level

ii.   information on household composition and basic characteristics of household members

iii.   income and 'basic variables' (education, basic labour information) measured at the personal level, but normally aggregated to construct household-level variables

iv.   variables collected and analysed at the person-level 'the detailed variables' (health, access to health care, detailed labour information, activity history and calendar of activities')

For set (i)-(ii) variables, a sample of households including all household members is required.

Set (iii) is collected directly at the person level, covering all persons in each sample household.

In most countries, i.e., in the so-called 'survey countries', these income variables are collected through personal interviews with all adults aged 16+ in each sample household. By contrast, in 'register countries', set (iii) variables are compiled from registers and other administrative sources, thus avoiding the need to interview all members (adults aged 16+) in each sample household.

Set (iv) variables will normally be collected through direct personal interview in all countries.

Concerning disability, 'the register countries' select only a representative person per sample household since for these countries interviewing all household members for set (iii) is not involved.

Register countries include Denmark, Finland, the Netherlands, Sweden and Slovenia. The non-EU countries include Iceland and Norway.

The information included in the EU-SILC project can either be extracted from registers or be collected from interviews. In case of interviews, five modes of data collection are possible: 1. Face-to-face personal interview (PAPI); 2. Face-to-face personal interview (CAPI); 3. Telephone interview (CATI); 4. Self-administered by respondent; 5. Proxy interview. In the EU-SILC legal basis, priority is given to face-to-face personal interviews (PAPI or CAPI) over the other modes of data collection.

Periodicity

The cross-sectional and the longitudinal data are produced annually.

Accessibility of micro-data

In September 2020, the latest available micro-data accessible to researchers were those of 2018.

Methodology of EU-SILC

European Commission - Eurostat: "Methodological guidelines and description of EU-SILC target variables; 2015 operation (Version June 2016)"; European Commission,

Eurostat, Directorate F: Social Statistics, Unit F-4: Quality of life. DocSILC065 (2015 operation).

European Commission - Eurostat: "Methodological guidelines and description of EU-SILC target variables - *2018 operation*" (Version July 2019) DocSILC065 (2018 operation)

European Commission – Eurostat, Directorate F: Social Statistics, Unit F-4: Quality of life.

Table 46: EU-SILC UDB 2018 - Sample characteristics*

Country	Question PH030_F				Limitations (Question: PH030)			
	Not-selected	Missing	Filled	Sample	Severe	Moderate	No	Total
	Not-weighted							
AT	0	6	10627	10633	922	2769	6936	10627
BE	0	102	10980	11082	960	1793	8227	10980
BG	0	7	14932	14939	684	2355	11893	14932
CY	0	5	9312	9317	850	1771	6691	9312
CZ	0	5366	10688	16054	924	2460	7304	10688
DE	0	291	21626	21917	1659	3555	16412	21626
DK	4345	73	5531	9949	350	1430	3751	5531
EE	0	2433	9857	12290	1329	2800	5728	9857
EL	0	0	48903	48903	5832	7953	35118	48903
ES	0	212	28160	28372	1269	4840	22051	28160
FI	9392	119	9713	19224	604	2491	6618	9713
FR	0	556	19396	19952	1901	3217	14278	19396
HR	0	156	18216	18372	2146	4768	11302	18216
HU	0	64	14301	14365	1419	3161	9721	14301
IE	0	0	8580	8580	530	1070	6980	8580
IT	0	646	39323	39969	2255	7606	29462	39323
LT	0	465	9290	9755	693	2507	6090	9290
LU	0	42	8484	8526	682	1499	6303	8484
LV	0	365	10420	10785	1157	3466	5797	10420
MT	0	1	8541	8542	291	971	7279	8541
NL	10620	281	12212	23113	800	3510	7902	12212
PL	0	4748	28632	33380	2392	5274	20966	28632
PT	0	47	29313	29360	2588	8037	18688	29313
RO	0	0	15537	15537	1067	3728	10742	15537
SE	5573	36	5795	11404	234	477	5084	5795
SI	13255	0	8669	21924	877	2425	5367	8669
SK	0	211	13377	13588	1576	3266	8535	13377
EU	43185	16232	430415	489832	35991	89199	305225	430415
UK	0	551	31008	31559	3976	5179	21853	31008

*: "Register countries" select a person per household for certain questions. "Survey countries" interview all members of the household aged 16 and over. Estimates are corrected for not selected (see methodology).
Source: EU-SILC UDB 2018 –release 2020 version 1.

14. Sources of data

1. European Commission: Commission implementing Regulation (EU) 2019/2242 of 16 December 2019 specifying the technical items of data sets, establishing the technical formats and specifying the detailed arrangements and content of the quality reports on the organisation of a sample survey in the income and living conditions domain pursuant to Regulation (EU) 2019/1700 of the European Parliament and of the Council.

2. European Commission - Eurostat: http://ec.europa.eu/eurostat/data/database.

3. European Commission – Eurostat: "*European Health Interview Survey (EHIS wave 2): Methodological manual*"; Theme: Populations and social conditions; Collection: Methodologies & Working papers. European Commission – Eurostat, 2013 edition.

4. European Commission - Eurostat: "Methodological guidelines and description of EU-SILC target variables *- 2018 operation*" (Version July 2019) DocSILC065 (2018 operation). European Commission – Eurostat, Directorate F: Social Statistics, Unit F-4: Quality of life.

5. European Commission - Eurostat: "Methodological guidelines and description of EU-SILC target variables; 2015 operation (Version June 2016)"; European Commission, Eurostat, Directorate F: Social Statistics, Unit F-4: Quality of life. DocSILC065.

6. EU-SILC UDB 2018 – release 2020 version 1.

7. EHIS Wave 2 2013-2015.

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