

From institutions to community living: Development of statistical outcome indicators 2018

FRANET contractor: Human European Consultancy

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ABBREVIATIONS AND ACRONYMS

ADL	Activities of daily living
ANED	Academic Network of European Disability experts
CRPD	United Nations Convention on the Rights of Persons with Disabilities
EHIS	European Health Interview Survey
EQLS	European Quality of Life Surveys
ESIF	European Structural and Investment Funds
ESS	European Statistical System
EU-28	28 EU Member States
EU-SILC	European Union Statistics on Income and Living Conditions
FRA	European Union Agency for Fundamental Rights
IADL	Instrumental activities of daily living
IDEE	Indicators of Disability Equality in Europe
ISCED	International Standard Classification of Education
OHCHR	Office of the United Nations Commissioner for Human Rights
SHARE	Survey of Health, Ageing and Retirement in Europe
UDB	User Database

COUNTRY CODES

AT	Austria
BE	Belgium
BG	Bulgaria
CY	Cyprus
CZ	Czech Republic
DE	Germany
DK	Denmark
EE	Estonia
EL	Greece
ES	Spain
FI	Finland
FR	France
HR	Croatia
HU	Hungary
IE	Ireland
IT	Italy
LT	Lithuania
LU	Luxembourg
LV	Latvia
MT	Malta
NL	Netherlands
PL	Poland
PT	Portugal
RO	Romania
SE	Sweden
SI	Slovenia
SK	Slovakia
UK	United Kingdom

EXECUTIVE SUMMARY

Why these indicators?

This background report presents a framework of statistical outcome indicators concerning the rights established in Article 19 of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD). Article 19 sets out the right of persons with disabilities to live independently and be included in the community. The EU and its 28 Member States have ratified the CRPD and are bound by the standards it elaborates. The indicators presented in this report aim to assist in monitoring the extent to which EU Member States fulfil their obligations under Article 19 of the convention.

Taken together, the 12 statistical outcome indicators measure a wide range of relevant outcomes in terms of independence and inclusion for persons with disabilities living in the community, and the extent to which these are equal to those of other persons. They are highly relevant to policymakers and rights monitors in establishing the extent of unequal outcomes and potential areas of policy intervention.

How were the indicators developed?

Article 19 of the Convention on the Rights of Persons with Disabilities: Living independently and being included in the community

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

The 12 statistical outcome indicators presented in this report were selected as part of FRA's wider effort to develop human rights indicators on Article 19 of the CRPD.¹ They complement the structure and process indicators developed and applied during other parts of the FRA project and published in December 2018 (see Annex 1).² They also build on the knowledge and experienced gained by FRA during

¹ European Union Agency for Fundamental Rights (FRA) (2015), [Human Rights Indicators on Article 19 CRPD](#).

² FRA (2018), [From institutions to community living for persons with disabilities: perspectives from the ground](#), Luxembourg, Publications Office.

previous indicator development work, in particular on the right to political participation of persons with disabilities.³

The preparation of these indicators builds on and extends preparatory research conducted by FRA during 2014 and 2015, within the structure-process-outcome indicator framework developed by the UN Office of the High Commissioner for Human Rights (OHCHR).⁴

The indicators reflect the main provisions and sub-clauses of Article 19 of the CRPD and, as such, are grouped in four domains:

- cross-cutting outcomes
- living arrangements
- support services
- general services.

The statistical outcome indicators were populated during 2016 by in-depth analysis of quantitative data from existing European social surveys concerning private households. The method and approach used are explained in more detail in 'Research approach' below. This report includes an assessment of the data quality, a structured presentation of each indicator and general conclusions. Detailed background data is presented in the technical annexes.

Several of these statistical outcome indicators were used in the FRA report *From institutions to community living – Part 3: outcomes for persons with disabilities*, published in October 2017.⁵ This was the last in a series of three reports looking at different aspects of law and policy on deinstitutionalisation and independent living for persons with disabilities. The other two reports look at the obligations the EU and its Member States have committed to fulfil,⁶ and how funding and budgeting structures can work to turn these commitments into reality.⁷

What do the findings show?

In combination, the findings from the 12 statistical outcome indicators provide evidence of unequal outcomes for persons with disabilities, compared to other persons, across the full range of areas covered by Article 19 of the CRPD. The results also show variations between the EU Member States on many of these measures.

Table 1 shows the 12 statistical outcome indicators, which are divided into six 'headline' and six 'supporting' indicators. The analysis below presents the main findings of each indicator in turn.

³ See: FRA (2014), [The right to political participation for persons with disabilities: human rights indicators](#), Luxembourg, Publications Office of the European Union. The indicators are also [available online](#).

⁴ UN Office of the High Commissioner for Human Rights (OHCHR) (2012), [Human rights indicators: a guide to measurement and implementation](#), HR/PUB/12/5.

⁵ FRA (2017), [From institutions to community living – Part 3: outcomes for persons with disabilities](#), Luxembourg, Publications Office.

⁶ FRA (2017), [From institutions to community living – Part 1: commitments and structures](#), Luxembourg, Publications Office.

⁷ FRA (2017), [From institutions to community living – Part 2: funding and budgeting](#), Luxembourg, Publications Office.

Table 1: An outcome indicator framework for Article 19 CRPD

Domain	Headline indicators	Supporting indicators
Cross cutting	1. Free to decide how to live life in the community	2. Ability to decide about personal expenses
	3. Not feeling left out of society	4. Having someone to discuss personal matters with
		5. Regular contact with people outside the household
Living arrangements	6. Living in typical household arrangements and with others	<i>Note: no supporting indicator is presented within the framework concerning persons living in institutions due to a lack of available data at the European level concerning this population.</i>
	7. Satisfied with accommodation	
Support services	8. Help available from persons beyond the household	9. Formal help received at home with personal care or domestic tasks
		10. Enough help received with daily living
General services	11. Access to general community services	12. Access to online services

Source: FRA (2018)

Note: More information on the different social surveys is included in the next section and in annexes 2 and 3.

On average, across the EU, persons with disabilities (or ‘limitations’, as used in the European social surveys) who live in private households in the community are less likely than other persons to consider themselves free to decide how they live their lives. The gap varies widely between the Member States and narrows with age. The gap between persons with and without limitations is greater among those aged 18-64 than among those aged 65 and over (and, as the average age of persons with disabilities is higher than of other persons, the overall gap appears smaller). At the EU level, the percentage of women with disabilities who feel free to decide how they live their lives is lower than for men. Both low educational status and unemployment have a negative effect on life choices but, even when controlling for these factors, the gap between persons with and without disabilities persists.

In addition, persons with disabilities (limitations) are, on average, less likely than other persons to consider themselves free to spend money on personal consumption, leisure activities or hobbies. On average, within multi-adult households, the difference between persons with and without disabilities is greater among men than it is among women, and men report less autonomy in their

personal expenditure than women overall. There is little difference, at the EU level, between the personal financial autonomy of older and younger adults in the general population but among persons with disabilities it is less in both cases, and lowest among those aged 65 and over. The disability gap is wider among older people. Although risk of poverty (after social transfers) plays an important part in reducing feelings of autonomy overall, this effect is lessened among persons with disabilities. The results suggest that feelings of financial autonomy are greater among persons who have an income of their own, and income from disability benefits or supports might provide increased personal autonomy for some persons with disabilities and their families.

Persons with disabilities are much more likely to report that they 'feel left out of society' compared to other persons. There are large differences in the rates reported in different Member States. Men report more frequently that they 'feel left out of society' than women, although both women and men with disabilities are nearly twice as likely to report this compared with other women or men, respectively. Age has a relatively small influence overall in predicting outcomes for this indicator, but a larger proportion of adults of working age feel 'left out' than of older people. This is true both for persons with and without disabilities. Economic status plays an important role, and unemployment is a significant factor that affects persons with disabilities (of working age) disproportionately. The degree of disability also plays an important role in the extent to which persons feel 'left out of society', increasing with the severity of the reported impairment.

Across the EU, and in every Member State, persons with disabilities living in private households in the community are less likely than other people to have someone with whom they can discuss personal matters. Gender differences are relatively small on this measure, although women are slightly more likely to have someone to talk to. The percentage of persons who have someone to discuss personal matters with decreases slightly with age, although age makes less of a difference for persons with disabilities. The percentage of persons who declare that they have someone to discuss personal matters with increases with educational attainment and it decreases with the degree of disability. People with more severe impairments are less likely to have anyone to discuss personal matters with than other persons.

Persons with disabilities are slightly less likely than other persons to have regular direct contacts with friends and neighbours but the overall difference is small and inconsistent between Member States. Frequency of direct contact with family, friends or neighbours beyond the household is similar for women and men overall, and for younger and older adult age groups, although among persons with disabilities it is slightly higher for women than men. However, the degree of disability has a clear and negative impact on direct contacts with friends and neighbours. People with more severe levels of impairment are less likely to have regular contact with non-family members beyond their immediate household than other persons. The most frequent direct contacts beyond the household are with friends and non-resident children (rather than parents or siblings). In all cases regular direct contact is less for persons with disabilities than other persons, but this is strongly affected by age and other social factors.

Persons with disabilities in the EU are much more likely to live alone, or in smaller sized households, than other persons. Age increases the likelihood of living in a one person household (this applies both to persons with disabilities and to other persons). Women are more likely than men to live in a one person household, but this is partly due to their longer average life expectancy. The severity of disability also increases the risk of living alone. The risk for persons with severe levels of impairment is more than twice that of persons who report no limitations. Those at risk of relative income poverty (after social transfers) are also more likely to live alone. Persons with disabilities of working age are over-represented in this group and income poverty (after social transfers) has a greater impact on their living arrangements than it does on other persons.

At the EU level, and in every Member State, the percentage of persons with disabilities reporting average levels of satisfaction with their household accommodation is lower than for other persons. The average values for women and men are similar. Age plays an important role in choice of accommodation, as dwelling ownership increases with age. Average levels of satisfaction are higher among older people than among younger adults but the disability gap widens. On average, people with a more severe degree of impairment are less satisfied that their accommodation meets their household's needs. Persons living in households at risk of poverty report lower levels of satisfaction. Persons with disabilities are over-represented in this population and their average satisfaction gap is wider.

Overall, at the EU level and in every Member State, persons with disabilities are less likely than other persons to have the possibility to call upon someone beyond their own household for help when they need it. Both women and men with disabilities are less likely to have family and friends who they can call upon but, overall, women are slightly more likely than men to have this possibility (not taking account of age). Across the EU, persons with disabilities of working age are less likely than older people to have family or friends from beyond their household that they can call upon for help. The gap between persons with and without disabilities is also larger among younger adults than among older adults. Persons at risk of poverty are less likely to have friends or family from beyond their household who they could call upon for help than those above the poverty line. This is true for persons with and without disabilities but there are wider disability gaps among poorer people in most Member States. On average, across the EU, persons with higher educational attainment levels also have greater opportunities to ask for help from family and friends beyond their own household. Persons with disabilities are less likely than other persons to have a secondary level of education and this educational disadvantage accounts for part of the gap between the two groups.

Evidence from selected Member States shows that a large proportion of persons with limitations in activities of daily living (ADL) receive some help with these tasks, mainly in the form of personal assistance. The rates between men and women receiving help are similar for different types of help. Older people with ADL difficulties are more likely to receive help in the form of technical aids, compared to younger age groups. The groups most likely to declare that they need more help were women and older people with ADL difficulties who were not currently receiving help. Among persons with ADL difficulties who declared that they did not receive enough help, personal assistance was the main type of help that was

lacking, followed by housing adaptation and then technical aids. This underlines the need to develop personal assistance services, even among those who already receive some kind of help.

On average, across the EU, persons with disabilities are more likely than other persons to have difficulty in using general community services available to the public, namely grocery, banking, postal, primary health or public transport services. Ease of access to such services varies among the Member States but to differing degrees for persons with disabilities and other persons. There is little difference, on average, between the level of difficulty experienced by female and male respondents, although this may be underestimated. Older persons are more likely to have difficulty in accessing one or more services than younger adults. Persons with more severe levels of disability are also more likely to experience difficulty in accessing one or more commonly available public service. Persons with disabilities living in single person households are much more likely to experience difficulty than adults who live with other adults or with children.

Persons with disabilities are significantly less likely to have personal internet access to services at home that fulfils their needs. Increased severity of disability decreases the likelihood of such access significantly. Amongst those who do not have sufficient access, the reasons cannot be explained primarily by cost. Women with disabilities experience a greater disadvantage but gender differences may reflect age differences (due to the higher life expectancy of women compared to men). The likelihood of having a personal internet connection at home is significantly lower for older people than for younger adults (both with and without disability) and this might hide, at least partly, barriers of computer illiteracy. Education has an effect, increasing significantly the proportion of persons who have an internet connection, but disability plays an important role (at each education level there is a gap between persons with and without disabilities).

RESEARCH APPROACH TO DEVELOP INDICATORS

The approach to this research is framed by the structure-process-outcome framework for human rights indicators developed by the OHCHR.⁸ Within this framework, outcome indicators refer to evidence of the achievement of the rights the persons in a target population, in this case, persons with disabilities whose rights are protected by the CRPD (see figure 1).

Figure 1: the structure-process-outcome framework for human rights indicators

Structural	Legal, policy and institutional framework	Commitment	Commitment to international human rights law Legislation in place Policies, action plans, guidelines, etc adopted Institutional framework Complaint and support mechanisms exists	Duty bearers
Process	Policy implementation, effectiveness of complaints and support systems	Effort	Budgetary allocations Implementation of policies, action plans, guidelines, etc Effectiveness of complaint and support mechanisms	Duty bearers
Outcome	Situation on the ground – rights realised in practice	Results	Actual awareness of rights Actual impact of policies and other measures Actual occurrence of violations Comparative data	Rights holders

Source: FRA (2018), based on OHCHR (2012)

The research was carried out in the context of FRA's wider work in this area and with reference to proposals previously published by the Academic Network of European Disability experts (ANED),⁹ as well as the CRPD Committee's reviews of implementation of Article 19 by the EU and its Member States. It also builds on lessons learned from joint efforts by FRA and ANED to populate indicators relevant to Article 29 of the CRPD on participation in political and public life.¹⁰ By adopting a comparative statistical approach, and using existing data from European social

⁸ UN Office of the High Commissioner for Human Rights (OHCHR) (2012), [Human rights indicators: a guide to measurement and implementation](#), HR/PUB/12/5.

⁹ Priestley, M. and Lawson, A. (2009), *Indicators of Disability Equality in Europe (IDEE): A preliminary list of indicator proposals for discussion*, Academic Network of European Disability experts, (ANED working group).

¹⁰ Priestley, M., Stickings, M., Loja, E., Grammenos, S., Lawson, A., Waddington, L. and Fridriksdottir, B. (2016), 'The political participation of disabled people in Europe: Rights, accessibility and activism', *Electoral Studies*, 42, pp. 1-9.

surveys, it aims to provide new indicators for use in assessing implementation of countries' human rights obligations.¹¹

Each indicator provides an estimate of outcomes for persons with disabilities, compared to other persons and contextualised with reference to other explanatory factors. These quantitative indicators complement other qualitative analyses of structure and process, conducted separately for the FRA project (see Annex 1).

The provisions of Article 19 of the CRPD were divided into four themes, namely: cross-cutting issues, living arrangements, support services (for persons with disabilities) and general services (available to the public). The selected indicators seek to measure choice and control in community living, inclusion and participation, isolation and segregation, and access to services. The data are disaggregated where possible by gender, age and severity of impairment. The data comes mainly from surveys of private households, which generally do not include persons who live in residential institutions, and the findings are based mainly on responses from persons with disabilities.

A preliminary scoping and specification for the project was prepared by FRA, which resulted in guidelines for the development and selection of statistical outcome indicators. A concept note was drafted by the contractors to elaborate on this groundwork, leading to proposals for the selection of suitable questions and variables for exploratory analysis. The conceptualisation began from 'first principles', returning to the text of Article 19 and drawing on the interpretation of Article 19 by the CRPD Committee as well as the experience gained from previous related work by the research team. An extensive exploratory analysis was prepared and discussed between the research team and FRA.

European Social surveys

The exploratory analysis included a range of different surveys from Eurostat and other sources, notably the EU-SILC (European Statistics of Income and Living Condition) core data and the different EU-SILC ad hoc modules, the European Quality of Life Survey (EQLS), the Survey of Health, Ageing and Retirement in Europe (SHARE), the European Social Survey (ESS), the European Health Interview Survey (EHIS), the European Health and Social Integration Survey (EHSIS), the Eurobarometer survey on accessibility, the Labour Force Survey ad hoc module 2011 on the employment of disabled people, and the European Values Study (EVS). A detailed list of statistical sources is in the annex. The responsibility for all conclusions drawn from the data lies entirely with the authors.

More than 40 potential items were identified and each was assessed according to its relevance, accuracy, comparability, and data availability. Taking into account the relevance (definitions of disability and proposed indicators), accuracy (sample size and response rate), comparability (across countries and through time) and the availability of data (for the 28 EU Member States), items were retained from

¹¹ Lawson, A. and Priestley, M. (2013), 'Potential, principle and pragmatism in concurrent multinational monitoring: disability rights in the European Union', *The International Journal of Human Rights*, 17(7-8), pp. 739-757.

four EU-SILC ad hoc modules, the European Quality of Life Survey (EQLS), the Survey of Health, Ageing and Retirement in Europe (SHARE) and the European Health Interview Survey (EHIS). This process led to the selection of the 12 statistical outcome indicators presented in this report.

In common with Eurostat, and with other studies in this field, the indicators are based on the survey definitions of disability, which are similar across the different surveys except for the EQLS, which has a filter question. EQLS asks 'Do you have any chronic (long-standing) physical or mental health problem, illness or disability?' If the respondent answers 'Yes', the following question on limitations follows: 'Are you limited in your daily activities by this physical or mental health problem, illness or disability?' In the remaining surveys, the two questions are presented but not linked. Annex 2 presents the definition of disability used, the prevalence of disability and the number of respondents (sample size) who declared a limitation in each survey. Unless otherwise stated, indications for persons with disabilities include persons declaring severe or moderate limitations in everyday activities.

The EU-SILC survey covers persons aged 16 and over, the EQLS persons aged 18 and over and the EHIS persons aged 15 and over. However, SHARE covers only persons aged 50 and over and this ought to be taken into account in comparisons across surveys. EU-SILC, SHARE and EQLS include only private households. EHIS targets private households but countries are allowed to include people in institutions under certain conditions, although this is marginal and ought not to affect comparability. These limitations are also explained for each indicator.

ASSESSMENT OF DATA QUALITY

The approach to data quality assessment employed four criteria: data relevance, accuracy, comparability and availability. Each proposed indicator was assessed against each criterion.

Objective and relevance of the indicators

Article 19 of the CRPD refers to both ‘independence’ and ‘inclusion’. The concept of independence is widely interpreted among disabled people’s organisations (DPOs) and the independent living movement as referring to ‘choice and control’ in everyday life, rather than assuming self-sufficiency without support. The main cross-cutting emphasis of Article 19 is similarly concerned with ‘choices equal to others’ to live in the community. This includes choice of living arrangements and control over the type of support that a person makes use of in daily life. Article 19 refers to the right of equal access to, or availability of, a range of support services, including personal assistance, and general community services and facilities. The desired, overarching outcomes are to equalise inclusion and participation in the community and to prevent isolation or segregation from the community. This conceptual understanding of Article 19 of the CRPD underpinned the selection of relevant outcome indicators.

Further reviews were conducted to complement FRA’s preparatory scoping work. The CRPD Committee reviews States parties’ efforts to implement the convention, publishing Lists of Issues and Concluding Observations per article.¹² These provide insights into the type of data and indicators that the CRPD Committee view as most relevant to Article 19. Previous work by ANED examined the feasibility of developing Indicators of Disability Equality in Europe (IDEE),¹³ including some items relevant to Article 19 CRPD. These were also reviewed.

The selected indicators measure both subjective and objective outcomes of relevance to Article 19. They include broad measures of choice and control in everyday life and of inclusion and participation in the community. They include outcomes in terms of current household living arrangements, the sufficiency of help available beyond the household, and equality of access to general community services. The concept of ‘choice’ is relevant to survey questions that ask about a person’s ‘ability to decide’ on matters affecting everyday life, whether they perform certain activities ‘as often as they would like’, or whether they feel ‘satisfied’ with their level of access to relevant services. It is also indicated by responses to more objective questions about frequency of everyday activities or contact with others, such as ‘how often’ they occur or whether they are performed ‘at least’ a certain number of times.

Intersectional rights were also considered, notably in relation to gender and age or generational inequalities of outcome, but also considering the relevance of different impairment types or other socio-economic variables (such as poverty or education).

¹² All lists of issues and concluding observations are available on the [OHCHR website](#).

¹³ Priestley, M. and Lawson, A. (2009), *Indicators of Disability Equality in Europe (IDEE): A preliminary list of indicator proposals for discussion*, Academic Network of European Disability experts (ANED working group).

Among the key policy challenges of relevance are the need for more information on the outcomes of deinstitutionalisation, community-based services for persons with disabilities, and personal assistance services. Responsibility for these services resides overwhelmingly with national and local authorities, sometimes with financial support from the European Structural and Investment Funds (ESIF). EU funding regulations require the promotion of equality, non-discrimination, inclusion and accessibility for persons with disabilities in all funded projects.¹⁴ This includes an emphasis on supporting the transition from institutional to community-based support. The CRPD Committee underlined the importance of this approach when it examined the EU's implementation of the CRPD in 2015.¹⁵

However, there is one important area of relevance to Article 19 that is not measured directly – the extent of institutionalisation of persons with disabilities. This limitation arises mainly from a lack of comparable statistical data on this population and the fact that the main European social surveys cover only persons living in private households.

Some Member States maintain relevant administrative data on residential care places, some national population censuses provide possibilities to disaggregate institutions, and some disability sample surveys have included both private households and congregated institutions. The FRA report *From institutions to community living – Part 3: outcomes for persons with disabilities* presents some such national data on numbers of persons with disabilities living in institutions.¹⁶ However, there remains insufficient data comparability to indicate outcomes of deinstitutionalisation.

The CRPD Committee has called on States parties to the convention to provide better data on the number of institutions, the number of people living in them, and the amounts spent on them (although these might be considered in the OHCHR indicator typology as 'process' rather than 'outcome' indicators).

Overall accuracy

The statistical outcome indicators were derived from existing European social surveys that have been subject to prior quality assurance by national statistical offices or other agencies administering the surveys (Eurostat, European Foundation for the Improvement of Living and Working Conditions, etc.). Specific issues of accuracy and data quality are addressed in the presentation of each specific indicator, but in general terms, all the indicators draw on data from well-

¹⁴ Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006, OJ 2013 L 347 (*Common Provisions Regulation*).

¹⁵ United Nations (UN), Committee on the Rights of Persons with Disabilities (CRPD Committee) (2015), [List of issues in relation to the initial report of the European Union](#), 15 May 2015, p. 3; CRPD Committee (2015), [Concluding observations on the initial report of the European Union](#), 2 October 2015, p. 7.

¹⁶ FRA (2017), [From institutions to community living – Part 3: outcomes for persons with disabilities](#), Luxembourg, Publications Office. See also: FRA (2017), [Summary overview of types and characteristics of institutional and community-based services for people with disabilities](#).

established and high quality social surveys with sufficiently large samples to provide meaningful results.

Priority was given to surveys that cover all 28 EU Member States with valuable results (e.g. selecting the most statistically robust where choices arose, and giving precedence to surveys or variables that are likely to be repeated in the future, allowing for analysis of trends over time). Other factors being equal, precedence was given to the most recent data, with the largest sample size and the highest value of the indicator for policymakers. Where different datasets covered the same indicator, a preliminary analysis of both was made.

In general, Eurostat criteria for the publication of statistical results were adopted for all surveys, notably in establishing minimum threshold criteria for publication of results, including: the number of observations in the unweighted sample and non-response for the item concerned. The established Eurostat criteria for dissemination of aggregated data were applied, although not all of the data sources were Eurostat datasets. On this basis, estimates are not published if they are based on fewer than 20 sample observations or if the non-response for the item concerned exceeds 50 %. In addition, estimates are flagged as 'low reliability' if they are based on 20 to 49 sample observations or if non-response for the item exceeds 20 % (but is lower or equal to the 50 % threshold).¹⁷

To strengthen some estimations based on smaller sample surveys, re-groupings or aggregations of sub-categories were implemented to increase the statistical power; for example, persons with moderate and severe limitations are grouped together or the frequency responses of 'every day' and 'several times per week' are aggregated. The elaboration of such indicators involved prior in-depth analysis of each individual indicator before undertaking any aggregation to ensure consistency of indication and statistical quality (e.g. to avoid constructing an aggregate where the low statistical value of one indicator might bring too much 'noise' into the new indicator).

Each data source includes a variable/question that is used to disaggregate outcomes for persons with and without 'limitations', as a proxy for persons with or without functional impairments. While this is not wholly equivalent with the CRPD's definition of persons with disabilities, it is the established approach to measurement used in most statistical studies and in Eurostat's disability database.¹⁸

EU-SILC core survey data

The EU-SILC core survey covers 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. The minimum effective sample sizes are defined by regulation, according to country size and minimum precision criteria.¹⁹ Commission Regulation 28/2004 defines how unit non-response is be

¹⁷ European Commission (2015) [Access To Confidential Data For Scientific Purposes \(Scientific Use Files\): Guidelines For Publication](#), Luxembourg, Eurostat.

¹⁸ [Eurostat disability statistics](#).

¹⁹ European Commission (2015), '2013 - Personal well-being indicators (ilc_pwb)', [Reference Metadata in Euro SDMX Metadata Structure \(ESMS\)](#). See also ESS agreement 'EU-SILC supplementary variables on Material deprivation to be collected in 2013'.

defined and addressed, and most countries applied either a standard post-stratification, based on homogeneous response groups, or a more sophisticated logistic regression model. Source data is initially reviewed at the national level before submission to Eurostat for multilateral validation. National agencies address measurement errors (arising from the questionnaire, the interviewer, the interviewee and the data collection method used). Individual non-response is marginal and item non-responses are identified in relation to each indicator. Eurostat concludes that subjective and objective measures are relatively consistent. Microdata are made available for research only where quality criteria are met.²⁰

EU-SILC additional modules

There is some variation between the additional EU-SILC modules (2013 module on well-being; 2012 module on secondary variables on housing conditions; 2010 module on intra-household sharing of resources). For example, proxy answers were not allowed in the 2013 module since the items are of purely subjective nature and questionnaires provided by proxies were either discarded from the module sample or special efforts were made to collect the data by telephone interview. In order to account for the exclusion of proxy answers from the module sample, some countries calculated special weights. In the 2012 and 2010 modules, for variables asked at the household level, the mode of data collection is personal interview with the household respondent. For variables asked at individual level, the mode of data collection was personal interview with all current household members aged 16 years old and over, or with the household selected respondent. Owing to the characteristics of the information collected, only personal interviews (proxy interviews as an exception for persons temporarily away or lacking capacity) or extracted information from registers were allowed. Attention is drawn to such issues where they affect the indicators presented.

European Quality of Life Survey

The European Quality of Life Survey (EQLS) included quality control measures from sampling to translation and questionnaire verification to interviewer control and data validation. The assessment reports several measures to increase response rate and non-response was taken into account during the validation process. The sample of persons with limitations is relatively small and in several cases is close to 50 counts. Consequently, some aggregation is used to gain statistical power.

Survey of Health, Ageing and Retirement in Europe

The Survey of Health, Ageing and Retirement in Europe (SHARE) is a multidisciplinary and cross-national panel database of microdata on health, socio-economic status and social and family networks.²¹

The SHARE Model Contract stipulates that a minimum of 80% of respondents will be re-interviewed. For baseline samples or refreshment samples, the document

²⁰ The interested reader may also consult: European Commission (2013) *Standard error estimation for the EU-SILC indicators of poverty and social exclusion*, Populations and social conditions, Methodologies and Working papers, Luxembourg, Eurostat.

²¹ SHARE website: www.share-project.org

stipulates that a minimum of 50% of eligible households must be interviewed. About two-thirds of all countries with panel samples surpassed the limit, whereas a third of all countries and the region of Girona reached the goal in their baseline/refreshment samples.²²

The SHARE team notes that:

"If physical and/or cognitive limitations make it too difficult for a respondent to complete the interview her-/himself it is possible that the sample respondent is assisted by a so-called proxy respondent to complete the interview ("partly proxy" interview). If the proxy respondent answers the entire questionnaire in lieu of the respondent, the interview is referred to as a "fully proxy" interview. Examples of conditions under which proxy interviewing is allowed are hearing loss, speaking problems, Alzheimer´s disease and difficulties in concentrating for the whole interview time period. Proxy respondents are also asked for end-of-life interviews in case of a respondent´s decease. Some questionnaire modules are defined as non-proxy sections because those cannot be answered by other persons. Cognitive functioning, mental health (partly), grip strength, walking speed, activities, and expectations modules are non-proxy sections."

Given the population coverage of the survey (people aged 50 and over) and the scope of the survey, the overall percentage of proxy interviews is relatively low.

European Health Interview Survey

The European Health Interview Survey (EHIS) aims to measure, on a harmonised basis and with a high degree of comparability among Member States, the health status (including disability), health determinants (including environment) and use and limitations in access to health care services of the citizens of the EU.

Eurostat notes that EHIS aims at achieving an input standardisation:²³

"The data collection methods for this survey have been prepared in detail in order to take into account the problems of comparability and of harmonisation between countries. A standard questionnaire (questions, answer categories, filters, etc.) was ready by 2006 as well as conceptual guidelines and rationales. Conceptual translation into all EU languages was requested. A standard translation protocol was used to translate the English questionnaire into national languages."

This is complemented by Eurostat consistency and integrity checks on the microdata so that minimum output quality standards are reached. In addition, data are accompanied with quality reports stating the accuracy, coherence and comparability of the data. Furthermore, experiences from pilot surveys were used in order to optimise the data collection process. The questionnaires were also

²² Börsch-Supan, A. (2015). Survey of Health, Ageing and Retirement in Europe (SHARE) [Wave 5](#). Release version: 1.0.0. SHARE-ERIC. Data set. DOI: 10.6103/SHARE.w5.100; Malter, F. and Börsch-Supan, A. (2014), [SHARE Compliance Profiles – Wave 5](#), Munich: MEA, Max Planck Institute for Social Law and Social Policy.

²³ European Commission (2016), [‘European Health Interview Survey \(EHIS\)’. Reference Metadata in Euro SDMX Metadata Structure \(ESMS\)](#).

tested (cognitive testing) in order to identify potential sources of problems. Finally, a majority of the countries applied calibration methods (i.e. changes in the weighting factors) in order to correct non-response.

Comparability

The research gives priority to surveys that cover all 28 EU Member States and yield statistically valuable results. For example, although both the EU-SILC and the EQLS cover all Member States, the sample of the EU-SILC is much more robust mainly due to a significantly larger sample size. This means that the EU-SILC will enable a much more refined analysis (by gender, age, education, etc.) while the EQLS will reach quickly its limits, notably for analysis by Member State.

The comparison of estimations across the Member States ought to take into account item non-response rates, any notable language discrepancies and other criteria raised by published quality assessments reports. For example, the researchers reviewed the Eurostat quality assessments of the different EU-SILC modules, the quality assessment of the EQLS survey, etc. These assessments report any identified discrepancies that impede the comparability of national estimations.

Comparison across surveys has to take into account the fact that the population covered under each survey is different. For example, the EU-SILC covers persons 16 and over while the SHARE survey covers persons aged 50 and over. In such cases, the description of the indicator describes the approach taken. Similarly, there are cases where either the sequencing of questions in a survey or the wording of questions by different countries raises questions of direct comparability. Attention is drawn to such cases in the indicator descriptions.

Comparability through time is important. If a question changes through the different rounds, the description indicates these changes (although such a change is rare in the selected indicators, it may arise in future comparisons). Furthermore, it is important to note that baseline surveys that took place before the financial crisis, before the adoption of the CRPD or before the adoption of major EU anti-discrimination directives might raise questions of time comparability, although they might also be useful in indicating progress. In most cases, the indicators use data from 2010 onwards, although the baseline data from EHIS Wave 1 was collected in 2006-2009.

Data availability

Microdata from all of the different surveys are available either to the public or on request for academic research. Some of these may require a time delay for approval and delivery of microdata (e.g. for EU-SILC, EHIS) but can be considered generally available for follow up, validation or re-analysis. The new indicators bring added value and knowledge and so priority has been given to information not yet published in this form by other studies. This avoids replicating information that is already publicly available (e.g. on the Eurostat webpages) but does include a valorisation of pilot work carried out by ANED (e.g. in the analysis of EHIS 2006-2009 indicators on help).

Precedence is given to surveys that allow for the analysis of trends, or which provide a baseline for such comparison in the future. From this point of view, annual surveys (e.g. EU-SILC) present some advantages, as repetition of the indicator questions can be predicted. Questions do sometimes vary over time, as noted earlier, and there can be no guarantee of future availability from the sources used in this research. However, several follow-up surveys are already planned or being implementation, and each indicator description includes a statement on current and future data availability, where this can be reasonably anticipated.

In terms of future availability, interesting information concerning independent living might be derived from the EHSIS survey for which microdata were not available at the time of this research. However, some statistical data can be found on Eurostat's webpage.

THE OUTCOME INDICATORS

As summarised in Table 1, the outcome indicators are presented sequentially and grouped into four domains, according to the provisions of Article 19 CRPD. The cross-cutting indicators are presented first and followed by those associated with the three specific sub-clauses of Article 19 of the CRPD, concerning living arrangements, support services and general services.

These are arranged as six headline indicators and six supporting indicators concerning outcomes for persons living in private households in the community.

1 Freedom to decide how to live life in the community

Definition
This indicator is derived from the EQLS, which asks respondents the extent to which they agree with the statement: “I feel I am free to decide how to live my life”. It shows the proportion of respondents who report that they agree or strongly agree with this statement. ²⁴
Data source
The question was presented in the third wave of EQLS (2011/2012 Q29c) based on fieldwork carried out between September 2011 and February 2012 in 28 EU Member States and six other countries. ²⁵
Breakdowns
In other questions, the survey asks if a person has “any chronic (long-standing) physical or mental health problem, illness or disability?” and if this ‘limits’ their ‘daily activities’ (Q43-44). ²⁶ The indicator compares the responses of persons with and without disabilities (‘limitations’) breaking them down by: <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over) • Educational level (comparing those who have and have not completed at least a secondary level education) • Economic status (comparing those who are employed, unemployed and inactive).

1.1 Objective and relevance

Article 19 of the CRPD sets out “the equal right of all persons with disabilities to live in the community, with choices equal to others”. This indicator focuses on this cross-cutting notion of choice in everyday life among persons with disabilities who live in the community, and the extent to which their life choices are equal with other persons. The indicator suggests that, across the EU, persons with disabilities are less likely to feel they have such choice when compared to other persons. Although educational level and economic status help to explain this outcome, the disability effect is evident in all groups. It signals to policymakers that there is work to do to equalise the life choices of people with disabilities and draws attention to contributory socio-economic factors.

It is important to note that this indicator is derived from household survey data and concerns only persons who live in private households. It does not include persons who live in congregated residential institutions. As such, it is not a

²⁴ Q29 asks: “Please tell me whether you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with each Statement: c) I feel I am free to decide how to live my life”. Possible answers are: “1. Strongly agree, 2. Agree, 3. Neither agree nor disagree, 4. Disagree, 5. Strongly Disagree, Refusal and Don’t know”.

²⁵ European Foundation for the Improvement of Living and Working Conditions (Eurofound) (2012), [Third European Quality of Life Survey: Questionnaire](#), Luxembourg, Publications Office of the European Union.

²⁶ Q44 asks: “Are you limited in your daily activities by this physical or mental health problem, illness or disability? Yes, severely; Yes, to some extent; No; (Don’t know); (Refusal)”.

measure of the right to live in the community but a measure of life choices among those who do live in the community.²⁷

The survey question is presented as a measure of 'autonomy' within the context of general well-being and of social exclusion.²⁸ It is based on a person's subjective rating of their overall level of freedom to choose how they live their life. There are many factors that affect how much choice a person has over their life, such as their gender, age, educational qualifications and economic status, but across these differences life choice for people with disabilities is less than for other persons.

1.2 Accuracy

The EQLS is a well-established social survey, carried out across the EU and associated countries by the European Foundation for the Improvement of Living and Working Conditions (Eurofound). It has been run regularly since 2003 and provides the foundation for widely used indicators on quality of life. Its quality is assured by Eurofound in accordance with the quality criteria of the European Statistical System (ESS). This includes validation of questionnaire designs, sample quality, interviewing and data validation.²⁹

This indicator compares three categories - those who agree (either 'Agree' or 'Strongly agree'), those who 'Neither agree nor disagree' and those who do not agree (both 'Disagree', 'Strongly Disagree'). The number of 'Refusal' or 'Don't know' responses is extremely small (154 out of 36,517) and these are excluded. The proportion of persons with disabilities is estimated by including all those who answer 'Yes' to both Q43³⁰ and Q44.³¹ Persons reported as 'severely' limited are grouped together with those reported as 'limited to some extent'. The number of missing observations is again very small (315 out of 36,517).

In the larger response category (agree), the number of observations for persons reporting limitation ranges between 62 and 601 per country. In the smaller response category (Neither agree nor disagree) 18 Member States have fewer than 50 observations for respondents with limitations. More detailed comparative breakdown in these cases is statistically limited at the national level.

1.3 Comparability

The quality controls on the survey design, and the aggregation of response categories for this indicator provide a good basis on which to compare the headline outcomes over time and across the 28 EU Member States (including Croatia, which was not a Member State at the time of data collection). The national outcome

²⁷ The precise extent of institutionalisation remains difficult to establish in the EU Member States but is addressed in FRA (2017), [From institutions to community living – Part 3: outcomes for persons with disabilities](#), Luxembourg, Publications Office. See also: FRA (2017), [Summary overview of types and characteristics of institutional and community-based services for people with disabilities](#).

²⁸ European Commission (2013) [Quality of life in Europe: Subjective well-being](#), Luxembourg, Publications Office.

²⁹ Eurofound (2014), [EQLS 2012 – Quality Assurance](#), 22 April 2014.

³⁰ Q43 asks: "Do you have any chronic (long-standing) physical or mental health problem, illness or disability? By chronic (longstanding) I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more". Possible answers are: "1. Yes, 2. No, 3. (Don't know), and 4. (Refusal)".

³¹ Q44 asks "Are you limited in your daily activities by this physical or mental health problem, illness or disability?" Possible answers are: "1. Yes, severely; 2. Yes, to some extent; 3. No; 4. (Don't know); and 5. (Refusal)".

rates for persons with and without limitations vary but they are correlated and this indicates that underlying factors might affect both groups in a similar way (as indicated later in the more detailed breakdowns).

The relatively small number of such persons identified in some countries poses some limitations in estimating more detailed breakdowns at the national level by education level and by economic status. Consequently, these explanatory results are presented at the EU level only.

1.4 Data availability

The question was presented in the third wave of EQLS (2011/2012 Q29c) based on fieldwork carried out between September 2011 and February 2012 in the 28 EU Member States and six other countries).³² This data is publicly available.³³ A new wave of this survey was implemented in 2016-17 in 33 countries (EU-28 and five others), including this question.³⁴ The first two waves, implemented in 2003 and 2007, did not present this question. The overview report, data visualisation tool and information on methodology was published at the start of 2018.³⁵ The microdata was made available to the public in 2018.³⁶

1.5 Results and breakdowns

The results are presented first in relation to the headline indicator, showing the overall deficit in life choice outcomes for persons with disabilities compared to other persons. This also indicates how the disability equality gap varies between Member States. Further evidence is then provided to show how other significant factors help to explain or contextualise the results, in relation to gender, age group, education, and economic status. A summary table of results is provided.

1.5.1 Comparison between persons with and without limitations

On average, at the EU level and among people who live in private households, persons with disabilities (limitations) are less likely than other persons to consider themselves free to decide how they live their lives but the indications vary widely between the Member States.

Figure 2 presents the proportion of persons with and without limitations who declare that they 'agree' or 'strongly agree' with the statement 'I feel I am free to decide how to live my life'.

³² Eurofound (2012), [Third European Quality of Life Survey: Questionnaire](#), Luxembourg, Publications Office.

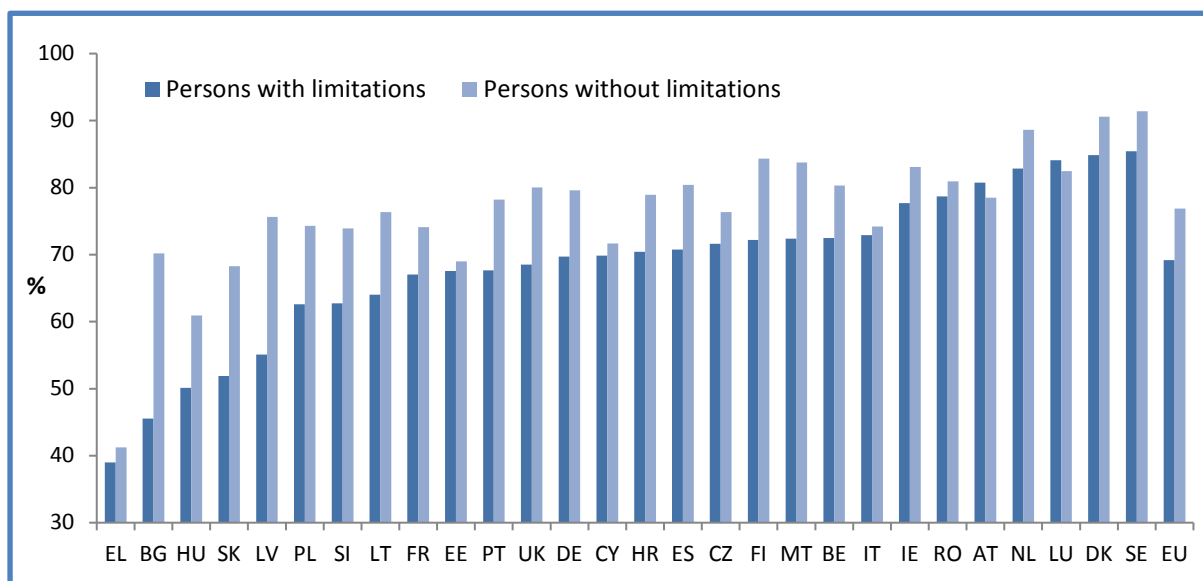
³³ Eurofound, [European Quality of Life Survey, 2011-2012 \[computer file\]. 2nd Edition](#). Colchester, Essex: UK Data Archive [distributor], January 2014. SN: 7316.

³⁴ Eurofound (2016), [Fourth European Quality of Life Survey: Questionnaire](#).

³⁵ See: Eurofound, [European Quality of life Survey 2016](#).

³⁶ Eurofound (2018), [Data availability](#).

Figure 2: % of persons who agree or strongly agree with the statement: 'I feel I am free to decide how to live my life'; age 18+



Source: EQLS 2011/2012, Q29c

At the EU level, 69.2 % of persons with limitations answer that they agree with the statement: 'I feel I am free to decide how to live my life', 14.6 % that they neither agree nor disagree and 16.2 % that they disagree. The respective rates for other persons are 76.9 %, 10.4 % and 12.8 %. The countries with the lowest rates for persons with limitations are Greece, Bulgaria and Hungary. The countries with the highest rates are Luxembourg, Denmark and Sweden.

On this indicator there is a difference of 7.7 percentage points between persons with and without limitations at the EU, which varies widely across Member States. This gap is notably wide in Slovakia, Latvia and Bulgaria.

At the EU level, about 16.2 % of persons with limitations disagree (disagree or strongly disagree) with the statement. The countries with the highest rates are Hungary (24.2 %), Bulgaria (30.7 %) and Greece (38.3 %). High rates are found also among persons without limitations in Hungary and Greece. These countries have experienced difficult economic conditions in recent years.

1.5.2 Comparison by gender

At the EU level, the percentage of women with disabilities agreeing that they are free to decide how they live their lives is 69.4 %, compared to 76.6 % for women without disabilities. The respective rates for men are 68.6 % and 77.2 %.

The gap between women with and without limitations is 7.0 percentage points and 8.6 percentage points among men. Among persons with limitations, there is a gender gap of 1.1 percentage points in favour of women compared to men, which may be due to an age effect (the average age of women in the sample is higher compared to men).

1.5.3 Comparison by age group

The gap between persons with and without limitations is 10.8 percentage points among those aged 18-64 and 7.1 points among those aged 65 and over. As the mean age of persons with disabilities (limitations) is higher than for other persons in the sample, the overall gap underestimates the gap between persons with and without limitations (aged 18 and over).

At the EU level, 65.0 % of persons with disabilities aged 18-64 declare that they agree (agree or strongly agree) to the statement 'I feel I am free to decide how to live my life'. For persons without disabilities aged 18-64, the proportion is 75.8 %. The respective percentages for persons aged 65 and over are 75.2 % and 82.2 %. The percentage of persons who agree increases with age for both groups, which reduces the estimation for the total age range.

1.5.4 Comparison by education level

The percentage of persons who agree (agree and strongly agree) with the indicative statement 'I feel I am free to decide how to live my life' increases with education level. Even if we control for level education, the gap between persons with and without limitations remains.

At the EU level, the proportion of persons who agree among persons who have primary level education or less, secondary education, and tertiary education are, respectively: 72.7 %, 74.5 % and 78.7 %. The respective rates for persons with limitations (without limitations) are 68.0 % (75.6 %), 68.6 % (76.0 %) and 73.1 % (79.7 %). There is a gap of 7.6 percentage points (primary or less), 7.4 percentage points (secondary) and 6.6 percentage points (tertiary).

1.5.5 Comparison by economic status³⁷

Unemployment status decreases significantly the proportion of persons who agree that they feel free to decide how to live their lives. Even so, there is a difference of 9.4 percentage points between persons without limitations and persons with limitations. This difference is 9.7 percentage points for employed persons and 8.3 percentage points among inactive persons.

At the EU level, the percentage of persons who agree with the statement is significantly lower among unemployed persons (63.3 %) compared to employed people (75.9 %) and inactive people (76.7 %). The high rate for inactive people is due mainly to the fact that this group is dominated by older people and, as shown above, the rate of people who agree increases with age.

The initial rate of 69.2 % of persons with limitations who agree to the statement is reduced to 55.8 % for persons with limitations who are unemployed, reflecting the increase of people who disagree. As noted above, about 16.2 % of all persons with limitations answer that they disagree, but this rate rises to 30.2 % for those with limitations who are unemployed.

³⁷ The EQLS survey distinguishes seven categories of economic status: 1) employed, 2) unemployed, 3) unable, 4) retired, 5) homemaker, 6) student and 7) other. For the purposes of this analysis, they are grouped into three categories: employed, unemployed and others.

1.6 Summary table

Table 2: % of persons who agree with the statement: 'I feel I am free to decide how to live my life'; age 18+

	Some/severe limitations in activities			No limitations in activities		
	Disagree	Neither agree nor disagree	Agree	Disagree	Neither agree nor disagree	Agree
EU - 28	16.2	14.6	69.2	10.4	12.8	76.9
AT	7.1	12.2	80.7	4.3	17.3	78.5
BE	11.8	15.7	72.5	8.6	11.1	80.3
BG	30.7	23.8	45.5	13.2	16.6	70.2
CY	16.0	14.1	69.8	17.6	10.8	71.7
CZ	8.3	20.0	71.6	4.9	18.7	76.3
DE	18.1	12.2	69.7	8.9	11.5	79.6
DK	9.1	6.0	84.9	4.5	4.9	90.6
EE	20.7	11.8	67.6	14.9	16.1	69.0
EL	38.3	22.7	39.0	34.3	24.5	41.2
ES	13.1	16.1	70.8	8.9	10.7	80.4
FI	14.1	13.7	72.2	6.8	8.9	84.3
FR	19.8	13.2	67.1	15.1	10.8	74.1
HR	8.7	20.9	70.4	8.9	12.1	78.9
HU	24.2	25.6	50.1	16.9	22.2	60.9
IE	13.2	9.1	77.7	10.2	6.7	83.1
IT	12.3	14.8	72.9	9.8	16.0	74.2
LT	19.5	16.4	64.0	10.9	12.7	76.4
LU	14.0	1.9	84.1	9.1	8.5	82.4
LV	24.1	20.8	55.1	13.5	10.9	75.7
MT	6.4	21.2	72.4	4.3	12.0	83.8
NL	6.9	10.3	82.9	2.5	8.9	88.6
PL	17.9	19.6	62.6	11.2	14.6	74.3
PT	10.4	21.9	67.7	8.8	13.0	78.2
RO	8.2	13.1	78.7	6.9	12.2	80.9
SE	4.9	9.7	85.4	4.2	4.4	91.4
SI	15.3	22.0	62.7	7.8	18.3	73.9
SK	21.9	26.2	51.9	7.9	23.8	68.3
UK	19.1	12.4	68.5	10.0	10.0	80.0

Source: EQLS 2011/2012, Q29c

Note: Missing values are excluded when calculating percentages

2 Ability to decide about personal expenses

Definition
The indicator is derived from the EU-SILC 2010 ad hoc module on intra-household sharing of resources, which includes a question concerning the “Ability to decide about expenses for your own personal consumption, your leisure activities and hobbies”. It shows the proportion of respondents who report that they always or sometimes ‘feel free’ to spend money on these things. ³⁸
Data source
The Ad hoc Module on intra-household sharing of resources was implemented in the 28 EU Member States and three other countries in 2010. The data was obtained from EUSILC UDB 2010 – version 6 of March 2015, PA090.
Breakdowns
<p>Questions in the core EU-SILC survey ask whether a person has “Limitation in activities people usually do because of health problems for at least the last 6 months” (PH030).³⁹ The indicator compares the responses of persons with and without disabilities (‘limitations’),⁴⁰ breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over) • Economic status (comparing those who are employed, unemployed and inactive) • At-risk-of poverty (comparing those with above and below 60 % of the national median equivalised disposable income).

2.1 Objective and relevance

This item is presented as a supporting indicator to Indicator 1 on ‘freedom to decide how to live life’ and, like it, focuses on measuring choice and control in daily life for persons living in private households in the community. Not all choice about how to live one’s life is dependent upon personal expenditure but it is an important factor in facilitating choice of activity and community participation, about where and with whom a person lives, and about their access to general community services (including retail and leisure services). The indicator is relevant also to Article 12 of the CRPD, which sets out the right to exercise legal capacity, including the equal right of persons with disabilities “to control their own financial affairs”.

According to Eurostat, the intended meaning of “feeling free to decide about one’s own expenses” is feeling entitled to make autonomous decisions.⁴¹ This accords

³⁸ Question PA090 asks: “Do you feel free (i.e. without asking the permission of other household members) to spend money on yourself for your personal consumption, your leisure activities and hobbies?: 1 Yes, always or almost always; 2 Yes, sometimes; 3 Never or almost never.”

³⁹ See: Eurostat glossary, [Activity limitation](#).

⁴⁰ Three answer categories are offered: ‘severely limited’, ‘limited but not severely’ or ‘not limited at all’.

⁴¹ European Commission (2013), *Income pooling and equal sharing within the household — What can we learn from the 2010 EU-SILC module?*, Methodologies and Working papers, Luxembourg, Eurostat.

with the concepts of independence, choice and control over activities in daily life but could also imply feeling free from budget constraint. This might suggest differences between individuals living in poorer or wealthier households or in financially dependent power relations among household members with and without an income of their own (intra-household relations, who one lives with, may be as relevant to independent living outcomes as factors outside the household). Consequently, it is relevant to consider outcome differences by gender, age group, economic status and poverty risk.

Using the example of choice over everyday personal consumption, leisure activities and hobbies, the indicator supports the headline finding that persons with disabilities are less likely to feel they have choice when compared to other persons, although the differences on this measure are much smaller. Persons with disabilities are known to be, on average, poorer than other persons and yet poverty or exclusion from the labour market do not appear to be as predictive of their freedom of choice as disability is. The message for policymakers is that equalising independent living outcomes may be dependent upon both the affordability of available services and on adequate support for the autonomy of persons with disabilities within households.

2.2 Accuracy

The Ad hoc module on intra-household sharing of resources is one in a long-standing series of add-on questionnaires to the core EU-SILC survey. As such, it is subject to rigorous methodology and quality testing established under the auspices of national statistical agencies and Eurostat.⁴²

The target population for this module includes persons aged 16 and over living in a household with at least two persons aged 16 and over (i.e. it does not include data concerning persons living in single adult households, among which persons with disabilities are over-represented).

The total number of filled cases is 334,757 for the EU-28.⁴³ The percentage of 'Not filled' to 'Not filled and filled' is 6.6 % at the EU level but this rate is high in Croatia (46.2 %), France (34.7 %), Poland (27.5 %) and Sweden (21.1 %). Consequently, the estimations for these countries should be treated with caution.

Denmark, Finland, Netherlands, Sweden and Slovenia put the questions relative to health and limitations to selected respondents and not to all current household members aged 16 and over. The difference between weighted and un-weighted estimations for persons with and without limitations is relatively high in Croatia.

2.3 Comparability

The survey covers all of the 28 EU Member States, although the high percentage of 'Not filled' in Croatia, France, Poland and Sweden should be taken into account when comparing percentages.

Eurostat notes that understanding of the question is difficult to assess: some respondents may have understood it as feeling free to spend on 'what' without

⁴² Eurostat, [Ad-hoc modules](#).

⁴³ For each respondent the following categories are designed: '1 filled', '-1 not filled', '-3 not selected respondent' and '-4 single person household or household with less than two persons aged 16 and above'.

asking for permission (within a given budget constraint) while others may have understood it uniquely in terms of budget constraint.⁴⁴ Variations in the wording leave some room for different understanding between the suggested “do you feel free...” and (Austria) “can you freely decide...” or between the suggested “without asking the permission” and (Estonia) “without consulting” or (France) “without asking the opinion”. Otherwise, the data are comparable across Member States due to Eurostat harmonisation efforts and the relevant Commission Regulations.

2.4 Data availability

The data are available for the 28 EU Member States and three other countries in 2010. The microdata are contained in the EUSILC UDB 2010 ad hoc module, which can be requested for research analysis from Eurostat.⁴⁵ A repeat of this survey module is not yet planned.

2.5 Results and breakdowns

The results are presented first in relation to the supporting indicator, showing the overall deficit in freedom of choice for persons with disabilities compared to other persons. This also indicates how the disability equality gap varies between Member States. Further evidence is then provided to show how other significant factors help to explain or contextualise the results, in relation to gender, age group, economic status and poverty risk.

2.5.1 Comparison between persons with and without limitations

Persons with disabilities (limitations) in private households are, on average, less likely than other persons to consider themselves free to spend money on personal consumption, leisure activities and hobbies but the differences vary between Member States.

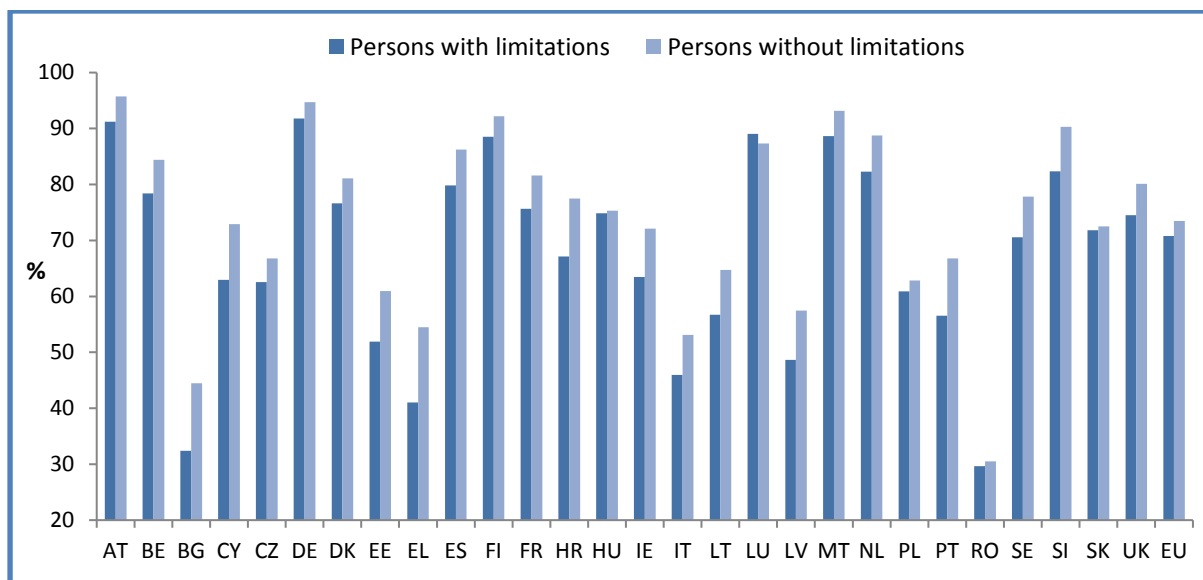
At the EU level, 70.8 % of persons with limitations declare that they feel free ‘always or almost always’, 17.4 % declare ‘sometimes’ and 11.8 % declare ‘never or almost never’. The respective rates for persons without limitations are 73.5 %, 17.2 % and 9.3 %. However, there are important differences across Member States.

The rate of persons without limitations declaring that they feel free ‘always or almost always’ to spend money on themselves for their personal consumption, their leisure activities and hobbies is higher compared to persons with limitations in every EU Member State, except Luxembourg.

⁴⁴ European Commission (2012), [2010 EU-SILC module on intra-household sharing of resources: Assessment of the implementation](#), Luxembourg, Eurostat; and European Commission (2013), *Income pooling and equal sharing within the household — What can we learn from the 2010 EU-SILC module?*, Methodologies and Working papers, Luxembourg, Eurostat.

⁴⁵ Eurostat, [European Union Statistics on Income and Living Conditions \(EU-SILC\)](#).

Figure 3: % of persons who declare that they feel free “always or almost always” to spend money on themselves for their personal consumption, their leisure activities and hobbies, age 16+



Source: EUSILC UDB 2010 – version 6 of March 2015, Q PA090

2.5.2 Comparison by gender

On average, in multi-adult households, the disability gap is wider for men than it is for women, and men report less autonomy in personal expenditure than women overall.

At the EU level, 71.5 % of women with limitations declare that they feel free always or almost always, to spend money on themselves for their personal consumption, their leisure activities and hobbies compared to 73.8 % of women without limitations. There is a gap of 2.3 percentage points between women with limitations and women without limitations. The respective rates for men are 69.9 % and 73.1 % and the disability gap among men is 3.2 percentage points.

2.5.3 Comparison by age group

There is little difference, at the EU level, between the autonomy of older and younger adults in the general population but among persons with disabilities it is less for both groups, and lowest among those aged 65 and over. The disability gap is wider among older people.

At the EU level, 72.9 % of persons aged 16-64 declare that they feel free always or almost always, to spend money on themselves, compared to 72.8 % of persons aged 65 and over. In the 16-64 age group, about 71.5 % of persons with limitations aged 16-64 declare that they feel free always or almost always, compared to 73.1 % of persons without limitations of similar age. These rates are 69.8 % for persons with limitations aged 65 and over, compared to 75.9 % of persons without limitations.

2.5.4 Comparison by economic status

The results support the hypothesis that financial autonomy outcomes may be enhanced among individuals who have an income of their own, compared to those with no income.

The rates by economic status for persons with limitations are 78.9 % for those in work, 65.5 % for the unemployed, 70.8 % for the retired and 61.7 % for other inactive (e.g. students). The respective rates for persons without limitations are, respectively: 79.6 %, 59.3 %, 76.0% and 56.7 %.

Among those who declare that they feel free to spend money on themselves (always or almost always) the difference between persons with and without limitations is smallest for those who are in work. In general, unemployed and economically inactive persons report less financial autonomy than those in work or in retirement but among unemployed persons and other inactive persons (e.g. students) those with limitations report a more favourable position than those without, which might be due to disability-related benefits or supports.

2.5.5 Comparison by poverty risk (At-risk-of poverty)

Although risk of financial household poverty (after social transfers) plays an important role in reducing feelings of autonomy overall, this effect is lessened among persons with disabilities.

Among all people living below the risk-of-poverty threshold,⁴⁶ only 56.7 % report that they feel free always or almost always, to spend money on themselves (compared to 75.4 % of those who live in households that are not at risk of poverty). For persons with limitations, it is 60.4 % and 72.7 %, respectively, while for persons without limitations the rates are 55.3 % and 76.1 %. As with the breakdown for economic status, the headline financial autonomy gap between persons with and without limitations is reversed among those who live in multi-adult households at risk of poverty. This might indicate the autonomy effects of disability-related benefits or supports.

⁴⁶ See: Eurostat glossary, [At-risk-of-poverty rate](#).

2.6 Summary table

Table 4: % of persons who declare that they feel free “always or almost always”, “sometimes” or “never or almost never” to spend money on themselves for their personal consumption, their leisure activities and hobbies, age 16+

	Some/severe limitations in activities			No limitations in activities		
	1 Yes, always or almost always	2 Yes, sometimes	3 Never or almost never	1 Yes, always or almost always	2 Yes, sometimes	3 Never or almost never
EU - 28	70.8	17.4	11.8	73.5	17.2	9.3
AT	91.2	6.2	2.6	95.7	3.0	1.4
BE	78.4	12.8	8.8	84.4	11.3	4.4
BG	32.4	36.9	30.7	44.5	38.8	16.7
CY	62.9	24.6	12.5	72.9	20.3	6.8
CZ	62.5	30.0	7.5	66.8	25.8	7.4
DE	91.8	7.3	0.9	94.7	4.8	0.5
DK	76.6	14.3	9.1	81.1	11.6	7.3
EE	51.9	36.0	12.1	61.0	29.7	9.4
EL	41.1	31.2	27.8	54.5	30.8	14.8
ES	79.9	10.9	9.3	86.3	9.6	4.1
FI	88.5	8.8	2.7	92.2	6.9	0.9
FR	75.7	14.0	10.4	81.6	12.2	6.2
HR	67.1	22.1	10.8	77.5	17.7	4.8
HU	74.9	14.3	10.8	75.3	16.8	7.9
IE	63.5	20.3	16.2	72.1	16.2	11.7
IT	45.9	24.3	29.8	53.1	25.9	21.0
LT	56.7	36.3	6.9	64.7	29.9	5.4
LU	89.1	4.2	6.8	87.3	6.6	6.0
LV	48.7	23.6	27.8	57.4	24.1	18.5
MT	88.6	7.7	3.7	93.2	5.3	1.5
NL	82.3	9.8	7.9	88.8	6.2	5.1
PL	60.9	25.8	13.4	62.8	25.0	12.2
PT	56.5	23.7	19.8	66.8	21.4	11.8
RO	29.6	45.6	24.8	30.5	44.7	24.8
SE	70.6	17.4	12.1	77.8	14.2	7.9
SI	82.3	9.2	8.5	90.3	5.6	4.1
SK	71.8	20.4	7.8	72.5	18.2	9.3
UK	74.5	17.1	8.4	80.1	13.7	6.2

Source: EUSILC UDB 2010 – version 6 of March 2015, Q PA090

Note: Missing values are excluded when calculating percentages

3 Feeling left out of society

Definition
This indicator is derived from the EQLS, which asks respondents the extent to which they agree with the statement: “I feel left out of society”. It shows the proportion of respondents who report that they agree or strongly agree with this statement. ⁴⁷
Data source
The question was presented in the third wave of EQLS (2011/2012 Q29e) based on fieldwork carried out between September 2011 and February 2012 in the 28 EU Member States and six other countries. ⁴⁸
Breakdowns
<p>In other questions, the survey asks if a person has “any chronic (long-standing) physical or mental health problem, illness or disability?” and if this ‘limits’ their ‘daily activities’ (Q43-44). The indicator compares the responses of persons with and without disabilities (‘limitations’) breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over) • Economic status (comparing those who are employed, unemployed and inactive) • Degree of disability (comparing those declaring moderate and severe limitation).

3.1 Objective and relevance

Article 19 of the CRPD obliges States parties to ensure the “full inclusion and participation in the community” of persons with disabilities, including supports that “prevent isolation or segregation”. This subjective outcome indicator measures the extent to which persons with disabilities who live in the community feel left out of it, or not, compared to other persons. While the previous indicators focused on freedom and choice in daily life this indicator focuses on social isolation.

The data is derived from a survey of private households and does not include persons physically segregated from the community in residential institutions. From a policy perspective, unequal experiences of isolation might result from social or physical barriers within the community, or from an absence of effective supports for inclusion within it. In this context, persons with more severe impairments might encounter greater barriers to social and economic participation, and this should be taken into account. In European societies, participation in employment provides particularly important opportunities for social inclusion.

This indicator is sometimes used to measure integration but is also closely related to global subjective assessments like ‘happiness’ or ‘life satisfaction’. From this

⁴⁷ Q29 asks: “Please tell me whether you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with each statement [...] e) ‘I feel left out of society’”. Possible answers are: “1. Strongly agree, 2. Agree, 3. Neither agree nor disagree, 4. Disagree, 5. Strongly Disagree, 98. Refusal and 99. Don’t know”.

⁴⁸ Eurofound (2012), [Third European Quality of Life Survey: Questionnaire](#), Luxembourg, Publications Office.

point of view, it measures an aspect of quality of life and well-being. Both perspectives are relevant to Article 19 and the right to live independently in the community, and to enjoy full inclusion within it without being isolated. Widespread experiences of social isolation signal to policymakers a need for more effective support services.

3.2 Accuracy

The EQLS is a well-established social survey, carried out across the EU and associated countries by Eurofound. It has been run regularly since 2003 and provides the foundation for widely used indicators on quality of life. Its quality is assured by Eurofound in accordance with the quality criteria of the ESS. This includes validation of questionnaire designs, sample quality, interviewing and data validation.⁴⁹

At the EU level, the size of the sample is 36,517. This is a relatively small sample but the rate of 'Refusal' and 'Don't know' is extremely low overall (0.6 %), and in all Member States; these cases are excluded. The indicator compares three categories, aggregated from five response categories - those who agree (either 'Agree' or 'Strongly agree'), those who 'Neither agree nor disagree' and those who do not agree (both 'Disagree', 'Strongly Disagree').

The proportion of persons with disabilities is estimated by including all those who answer 'Yes' to both Q43⁵⁰ and Q44.⁵¹ Persons reported as 'severely' limited are grouped together with those reported as 'limited to some extent' but disaggregated in the breakdowns. Again, the number of missing observations is very small (315).

3.3 Comparability

Available metadata indicate that the organisers of the survey implemented pretesting activities to ensure comparability across Member States. However, given the size of the sample, comparability across Member States for in-depth analysis is limited. This is notably the case for breakdowns within the category of persons with disabilities, including disaggregation of levels of severity. Comparability is improved in some cases by grouping responses as described above and in the latter case the effect of the breakdown is reported at the EU level only, without national comparisons.

3.4 Data availability

The question was presented in the third wave of EQLS (2011/2012 Q29e) based on fieldwork carried out between September 2011 and February 2012 in the 28

⁴⁹ The [list of quality control measures](#) is available on the Eurofound website.

⁵⁰ Q43 asks: "Do you have any chronic (long-standing) physical or mental health problem, illness or disability? By chronic (longstanding) I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more." Possible answers are: "1. Yes, 2. No, 3. (Don't know), and 4. (Refusal)".

⁵¹ Q44 asks: "Are you limited in your daily activities by this physical or mental health problem, illness or disability?" Possible answers are: "1. Yes, severely; 2. Yes, to some extent; 3. No; 4. (Don't know); and 5. (Refusal)".

EU Member States and six other countries).⁵² This data is publicly available.⁵³ The first two waves, implemented in 2003 and 2007, also presented this question. A new wave of this survey was implemented in 2016-17 in 33 countries (EU-28 and five others), including this question with slightly different wording.⁵⁴

3.5 Results and breakdowns

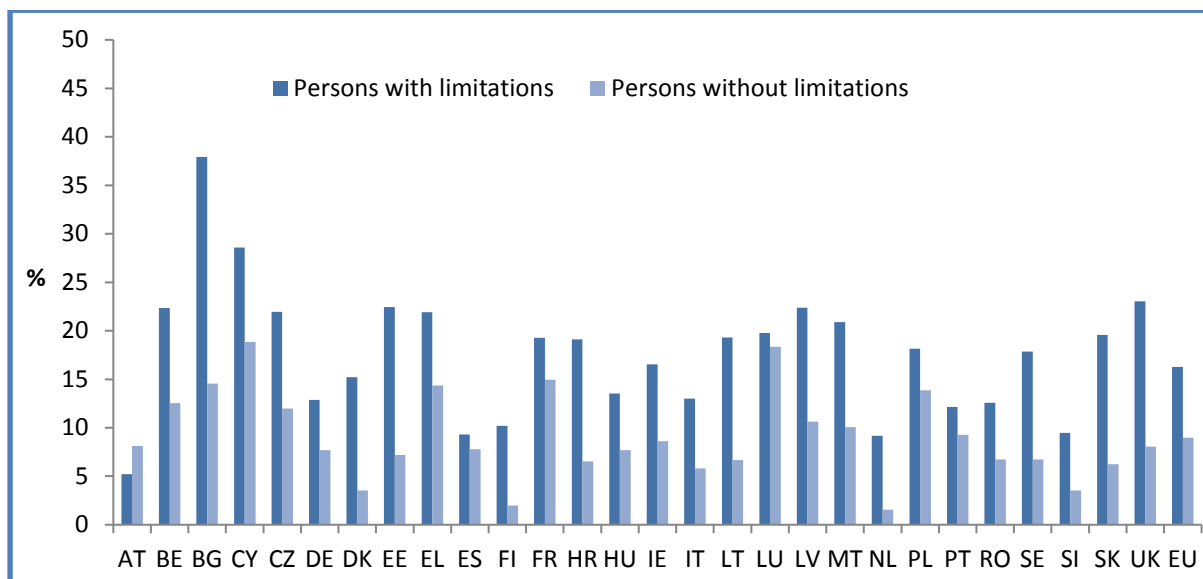
The results are presented first in relation to the headline indicator, showing the extent of perceived social isolation for persons with disabilities compared to other persons, and how this varies between Member States. Further evidence shows how other significant factors help to explain or contextualise the results, in relation to gender, age group, economic status and severity of impairment.

3.5.1 Comparison between persons with and without limitations

Persons with disabilities are much more likely to report that they ‘feel left out of society’ compared to other persons, and with large differences in the rates reported in different Member States.

At the EU level, about 16.3 % of persons with limitations declare that they agree or strongly agree with the statement: ‘I feel left out of society’; 13.5 % declare that they neither agree nor disagree and 70.3 % declare that they disagree. The respective rates for persons without limitations are 9.0 %, 10.1 % and 80.9 %. The rate of persons with limitations who agree or strongly agree with the statement: ‘I feel left out of society’ is 7.3 percentage points higher compared to persons without limitations.

Figure 5: % of persons who agree or strongly agree with the statement: “I feel left out of society”; age 18+



Source: EQLS 2011/2012. Q29e

⁵² Eurofound (2012), [Third European Quality of Life Survey: Questionnaire](#), Luxembourg, Publications Office.

⁵³ Eurofound, [European Quality of Life Survey, 2011-2012 \[computer file\]. 2nd Edition](#). Colchester, Essex: UK Data Archive [distributor], January 2014. SN: 7316.

⁵⁴ Eurofound (2016), [Fourth European Quality of Life Survey: Questionnaire](#).

3.5.2 Comparison by gender

Men with disabilities report more frequently that they 'feel left out of society' than women, although both women and men with disabilities are nearly twice as likely to report this as other women or men, respectively.

At the EU level, about 15.3 % of women with limitations 'feel left out of society', 13.2 % 'neither agree nor disagree', and 71.4 % 'disagree' (the respective rates for women without limitations are 8.8 %, 10.2 % and 81.0 %). About 17.5 % of men with limitations agree or strongly agree with the statement: "I feel left out of society", 13.8 % 'neither agree nor disagree', and 68.8 % 'disagree' (the respective rates for men without limitations are 9.1 %, 10.1 % and 80.8 %).

The disadvantage of persons with limitations compared to persons without limitations is higher among men (a difference of 8.3 percentage points concerning agree or strongly agree that they are left out) compared to women (6.5 percentage points). Also, men with limitations seem disadvantaged compared to women with limitations (there is a difference of 2.1 percentage points concerning those that agree or strongly agree).

3.5.3 Comparison by age group

Age has a relatively small influence overall in predicting outcomes for this indicator but adults of working age more often feel 'left out' than older people. This is true both for persons with and without disabilities.

At the EU level, about 10.6 % of all persons aged 18-64 declare that they agree or strongly agree with the statement, 10.9 % 'neither agree nor disagree' and 78.5 % 'disagree or strongly disagree'. The respective rates for persons aged 65 and over are 10.3 %, 10.5 % and 79.2 %.

About 18.2 % of persons with limitations aged 18-64 declare that they agree or strongly agree with the statement, 14.0 % 'neither agree nor disagree' and 67.8 % 'disagree or strongly disagree'. The respective rates for persons with limitations aged 65 and over are 13.5 %, 12.7 % and 73.8 %.

3.5.4 Comparison by economic status

Economic status plays an important role at the EU level; unemployment is a significant factor and one that affects persons with disabilities (of working age) disproportionately.

At the EU level, among the total population, 8.3 % of employed persons declare that they agree or strongly agree with the statement: "I feel left out of society", compared to 20.0 % of unemployed persons and 11.3 % of retired persons and students. There is a gap of about 10 percentage points between employed and unemployed persons. This gap is amplified among persons with limitations, where the respective rates are 10.3 % (employed), 30.1 % (unemployed) and 16.9 % (retired and students). The gap between employed and unemployed persons with limitations is about 20 percentage points.

3.5.5 Comparison by degree of disability

The degree of disability plays an important role in the extent to which persons feel 'left out of society', increasing with the severity of the reported impairment.

At the EU level, about 10.0 % of persons without limitations declare that they agree or strongly agree with the statement, compared to 13.5 % of persons with moderate limitations and 22.9 % with severe limitations. This important difference is aggregated in national comparisons of the headline indicator in order to improve statistical accuracy.

3.6 Summary table

Table 6: % of persons who 1) agree or strongly agree, 2) neither agree nor disagree and 3) disagree or strongly disagree with the statement: "I feel left out of society", age 18+

	Some/severe limitations in activities			No limitations in activities		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
EU - 28	16.3	13.5	70.3	9.0	10.1	80.9
AT	5.2	7.3	87.5	8.1	10.1	81.8
BE	22.3	15.9	61.7	12.6	7.5	79.9
BG	37.9	21.9	40.2	14.6	17.5	68.0
CY	28.6	9.2	62.2	18.8	8.4	72.8
CZ	22.0	23.8	54.3	12.0	12.5	75.5
DE	12.9	13.6	73.6	7.7	8.4	83.9
DK	15.2	7.7	77.1	3.5	5.8	90.7
EE	22.5	19.2	58.4	7.2	13.2	79.6
EL	21.9	21.1	57.0	14.4	13.3	72.3
ES	9.3	9.8	80.9	7.8	7.6	84.6
FI	10.2	6.2	83.6	2.0	5.3	92.8
FR	19.3	12.3	68.5	15.0	11.2	73.9
HR	19.1	12.2	68.7	6.6	7.9	85.6
HU	13.5	12.2	74.3	7.7	10.3	82.1
IE	16.5	8.1	75.4	8.6	7.5	83.8
IT	13.0	14.8	72.3	5.8	10.0	84.2
LT	19.3	15.6	65.1	6.7	5.9	87.5
LU	19.8	9.5	70.8	18.4	7.9	73.8
LV	22.4	16.1	61.5	10.6	8.6	80.8
MT	20.9	11.1	68.1	10.1	11.1	78.8
NL	9.2	9.6	81.3	1.6	3.8	94.6
PL	18.2	13.7	68.1	13.9	14.5	71.6
PT	12.2	13.3	74.6	9.3	12.2	78.6
RO	12.6	15.1	72.3	6.7	8.7	84.6
SE	17.8	7.2	75.0	6.7	6.1	87.2
SI	9.5	13.1	77.4	3.5	8.6	87.9
SK	19.6	15.3	65.1	6.2	10.4	83.3
UK	23.0	15.3	61.7	8.1	13.4	78.6

Source: EQLS 2011/2012. Q29e

Note: Missing values are excluded when calculating percentages

4 Having someone to discuss personal matters with

Definition
This indicator is derived from the EU-SILC 2013 ad hoc module on well-being (PW170), which asks “Do you have anyone to discuss personal matters with?” It shows the proportion of respondents who report that they do. ⁵⁵
Data source
EU-SILC 2013 Ad hoc module on well-being, which includes the 28 EU Member States and five other countries. The data was obtained from EU-SILC UDB 2013 – version 3 of January 2016.
Breakdowns
<p>Questions in the core EU-SILC survey ask whether a person has “Limitation in activities people usually do because of health problems for at least the last 6 months” (PH030).⁵⁶ The indicator compares the responses of persons with and without disabilities (‘limitations’)⁵⁷ breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over) • Educational level (comparing groups with different levels of formal education) • Degree of disability (comparing those declaring moderate and severe limitation) • At-risk-of poverty (comparing those with above and below 60 % of the national median equivalised disposable income).

4.1 Objective and relevance

Article 19 of the CRPD concerns the “full inclusion and participation [of persons with disabilities] in the community”, as well as help and support to “prevent isolation or segregation”. This indicator and indicator 5 support the preceding headline indicator on social isolation and ‘feeling left out of society’. This indicator refers to the presence of someone to talk to, whether or not the respondent needs or makes use of this kind of support. The existence of supportive relationships, including moral support, facilitates community living and can be considered a measure of social capital. It is relevant to consider that education level plays an important role in the creation and development of social networks and that persons with more severe impairments may face more significant barriers in accessing the support they need, including social and moral support.

Support for the social integration of persons with disabilities may be provided by formal services but it is often dependent on informal help from family, friends and neighbours, too. Having someone to call upon in times of personal need, and to discuss personal matters with, is an important enabler of resilience and community inclusion as well as a protection against social isolation, whether or not the person

⁵⁵ The available responses are: “1 Yes, 2 No, 9 Do not know”.

⁵⁶ See: Eurostat glossary, [Activity limitation](#).

⁵⁷ Three categories of answer are available: ‘severely limited’, ‘limited but not severely’ or ‘not limited at all’.

offering the help acts in a paid or unpaid capacity. From a policy perspective, a disproportionate absence of 'anyone to discuss personal matters with' might highlight the need for interventions to address the social isolation of persons with disabilities and to strengthen circles of support in the community.

4.2 Accuracy

The ad hoc module on well-being is one in a long-standing series of add-on questionnaires to the core EU-SILC survey. As such, it is subject to a rigorous methodology and quality testing established under the auspices of national statistical agencies and Eurostat.⁵⁸ This measure has been used by Eurostat in developing quality of life indicators.

The question was put to all current household members aged 16 and over but given the type of information to be collected, only personal interviews were allowed. In particular, proxy interviews were not allowed. This implied a high number of missing values. The rate of missing values is relatively high (from 20 % to 49 %) in 11 Member States (CZ, FR, HR, IE, IT, LT, LU, MT, PL, PT and the UK) but does not exceed the reporting threshold of 50 %. The exclusion of proxy questionnaires from the sample has a direct impact on the unit non-response. This impact was addressed by the construction and use of special module weights.

The number of filled cases (Yes/No/Do not know) included 340,546 interviews in the EU. The non-response (Do not know) at the EU level is 0.9 % and is very low in all Member States. Consequently, these cases were excluded from the analysis.

4.3 Comparability

Some Member States applied a significantly different item ordering (CZ, FR, IT, MT, NL and SE) and others respected the proposed ordering with moderate changes (BE, BG, EE, EL, ES, HR, PL, SI, SK and UK). Eurostat notes that:

"in contrast to previous modules, proxy answers are not allowed since the module items are of purely subjective nature. Questionnaires provided by proxies were either discarded from the module sample or special efforts were made to collect the module data from the persons intended by telephone interview (EL, ES, FI, PT and SK). Romania was the only country to provide proxy answers for the module items. Proxy answers are not taken into account in the frame of the statistical analysis and are also excluded from the data validation procedure. In order to account for the exclusion of proxy answers from the module sample, special weights were calculated by some countries (AT, BE, CZ, IT, LU, LV, RO and SI) for the analysis of the module data. For the rest of the countries, this case of non-response is accounted for by the Core EU-SILC cross-sectional weights".

Otherwise, the Member States followed the standard harmonisation efforts and applied the Commission Regulation organising the ad hoc module. The Eurostat assessment also notes that "Greece has by far the greatest share of negative

⁵⁸ Eurostat, [Ad-hoc modules](#).

answers (22.4 %), whereas the share of positive answers for all other countries except Italy exceeds 90 %".⁵⁹

4.4 Data availability

The 2013 data are available for the 28 EU Member States and five other countries. The microdata are contained in the EU-SILC UDB 2013 (EUSILC UDB 2013 – version 3 of January 2016), which can be requested for research analysis from Eurostat.⁶⁰

4.5 Results and breakdowns

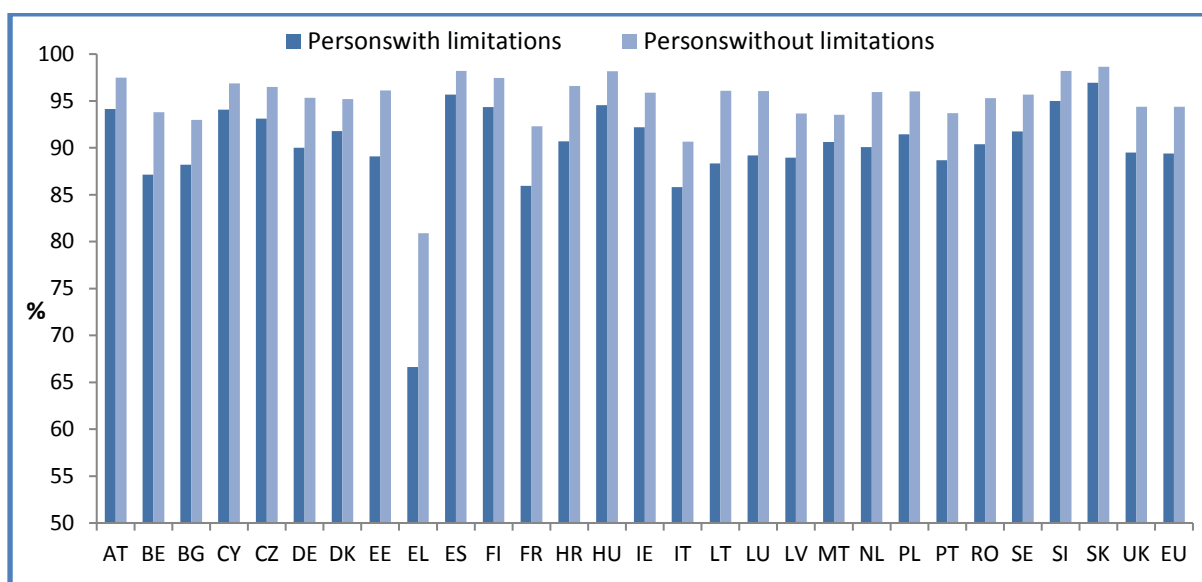
The results are presented first in relation to the supporting indicator, showing the extent to which persons with disabilities have anyone to discuss personal matters with, compared to other persons, and how this varies between Member States. Further evidence is then provided to show how other significant factors help to explain or contextualise the results, in relation to gender, age group, educational level and severity of impairment.

4.5.1 Comparison between persons with and without limitations

Across the EU, and in every Member State, persons with disabilities living in private households in the community are less likely to have anyone to discuss personal matters with than other persons.

At the EU level, about 89.4 % of persons with limitations declare that they have someone to discuss personal matters with. This rate is 94.4 % for persons without limitations. The overall gap is five percentage points.

Figure 7: % of persons who declare having someone to discuss personal matters with; age 16+



⁵⁹ European Commission (2014), *2013 EU-SILC Module on Well-being: Assessment of the implementation*, Luxembourg, Eurostat.

⁶⁰ Eurostat, [European Union Statistics on Income and Living Conditions \(EU-SILC\)](#).

Source: EU-SILC UDB 2013– version 3 of January 2016, Q PW170

4.5.2 Comparison by gender

Gender differences are relatively small on this measure, although women are slightly more likely to have someone with whom they can discuss personal matters.

At the EU level, the percentage of women with limitations who declare having someone to discuss personal matters with is 90.0 % compared to 88.6 % for men with limitations. The respective rates for persons without limitations are 95.0 % for women and 93.8 % for men.

4.5.3 Comparison by age group

Age decreases slightly the percentage of persons who have someone to discuss personal matters with, although less so for persons with disabilities.

At the EU level, among persons with limitations, the percentage of persons aged 16-64 who declare having someone to discuss personal matters with is 89.8 % compared to 89.0 % for persons aged 65 and over. The respective rates for persons without limitations are 94.8 % and 92.1 %. The disability gap is 5.0 percentage points for persons aged 16-64 and 3.1 percentage points for persons aged 65 and over.

4.5.4 Comparison by education level

The percentage of persons who declare having someone to discuss personal matters with increases with educational attainment.⁶¹

Among persons with limitations, the rates are 82.3 % for those with a pre-primary education, 86.7 % with a primary education, 88.3 % with a lower secondary education, 90.6 % with an (upper) secondary education, 90.0 % with a post-secondary non-tertiary education, and 92.6 % with a tertiary education. The respective figures for persons without limitations are 83.2 %, 89.5 %, 92.5 %, 94.7 %, 95.5 % and 96.7 %.

4.5.5 Comparison by degree of disability

The degree of disability lowers the percentage of persons who declare having someone to discuss personal matters with. People with more severe impairments are less likely to have anyone to discuss personal matters with than other persons.

The respective figures for persons with severe limitations, moderate limitations and no limitations are 85.9 %, 91.0 % and 94.4 %.

⁶¹ The EU-SILC UDB data includes information on the highest ISCED level attained.

4.6 Summary table

Table 8: % of persons who declare having someone to discuss personal matters with; age 16+

	Total		Men		Women	
	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities
EU - 28	89.4	94.4	88.6	93.8	90.0	95.0
AT	94.1	97.5	95.0	97.3	93.4	97.7
BE	87.2	93.8	87.5	92.5	86.9	95.2
BG	88.2	93.0	89.1	92.6	87.6	93.3
CY	94.1	96.9	93.5	96.6	94.6	97.1
CZ	93.1	96.5	91.3	95.8	94.6	97.2
DE	90.0	95.4	89.1	94.6	90.8	96.1
DK	91.8	95.2	90.4	94.2	92.9	96.3
EE	89.1	96.1	87.9	95.4	89.9	96.7
EL	66.6	80.9	67.5	80.2	66.0	81.6
ES	95.7	98.2	95.4	97.9	95.9	98.6
FI	94.4	97.4	93.2	96.7	95.3	98.2
FR	85.9	92.3	85.7	91.3	86.1	93.0
HR	90.7	96.6	90.1	95.7	91.1	97.2
HU	94.5	98.2	94.6	98.0	94.5	98.3
IE	92.2	95.9	90.4	94.4	93.6	97.0
IT	85.8	90.7	84.4	90.3	86.9	91.0
LT	88.3	96.1	87.6	95.6	88.8	96.5
LU	89.2	96.1	87.6	95.0	90.5	97.2
LV	89.0	93.7	87.0	92.5	90.1	94.7
MT	90.6	93.5	89.5	92.8	91.5	94.2
NL	90.1	96.0	86.5	95.1	92.5	96.9
PL	91.4	96.0	91.1	95.7	91.7	96.3
PT	88.7	93.7	88.5	93.4	88.8	94.0
RO	90.4	95.3	91.8	95.0	89.5	95.6
SE	91.7	95.7	89.3	94.7	93.7	96.7
SI	95.0	98.2	94.4	97.9	95.5	98.5
SK	97.0	98.7	97.3	98.4	96.8	99.0
UK	89.5	94.4	87.8	93.5	90.8	95.1

Source: EU-SILC UDB 2013– version 3 of January 2016. Q PW170

Note: Missing values are excluded when calculating percentages

5 Regular (direct) contact with people outside the household

Definition
This indicator is derived from the EQLS, which asks respondents how often they have direct face-to-face contact with people living outside their household. ⁶² It shows the proportion of persons who have such contact at least once a week or more often.
Data source
The question was presented in the third wave of EQLS (2011/2012 Q33) based on fieldwork carried out between September 2011 and February 2012 in 28 EU Member States and six other countries). ⁶³
Breakdowns
<p>In other questions, the survey asks if a person has “any chronic (long-standing) physical or mental health problem, illness or disability?” and if this ‘limits’ their ‘daily activities’ (Q43-44). The indicator compares the responses of persons with and without disabilities (‘limitations’), breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over) • Degree of disability (comparing those declaring moderate and severe limitation) • Educational level (comparing groups with different levels of formal education).

5.1 Objective and relevance

Article 19 of the CRPD obliges parties to facilitate the “full inclusion and participation in the community” of persons with disabilities, including supports that “prevent isolation or segregation”. This indicator provides objective evidence to support the headline subjective measure of social isolation, ‘feeling left out of society’. Like indicator four, it is also a measure of social capital among persons who live in private households in the community (the data does not address persons who live in institutions and who may be particularly socially isolated from the community). Unlike indicator four, this measure focuses exclusively on informal community contacts beyond the immediate household (family, friends or neighbours not living with the person). Consequently, it provides a more objective measure of community contact or isolation.

From a policy perspective, the indicator does not specify the purpose of the contact, only the frequency, and could include both social contacts and contacts for the purpose of help or support connected with disability issues. The provision

⁶² Question 33 asks: “On average, thinking of people living outside your household how often you have direct face-to-face contact with ... a. Any of your children, b. Your mother or father, c. Any brother, sister or other relative, d. Any of your friends or neighbours”. The options are: “1. Every day or almost every day, 2. At least once a week, 3. One to three times a month, 4. Less often, 5. Never, 6. Don’t have such relatives (e.g. children live at home)”.

⁶³ Eurofound (2012), [Third European Quality of Life Survey: Questionnaire](#), Luxembourg, Publications Office.

of specific help with daily living is addressed more directly in other indicators. The relevance here is as a cross-cutting measure of regular social contact, complementing subjective reports of community isolation. A disproportionate lack of regular face-to-face contact between persons with disabilities and their family, friends or neighbours might indicate a need for intervention to promote inclusion and reduce isolation or segregation from the community.

5.2 Accuracy

The EQLS is a well-established social survey, carried out across the EU and associated countries by Eurofound. It has been run regularly since 2003 and provides the foundation for widely used indicators on quality of life. Its quality is assured by Eurofound in accordance with the quality criteria of the ESS. This includes validation of questionnaire designs, sample quality, interviewing and data validation.⁶⁴

The EU sample includes 36,517 observations. The rate of missing responses ('Don't know' and 'Refusal') is extremely low – 1.6 % at the EU level. These cases are excluded from further analysis.

To increase the robustness of the analysis, the five frequency responses were grouped into three: Frequent contacts ('1. Every day or almost every day and 2. At least once a week'), Less frequent ('3. One to three times a month'), and Rare or never, ('4. Less often and 5. Never').

The proportion of persons with disabilities is estimated by including all those who answer 'Yes' to both Q43⁶⁵ and Q44.⁶⁶ Persons reported as 'severely' limited are grouped together with those reported as 'limited to some extent'. The number of missing observations is again very small (315 out of 36,517).

5.3 Comparability

The quality controls on the survey design, and the aggregation of response categories for this indicator, provide a good basis on which to compare the headline outcomes across the 28 EU Member States (including Croatia, which was not a Member State at the time of data collection).

Given the small size of the sample, comparability across Member States in an in-depth analysis is limited. This is notably the case for persons with disabilities. Available metadata indicate that the organisers of the survey did different pretesting activities in order to ensure comparability across Member States.

5.4 Data availability

The question was presented in the third wave of EQLS (2011/2012 Q33) based on fieldwork carried out between September 2011 and February 2012 in the 28 EU

⁶⁴ The [list of quality control measures](#) is available on Eurofound's website.

⁶⁵ Q43 asks: "Do you have any chronic (long-standing) physical or mental health problem, illness or disability? By chronic (longstanding) I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more". Possible answers are: "1. Yes, 2. No, 3. (Don't know), and 4. (Refusal)".

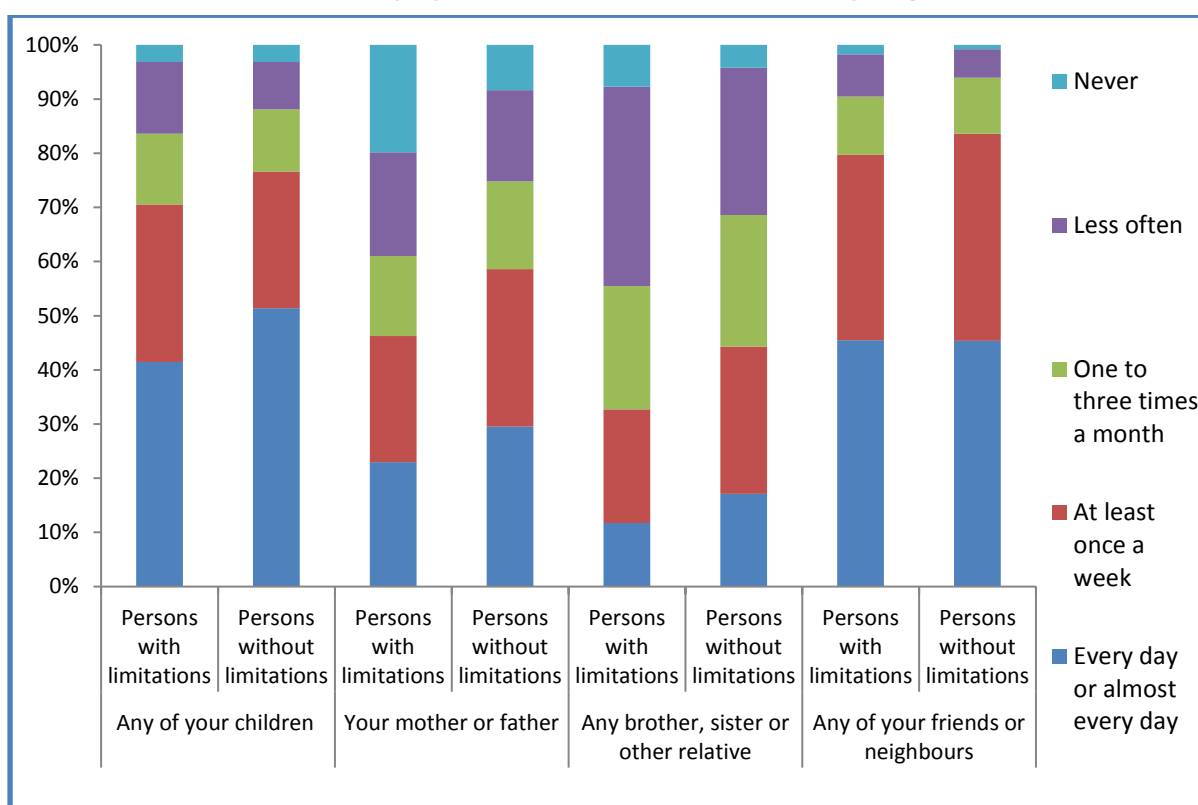
⁶⁶ Q44 asks: "Are you limited in your daily activities by this physical or mental health problem, illness or disability?" Possible answers are: "1. Yes, severely; 2. Yes, to some extent; 3. No; 4. (Don't know); and 5. (Refusal)".

Member States and six other countries).⁶⁷ This data is publicly available.⁶⁸ A modified version of the question was included in the fourth wave of this survey implemented in 2016-17 in 33 countries (EU-28 and five others).⁶⁹

5.5 Results and breakdowns

The results are presented first in relation to direct contact with non-family members beyond the immediate household, showing the comparison between persons with disabilities and other persons and how this varies between Member States. This is then compared with frequency of family contacts and broken down further to explain the results in relation to gender, age group, educational level and severity of impairment.

Figure 9: % of persons who have direct face-to-face contact with people living outside their household by type of contact and frequency, age 18+, EU



Source: EQLS 2011/2012. Q 33

5.5.1 Comparison between persons with and without limitations

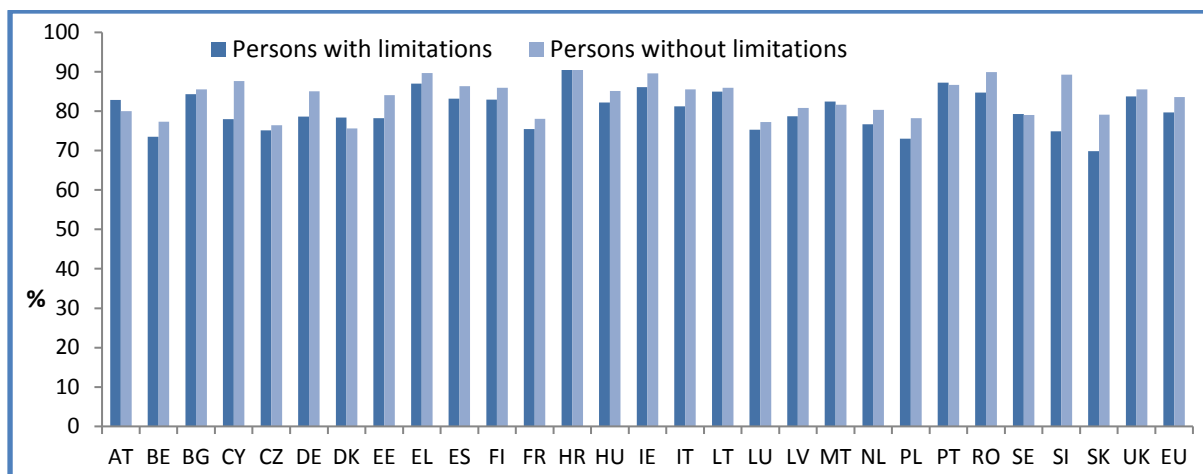
Persons with disabilities are slightly less likely than other persons to have regular direct contacts with friends and neighbours but the overall difference is small and varies between Member States.

⁶⁷ Eurofound (2012), [Third European Quality of Life Survey: Questionnaire](#), Luxembourg, Publications Office.

⁶⁸ Eurofound, [European Quality of Life Survey, 2011-2012 \[computer file\]. 2nd Edition](#). Colchester, Essex: UK Data Archive [distributor], January 2014. SN: 7316.

⁶⁹ Eurofound (2016), [Fourth European Quality of Life Survey: Questionnaire](#).

Figure 10: % of persons who have direct face-to-face contact with friends or neighbours living outside their household “Every day or almost every day” or “At least once a week”, age 18+



Source: EQLS 2011/2012. Q 33

The most frequent direct contacts beyond the household are with friends and non-resident children (rather than parents or siblings). In both cases regular direct contact is less for persons with disabilities than for other persons, but this is strongly affected by age and other social factors.

5.5.2 Comparison by gender

Frequency of direct contact with family, friends or neighbours beyond the household is similar for women and men overall, although it is slightly higher among women than men with disabilities.

Among persons who have direct contacts with friends or neighbours “every day or almost every day” or “at least once a week”, the percentages for women and men are similar. Among persons with limitations, about 80.6 % of women have direct contacts with friends or neighbours “every day or almost every day” or “at least once a week” compared to 78.5 % for men. The respective rates for persons without limitations are 83.3 % (women) and 83.9 % (men).

The percentage for both men and women with limitations is lower compared to men and women without limitations.

5.5.3 Comparison by age group

Frequent and regular direct contact beyond the household is not greatly different for younger and older adults, although it is lower for persons with disabilities in both age groups.

The percentages are close between younger and older people both for persons with and without limitations. Concerning persons with limitations, this percentage is 79.2 % for persons aged 18-64 compared to 80.3 % for persons aged 65 and over. The respective figures for persons without limitations are 83.6 % (aged 18-64) and 83.5 % (aged 65 and over).

Inside each age group, the percentage of both men and women with limitations who have frequent and regular direct contact beyond the household is lower compared to men and women without limitations. This disability gap is close for both age groups (4.4 percentage points and 3.2 percentage points for persons aged 18-64 and 65 and over respectively).

5.5.4 Comparison by degree of disability

The degree of disability has a negative impact on direct contacts with friends and neighbours: people with more severe impairments are less likely to have regular contact with non-family members beyond their immediate household.

The percentage of persons with severe limitations having direct contacts with friends or neighbours “every day or almost every day” or “at least once a week” is 75.5 %. This figure is 81.5 % for persons with moderate limitations and 83.6 % for persons without limitations.

5.5.5 Comparison by education level

On average, persons with tertiary educational attainment have more frequent contact with friends and neighbours beyond the household than persons with lower educational attainment.

Comparing persons who have direct face-to-face contact with non-family members living outside their household (friends and neighbours) and those who have never direct contacts, the analysis shows that, on average, persons with tertiary educational attainment have more frequent contacts (“Never” is very low) with friends and neighbours beyond the household than persons with lower educational attainment. Persons with an educational level of primary or less present the highest percentage of those who “never” have such contact.

Looking at the percentage of persons who have direct contacts with friends or neighbours “every day or almost every day” or “at least once a week”, persons with a primary education or less have the highest rate. For this frequency, at each education level, the percentage of persons with limitations having direct contacts with friends or neighbours “every day or almost every day” or “at least once a week” is lower compared to persons without limitations. The biggest difference (5.4 percentage points) between persons with and without limitations concerns persons with a secondary education (but no higher level of education).

It is important to note that education might play the role of a proxy for social capital, income level and lifestyle.

5.6 Summary table

Table 11: % of persons who have direct face-to-face contact with non-family members living outside their household, age 18+

	Persons with limitations						Persons without limitations					
	1	2	3	4	5	Total	1	2	3	4	5	Total
EU - 28	45.5	34.2	10.7	7.9	1.7	100	45.4	38.2	10.4	5.2	0.8	100
AT	41.2	41.6	10.9	5.5	0.7	100	32.4	47.6	15.9	3.7	0.4	100
BE	32.0	41.6	14.6	9.1	2.7	100	26.0	51.3	14.8	7.2	0.7	100
BG	68.1	16.3	7.1	7.6	0.9	100	59.5	26.1	7.3	6.7	0.4	100
CY	45.6	32.3	8.7	9.0	4.3	100	54.8	32.8	5.1	5.1	2.2	100
CZ	27.9	47.3	15.3	7.4	2.2	100	28.8	47.7	16.7	6.4	0.6	100
DE	40.2	38.4	11.6	8.6	1.2	100	41.6	43.4	10.2	4.4	0.3	100
DK	33.5	44.9	15.1	4.8	1.7	100	37.4	38.3	20.1	3.9	0.3	100
EE	43.0	35.3	13.3	7.1	1.4	100	40.8	43.3	11.6	3.8	0.5	100
EL	65.4	21.6	7.2	4.6	1.3	100	60.2	29.5	6.3	3.6	0.5	100
ES	52.6	30.6	8.8	6.7	1.4	100	52.1	34.2	8.7	4.2	0.7	100
FI	49.2	33.7	8.9	8.0	0.2	100	52.5	33.5	10.2	3.6	0.2	100
FR	40.4	35.1	14.3	8.4	1.8	100	36.8	41.2	13.5	6.8	1.7	100
HR	71.5	20.2	3.6	4.2	0.5	100	65.3	26.5	4.4	3.7	0.2	100
HU	52.2	30.0	6.8	7.7	3.3	100	50.0	35.2	9.0	4.5	1.4	100
IE	58.9	27.2	7.3	4.5	2.2	100	51.5	38.1	5.9	3.9	0.6	100
IT	47.7	33.5	12.1	5.2	1.5	100	47.0	38.6	9.2	4.6	0.7	100
LT	50.4	34.6	8.7	4.9	1.5	100	51.3	34.7	8.9	4.6	0.6	100
LU	35.7	39.6	15.3	6.6	2.8	100	33.3	43.9	15.8	6.0	1.0	100
LV	45.4	33.2	11.3	7.8	2.2	100	48.4	32.4	11.7	6.6	0.9	100
MT	57.0	25.5	3.4	12.2	2.0	100	48.9	32.7	6.6	9.3	2.5	100
NL	37.1	39.6	12.0	8.6	2.7	100	31.1	49.2	14.1	4.6	0.9	100
PL	43.2	29.8	16.3	8.7	2.0	100	44.9	33.4	12.9	7.9	0.9	100
PT	63.9	23.3	6.5	5.2	1.1	100	55.8	30.9	7.5	4.6	1.2	100
RO	66.2	18.5	4.1	9.2	2.0	100	68.8	21.1	3.5	5.9	0.7	100
SE	34.4	44.9	10.5	8.8	1.5	100	37.9	41.2	15.5	5.3	0.2	100
SI	43.8	31.1	12.4	11.0	1.6	100	50.2	39.1	9.3	1.2	0.2	100
SK	25.8	44.1	17.7	10.0	2.4	100	35.3	43.9	14.1	6.8	0.0	100
UK	48.9	34.8	5.9	8.3	2.1	100	47.4	38.2	8.3	5.1	1.1	100

Source: EQLS 2011/2012. Q 33

Note: 1. Every day or almost every day, 2. At least once a week, 3. One to three times a month, 4. Less often, 5. Never. Missing values are excluded when calculating percentages

6 Living with others (in typical household arrangements)

Definition
This indicator is derived from EU-SILC 2014 core microdata, in which a variable for 'household type' is constructed by Eurostat. It shows the proportion of respondents living in different types of household compared to those who live alone or in single-adult households. It presents the proportion of persons living alone and in smaller households. ⁷⁰
Data source
The 2014 EU-SILC survey was implemented in the 28 EU Member States and four other countries. The data was obtained from EUSILC UDB 2014 – version 1 of January 2016.
Breakdowns
<p>Questions in the core EU-SILC survey ask whether a person has "Limitation in activities people usually do because of health problems for at least the last 6 months" (PH030).⁷¹ The indicator compares the responses of persons with and without disabilities ('limitations')⁷² breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over) • Degree of disability (comparing persons reporting moderate and severe levels of limitation) • At-risk-of poverty (at-risk of poverty among working age persons).

6.1 Objective and relevance

Article 19 (a) of the CRPD concerns the right of persons with disabilities choose "with whom they live on an equal basis with others". This indicator measures outcomes in terms of household living arrangements for persons in private households in the community (it does not include persons living in institutions, who may lack choice over who they live with). The CRPD view living with others as a matter of equal choice and, although choice of living arrangements may be constrained for other reasons, equal outcomes might be expected for persons with disabilities compared to other persons living in the community.

Some aspects of household relationships, including the right to form a family of choice, to marry and to have children, are more relevant to Article 23 of the CRPD. For this reason, the indicator focuses more on household size than the type of

⁷⁰ Variable Q HX060 distinguishes values for: 5 - One-person household; 6 - 2 adults, no dependent children, both adults under 65 years; 7 - 2 adults, no dependent children, at least one adult 65 years or more; 8 - Other households without dependent children; 9 - Single parent household, one or more dependent children; 10 - 2 adults, one dependent child; 11 - 2 adults, two dependent children; 12 - 2 adults, three or more dependent children; 13 - Other households with dependent children; 16- Other (these household are excluded from Laeken indicators calculation). Eurostat defines dependent children as: "Household members aged 17 or less; Household members aged between 18 and 24; economically inactive and living with at least one parent".

⁷¹ See: Eurostat glossary, [Activity limitation](#).

⁷² Three answer categories are possible: 'severely limited', 'limited but not severely' or 'not limited at all'.

household relationship. In particular, it measures the risk of living alone. The right to live alone is important, too, but from a policy perspective, in relation to Article 19, a higher risk of living alone for persons with disabilities might signal the need for formal and informal support for independent living.

Age and gender are among the additional factors to consider (notably the higher likelihood of older widowed women living alone), as well as degree of disability and poverty risk. Informal support from household members is often a factor in preventing institutionalisation, alongside the provision of community support services. Financial constraints may also limit living choices, notably for persons who face additional cost of living expenses associated with disability.

6.2 Accuracy

The variable 'household type' is constructed by Eurostat using the information collected through the annual EU-SILC survey. In 2014, the EU sample covered 290,691 persons without limitations and 114,868 persons with limitations. The only missing values are 59 cases in Romania. Eurostat notes that "Regulation 1177/2003 defines the minimum effective sample sizes to be achieved, i.e. the actual sample sizes will have to be larger to the extent that the design effect exceeds 1.0 and to compensate for all kinds of non-response".⁷³

The countries addressed measurement errors (arising from the questionnaire, the interviewer, the interviewee and the data collection method used) through the design of the questionnaire. In respect of unit non-response, most countries applied either a standard post-stratification or a more sophisticated logistic regression model. Concerning adjustments for non-response, "the principle is to adjust the household design weights to allow for the bias that is caused when all measured variables are missing for some of the sample households".⁷⁴ Eurostat concludes that the individual non-response rate appears to be marginal, and that efforts were made to minimise other factors which could cause bias. Microdata are available for research only if quality criteria are met.

The indicator focuses on one person households and aggregates other household types into one group. Since age group is a dominant factor in predicting small household size, the 16-64 age group is used to assess the effects of financial poverty risk and level of disability.

The indicator uses poverty risk to proxy income factors. Poverty risk is defined as equivalised disposable income below the risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income after social transfers. To focus on disability-related factors, and limit the impact of natural processes (deaths), this part of the analysis is restricted to persons aged 16-64.

6.3 Comparability

The data are comparable across Member States due to a harmonisation effort by Eurostat and the relevant Commission regulations. EU-SILC operates under a

⁷³ European Commission (2013), *'Health variables of EU-SILC', Reference Metadata in Euro SDMX Metadata Structure (ESMS)*, Luxembourg, Eurostat; section 14.1 Accuracy – overall.

⁷⁴ European Commission (2014), *Methodological guidelines and description of EU-SILC target variables*, Luxembourg, Eurostat, p. 34.

framework regulation of the Council and the Parliament (Regulation (EC) No. 1177/2003)⁷⁵ and a series of Commission implementing regulations.

6.4 Data availability

The variables for household type and size of household are collected every year. The data are available for 28 EU Member States and four other countries in 2014. The microdata are contained in the EUSILC UDB 2014, which can be requested for research analysis from Eurostat.⁷⁶

6.5 Results and breakdowns

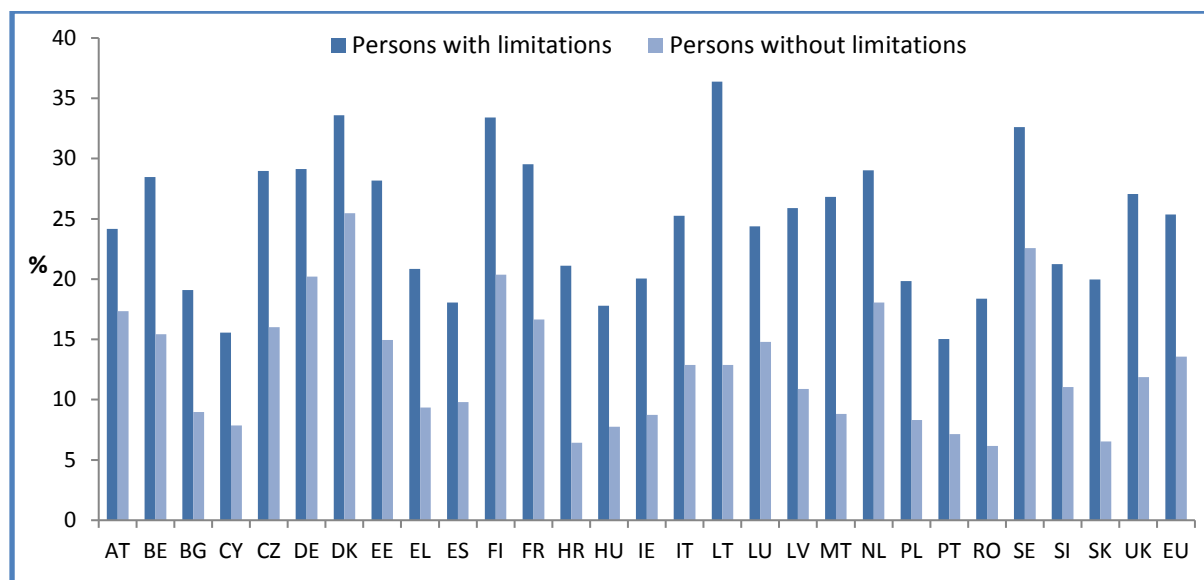
The results are presented first in relation to the headline indicator, showing the extent to which persons with disabilities are likely to live alone, compared to other persons, as well as in other types of arrangements. The findings are then assessed by other significant factors to contextualise the results in relation to gender, age group, degree of disability and poverty risk.

6.5.1 Comparison between persons with and without limitations

Persons with disabilities in the EU are much more likely to live alone, or in smaller sized households, than other persons.

At the EU level, about 25.4 % of persons with limitations live in a one person household. This rate is 13.6 % for persons without limitations. There is a gap of 11.8 percentage points.

Figure 12: % of persons who live in one person household; age 16+



Source: EUSILC UDB 2014 – version 1 of January 2016, HX060

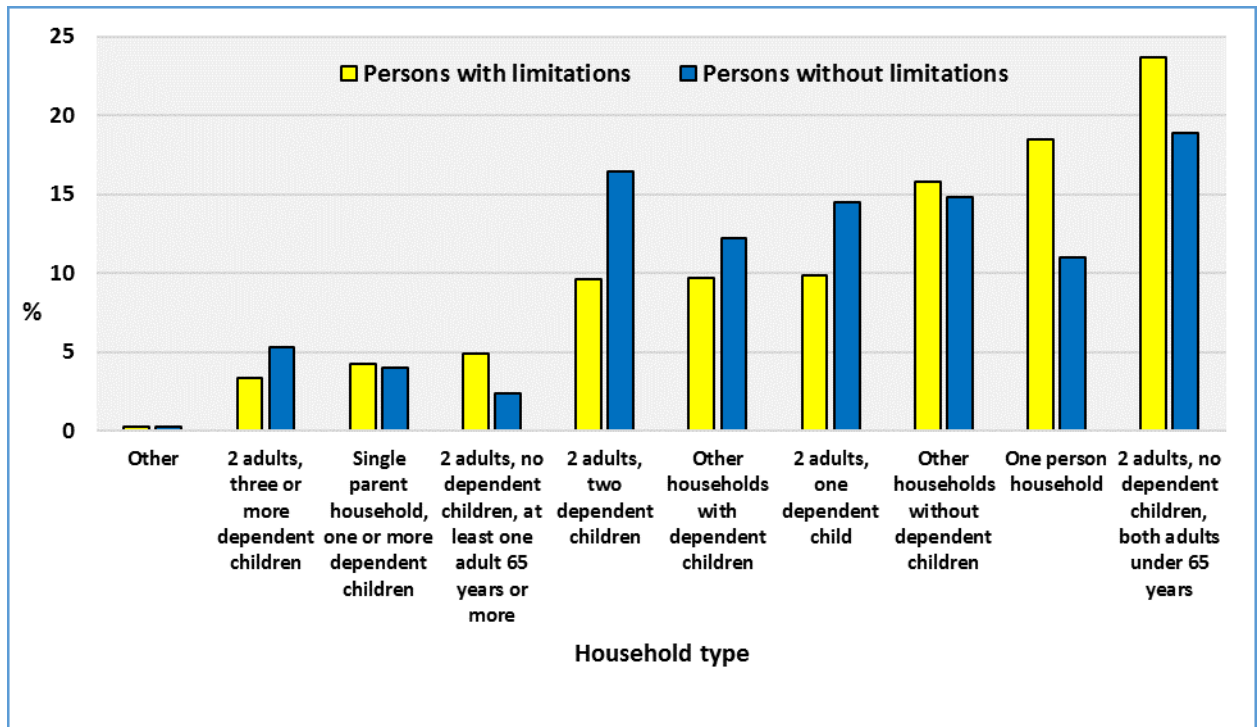
Persons with disabilities are under-represented in households with children and over-represented in households without children (although adult children may be

⁷⁵ Framework Regulations (Regulation (EC) No. 1177/2003 of the European Parliament and of the Council of 16 June 2003).

⁷⁶ Eurostat, [European Union Statistics on Income and Living Conditions \(EU-SILC\)](#).

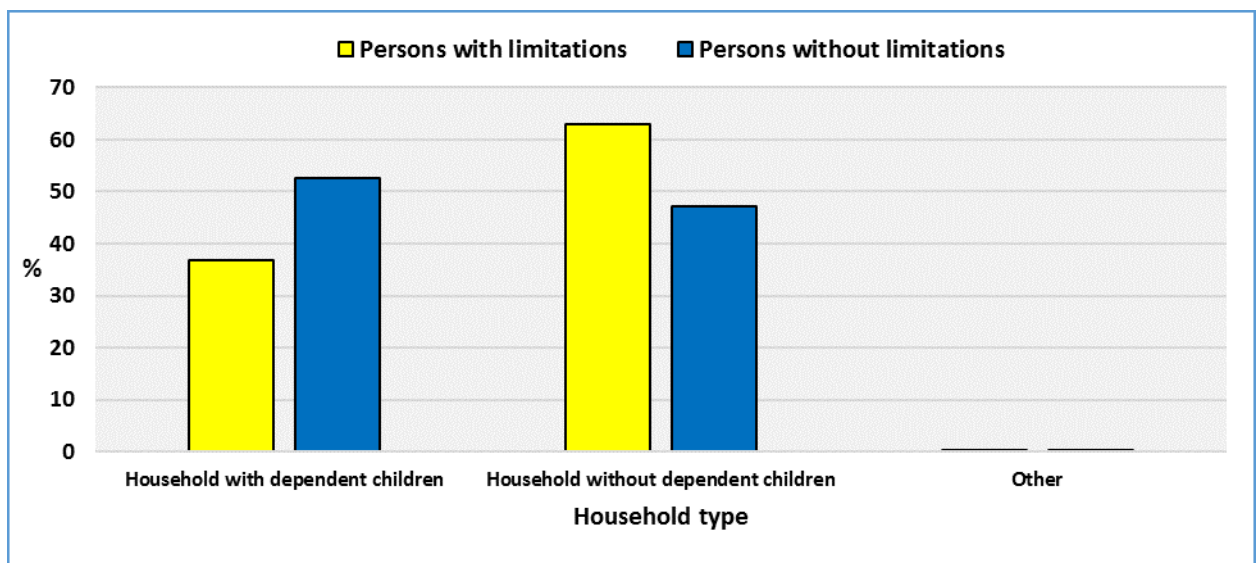
not be identified as such). The age structure of the two groups (with and without disabilities) is different and such comparisons should be treated with care. However, these trends in household type are reflected in smaller average household size for younger adults as well as those aged 65 and over.

Figure 13: % of persons by type of household; age 16-64



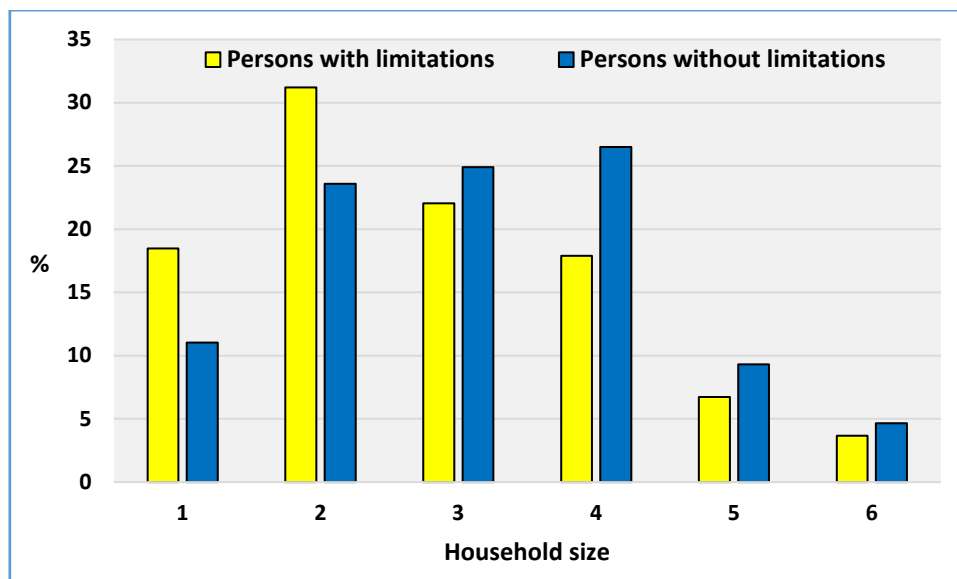
Source: EUSILC UDB 2014 – version 1 of January 2016, HX060

Figure 14: % of persons by type of household depending on the presence of dependent children; age 16-64



Source: EUSILC UDB 2014 – version 1 of January 2016, HX060

Figure 15: Household size by disability status; age 16-64



Source: Source: EUSILC UDB 2014 – version 1 of January 2016. Q HX040

6.5.2 Comparison by gender

Women are more likely than men to live in a one person household, but this is partly due to their longer average life expectancy.

About 29.2 % of women with limitations aged 16 and over live in one person households compared to 13.9 % of women without limitations of the same age group. The respective figures for men are 20.5 % and 13.3 %.

6.5.3 Comparison by age group

Age increases the likelihood of living in a one person household. This applies both to persons with disabilities and to other persons.

About 18.5 % of persons with limitations aged 16-64 live in one person households, compared to 11.0 % of persons without limitations (a gap of 7.5 percentage points in this age group). The respective figures for persons aged 65 and over are 33.7 % and 29.0 %, where the gap is reduced to 4.7 percentage points (bereavement is more relevant for this age group).

6.5.4 Comparison by degree of disability

Degree of disability also increases the risk of living alone, increasing with severity. The risk for persons with severe levels of impairment is more than twice that of persons who report no limitations.

About 13.6 % of persons without limitations aged 16 and over live in one person households, compared to 23.9 % of persons with a moderate limitation and 28.6 % of persons with severe limitations. There is a gap of 15.1 percentage points between persons without limitations and persons with severe limitations. In the 16-64 age group there is a gap of 11.6 %, which may not be attributed to natural bereavement causes.

6.5.5 Comparison by income level

Those at risk of relative financial poverty are also more likely to live alone. Persons with disabilities of working age are over-represented in this group and financial poverty has a greater impact on their living arrangements than it does on other persons.

In respect of persons aged 16-64 living in households that are not at risk of poverty, the percentage of persons with limitations living in one person households is 14.7 % compared to 10.1 % of persons without limitations. For persons living in households at risk of poverty, the percentage of persons with limitations living in one person households is 31.0 %, whereas for persons without limitations it is 15.8 %. The gap between persons with and without limitations for persons who live in households that are not at risk of poverty is 4.6 percentage points. This gap is 15.1 percentage points for persons at risk of poverty.

6.6 Summary table

Table 16: % of persons who live in one person households; age 16+

	Total		Men		Women	
	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities
EU - 28	25.4	13.6	20.5	13.3	29.2	13.9
AT	24.2	17.4	20.1	17.3	27.6	17.4
BE	28.5	15.4	26.4	16.4	30.1	14.4
BG	19.1	9.0	10.9	8.9	25.4	9.1
CY	15.6	7.9	9.4	7.3	20.9	8.4
CZ	29.0	16.0	21.6	17.5	33.7	14.9
DE	29.1	20.2	26.1	18.9	31.7	21.5
DK	33.6	25.5	34.2	25.5	33.0	25.5
EE	28.2	14.9	20.8	13.4	33.5	16.3
EL	20.8	9.4	11.3	9.6	28.2	9.1
ES	18.1	9.8	14.2	10.7	21.0	8.9
FI	33.4	20.4	28.8	20.4	36.9	20.4
FR	29.5	16.7	23.8	15.7	33.9	17.6
HR	21.1	6.4	13.1	5.9	27.2	7.0
HU	17.8	7.8	9.8	6.2	23.2	9.2
IE	20.0	8.8	19.5	8.4	20.5	9.1
IT	25.3	12.9	18.0	13.1	30.8	12.6
LT	36.4	12.9	25.1	11.9	43.0	13.8
LU	24.4	14.8	20.9	15.4	27.2	14.1
LV	25.9	10.9	15.9	9.6	32.4	12.1
MT	26.8	8.8	23.8	8.6	29.3	9.0
NL	29.0	18.1	26.5	18.7	30.7	17.4
PL	19.8	8.3	12.0	6.9	25.6	9.6
PT	15.0	7.1	9.3	6.7	18.8	7.6
RO	18.4	6.2	12.0	5.3	22.6	7.1
SE	32.6	22.6	28.0	22.2	35.6	23.0
SI	21.3	11.1	16.1	11.3	25.8	10.9
SK	20.0	6.5	12.4	5.3	25.5	7.8
UK	27.1	11.9	23.3	12.1	30.2	11.7

Source: EUSILC UDB 2014 – version 1 of January 2016, HX060

Note: Missing values are excluded when calculating percentages

7 Satisfied with accommodation

Definition
This indicator is derived from the EU-SILC 2013 ad hoc module on well-being, which asks respondents the degree to which they feel satisfied with their accommodation (a scale from 0 to 10). It shows the average levels of satisfaction reported by respondents (on this scale). ⁷⁷
Data source
The ad hoc module on well-being, which includes the 28 EU Member States and five other countries. The data was obtained from EU-SILC UDB 2013 – version 3 of January 2016.
Breakdowns
<p>Questions in the core EU-SILC survey ask whether a person has “Limitation in activities people usually do because of health problems for at least the last 6 months” (PH030). ⁷⁸ The indicator compares the responses of persons with and without disabilities (‘limitations’) ⁷⁹ breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over) • Degree of urbanisation (comparing more or less densely populated areas) ⁸⁰ • At-risk-of poverty after social transfers (comparing those with above and below 60 % of the national median equivalised disposable income).

7.1 Objective and relevance

Article 19 (a) of the CRPD concerns the right of persons with disabilities “to choose their place of residence”. This indicator measures outcomes in terms of satisfaction with the household accommodation rather than measuring choice directly. Satisfactory accommodation is a pre-requisite to living independently and being included in the community for persons with disabilities, as it is for other persons. However, disability may change the needs of the household, which may also have cost implications (for example, in terms of its location, overall space or specific features). Factors such as age, gender, income, household size and degree of disability are all relevant to housing choices.

Eurostat notes that this variable refers to the respondent’s opinion/feeling about the degree of satisfaction with the accommodation in terms of meeting the household needs/opinion on the price (intended as financial burden related to accommodation), taking into account space, neighbourhood, distance to work, quality and other aspects. From a policy perspective, this indicator provides a headline outcome measure of the extent to which persons with disabilities are satisfied with their accommodation, compared to other persons in the community

⁷⁷ Question PW040 asks: “Overall what is your degree of satisfaction of: ... Your accommodation? Please answer on a scale from 0 to 10. 0 means ‘not at all satisfied’, 10 means ‘completely satisfied’. 99 Do not know.”

⁷⁸ See: Eurostat glossary, [Activity limitation](#).

⁷⁹ Three answer categories are possible: ‘severely limited’, ‘limited but not severely’ or ‘not limited at all’.

⁸⁰ The EU-SILC UDB data distinguish three types of areas (DB100): 1) densely populated area, 2) intermediate area and 3) thinly populated area.

(it does not refer to persons living in institutions, who may have few choices over where they live). Lower levels of satisfaction highlight a need to assess the suitability of housing stock and planning policies to better meet the accommodation needs of persons with disabilities.

7.2 Accuracy

Although there is clear instruction to interviewers on price, there is no explicit reference to disability-related adaptations, accessibility or universal design. However, this variable has certain advantages over variables concerning housing conditions in the EU-SILC Household file (H). Here the question focuses on the respondent and not the household, which enables persons with and without reported limitation to be isolated in terms of perceived outcomes.

Given the type of information collected, only personal interviews were allowed. In particular, proxy interviews were not allowed and the rate of missing values is relatively high (from 20 % to 49 %) in 11 Member States (CZ, FR, HR, IE, IT, LT, LU, MT, PL, PT and the UK). The exclusion of proxy questionnaires from the sample has a direct impact on the unit non-response. This impact was addressed by the construction and use of special module weights. The number of filled cases (Yes/No/Do not know) included 340,085 interviews in the EU. The non-response (Do not know) at the EU level is 0.6 % and very low in all Member States. These cases were excluded from the analysis.

7.3 Comparability

Some Member States applied a significantly different item ordering (CZ, FR, IT, MT, NL and SE) while others respected the proposed ordering with moderate changes (BE, BG, EE, EL, ES, HR, PL, SI, SK and UK). Eurostat notes that

“In contrast to previous modules, proxy answers are not allowed since the module items are of purely subjective nature. Questionnaires provided by proxies were either discarded from the module sample or special efforts were made to collect the module data from the persons intended by telephone interview (EL, ES, FI, PT and SK). Romania was the only country to provide proxy answers for the module items. Proxy answers are not taken into account in the frame of the statistical analysis and are also excluded from the data validation procedure. In order to account for the exclusion of proxy answers from the module sample, special weights were calculated by some countries (AT, BE, CZ, IT, LU, LV, RO and SI) for the analysis of the module data. For the rest of the countries, this case of non-response is accounted for by the Core EU-SILC cross-sectional weights.”⁸¹

Otherwise, the Member States followed the standard harmonisation efforts and applied the Commission Regulation organising the ad hoc module.

7.4 Data availability

The 2013 data are available for 28 EU Member States and five other countries. The microdata are contained in the EU-SILC UDB 2013 (EUSILC UDB 2013 –

⁸¹ European Commission (2014), *2013 EU-SILC Module on Well-being: Assessment of the implementation*, Luxembourg, Eurostat.

version 3 of January 2016), which can be requested for research analysis from Eurostat.⁸²

The EU-SILC 2007 and 2012 Modules on Housing Conditions include a similar question (MH080 and HC080) on 'Overall satisfaction with the dwelling'. Possible answers are: "1 Very dissatisfied, 2 (Somewhat) Dissatisfied, 3 Satisfied and 4 Very satisfied".

7.5 Results and breakdowns

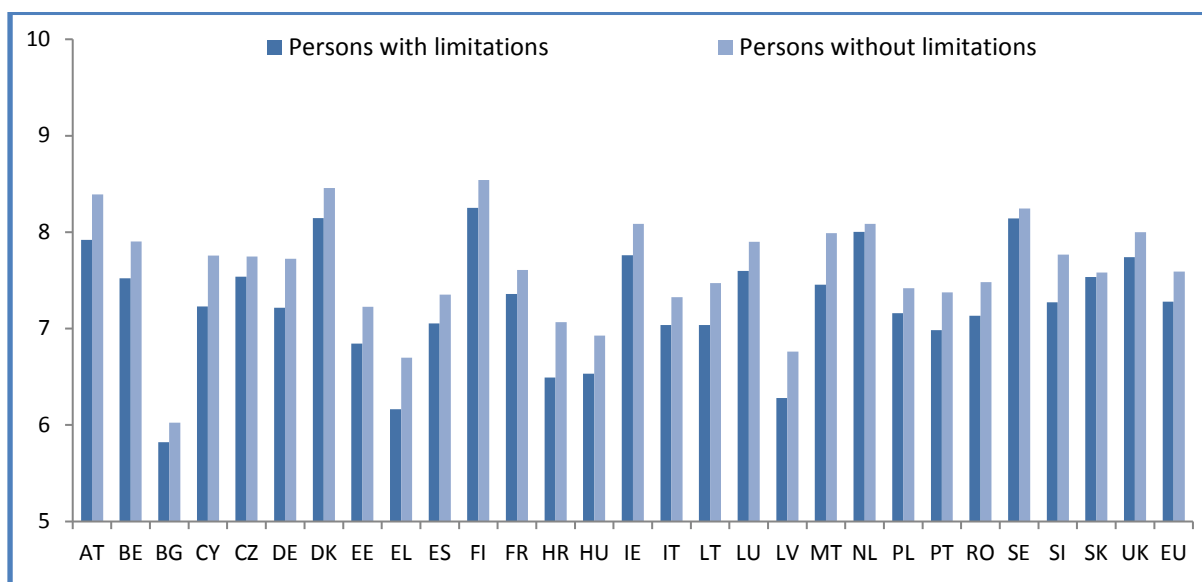
The results are presented first in relation to the headline indicator, showing the mean level of satisfaction with household accommodation reported by persons with disabilities, compared to other persons. The findings are then broken down by gender and main age group, as well as degree of disability, and contextualised in relation to the effects of urbanisation and income on level of satisfaction.

7.5.1 Comparison between persons with and without limitations

At the EU level, and in every Member State, persons with disabilities report lower average levels of satisfaction with their household accommodation than other persons.

At the EU level, the mean level of satisfaction with accommodation among persons with limitations is 7.3 compared to 7.6 for persons without limitations. The gap is 0.3 scale points. This gap ranges from 0.1 to 0.6 scale points across Member States.

Figure 17: Mean value of satisfaction with accommodation {From 0 (Not at all satisfied) to 10 (Completely satisfied)}; age 16+



Source: EU-SILC UDB 2013– version 3 of January 2016, Q PW040

⁸² Eurostat, [European Union Statistics on Income and Living Conditions \(EU-SILC\)](#).

7.5.2 Comparison by gender

At the EU level, the mean values for women and men are similar.

The mean value for women with limitations is 7.3 and for women without limitations is 7.6. The mean values for men are similar and no significant gender differences are apparent. There are differences across countries.

7.5.3 Comparison by age group

Age plays an important role in choice of accommodation, as dwelling ownership increases with age. Average level of satisfaction is higher among older people than among younger adults but the disability gap widens.

At the EU level, among persons aged 16-64, the mean value for persons with limitations is 7.1 compared to 7.5 for persons without limitations. The respective mean values for persons aged 65 and over are 7.5 and 8.1.

7.5.4 Comparison by degree of urbanisation

While the degree of urbanisation has an impact on the level of satisfaction, the difference between persons with and without disabilities remains similar across different levels of urbanisation.

At the EU level, the mean values of satisfaction for persons with limitations are: 7.1 for densely populated areas, 7.4 for intermediate areas and 7.3 for thinly populated areas. The respective mean values for persons without limitations are: 7.4, 7.7 and 7.6. However, the choice of area, particularly intermediate areas, might be influenced by economic factors.

7.5.5 Comparison by degree of disability

People with a more severe degree of impairment are on average less satisfied that their accommodation meets the household's needs.

At the EU level, the mean value for persons with severe limitations is 7.1, for moderate limitations the mean value is 7.4 and for persons without limitations the mean value is 7.6. The difference between persons with a severe limitation and no limitation is 0.5 points (compared to a gap of 0.3 when all persons with limitations are grouped together).

7.5.6 Comparison by poverty risk (At-risk-of poverty)

Persons living in households at risk of poverty report lower levels of satisfaction. Persons with disabilities are over-represented in this population and their average satisfaction gap is wider.

At the EU level, the mean value for persons at risk of poverty after social transfers is 6.8, compared to 7.7 for other persons. Inside the group of persons living in households at risk of poverty, the mean value is 6.5 for persons with limitations compared to 6.9 for persons without limitations. The respective mean values for persons who do not live in households at risk of poverty are 7.5 and 7.7.

7.6 Summary table

Table 1: Mean value of satisfaction with accommodation {From 0 (Not at all satisfied) to 10 (Completely satisfied)}, age 16+

	Total		Men		Women	
	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities
EU - 28	7.3	7.6	7.3	7.6	7.3	7.6
AT	7.9	8.4	7.8	8.3	8.0	8.5
BE	7.5	7.9	7.4	7.9	7.6	7.9
BG	5.8	6.0	5.8	6.0	5.8	6.1
CY	7.2	7.8	7.3	7.7	7.2	7.8
CZ	7.5	7.7	7.4	7.7	7.6	7.8
DE	7.2	7.7	7.2	7.7	7.2	7.7
DK	8.1	8.5	8.0	8.3	8.3	8.6
EE	6.8	7.2	6.7	7.2	6.9	7.2
EL	6.2	6.7	6.2	6.6	6.1	6.8
ES	7.1	7.4	7.0	7.3	7.1	7.4
FI	8.3	8.5	8.2	8.5	8.3	8.6
FR	7.4	7.6	7.3	7.6	7.4	7.6
HR	6.5	7.1	6.6	7.0	6.4	7.1
HU	6.5	6.9	6.5	6.9	6.5	7.0
IE	7.8	8.1	7.9	8.2	7.7	8.0
IT	7.0	7.3	7.0	7.3	7.0	7.4
LT	7.0	7.5	7.1	7.5	7.0	7.5
LU	7.6	7.9	7.6	7.8	7.6	8.0
LV	6.3	6.8	6.3	6.8	6.3	6.7
MT	7.5	8.0	7.2	8.0	7.6	8.0
NL	8.0	8.1	7.9	8.0	8.1	8.2
PL	7.2	7.4	7.1	7.4	7.2	7.4
PT	7.0	7.4	6.8	7.3	7.1	7.4
RO	7.1	7.5	7.1	7.4	7.2	7.5
SE	8.1	8.2	8.1	8.1	8.2	8.3
SI	7.3	7.8	7.2	7.7	7.4	7.8
SK	7.5	7.6	7.6	7.5	7.5	7.6
UK	7.7	8.0	7.7	8.0	7.8	8.0

Source: EU-SILC UDB 2013– version 3 of January 2016. Q PW040

Note: Missing values are excluded when calculating percentages

8 Help available from persons beyond the household

Definition
This indicator is derived from the EU-SILC ad-hoc module on well-being, which asked respondents 'Do you have relatives, friends or neighbours that you can ask for help when you need it?' The indicator shows the proportion of respondents who report that they have such a possibility. ⁸³
Data source
The question was presented in the EU-SILC module on well-being (2013) based on fieldwork conducted by the national statistical agencies of the 28 EU Member States (and four other countries). The core EU-SILC survey is conducted annually but this item is derived from an ad-hoc module for a single year.
Breakdowns
Questions in the core EU-SILC survey ask whether a person has "Limitation in activities people usually do because of health problems for at least the last 6 months" (PH030). ⁸⁴ The indicator compares the responses of persons with and without disabilities ('limitations') ⁸⁵ breaking them down by: <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over). <p>Additional breakdowns for this indicator include:</p> <ul style="list-style-type: none"> • Educational level (comparing those with primary or less, secondary and tertiary levels of education) • Risk of poverty (comparing those below the relative income poverty line and those above).

8.1 Objective and relevance

Article 19 of the CRPD sets out "the equal right of all persons with disabilities to live in the community, with choices equal to others", to choose "where and with whom they live" and to have "access to a range of in-home, residential and other community support services". The policy emphasis is on State responsibilities to ensure access to services, but a person's ability to exercise choice and obtain support depends on their informal networks too (either in the absence of services or in gaining help to access them).

This indicator addresses the general availability of someone to rely on in case of need, independently of a person's choice of living arrangements. It includes the opportunity to ask for any kind of help (moral, material or financial) and refers only to help from people who do not live in the same household as the respondent. In terms of choice and independent living, it concerns the ability to ask for help

⁸³ PW180: Possible answers are: "1. Yes, 2. No, 3. I do not have any relatives, friends, 99. Don't know".

⁸⁴ See: Eurostat glossary, [Activity limitation](#).

⁸⁵ Three answer categories are possible: 'severely limited', 'limited but not severely' or 'not limited at all'.

(in times of need) rather than the level of care or support received.⁸⁶ It is one of a number of measures of personal well-being among persons living in the community.⁸⁷ The availability of help from others may go a long way “to prevent isolation or segregation from the community” and is a measure of social capital. In the absence of formal services, it may also be a factor in ensuring the “personal assistance necessary to support living and inclusion in the community”. Any disability gap in access to help from others also signals to policymakers why access to services is so important in enabling persons with disabilities to live independently and to be included in the community.

8.2 Accuracy

The survey covered 511,504 persons, of whom 461,562 were in EU Member States. EU-SILC covers individuals living in private households and generally excludes persons living in collective households or institutions. As with most European social surveys this results in the exclusion of persons with disabilities who live in institutions.

Data collection for EU-SILC is based on nationally representative probability samples, which are carefully regulated and monitored.⁸⁸ The survey includes information for all current household members but, given the subjective nature of the information collected on well-being, only personal interviews were allowed and proxy interviews are not allowed for this ad hoc module (although some countries did use them).⁸⁹

Data validation for the calculation of unit non-response is important in respect of Romania, where the rate was 0 % but 13.2 % of questionnaires were excluded as proxies. In order to account for the exclusion of proxy answers from the module sample, special weights were calculated by some countries (AT, BE, CZ, IT, LU, LV, RO and SI) for the analysis of the module data. For the rest of the countries, non-response and missing values are accounted for by the core EU-SILC cross-sectional weights. The share of ‘Do not know’ answers is fairly small and generally homogenous. There were minimal differences in question sequencing. The assessment of the module covered languages, translations and terms used, where no measurable impact to the quality of the module data was found.

As might be expected, the vast majority of respondents reported that they would have some opportunity to ask for help from others beyond their own household and the number of people reporting that they have no opportunity to ask for such help is small (and those flagged as having no relatives, friends or neighbours was less than 1 % for all countries except Finland, Lithuania and Latvia, while for 12 countries it is close to zero). Women tend to respond more positively than men.

⁸⁶ The SHARE V survey includes some relevant questions (SP002 & SP005) on ‘personal care or practical household help’ from family members but it does not allow for comparisons between persons with and without limitations, and covers only persons aged 50 or above in 13 Member States.

⁸⁷ See Eurostat, [Quality of Life \(QoL\) – context](#).

⁸⁸ Commission Regulation (EC) No 1982/2003 of 21 October 2003 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 sampling and tracing rules.

⁸⁹ European Commission (2014), [2013 EU-SILC Module on Well-being: Assessment of the implementation](#), Luxembourg, Eurostat. The available information does not distinguish whether a proxy interview is due to ‘absence’ or ‘incapacity’.

The proportion of persons with disabilities is estimated by including all those who answer that they have some level of “Limitation in activities people usually do because of health problems for at least the last 6 months” (113,763 persons).⁹⁰ Denmark, Finland, the Netherlands, Sweden and Slovenia put the questions relative to health and limitations only to selected respondents and not to all current household members aged 16 and over. The rate of non-response to this item is 2.7 % at the EU level. However, it is 28.7 % in the Czech Republic, so the disability estimations in the Czech Republic ought to be treated with caution.

8.3 Comparability

The data covers all 28 EU Member States and is derived from a generally robust and comparable measure of well-being. The kind of subjective well-being measures employed in EU-SILC are regarded as reliable and consistent measures, affirmed by international studies, although responses may be subject to some effects of social desirability and norms in different societies.⁹¹

Proxy answers are not taken into account in the frame of the statistical analysis and are also excluded from the data validation procedure. The primary survey data present some challenges to comparison but these were largely addressed by the revision of weights at national level. The rate of missing values is high, notably in Italy (33.2 %), Malta (33.2 %), Ireland (34.9 %) and Croatia (43.3 %).

8.4 Data availability

The question was presented in the EU-SILC module on well-being (2013) based on fieldwork conducted by the national statistical agencies of the 28 EU Member States (and four other countries).

The core EU-SILC survey is conducted annually but this item is derived from an ad-hoc module for a single year. The data were obtained from the third version of the EU-SILC 2013 cross-sectional UDB (EUSILC UDB 2013 – version 3 of January 2016), obtainable on request from Eurostat.⁹²

8.5 Results and breakdowns

The results are presented first in relation to the main indicator, showing the proportion of persons with disabilities who report that they have the opportunity to ask relatives, friends or neighbours for help when they need it. The indications are then broken down by disability, gender, age group, educational level and poverty risk.

8.5.1 Comparison between persons with and without disabilities

Overall, both at the EU level and in every Member State, persons with disabilities are less likely than other persons to have someone beyond their own household that they can ask for help when they need it.

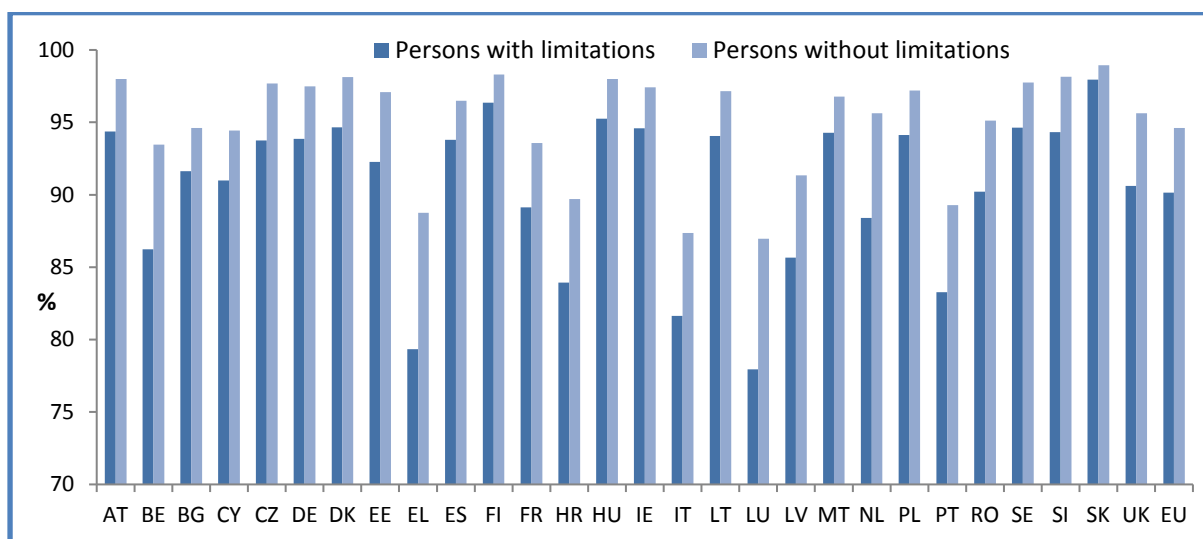
⁹⁰ Possible answers are: “1. yes, strongly limited, 2. yes, limited, 3. no, not limited”.

⁹¹ European Commission (2015), ‘2013 - Personal well-being indicators (ilc_pwb)’, [Reference Metadata in Euro SDMX Metadata Structure \(ESMS\)](#), Eurostat.

⁹² See: Eurostat, [How to apply for microdata access](#).

Figure 16 shows the percentage for persons with and without limitations by Member State. These national rates are strongly correlated ($R^2=0.95$) between the two groups and this suggests that underlying factors, such as gender, age group, poverty or education, may affect both groups.

Figure 18: % of persons who declare that they have the potential to ask for help from relatives and friends (or neighbours) beyond their household, age 16+



Source: EUSILC UDB 2013 – version 3 of January 2016 (PW180)

About 90.1 % of all persons reporting limitations also declare that they have the potential to ask for help from relatives, friends or neighbours beyond their own household, compared to 94.6 % for persons not reporting limitations. The countries with the lowest rates among persons with limitations are Luxembourg (77.9 %), Greece (79.3 %) and Italy (81.6 %). The countries with the highest rates among persons with limitations are Hungary (95.3 %), Finland (96.4 %) and Slovakia (98.0 %).

The difference between persons with and without limitations varies among Member States. At the EU level, there is a difference of 4.5 percentage points. This gap is largest in Greece and Luxembourg.

The type of household arrangement in which people live makes little difference to the overall pattern. For persons with limitations the EU average varies from 87.2 % (for households of 2 adults with three or more dependent children) to 91.7 % (for households of two adults with no dependent children including at least one adult aged 65 or above).⁹³

8.5.2 Comparison by gender

Both women and men with disabilities are less likely to have family and friends they can call upon for help from beyond the household but, overall, women are slightly more likely than men to have this option (a gap of 1.8 percentage points, without taking account of age).

⁹³ Eurostat provides several categories, which are defined in Indicator 6 'Living with others'.

At the EU level, the percentage of women with disabilities who declare that they have the potential to ask for help from relatives and friends (or neighbours) beyond their own household is 90.9 %, compared to 95.1 % for women without disabilities. The respective figures for men are rather similar at 89.1 % and 94.2 %. The gap between women with and without limitations is 4.2 percentage points and 5.1 percentage points among men. The lowest percentages among women with disabilities are reported in Luxembourg and Greece (this is the same for men, with the addition of Italy), with the highest percentages reported in Finland and Slovakia.

8.5.3 Comparison by age group

Across the EU, persons with disabilities of working age are less likely to have family or friends they can call upon for help from beyond their household, than older people. The gap between persons with and without disabilities is also larger among younger adults than among older adults.

At the EU level, the percentage of persons with disabilities aged 16-64 who declare that they have the option to ask for help from relatives and friends or neighbours beyond their own household is 89.3 %, compared to 94.8 % for other persons in the same age group. Among persons aged 65 and over the respective figures are 91.1 % and 93.5 %. The gap between persons with and without limitations is 5.5 percentage points among persons aged 16-64, compared to 2.4 percentage points among those aged 65 and over.

8.5.4 Comparison by risk of poverty⁹⁴

Persons at risk of poverty are less likely to have friends or family from beyond their household who they could call upon for help than those above the poverty line. This is true for persons with and without disabilities but there are wider disability gaps among poorer people in most Member States.

The poverty risk decreases the availability of help from family and friends beyond the household, with notably lower rates of availability reported for persons with disabilities at risk of poverty. For persons with limitations, the figure drops from 91.2 % for persons not at risk of poverty to 85.7 % persons at risk of poverty. The respective rates for persons without limitations are 95.4 % and 90.4 %. Among persons with limitations, the relative decrease is high (>10 %) particularly in Croatia, Portugal, Belgium, Luxembourg and the Czech Republic.

8.5.5 Comparison by educational level⁹⁵

On average, across the EU, persons attaining higher educational levels also gain greater opportunities to ask for help from family and friends beyond their own household. Persons with disabilities are less likely than

⁹⁴ A person is considered to be at risk of poverty if their equivalised disposable income falls below the risk-of-poverty threshold, which is set at 60 % of national median equivalised disposable income (after social transfers). See: Eurostat glossary, [At-risk-of-poverty rate](#).

⁹⁵ EU-SILC presents the educational attainment of a person as the highest level of an educational programme successfully completed (using the International Standard Classification of Education, ISCED). See Eurostat, [Educational attainment statistics](#).

other persons to have a secondary level of education and this educational disadvantage accounts for some of the gap between the two groups.

The proportion of persons who declare that they have the potential to ask for help from family and friends (or neighbours) beyond their own household increases with education level. The gap between people with and without reported limitations diminishes at lower levels of educational attainment, notably for persons with no more than pre-primary education.

8.6 Summary table

Table 19: % of persons who declare that they have the potential to ask for help from relatives and friends (or neighbours) beyond their household, age 16+

	Total		Men		Women	
	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities
EU - 28	90.1	94.6	89.1	94.2	90.9	95.1
AT	94.4	98.0	94.2	97.5	94.5	98.5
BE	86.2	93.5	86.0	93.6	86.4	93.3
BG	91.6	94.6	91.9	94.5	91.4	94.7
CY	91.0	94.4	90.0	93.7	91.8	95.1
CZ	93.8	97.7	92.3	97.4	94.9	98.0
DE	93.9	97.5	93.0	97.2	94.6	97.8
DK	94.7	98.1	93.0	97.5	96.0	98.8
EE	92.3	97.1	90.8	96.9	93.2	97.3
EL	79.3	88.8	79.2	88.1	79.5	89.5
ES	93.8	96.5	93.2	96.1	94.3	96.9
FI	96.4	98.3	96.2	98.2	96.5	98.5
FR	89.1	93.6	88.9	92.7	89.3	94.3
HR	83.9	89.7	84.0	89.4	83.9	89.9
HU	95.3	98.0	94.2	98.1	95.8	97.9
IE	94.6	97.4	92.7	97.4	96.1	97.5
IT	81.6	87.4	79.2	86.6	83.5	88.2
LT	94.1	97.2	94.2	96.9	94.0	97.4
LU	77.9	87.0	77.1	86.2	78.6	87.8
LV	85.7	91.3	84.2	90.5	86.5	92.2
MT	94.3	96.8	93.7	96.4	94.7	97.1
NL	88.4	95.6	85.4	95.6	90.5	95.7
PL	94.1	97.2	93.2	97.0	94.7	97.4
PT	83.3	89.3	83.0	88.9	83.4	89.7
RO	90.2	95.1	89.6	95.0	90.6	95.2
SE	94.6	97.8	93.5	97.6	95.5	98.0
SI	94.3	98.2	93.2	97.7	95.3	98.7
SK	98.0	99.0	97.6	98.8	98.2	99.1
UK	90.6	95.6	89.4	94.9	91.6	96.2

Source: EUSILC UDB 2013 – version 3 of January 2016 (PW180)

Note: Missing values are excluded when calculating percentages

9 Receive formal help at home with personal care or domestic tasks

Definition
This indicator is derived from the SHARE survey, which includes a question on certain 'professional or paid services' to help with daily living tasks at home. It shows the proportion receiving such help with different types of activity. ⁹⁶ The SHARE survey covers persons aged 50 and over.
Data source
The indicator uses 2013 data from SHARE Wave 5. Release version: 1.0.0.
Breakdowns
<p>A question concerning 'limited activities' (PH005) asks: "For the past six months at least, to what extent have you been limited because of a health problem in activities people usually do?"⁹⁷ The indicator compares the responses of persons with and without disabilities ('limitations') breaking them down by:</p> <ul style="list-style-type: none"> • Type of help received (personal care, domestic tasks, etc.) • Marital status (comparing outcomes for persons by marriage and separation) • At-risk-of poverty (comparing persons with high, average and low levels of income).

9.1 Objective and relevance

Article 19 (b) of the CRPD obliges States parties to ensure that persons with disabilities have access to "a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community". Ensuring services are available is a key responsibility for policymakers. This supporting indicator measures the extent to which persons with disabilities make use of such services in a number of EU Member States. The provision of paid or professional help with personal and domestic daily living tasks, particularly for older persons, is a common form of social service in European welfare states but varies considerably between them. The majority of persons with disabilities in the EU are aged over 50 and the survey targets this age group. The data concerns people using community-based services in private households but not in residential institutions.

The main emphasis here is on help from another person with personal or domestic tasks, carried out as paid professional services. However, it is important to note that the reference to 'personal assistance' in Article 19 of the CRPD is motivated by independent living movement definitions of human assistance provided under

⁹⁶ Question HC127_AtHomeCare asks: "We already talked about the difficulties you may have with various activities because of a health problem. During the last twelve months, did you receive in your own home any professional or paid services listed on this card due to a physical, mental, emotional or memory problem? ... Help with personal care (e.g. getting in and out of bed, dressing, bathing and showering); Help with domestic tasks (e.g. cleaning, ironing, cooking); Meals-on-wheels (i.e. ready-made meals provided by a municipality or a private provider); Help with other activities (e.g. filling a drug dispenser); None of the above".

⁹⁷ Possible answers are: "1. Severely limited, 2. Limited, but not severely, 3. Not limited".

the choice and control of the person receiving the support (in national policy contexts it may in practice refer to services provided without choice over the timing or manner of delivery).⁹⁸ The emphasis in Article 19 is on living in the community “with choices equal to others”, for example in choosing when to eat, to sleep or go out. This indicator concerns only the diversity of formal help received; Indicator 10 considers whether such help meets the need.

9.2 Accuracy

SHARE covers persons aged 50 or older. Spouses are also interviewed if they are younger than 50, but this research analyses only persons aged 50 and over. SHARE represents the non-institutionalised population aged 50 and older and all estimations refer to this group.

The SHARE Model Contract stipulates that a minimum of 80 % of respondents will be re-interviewed. For baseline samples or refreshment samples, the document stipulates a minimum of 50 % of eligible households to be interviewed. About two-thirds of all countries with panel samples surpassed the limit, whereas a third of all countries and the region of Girona reached the goal in their baseline/refreshment samples.⁹⁹

The following countries collected data and are part of the scientific release W5 of 2013: Austria, Belgium, Czech Republic, Germany, Denmark, Estonia, Spain, France, Italy, Luxembourg, Netherlands, Sweden, Slovenia, Switzerland and Israel. The sample for the 13 EU countries covered here includes 59,022 persons.

All respondents answer the ‘Physical Health’ (PH) module and the analysis focuses on persons with limitations in activities people usually do (PH005). This corresponds to the usual definition of disabilities (limitations) comparable to other surveys. In addition, the survey reports persons with ADL (Activities of Daily Living) limitations (PH049, which concerns 6 types of activity), and persons with IADL (Instrumental activities of daily living) limitations (PH049, concerning 7 types of activity).¹⁰⁰ The percentage of persons with ADL limitations is close to persons with severe disabilities (limitations) but not identical. The percentage of persons with IADL limitations is very large, notably because it includes people who cannot do “work around the house or garden”. For this reason, this latter concept is not used often in policies concerning dependent persons.

The analysis presents a summary of the four types of help and then defines an aggregated variable: persons who received at least one professional or paid service among the four types of help: help with personal care (e.g. getting in and out of bed, dressing, bathing and showering); help with domestic tasks (e.g.

⁹⁸ CRPD Committee (2017), [General Comment No. 5 – Article 19: Living independently and being included in the community](#), CRPD/C/GC/5, 27 October 2017.

⁹⁹ Malter, F. and Börsch-Supan, A. (2014), *SHARE Compliance Profiles – Wave 5*, Munich: MEA, Max Planck Institute for Social Law and Social Policy.

¹⁰⁰ SHARE asks (PH049_HeADLb): “Please tell me if you have any difficulty with these because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months: 1. Dressing, including putting on shoes and socks; 2. Walking across a room; 3. Bathing or showering; 4. Eating, such as cutting up your food; 5. Getting in or out of bed; 6. Using the toilet, including getting up or down; 7. Using a map to figure out how to get around in a strange place; 8. Preparing a hot meal; 9. Shopping for groceries; 10. Making telephone calls; 11. Taking medications; 12. Doing work around the house or garden; 13. Managing money, such as paying bills and keeping track of expenses.” The first six items define persons with ADL limitations and the last seven define persons with IADL limitations.

cleaning, ironing, cooking); meals-on-wheels (i.e. ready-made meals provided by a municipality or a private provider); help with other activities (e.g. filling a drug dispenser).

The rate of 'Missing', 'Refusal' and 'Don't know' values for the question on limitations (PH005) is very low (0.2 % for the EU-13). It is also very low (0.4 % for the EU-13) for the question on professional or paid services received at home due to a physical, mental, emotional or memory problem (Q HC127).

SHARE presents the overall income, after taxes and contributions, which the entire household received in an average month in the previous year (hh017). This report adopts the Europe 2020 approach and defines the risk of poverty as persons living in a household where household income is below 60 % of national median income.

9.3 Comparability

The SHARE team notes that:

*"If physical and/or cognitive limitations make it too difficult for a respondent to complete the interview her-/himself it is possible that the sample respondent is assisted by a so-called proxy respondent to complete the interview ('partly proxy' interview). If the proxy respondent answers the entire questionnaire in lieu of the respondent, the interview is referred to as a 'fully proxy' interview. Examples of conditions under which proxy interviewing is allowed are hearing loss, speaking problems, Alzheimer's disease and difficulties in concentrating for the whole interview time period. Proxy respondents are also asked for end-of-life interviews in case of a respondent's decease. Some questionnaire modules are defined as non-proxy sections because those cannot be answered by other persons. Cognitive functioning, mental health (partly), grip strength, walking speed, activities, and expectations modules are non-proxy sections."*¹⁰¹

Given the population coverage of the survey (persons aged 50 and over) and the scope of the survey, the SHARE team considers that the overall percentage of proxy interviews is relatively low.

9.4 Data availability

The most recent release of the 2013 Wave 5 data (May 2016) is available for download from the SHARE Research Data Center, along with data from previous waves.¹⁰²

In 2005, the question was: "HC032_ RECEIVED HOME CARE IN OWN HOME: During the last twelve months, did you receive in your own home any of the kinds of care mentioned on this card? 1. Professional or paid nursing or personal care; 2. Professional or paid home help, for domestic tasks that you could not perform yourself due to health problems; 3. Meals-on-wheels; 96. None of these."

¹⁰¹ See: SHARE, [FAQs](#).

¹⁰² See: SHARE, [Research Data Center and Data Access](#).

9.5 Results and breakdowns

The results first summarise the supporting indicator, showing the proportion of persons with disabilities who receive any kind of paid or professional service in their home for common activities of daily living. The indications are then broken down by type of help and need, marital status and income level.

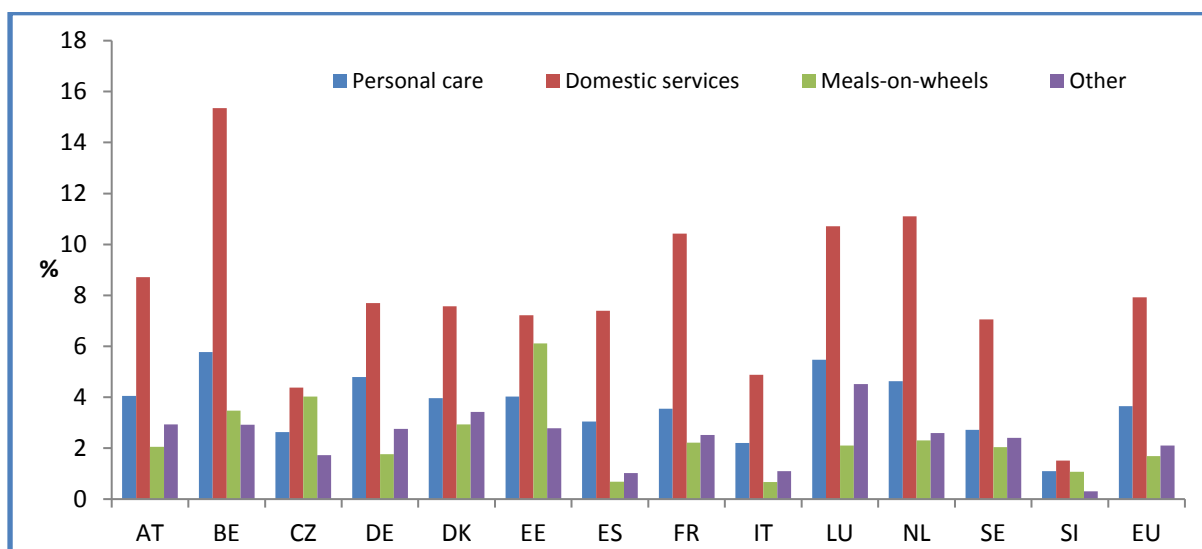
9.5.1 Type of help received

Persons with disabilities receive more paid help with activities of daily living than other persons. The most common form of paid help is with domestic tasks such as cleaning or cooking. The heavy nature of tasks such as cleaning might explain this.

About 18.0 % of persons with limitations aged 50 and over received at least one service. This percentage is 37.6 % for persons with ADL limitations.

The percentage of persons aged 50 and over who receive different types of paid help in their own home are: help with personal care (e.g. getting in and out of bed, dressing, bathing, etc.), 3.6 %; help with domestic tasks (e.g. cleaning, ironing, cooking), 7.9 %; meals-on-wheels (i.e. ready-made meals), 1.7 %; help with other activities (e.g. filling a drug dispenser), 2.1 %. The percentages of persons with limitations who receive such help are: 7.7 % (personal care), 14.4 % (domestic tasks), 3.4 % (meals on wheels) and 4.2 % (others).

Figure 20: % of persons who received in their own home any professional or paid services; age 50+, EU-13



Source: SHARE Wave 5. Release version: 1.0.0. Q HC127

9.5.2 Comparison by limitation in activities of daily living

The percentage of persons with ADL limitations receiving professional or paid services in their own home is higher than for persons with limitations in general. This is due notably to a more severe degree of impairment, which may be reflected either in increased need or in greater eligibility for reimbursement of such services from public schemes.

Among persons with ADL limitations, 29.6 % receive domestic services, 24.6 % get help with personal care, 8.7 % get meals on wheels and 11.1 % receive other services. The percentages for persons with limitations are: 14.4 % (domestic services) 7.7 % (personal care), 3.4 % (meals on wheels) and 4.2 % other services.

9.5.3 Comparison by marital status

Persons in registered partnerships and married persons, who live together with a spouse report a lower use of professional or paid services. Married persons living separately from a spouse present the highest rate.

The percentage of persons with ADL limitations living in households with a registered partnership and using at least one service (help with personal care, help with domestic tasks, meals-on-wheels, help with other activities) is 18.2 %. This percentage is 57.2 % for persons with ADL limitations who are married but living separately from spouses. The data only cover persons who had changed marital status since the previous interview and this might affect the estimations. However, the main lesson is that intra-household services might replace external sources of help.

9.5.4 Comparison by poverty risk

Level of income affects the use of professional or paid services. People on lower incomes are more likely to receive some kind of paid or professional service to help them with daily living tasks, possibly due to means-tested conditions for the use of such services.

Among persons with ADL limitations, which may be considered as the core group, the percentage of persons at risk of poverty (low household income) who receives at least one service (help with personal care, help with domestic tasks, meals-on-wheels, help with other activities) is 38.4 %. This figure is 35.1 % for persons who are not at risk of poverty (higher household income).

9.6 Summary table

Table 21: % of persons who received professional or paid services in their own home, age 50+

	Person al care	Domest ic service s	Meals -on- whee ls	Oth er	Person al care	Domest ic service s	Meals -on- whee ls	Oth er
Persons with limitations					Persons with ADL limitations			
EU - 13	7.7	14.4	3.4	4.2	36.3	45.4	11.0	22.8
AT	8.4	16.7	3.9	6.0	34.5	33.9	8.6	15.7
DE	9.1	13.5	3.1	5.0	28.8	33.1	17.5	22.2
SE	6.4	13.9	4.8	5.5	42.8	46.7	15.8	17.5
NL	8.3	17.5	3.5	4.3	21.4	27.8	4.1	7.2
ES	7.6	13.6	1.6	2.6	12.6	14.2	3.6	5.7
IT	5.1	8.9	1.6	2.4	22.5	36.0	11.4	9.6
FR	7.6	20.1	4.7	4.8	36.6	40.5	22.1	25.2
DK	10.3	18.1	7.5	8.4	27.6	41.7	15.8	12.1
BE	11.4	25.6	6.7	5.2	18.7	22.1	20.6	11.0
CZ	5.2	8.0	7.2	3.2	34.9	35.2	10.2	20.7
LU	10.8	16.5	3.9	8.0	11.1	9.8	5.8	3.5
SI	2.0	2.8	1.8	0.7	21.5	28.2	23.4	12.9
EE	6.8	11.9	10.1	4.7	36.3	45.4	11.0	22.8

Table 22: % of persons who received at least one professional or paid service in their own home, age 50+

	All	Persons with limitations	Persons with ADL
EU 13	9.9	18.0	37.6
AT	10.6	20.0	55.4
DE	10.6	18.4	46.7
SE	8.0	15.9	38.4
NL	13.3	21.3	58.3
ES	8.0	15.1	31.1
IT	6.1	11.2	19.5
FR	12.6	23.6	42.9
DK	9.2	21.4	48.7
BE	18.2	30.3	50.2
CZ	7.0	12.4	32.5
LU	15.3	23.5	49.2
SI	2.5	4.4	16.9
EE	10.0	16.3	37.2

Source: SHARE Wave 5. Release version: 1.0.0. Q HC127

Note: Missing values are excluded when calculating percentages

10 Enough help received with daily living

Definition
This indicator is derived from the EHIS, which included questions about the kind of help with daily living tasks needed by a person, whether they received help with these, the type of help, and whether this was 'enough help'. The indicator shows the proportion of respondents receiving enough help. ¹⁰³
Data source
EHIS Wave 1 2006-2009 microdata
Breakdowns
<p>The EHIS survey also asks a question on "General activity limitation: Limitation in activities people usually do because of health problems for at least the past six months" (HS3). The question is: "For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been: 1. severely limited, 2. limited but not severely or, 3. not limited at all."</p> <p>PC1 asks about "everyday personal care activities" and whether a person has 'difficulty' in carrying them out.¹⁰⁴</p> <p>The indicator compares the responses of persons with and without disabilities ('limitations') breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over).

10.1 Objective and relevance

Article 19 (b) of the CRPD obliges States parties to ensure that persons with disabilities have access to "a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community". Like Indicator 9, this indicator deals directly with the receipt of relevant services. These include personal assistance services, which are emphasised in the text of Article 19, but also technical aids and housing adaptations. This measure goes beyond paid or professional help with daily living tasks, to include any help received. This is important in capturing the contribution of unpaid help with such tasks. The data do not include help received by persons living in residential institutions.

The main emphasis is on whether the help received is sufficient to meet the need, which may vary by the type of task and the type of help needed. From a policy perspective it suggests the kind of outcome data that would usefully inform policy development and programme planning to support persons with disabilities in living independently in the community. In this context, it is relevant to note that the

¹⁰³ European Commission-Eurostat and Partnership on Public Health Statistics Group HIS (2006), *European Health Interview Survey (EHIS), Questionnaire - English Version* Luxembourg, Publications Office.

¹⁰⁴ PC1 asks: "Now I would like you to think about some everyday personal care activities. Here is a list of activities. Please ignore temporary problems. A. Feeding yourself B. Getting in and out of a bed or chair C. Dressing and undressing D. Using toilets E. Bathing or showering".

need for ‘personal assistance’ refers here to any human help rather than to assistance provided under the choice and control of the person receiving the support, as implied by Article 19 of the CRPD.¹⁰⁵

10.2 Accuracy

The EHIS survey was developed between 2003 and 2006. It consists of four modules on health status, health care, health determinants, and background variables. Those modules may be implemented at the national level either as one specific survey or as elements of existing surveys. The survey covers people aged 15 years old or over living in private households. Some countries included people living in institutions like homes for older people and/or applied an upper age limit. The survey covered 16 EU Member States (AT, BE, BG, CY, CZ, EE, EL, ES, FR, HU, LV, MT, PL, RO, SI, SK). The sample included 174,254 persons. In response to the question on persons with limitations, the rate of missing values is 1.2 %. It is extremely low in all countries, except in Belgium (19.7 %).

The data include different categories of relevant persons and activities. The target group for this indicator is persons who usually have difficulty doing ADL activities (PC.1).¹⁰⁶ The questionnaire continues with (PC.2): “Do you usually have help?”, which may include family or public help. The indicator concerns those who answer “Yes, at least for one activity”. The type of help is defined in PC.2.1 as personal assistance, technical aids or housing adaptation. Persons with ADL difficulties receiving help were asked whether this help was enough (Yes/No, for at least one activity).

Concerning persons with at least one ADL (Q PC01), the survey includes 145,478 persons reporting no ADL, 17,045 persons reporting at least one ADL and 11,731 missing cases (mainly in Austria and Poland). The number of observations is sufficient for the analysis of the percentage of persons who receive help and whether this help is sufficient. Any further analysis faces limitations as the base decreases. Concerning the level of difficulty, certain countries use only two categories. To avoid comparability problems, the answers “Yes, a lot of difficulty” and “I can’t achieve it by myself” are grouped into a category ‘severe difficulty’.

10.3 Comparability

EHIS aims at measuring, on a harmonised basis and with a high degree of comparability among Member States, the health status, lifestyle (health determinants) and healthcare services use of EU citizens. However, participating countries did not ask all questions and for a given question did not present the same list of possible answers. Comparability requires the exclusion of Austria and Estonia in certain cases. Belgium does not ask whether they receive help, or the type of help. The total number of countries is 16, but missing items and

¹⁰⁵ CRPD Committee (2017), [General Comment No. 5 – Article 19: Living independently and being included in the community](#), CRPD/C/GC/5, 27 October 2017.

¹⁰⁶ EHIS Question PC.1 asks: “Do you usually have difficulty doing any of these activities by yourself?: No difficulty; Yes, some difficulty; Yes, a lot of difficulty; I can’t achieve it by myself; and Don’t know; Refusal. 1. Feeding yourself; 2. Getting in and out of a bed or chair; 3. Dressing and undressing; 4. Using toilets; 5. Bathing or showering”.

comparability issues often reduce it to fewer Member States (see supporting tables).

10.4 Data availability

Wave 1 2006-2009, Wave 2 2014-2015 (available early 2017 and covering EU-28) and Wave 3 2019. Wave 2 and following will cover all Member States. Wave 3 2019 is expected to include a disability module. The first wave covered 16 EU Member States. The microdata can be requested for research analysis from Eurostat.¹⁰⁷ The Wave 1 results have also been analysed by ANED.¹⁰⁸

10.5 Results and breakdowns

The results first summarise the supporting indicator, showing the proportion of persons with disabilities who receive help in activities of daily living in the available Member States. The indications are then broken down by gender, age group, sufficiency of the help received and unmet need.

10.5.1 Importance and nature of help

Evidence from selected Member States shows that a large proportion of persons with limitations in activities of daily living receive some help with these tasks, most commonly in the form of personal assistance (rather than technical aids or housing adaptations).

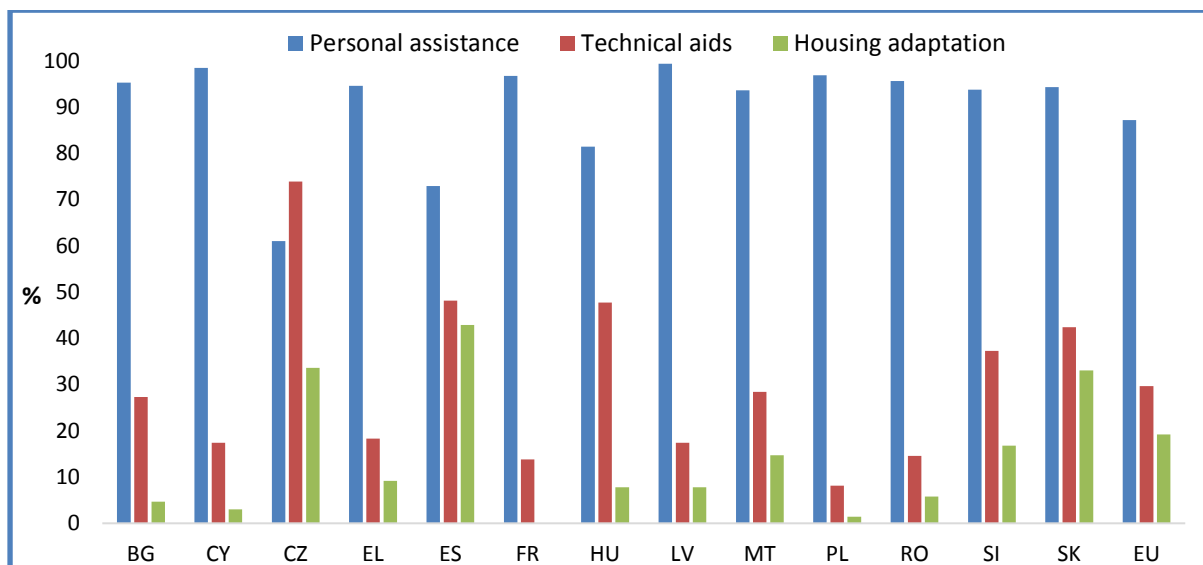
For the 13 EU Member States, about 60.7 % of persons with ADL limitations received some kind of help (at least for one activity). For this group, the survey asks the type of help received.

At the EU-13 level, about 87.2 % of persons with ADL limitations get help in form of personal assistance, 29.6 % in technical aids and 19.2 % in housing adaptations.

¹⁰⁷ See: Eurostat, [The European Health Interview Survey \(EHIS\)](#).

¹⁰⁸ Grammenos, S., Centre for European Social and Economic Policy (2014), [European comparative data on Health of People with disabilities - Comparative data and indicators](#), Academic Network of European Disability Experts (ANED).

Figure 23: % of persons with ADL limitations receiving help; age 15+



Source: EHIS Wave 1 2006-2009 Q PC 2

Note: EU covers the 13 Member States for which data can be presented.

10.5.2 Comparison by gender

The rates between men and women with ADL limitations receiving help are similar for each of the three types of help.

About 86.9 % of women with ADL receive help in the form of personal assistance, 30.4 % in technical aids, and 19.7 % in housing adaptations. The respective percentages for men are 87.6 %, 28.3 % and 18.4 %.

10.5.3 Comparison by age group

Older people with ADL difficulties receive more help in the form of technical aids, compared to younger age groups.

At the EU-13 level, the percentage of persons with ADL limitations aged 65 and over who receive help is slightly higher compared to persons aged 15-64. About 87.3 % of persons with ADL limitations aged 65 and over receive help in the form of personal assistance, 30.8 % in technical aids, and 19.7 % in housing adaptations. The respective figures for persons with ADL limitations aged 15-64 are 86.9 %, 26.4 % and 18.0 %.

10.5.4 Whether help is enough

Women and older people with ADL difficulties not receiving help were most likely to declare that they need more help. Among persons with ADL difficulties who declare that they do not receive enough help, personal assistance is the main type of help that is lacking, followed by housing adaptation and technical aids. This underlines the need to develop personal assistance services, even among those who already receive some kind of help.

Overall, among those with ADL difficulties who receive help, and across the EU-13, three quarters of respondents felt they received enough help (75.1%). For those who say they do not receive enough help, about 75.1 % consider that they do not receive enough personal assistance.¹⁰⁹ Around 32.0 % felt they lacked technical aids and 44.9 % housing adaptations.¹¹⁰

Among persons with ADL difficulties not receiving help, about 32.5 % declare that they need it. About 85 % of those with ADL difficulties not receiving help (but needing help) declared that they need personal assistance. About 33 % of those with ADL difficulties not receiving help (but needing help) declared that they need technical aids.

¹⁰⁹ This includes respondents in 13 countries: BG, CY, CZ, EE, EL, FR, HU, LV, MT, PL, RO, SI and SK.

¹¹⁰ If the answer was "No" the survey asked: "What type of help you don't have enough?" (PC.3.1).

10.6 Summary table

Table 24: % of persons with ADL limitations receiving help, age 15+

	Personal assistance		Technical aids		Housing adaptation	
	Yes	No	Yes	No	Yes	No
EU 13	87.2	12.8	29.6	70.4	19.2	80.8
BG	95.3	4.8	27.3	72.7	4.7	95.3
CY	98.4	1.6	17.4	82.6	3.0	97.0
CZ	61.0	39.0	73.9	26.1	33.6	66.4
EL	94.6	5.4	18.3	81.7	9.2	90.8
ES	72.9	27.1	48.2	51.8	42.9	57.1
FR	96.7	3.3	13.8	86.2		
HU	81.4	18.6	47.7	52.3	7.8	92.2
LV	99.3	0.7	17.4	82.6	7.8	92.2
MT	93.6	6.4	28.4	71.6	14.7	85.3
PL	96.9	3.1	8.1	91.9	1.5	98.6
RO	95.7	4.3	14.6	85.4	5.8	94.2
SI	93.8	6.2	37.3	62.7	16.8	83.2
SK	94.3	5.7	42.4	57.6	33.1	66.9

Source: EHIS Wave 1 2006-2009 Q PC 2

Note: Missing values are excluded when calculating percentages

Table 25: % of persons with ADL limitations receiving/needing help, age 15+

Persons with ADL difficulties receiving help	Get enough help	Not enough help
	75.1	24.9
Persons with ADL difficulties not receiving help	Need help	Does not need help
	32.5	67.5
Persons with ADL difficulties not receiving help but declaring a need for help	Needs personal assistance	No need
	84.6	15.4
	Needs technical aids	No need
	32.9	67.1
	Needs housing adaptation	No need
	31.1	69.0

Source: EHIS Wave 1 2006-2009 Q PC 2, PC 3 and PC 4.

Note: Missing values are excluded when calculating percentages

11 Ease of access to general community services

Definition
<p>This indicator is derived from the EU-SILC module on housing conditions, which asked respondents “Do you have the possibility to use the following services somewhere near the household residence?”¹¹¹</p> <p>The indicator shows the proportion of respondents who report that they have no difficulty using grocery, banking, postal, primary health care and transport services.</p>
Data source
EU-SILC 2012 module on housing conditions microdata.
Breakdowns
<p>The unit is the ‘household’ and the same value is attributed to all members of the household. The mode of data collection is personal interview with the household respondent. The question relates to the services actually used by the household.</p> <p>Questions in the core survey ask whether a person has ‘Limitation in activities people usually do because of health problems for at least the last 6 months’ (PH030).¹¹²</p> <p>The indicator compares the responses of persons with and without disabilities (‘limitations’) breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 18-64 with those aged 65 and over) <p>Additional breakdowns for this indicator include:</p> <ul style="list-style-type: none"> • Degree of limitation (comparing persons with moderate and severe levels of limitation) • Type of household (comparing persons in different types of living arrangements).

11.1 Objective and relevance of the indicator

Article 19 (c) of the CRPD includes the obligation to ensure that “community services and facilities for the general population are available on an equal basis to persons with disabilities”. This indicator focuses on some of the most commonly available services and facilities, using the examples of grocery, banking, postal, primary health care and transport services. There are a variety of reasons why people may lack access to such community services, including the accessibility for, or responsiveness to, customers with disabilities or the extent to which other

¹¹¹ HC090-130 Possible answers are: “1 With great difficulty, 2 With some difficulty, 3 Easily, 4 Very easily. Aspects linked to the prices, like the affordability, should not be considered. Only the physical access and the adequacy of the opening hours should be taken into account but technology enabled access may be considered (by internet, phone etc)”.

¹¹² See: Eurostat glossary, [Activity limitation](#).

members of the household are able to assist. Although the indicator includes the possible use of the internet to access some services, which is generally increasing, this too may be affected by accessibility concerns or the availability of assistance in the household.

Accessibility is addressed specifically in Article 9 of the CRPD, and so this indicator measures the general level of access for persons with disabilities, comparing it with access for other persons. Hence, it focus on the more central concern of Article 19 - that independent living for persons with disabilities and community inclusion depends upon having the same choices as others who live in the community. A disability gap on this indicator signals to policymakers that there is work to do in ensuring that general services are available to persons with disabilities on an equal basis with others and that they have the support they need to access such services.

11.2 Accuracy

The survey covered 475,396 persons in the EU-28. EU-SILC covers individuals living in private households and generally excludes persons living in collective households or institutions. As with most European social surveys, this results in the exclusion of persons with disabilities who live in institutions and the indicator thus concerns only those who live in the community.

Here, the unit is the household. Consequently, the results below are based on household respondents. Eurostat notes that if one member of the household has a disability and can barely access a service (that they need as an individual) and the household has no resource available to provide them support (e.g. if no other member can easily access the service for him/her), or doing so represents a burden on the household, access to the service would be considered as difficult for the household.

The number of valid answers (1 With great difficulty, 2 With some difficulty, 3 Easily, 4 Very easily) varies from 186,972 (hc120) interviews to 225,961 (hc090) in the EU. For a given household, the same answer is attributed to all household members. Alternative methods were used (for example only including household respondents) in order to assess the sensitivity of our results. They generally provide similar estimations for persons with disabilities but relatively more reasonable estimations for persons without disabilities. This might be an indication that household respondents take into account the difficulties encountered by persons with disabilities. Generally, these alternative methods produce a larger gap between persons with and without disabilities, but raise other statistical problems (e.g. use of relevant weights). Data collection for EU-SILC is based on nationally representative probability samples, which are carefully regulated and monitored.¹¹³ The survey includes information for all current household members.

The Commission's quality assessment suggests no particular problems in relation to items used in the indicator.¹¹⁴ The analysis of 'Not applicable' flags showed that they were applied correctly in all countries. When analysing flag -3 'Not selected

¹¹³ Commission Regulation (EC) No 1982/2003 of 21 October 2003.

¹¹⁴ European Commission (2013), [2012 EU-SILC module on housing conditions. Assessment of the implementation](#), Luxembourg, Eurostat.

respondent' it appeared that it was correctly used in all countries. In the majority of countries, the values for the flag -1 'Missing' were rather low.

The regulation covering the ad hoc module on housing conditions defines the unit as the 'household' for these items based on a personal interview with the household respondent; proxy interviews as an exception for persons temporarily away or in incapacity or extracted information from registers are allowed.¹¹⁵

The question relates to the services actually used by the household.¹¹⁶ By combining five types of service together, the responses are then grouped into two categories: difficulty in access ('with some difficulty', 'with great difficulty') and no difficulty in access: ('easily', 'very easily'). The main indicator refers to persons who report no difficulty in accessing any of the list of five selected services.

The proportion of persons with disabilities is estimated by including all those who answer that they have some level of "Limitation in activities people usually do because of health problems for at least the last 6 months" (111,844 persons).¹¹⁷ Denmark, Finland, the Netherlands, Sweden and Slovenia put the questions relative to health and limitations only to selected respondents and not to all current household members aged 16 and over. The rate of non-response to this item is 2.2 % at the EU level. But it is 6.2 % in Poland and 23.2 % in the Czech Republic. Consequently, the disability estimations in the Czech Republic ought to be treated with caution as they may be more sensitive to sample variations. Romania presents the highest difference between weighted and un-weighted estimations of the percentage of persons with limitations.

The services covered here do not include online services. Also, the variables do not focus on the physical accessibility of services, but rather their availability. Finally, the affordability of services is not included in the results.

11.3 Comparability

The data covers all 28 EU Member States and is derived from a generally robust and comparable measure of well-being. The kind of well-being measures employed in EU-SILC are regarded as reliable and consistent measures, affirmed by international studies, although responses may be subject to some effects of social desirability and norms in different societies.¹¹⁸

¹¹⁵ Commission Regulation (EU) No 1157/2010 of 9 December 2010 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 2012 list of target secondary variables on housing conditions, OJ 2010 L 326/3. The available information does not distinguish whether a proxy interview is due to 'absence' or 'incapacity'.

¹¹⁶ In 21 countries there were some responses suggesting that the question was 'Not applicable due to the fact that household does not use some services', notably in Luxembourg, Portugal, Spain, Germany, Cyprus, Slovenia and Lithuania (e.g. 72.96 % of Cyprus households responded this way in relation to public transport).

¹¹⁷ Possible answers are: "1.yes, strongly limited, 2. yes, limited, 3. no, not limited".

¹¹⁸ European Commission (2015), '[2013 - Personal well-being indicators \(ilc_pwb\)](#)', [Reference Metadata in Euro SDMX Metadata Structure \(ESMS\)](#), Eurostat.

11.4 Data availability

The question was presented in the EU-SILC module on housing conditions (2012) based on fieldwork conducted by the national statistical agencies of the 28 EU Member States (and four other countries).

The core EU-SILC survey is conducted annually but this item is derived from an ad-hoc module for a single year. The data were obtained from the first version of the EU-SILC 2012 cross-sectional UDB (rev.2 / 1 January 2016), obtainable on request from Eurostat.¹¹⁹

11.5 Results and breakdowns

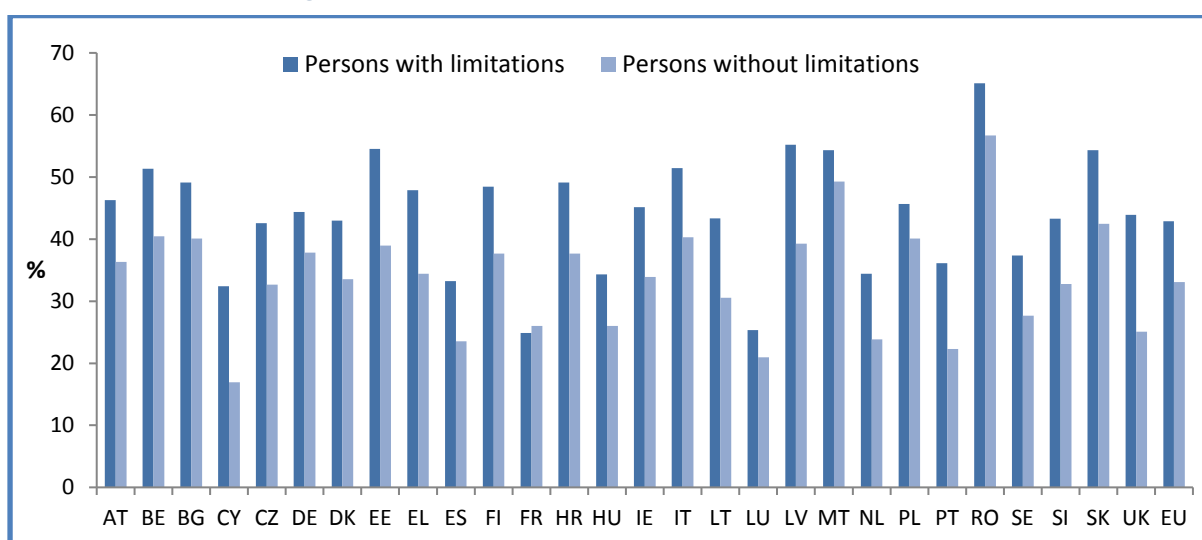
Indications are presented by disability, gender, age group, degree of limitation, type of household.

11.5.1 Comparison between persons with and without disabilities

On average, across the EU, persons with disabilities are more likely than other persons to have difficulty in using general services commonly available to the public. Ease of access such services varies among the Member States but to differing degrees for persons with disabilities and other persons.

Figure 25 shows the variation in the proportion of persons declaring a difficulty in using at least one common type of service, when comparing persons declaring limitations and other persons.

Figure 26: % of persons who live in a household having difficulty accessing at least one service (of grocery, banking, postal or primary health care services or public transport), age 16+



Source: EUSILC UDB 2012 – version 4 of January 2016 (HC090, HC100, HC110, HC120, HC130)

Note: In France the rates are 26.0 % (persons without limitations) and 24.9 % (for persons with limitations). The 95 % confidence interval for persons with

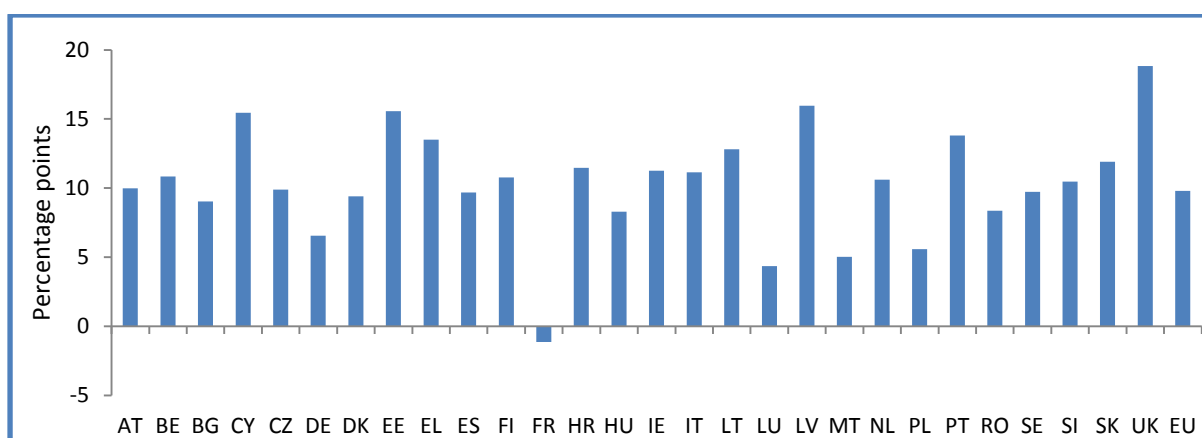
¹¹⁹ See: Eurostat, [How to apply for microdata access](#).

limitations is 23.6 %-26.2 %. The percentage (having difficulty) of persons with limitations is less compared to persons without limitations in bank and postal services but higher in the remaining services. If only household respondents are retained, the percentages are 24.6 % (persons without limitations) and 24.1 % (persons with limitations). The standard errors are respectively 0.6 and 0.8.

At the EU level, 42.9 % of persons with limitations declare a difficulty in using at least one of the five common types of service (grocery, banking, postal, primary health care services or public transport). This rate is 33.1 % for persons without limitations. On this measure, at the EU level, the difference between persons with and without limitations is about 9.8 percentage points. This gap is low or non-existent in France, Luxembourg and Malta and relatively high in Estonia, Latvia and the UK.

For comparison, if only persons who answered the survey (household respondents) are retained, the analysis shows that 42.9 % of persons with limitations and 31.3 % of persons without limitations declare a difficulty. This provides a bigger gap between persons with and without limitations (11.6 percentage points compared to 9.8 percentage points) but the new percentage for persons with limitations is very close to the previous one.

Figure 27: Difference between persons with and without limitations who declare a difficulty in accessing at least one service (of grocery, banking, postal or primary health care services or public transport), age 16+



Source: EUSILC UDB 2012 – version 4 of January 2016 (HC090, HC100, HC110, HC120, HC130)

The different services do not present the same difficulties in term of access. Among persons with limitations, about 15.9 % declare difficulties in access to grocery services, 22.5 % to banking services, 23.1 % to primary health care services, 25.0 % to postal services and 25.5 % to public transport services. The respective rates for persons without limitations are 9.2 %, 16.2 %, 15.6 %, 17.9 % and 18.8 %. The availability of services in the neighbourhood may play an important role (e.g. rarity of postal services due to the introduction of new technologies). Access to primary healthcare services represents the biggest gap between persons with and without limitations. This service is notably important for persons with limitations as they often use such services.

11.5.2 Comparison by gender

As this is a household variable there is little difference indicated, on average, between the level of difficulty experienced by female and male respondents. This may obscure gender inequalities within households.

There is a difference between levels of difficulty in accessing common types of services reported by women and men with limitations.¹²⁰

About 43.5 % of women with limitations declare a difficulty in accessing at least one service (grocery, banking, postal or primary health care services or public transport) compared to 42.1 % for men with limitations. However, this difference might be due to an age structure effect. The method used by EU-SILC might underestimate gender differences.

11.5.3 Comparison by age group

Older persons may be more likely on average to have difficulty in accessing one or more services than younger adults.

There are different rates of difficulty in using common services for older and younger adults with limitations. About 41.3 % of persons with limitations aged 16-64 declare a difficulty in accessing at least one type of service (grocery, banking, postal or primary health care services or public transport) compared to 44.8 % for persons with limitations aged 65 and over. However, this difference might be due to an age structure effect.

11.5.4 Comparison by degree of disability

Persons with more severe levels of disability are more likely to experience difficulty in accessing one or more commonly available public services.

There is a marked increase in the percentage of persons with increased levels of declared limitation reporting difficulty in accessing services. The percentage of persons reporting such difficulty is 33.1 % for persons without limitation, rising to 40.4 % for persons declaring limitation to some extent, and 47.9 % for those declaring severe limitation.

11.5.5 Comparison by household type

Persons with disabilities living in single person households are much more likely to experience difficulty in using one or more common public service than adults who live with other adults or with children.

Using the Eurostat constructed variable for different types of households,¹²¹ it is possible to compare reported rates of difficulty in accessing services by various different types of living arrangement.

¹²⁰ The respondent reports on behalf of the household and this may moderate gender effects for individuals.

¹²¹ Possible values: (a) One person household; b) 2 adults, no dependent children, both adults under 65 years; c) 2 adults, no dependent children, at least one adult 65 years or more; d) Other households without dependent children; e) Single parent household, one or more dependent children; f) 2 adults, one dependent child; g) 2 adults, two dependent children; h) 2 adults, three or more dependent children; i) Other households with dependent children; j) Other (excluded from Laeken indicators calculation).

Among the percentage of persons who declare a difficulty in accessing at least one service, there is a big gap (about 16.2 percentage points) between persons with limitations (44.5 %) and persons without limitations (28.4 %) living in one person households. However, for single parent households with one or more dependent children, there is a relatively small difference (5.8 percentage points) between persons with limitations (37.7 %) and persons without limitations (31.9 %). As noted at the EU level, the overall difference is 9.8 percentage points.

By aggregating the different types of households, the analysis shows that age plays an important role.

Table 28: % of persons who declare a difficulty in accessing at least one service (of grocery, banking, postal or primary health care services or public transport) by type of household, EU-28, age 16+

	Persons with limitations	Persons without limitations
One-person household below the age of 65	39.1	27.9
One-person household above the age of 65	48.0	29.4
2 adults, no dependent children, at least one adult of 65 years or more	41.9	30.1
Households with dependent children	42.6	35.3
Other households without dependent children and others (excluded from Laeken)	42.4	32.6
Total	42.9	33.1

Source: EUSILC UDB 2012 – version 4 of January 2016 (HC090, HC100, HC110, HC120, HC130)

11.6 Summary table

Table 29: % of persons who declare a difficulty in accessing at least one service (of grocery, banking, postal or primary health care services or public transport), EU-28, age 16+

	Total		Men		Women	
	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities	Some/severe limitations in activities	No limitations in activities
EU - 28	42.9	33.1	42.1	32.9	43.5	33.2
AT	46.3	36.3	45.2	35.6	47.3	37.0
BE	51.3	40.5	49.7	39.7	52.6	41.3
BG	49.1	40.1	48.5	40.1	49.6	40.0
CY	32.4	17.0	29.7	15.5	34.7	18.3
CZ	42.5	32.7	41.7	33.0	43.1	32.4
DE	44.4	37.8	43.6	37.7	45.0	37.9
DK	43.0	33.6	43.3	36.4	42.7	30.7
EE	54.5	39.0	53.9	39.3	55.0	38.7
EL	47.9	34.4	46.9	35.0	48.6	33.8
ES	33.2	23.5	32.7	23.6	33.6	23.4
FI	48.4	37.6	45.5	36.9	50.7	38.4
FR	24.9	26.0	25.3	25.9	24.6	26.2
HR	49.1	37.7	48.8	37.5	49.4	37.8
HU	34.3	26.0	33.3	26.8	35.0	25.3
IE	45.1	33.9	43.7	32.9	46.5	34.9
IT	51.4	40.3	51.5	39.9	51.4	40.8
LT	43.4	30.5	41.3	31.2	44.6	30.0
LU	25.3	21.0	24.3	21.3	26.1	20.6
LV	55.2	39.3	52.8	39.1	56.7	39.4
MT	54.3	49.3	52.3	48.9	55.9	49.7
NL	34.4	23.8	32.2	23.9	36.0	23.8
PL	45.7	40.1	46.4	40.2	45.1	40.0
PT	36.1	22.3	36.2	21.5	36.1	23.1
RO	65.1	56.7	66.7	57.6	64.0	55.9
SE	37.4	27.7	35.7	25.7	38.6	29.8
SI	43.3	32.8	42.7	31.5	43.7	34.1
SK	54.4	42.4	53.1	43.2	55.2	41.7
UK	43.9	25.1	40.9	24.8	46.3	25.3

Source: EUSILC UDB 2012 – version 4 of January 2016 (HC090, HC100, HC110, HC120, HC130)

Note: Missing values are excluded when calculating percentages

12 Access to online services

Definition
This indicator is derived from EU-SILC 2014 core microdata, in which there is a question concerning the availability of “access to internet for personal use at home”. It presents the proportion of persons who have this, as a means to access online services. ¹²²
Data source
The 2014 EU-SILC survey was implemented in the 28 EU Member States and four other countries. The data was obtained from EUSILC UDB 2014 – version 1 of January 2016
Breakdowns
<p>The EU-SILC survey asks if a person has “any chronic (long-standing) physical or mental health problem, illness or disability?” and if this ‘limits’ their ‘daily activities’ (Q43-44). The indicator compares the responses of persons with and without disabilities (‘limitations’) breaking them down by:</p> <ul style="list-style-type: none"> • Gender (comparing women with men) • Age group (comparing persons aged 16-64 with those aged 65 and over) • Educational level (comparing groups with different levels of formal education) • Degree of disability (comparing those declaring moderate and severe limitation).

12.1 Objective and relevance

Article 19 (c) of the CRPD seeks to ensure that “community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs”. Indicator 11 considers this directly in terms of access to services commonly available in the local community, but such services, along with a growing range of public services, are now increasingly accessed online (and often exclusively so). From a policy perspective, ensuring access to online services and addressing e-exclusion is an increasing priority, as underlined by the inclusion of this item in the EU’s survey module on material deprivation.

This supporting indicator provides a measure of the extent to which persons with disabilities have access to the internet at home and under their own choice and control, implicitly as a means to access online services but also as a means to access information about community services and facilities for the general population, whether provided online or not. The indicator does not directly address the accessibility of the terminal technologies used to access the internet, nor of the user interfaces of online services, as these are more directly relevant to Article 9 on accessibility. However, it does indicate whether personal internet

¹²² Question PD080 asks: “Do you have access to internet for personal use at home? (incl. BlackBerry / iPhone), different wireless handheld devices, laptop, desktop computer, TV, etc.). 1 Yes; 2 No — cannot afford it; 3 No — other reason.”

access meets all personal needs. Evidence of a lack of access among persons with disabilities signals a concern about the way in which general services are provided.

12.2 Accuracy

The question concerns 'durables' in the ad hoc module and information is provided for each current household member, or, if applicable, for all selected respondents aged 16 and over.

The definition of the question includes internet access by any type of terminal device but, importantly, Eurostat notes that:

"The household member is considered to have internet connection for personal use at home only if all the needs for personal use he/she are fully fulfilled by this connection. Examples include: 'social networking, sending/receiving emails, using services related to travel and accommodation, creating web pages, blogs, Internet banking, reading or downloading online music, video, news etc., looking for information, telephoning or making video calls, buying/Selling goods or services, taking part in online consultations or voting on civic or political issues etc.'."

The rate of missing values is extremely low at 1.1 % (similar for persons with and without disabilities) and this increases the statistical robustness of the indicator. The sample includes 430,420 persons.

The response category 'No – other reason' (which might reflect the specific problems of some persons with disabilities, such as accessibility) includes a sufficient number of observations for further analysis.

12.3 Comparability

The data are comparable across Member States due to a harmonisation effort by Eurostat and the relevant Commission regulations. EU-SILC operates under a framework regulation of the Council and the Parliament (Regulation (EC) No 1177/2003)¹²³ and a series of Commission implementing regulations.

12.4 Data availability

The indicator is provided for 2014 (Material deprivation module) and 2013 (Supplementary compulsory variables on material deprivation). The data are available for 28 EU Member States and four other countries. The microdata are contained in the EUSILC UDB 2014, which can be requested for research analysis from Eurostat.¹²⁴

12.5 Results and breakdowns

The summary results are presented first, showing the comparison of personal internet access at home between persons with disabilities and other persons and how this varies between Member States. This is then broken down further to

¹²³ Framework Regulations (Regulation (EC) No. 1177/2003 of the European Parliament and of the Council of 16 June 2003).

¹²⁴ Eurostat, [European Union Statistics on Income and Living Conditions \(EU-SILC\)](#).

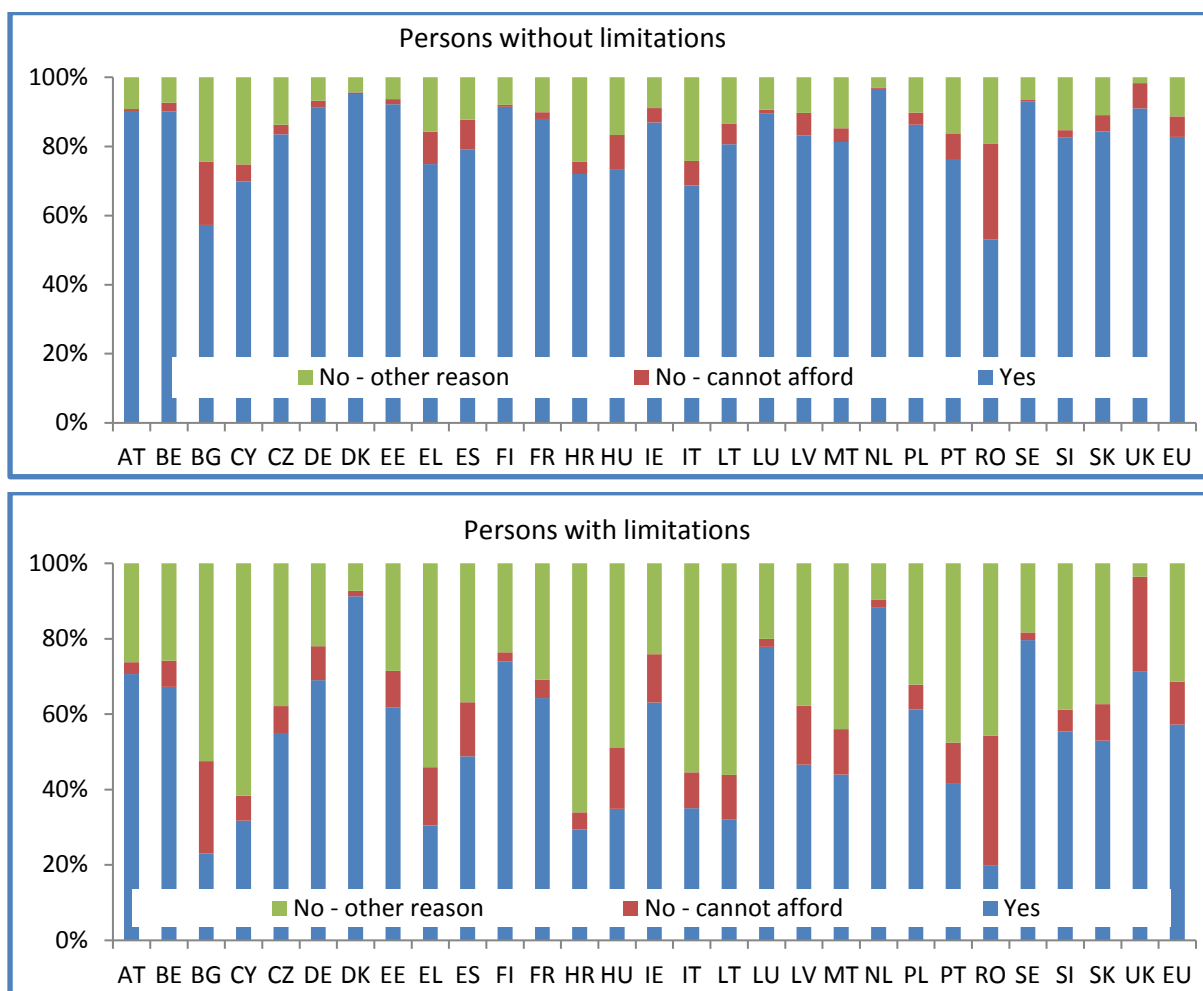
explain the results in relation to gender, age group, educational level and severity of impairment.

12.5.1 Comparison between persons with and without limitations

Persons with disabilities are significantly less likely to have a means of personal internet access at home that fulfils their needs. Amongst those who do not have sufficient access, the reasons cannot be explained primarily by cost.

At the EU level, about 57.2 % of persons with disabilities declare having an internet connection for personal use at home, 11.4 % declare 'No – cannot afford it' and 31.4 % declare 'No – other reason'. The respective rates for persons without limitations are 82.7 %, 5.9 % and 11.3 %.

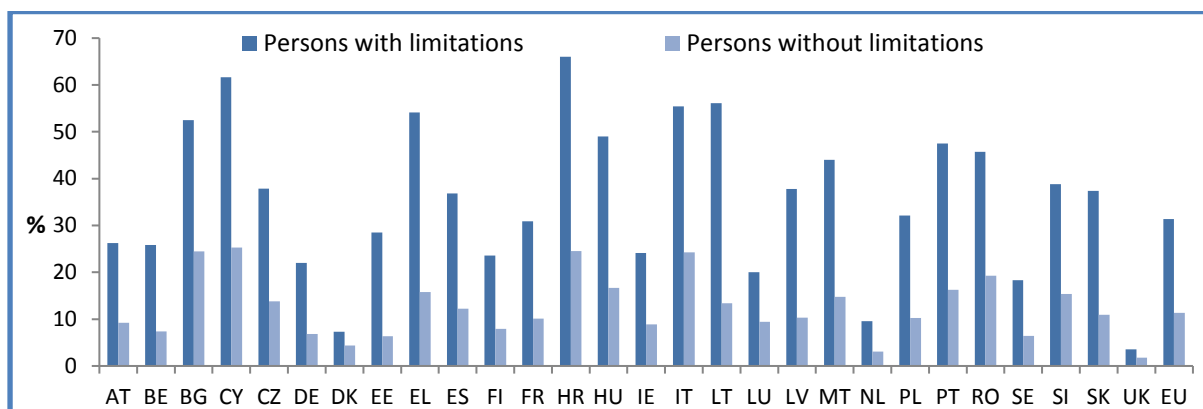
Figure 30: % of persons having internet connection for personal use at home by limitation status; age 16+



Source: EUSILC UDB 2014 – version 3 of January 2016, Q PD080

Figure 30 indicates a large difference between persons with and without limitations concerning the answer 'No – other reason'. This difference might be due to different factors analysed below.

Figure 31: % of persons declaring not-having internet connection for personal use at home due to 'No—other reason' by limitation status; age 16+



Source: EUSILC UDB 2014 – version 3 of January 2016, Q PD080

12.5.2 Comparison by gender

Women with disabilities experience a greater disadvantage but gender differences may reflect age differences due to the higher life expectancy of women compared to men.

At the EU level, about 54.1 % of women with limitations declare having an internet connection for personal use at home, 12.1 % declare 'No – cannot afford it' and 33.9 % declare 'No – other reason'. The respective rates for women without limitations are 81.8 %, 6.1 % and 12.1 %.

At the EU level, 61.2 % of men with limitations declare having an internet connection for personal use at home, 10.1 % declare 'No – cannot afford it' and 28.2 % declare 'No – other reason'. The respective rates for men without limitations are 83.8 %, 5.7 % and 10.5 %.

12.5.3 Comparison by age group

The likelihood of having a personal internet connection at home is significantly lower for older people than for younger adults (both with and without disabilities) and this might hide, at least partly, barriers of computer illiteracy.

The percentage of older people with a personal internet connection is 35.1 % for persons with limitations and 55.6 % for persons without limitations. For those aged 16-64 it is 75.6 % and 87.2 % respectively. Furthermore, the rate of older people answering 'No – other reason' is very high among older people, both for persons with limitations (52.1 %) and those without limitations (35.3 %).

12.5.4 Comparison by education level

Education has an important effect, increasing significantly the percentage of persons who have an internet connection, but disability plays an important role. In each education level there is a gap between persons with and without limitations.

The percentage of persons with an education level 'less than primary education' with personal internet access is 28.7 %. This figure increases steadily by education

level and reaches 93.5 % for persons with a tertiary education. This cannot be directly attributed to economic factors (although such factors might affect it indirectly) as another possible answer to the question is: 'No – cannot afford'. The percentage of those who answered 'No – cannot afford' decreases with the education level.

There is a disability gap even among persons with a tertiary education: the percentage of persons with limitations with a tertiary education who have an internet connection is 83.9 % compared to 95.4 % for such persons without limitations.

12.5.5 Comparison by degree of disability

Severity of disability decreases significantly the proportion of persons who have an internet connection for personal use at home that fulfils their needs.

The respective percentages for persons with a severe limitation, a moderate limitation and no limitation are 48.9 %, 61.0 % and 82.7 %. This reflects an important increase in the answer 'No – other reason' as the degree of limitation increases. The respective figures for this answer for persons with no limitation, moderate limitation and severe limitation are 11.3 %, 29.0 % and 36.5 %.

12.6 Summary table

Table 32: % of persons having internet connection for personal use at home by limitation status; age 16+

	Some/severe limitations in activities				No limitations in activities			
	1. yes	2. no - cannot afford	3. no - other reason	Total	1. yes	2. no - cannot afford	3. no - other reason	Total
EU - 28	57.2	11.4	31.4	100	82.7	5.9	11.3	100
AT	70.6	3.2	26.2	100	90.0	0.8	9.2	100
BE	67.2	7.0	25.8	100	90.1	2.6	7.4	100
BG	23.1	24.5	52.5	100	57.2	18.3	24.5	100
CY	31.8	6.6	61.6	100	69.8	4.9	25.3	100
CZ	54.8	7.4	37.9	100	83.5	2.8	13.8	100
DE	69.1	8.9	22.0	100	91.2	2.0	6.8	100
DK	91.2	1.4	7.3	100	95.2	0.5	4.4	100
EE	61.7	9.8	28.5	100	92.2	1.5	6.4	100
EL	30.5	15.4	54.1	100	74.8	9.4	15.8	100
ES	48.8	14.3	36.8	100	79.0	8.7	12.3	100
FI	74.0	2.4	23.6	100	91.5	0.6	8.0	100
FR	64.2	4.9	30.9	100	88.0	1.9	10.1	100
HR	29.5	4.5	66.1	100	72.0	3.5	24.5	100
HU	34.9	16.1	49.0	100	73.2	10.1	16.7	100
IE	63.1	12.8	24.1	100	86.9	4.2	8.9	100
IT	35.0	9.6	55.4	100	68.7	7.1	24.2	100
LT	32.0	11.9	56.1	100	80.7	5.9	13.4	100
LU	77.9	2.1	20.0	100	89.6	1.0	9.4	100
LV	46.6	15.6	37.8	100	83.1	6.6	10.3	100
MT	44.0	12.0	44.0	100	81.2	4.0	14.7	100
NL	88.2	2.3	9.6	100	96.6	0.3	3.1	100
PL	61.2	6.7	32.2	100	86.3	3.5	10.3	100
PT	41.5	11.0	47.5	100	76.0	7.7	16.2	100
RO	19.9	34.4	45.8	100	53.0	27.7	19.3	100
SE	79.7	2.0	18.3	100	93.0	0.6	6.4	100
SI	55.5	5.7	38.8	100	82.7	2.0	15.3	100
SK	52.9	9.7	37.4	100	84.3	4.8	11.0	100
UK	71.4	25.0	3.6	100	91.0	7.2	1.7	100

Source: EUSILC UDB 2014 – version 3 of January 2016, Q PD080

Note: Missing values are excluded when calculating percentages

CONCLUSIONS

This report aimed to develop and populate a set of statistical outcome indicators to measure progress towards fulfilment of the rights set out in Article 19 of the CRPD. In this way, it also hopes to support EU Member States with reference to their need for statistics and data (Article 31) and monitoring (Article 33) relevant to CRPD implementation. The report presents 12 indicators, developed in response to Article 19 and in the context of the EU and its 28 Member States.

Article 19 affirms “the equal right of all persons with disabilities to live in the community, with choices equal to others” and the outcome indicators are intended to show the extent to which this is achieved. The article has three sub-provisions, relating to the freedom to choose a place of residence, access to a range of support services, and to community services used by the general population.

Article 19 refers both to independence and to inclusion, and to the avoidance of isolation and segregation. The notion of choice is central, and the concept of ‘independence’ is also interpreted by independent living movements as referring mainly to ‘choice and control’ in everyday life. For this reason, the outcome indicators include both subjective and objective measures of independence and inclusion, including some subjective measures of choice in everyday life.

The available social surveys offer a range of items intended to gauge both subjective and objective dimensions. For example, the central concept of ‘choice’ articulated in the text of Article 19 is indicated by responses to subjective survey questions that ask about a person’s ‘ability to decide’ on matters affecting everyday life, whether they perform certain activities ‘as often as they would like’, or whether they feel ‘satisfied’ with their access to relevant services. In addition, ‘choice’ is indicated by responses to more objective questions about access to or frequency of everyday activities, such as ‘how often’ they are done or whether they are performed ‘at least’ a certain number of times.

The 12 indicators confirm the unequal life choices available to persons with disabilities living in the community. On average, across the EU, persons with disabilities who live in private households are less likely than other persons to consider themselves free to decide how they live their lives. They are more likely to report that they ‘feel left out of society’, and less likely to have anyone to discuss personal matters with or to have regular direct contacts with friends and neighbours beyond the household.

Persons with disabilities in the EU are much more likely to live alone, or in smaller sized households, than other persons and report lower average levels of satisfaction with their household accommodation. They are less likely to have the option to call upon someone beyond their own household for help when they need it and, among those with difficulties in daily living who need more help, personal assistance was the main type of help that was lacking.

Persons with disabilities are more likely than other persons to have difficulty in using general community services available to the public (grocery, banking, postal, primary health or public transport services) and are significantly less likely to have a means of personal internet access to services at home that fulfils their needs. Intersectional factors, such as age, gender and poverty cut across these findings in important ways.

Article 19 stresses the right to live independently in the community and obliges States parties to ensure that adequate services are provided to enable this outcome and to prevent isolation from the community. In practice, responsibility for the provision of support and general services lies overwhelmingly with national and local authorities. The EU plays a role in policy coordination and in funding the development of such services through the ESIF, and this is a significant investment in some countries. The regulations governing the use of ESIF for the 2014-2020 period require the promotion of equality, non-discrimination, inclusion and accessibility for persons with disabilities.¹²⁵ This emphasises the need to use such funds to support transition from institutional to community-based services.

Lessons learned from the research process

The provisions of Article 19 were thoroughly considered in initial work by FRA on human rights indicators relevant to the article, and this provided a basis upon which to divide the statistical outcome indicators into four themes (three relating to the sub-articles and one cross-cutting). The indicator framework covers each of these to some extent, emphasising the cross-cutting indicators.

In examining the EU's implementation of the CRPD, the CRPD Committee underlined the importance of community living supports.¹²⁶ The key concern was with the large number of people living in institutions in the Member States and the use of EU funds to sustain this situation. The Committee's main recommendation was to strengthen the monitoring of ESIF allocations. Evidence from the CRPD Committee dialogues with EU Member States reveals the need for better data or indicators in three categories: (a) personal assistance, (b) community-based social services, and (c) institutions. In at least two of these categories there is difficulty in indicating outcome.

The most obvious example is in relation to the population living in residential institutions, which is generally excluded from data collection in the major European social surveys. This deficiency is acknowledged throughout the report, where relevant. Although there is data concerning access to community-based services, this does not adequately discriminate the specificity of 'personal assistance' as intended by Article 19, which refers to assistance provided under the direct control of the person receiving it.¹²⁷

When considering the type of services detailed in Article 19 of the CRPD, it is important to be cautious about the relationship between availability and inclusion outcomes. For some policy measures process, indicators of expenditure may be closely associated with outcomes for recipients (e.g. where cash benefits raise standards of living) but for in-kind services there is a less consistent association between expenditure, service usage and inclusive outcomes. This will depend on service quality, where measures of satisfaction and unmet need are also relevant.

¹²⁵ Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013, (*Common Provision Regulation*).

¹²⁶ CRPD Committee (2015), [List of issues in relation to the initial report of the European Union](#), 15 May 2015; CRPD Committee (2015), [Concluding observations on the initial report of the European Union](#), 2 October 2015.

¹²⁷ CRPD Committee (2017), [General Comment No. 5 – Article 19: Living independently and being included in the community](#), CRPD/C/GC/5, 27 October 2017.

The feasibility of intersectional breakdown will need to be examined for each future dataset or indicator to determine what is possible or desirable with the available resources. However, in general, the intersectional dimensions presented in this report could be considered for at least some future indicators.

Disability affects up to one quarter of the adult population, including a large proportion of older people. However, the absolute number of people who disclose limitation/ disability is still relatively small in most surveys. It is smaller in younger age groups and it is small in some countries. Children with disabilities are not generally identified. This means that it is not always possible to disaggregate a single indicator by multiple variables with statistical robustness, especially at the country level or in narrow younger age bands, or for people with different types of impairment.

The indicators presented in this report are broken down by gender and by main age group, and by other variables where possible to add explanation and context, but the available datasets do not lend themselves to a truly intersectional outcome analysis. This might be addressed by the mainstreaming of disability identifier items in all EU social surveys and by the administration of more targeted disability surveys. Special attention may be needed to assess outcomes for specific groups in future studies (qualitatively or quantitatively).

The indicators were computed on the basis of secondary data analysis, and with some methodological limitations. It is not yet clear whether all of the most useful monitoring data will be collected in the future, or how often. Common effort in the European statistical system is needed to collect harmonised, standardised and regular data on the implementation of the CRPD.

ANNEX 1: FRA's project on the right to live independently and be included in the community

FRA is mandated to provide assistance and expertise to EU institutions and Member States when they implement EU law and policy.¹²⁸ This includes EU action to implement the CRPD, which the EU accepted in 2010. FRA has provided evidence and expertise concerning implementation of the CRPD in a number of key areas. These include political participation,¹²⁹ legal capacity,¹³⁰ involuntary placement and treatment,¹³¹ independent living,¹³² non-discrimination¹³³ and violence against children with disabilities.¹³⁴

In this context, FRA started work in 2014 on a project exploring how the 28 EU Member States are fulfilling the right to independent living. It specifically focuses on deinstitutionalisation. This project incorporates three interrelated activities:

- Mapping what types of institutional and community-based services for persons with disabilities are available in the 28 EU Member States. This mapping provides EU and national policy actors with baseline information to help them to identify where to focus their efforts to promote the transition from institutional to community-based support. A summary overview of this mapping was published in October 2017.¹³⁵
- Developing and applying human rights indicators to help assess progress in fulfilling Article 19 of the CRPD and to highlight gaps in current provision and availability of data in the 28 EU Member States.¹³⁶ These indicators were also published in October 2017.¹³⁷
- Conducting fieldwork research in select EU Member States (Bulgaria, Finland, Ireland, Italy and Slovakia) at different stages of the deinstitutionalisation process to better understand the drivers of and barriers to the transition from institutional to community-based support. The findings of this in-depth research were published in December 2018.¹³⁸

¹²⁸ [Council Regulation \(EC\) No. 168/2007 of 15 February 2007 establishing a European Union Agency for Fundamental Rights](#), OJ L 53/1, 22 February 2007, Art. 2.

¹²⁹ FRA (2014), [The right to political participation for persons with disabilities: human rights indicators](#), Luxembourg, Publications Office. See also: FRA (2010), [The right to political participation of persons with mental health problems and persons with intellectual disabilities](#), Luxembourg, Publications Office.

¹³⁰ FRA (2013), [Legal capacity of persons with intellectual disabilities and persons with mental health problems](#), Luxembourg, Publications Office.

¹³¹ FRA (2012), [Involuntary placement and involuntary treatment of persons with mental health problems](#),

¹³² FRA (2012), [Choice and control: the right to independent living](#), Luxembourg, Publications Office.

¹³³ FRA (2011), [The legal protection of persons with mental health problems under non-discrimination law](#), Luxembourg, Publications Office.

¹³⁴ FRA (2015), [Violence against children with disabilities: legislation, policies and programmes in the EU](#), Luxembourg, Publications Office.

¹³⁵ This background paper is available on FRA's webpage on ['Rights of persons with disabilities \(The right to independent living\)'](#).

¹³⁶ The indicators are based on the human rights model developed by the OHCHR. See: UN, OHCHR (2012), [Report on Human rights indicators: A Guide to Measurement and Implementation](#), HR/PUB/12/5.

¹³⁷ See FRA's webpage on the [Article 19 indicators](#).

¹³⁸ FRA (2018), [From institutions to community living for persons with disabilities: perspectives from the ground](#), Luxembourg, Publications Office.

This report examines the evidence gathered under the second activity: developing and applying human rights indicators on the right to independent living.

A detailed overview of the project methods and design is available on FRA's website.¹³⁹

Developing and applying human rights indicators

The FRA indicator-related work is based on the framework for human rights indicators that the OHCHR developed.¹⁴⁰ FRA first used this model with respect to the CRPD in 2014, when it developed and applied human rights indicators on Article 29 of the CRPD on the right to participate in political and public life.¹⁴¹

The FRA project on the right to independent living of persons with disabilities broadly corresponds to the three main elements of the OHCHR indicator framework. This framework is based on three clusters of indicators: (1) structural indicators focusing on the State's acceptance and commitment to specific human rights obligations; (2) process indicators on the State's efforts to transform commitments into desired results; and (3) outcome indicators measuring the results of these commitments and efforts on individuals' human rights situation.

The three papers stemming from the FRA indicators on Article 19 of the CRPD also reflect this approach. The first paper focuses on structural commitments to achieving deinstitutionalisation, the paper on financing highlights States' budgetary efforts to implement these commitments, and the third paper assesses the situation on the ground. The indicators presented in this report fed into the third paper.

¹³⁹ XXXXXX.

¹⁴⁰ UN, OHCHR (2012), [Report on Human rights indicators: A Guide to Measurement and Implementation](#), HR/PUB/12/5.

¹⁴¹ FRA (2014), [The right to political participation for persons with disabilities: human rights indicators](#), Luxembourg, Publications Office.

ANNEX 2: Background statistical tables

Table A1 shows the 12 statistical outcome indicators, which are divided into six 'headline' and six 'supporting' indicators.

The other sections of this annex present background statistical tables.

Table A2: An outcome indicator framework for Article 19 CRPD

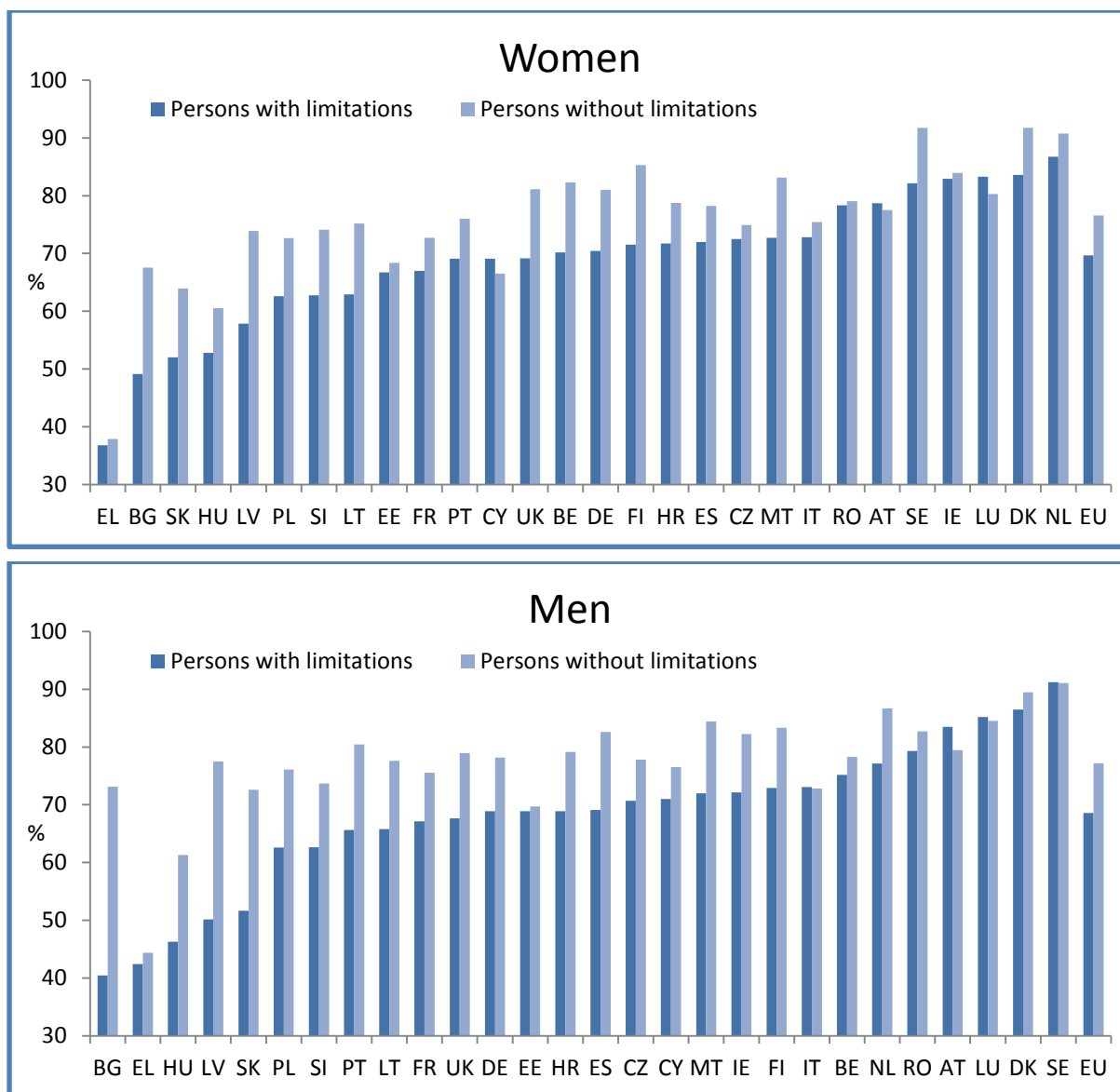
Domain	Headline indicators	Supporting indicators
Cross cutting	1. Free to decide how to live life in the community [EQLS (2011/2012 Q29c)]	2. Ability to decide about personal expenses [EU-SILC 2010 ad hoc module on intra-household sharing of resources, PA090]
	3. Not feeling left out of society [EQLS (2011/2012 Q29e)]	4. Having someone to discuss personal matters with [EU-SILC 2013 ad hoc module on well-being, PW170]
		5. Regular contact with people outside the household [EQLS (2011/2012 Q33)]
Living arrangements	6. Living in typical household arrangements and with others [EU-SILC 2014 core microdata, Variable Q HX060]	<i>Note: no supporting indicator is presented within the framework concerning persons living in institutions due to a lack of available data at the European level concerning this population.</i>
	7. Satisfied with accommodation [EU-SILC 2013 ad hoc module on well-being, PW040]	
Support services	8. Help available from persons beyond the household [EU-SILC 2013 ad hoc module on well-being, PW180]	9. Formal help received at home with personal care or domestic tasks [SHARE survey includes a question, HC127_AtHomeCare]
		10. Enough help received with daily living [EHIS Wave 1 2006-2009, various items]
General services	11. Access to general community services [EU-SILC 2012 module on housing conditions]	12. Access to online services [EUSILC 2014 core microdata, PD080]

Source: FRA (2018)

Note: details of statistical source of the indicators are provided in brackets. More information on the different social surveys is included below and in annex 3.

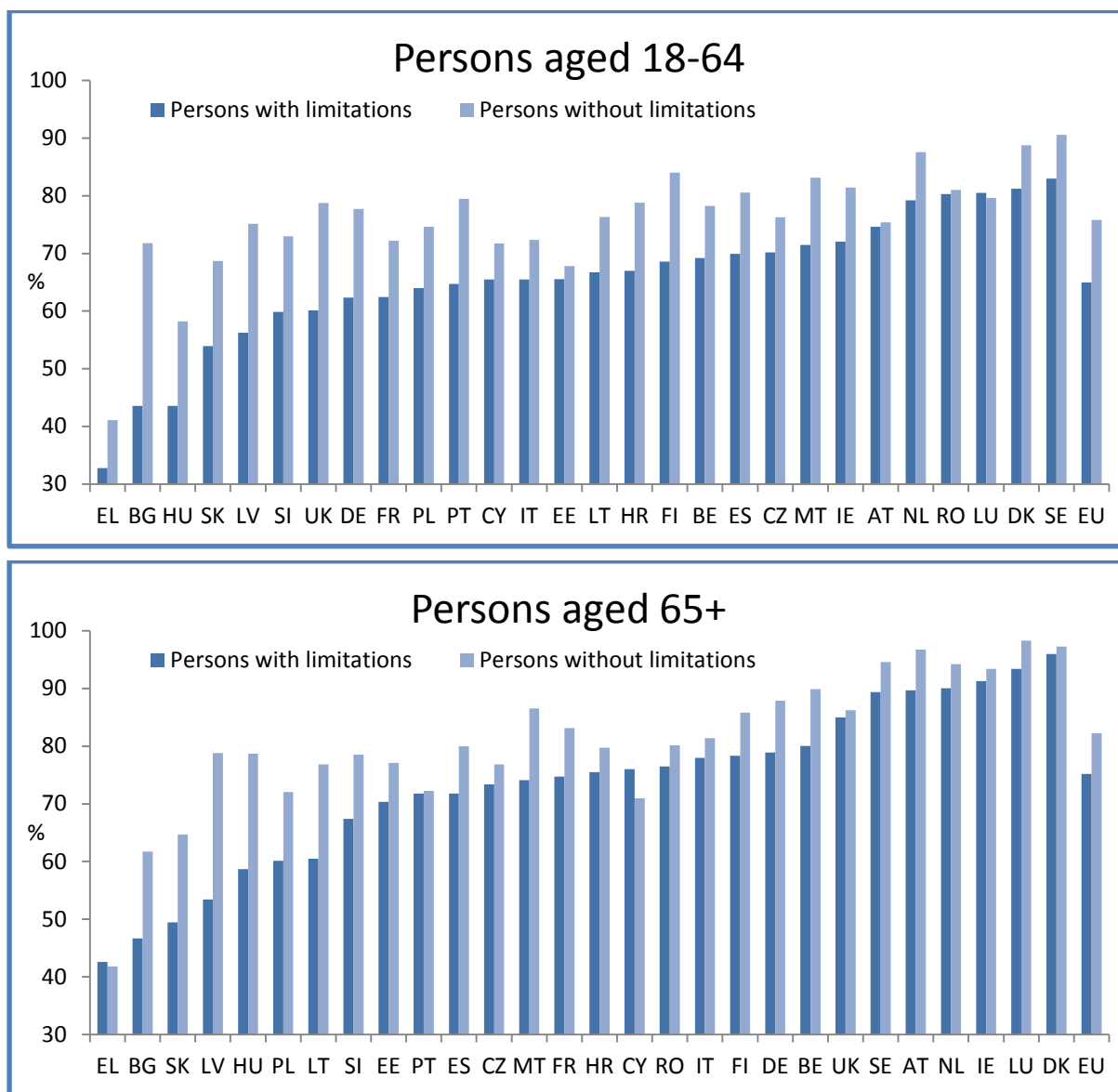
1 Freedom to decide how to live life in the community

Figure 33: % of persons who agree (agree or strongly agree) with the statement: "I feel I am free to decide how to live my life" by gender, age 18+.



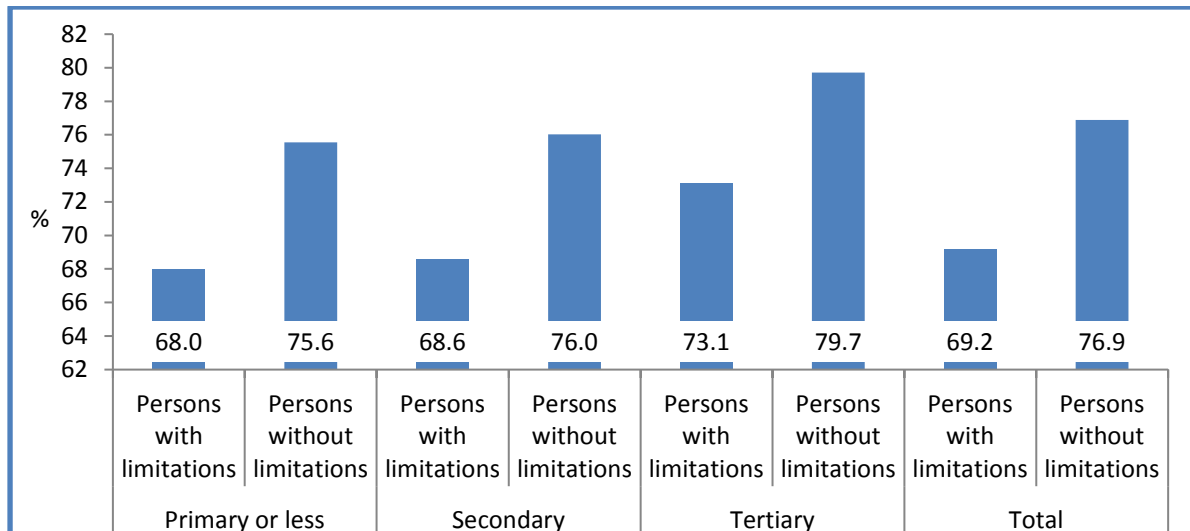
Source: EQLS 2011/2012 Q29

Figure 34: % of persons who agree (agree and strongly agree) with the statement: 'I feel I am free to decide how to live my life' by age group



Source: EQLS 2011/2012. Q29c

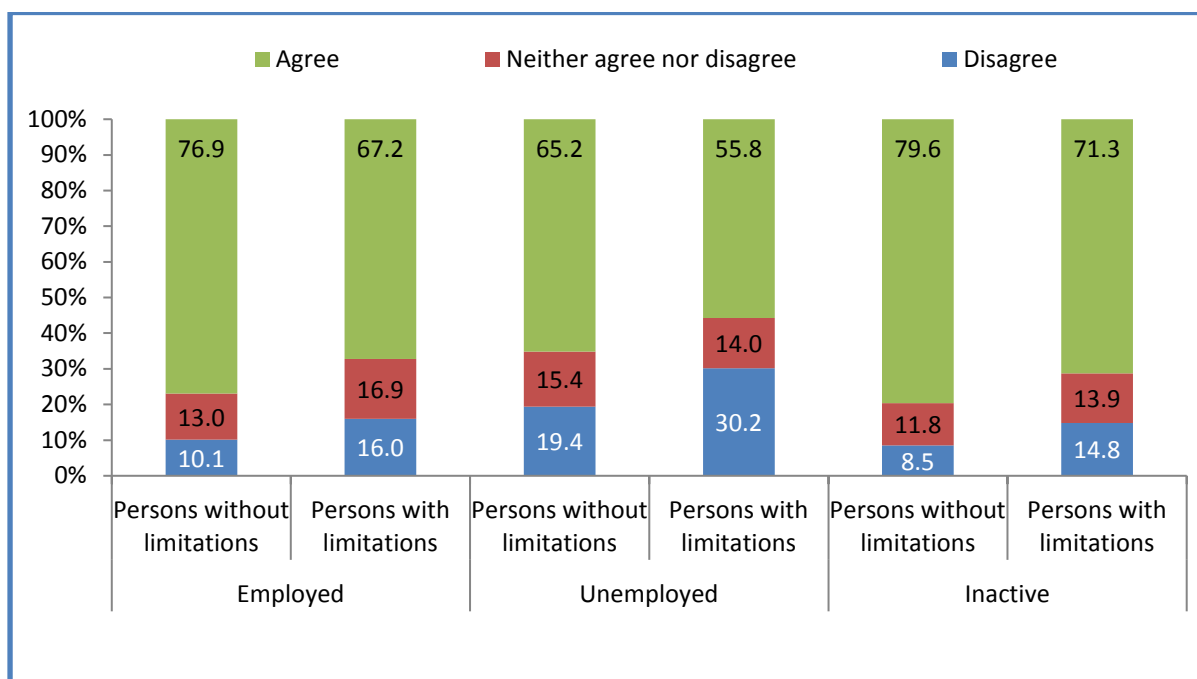
Figure 35: % of persons by education level who agree (agree and strongly agree) with the statement: 'I feel I am free to decide how to live my life', age 18+. EU-28.



Source: EQLS 2011/2012. Q29c

The following graph presents the percentages for persons with and without limitations at the EU level.¹⁴²

Figure 36: % of persons who agree, neither agree nor disagree and disagree to the statement: 'I feel I am free to decide how to live my life' by economic and disability status, age 18+, EU-28

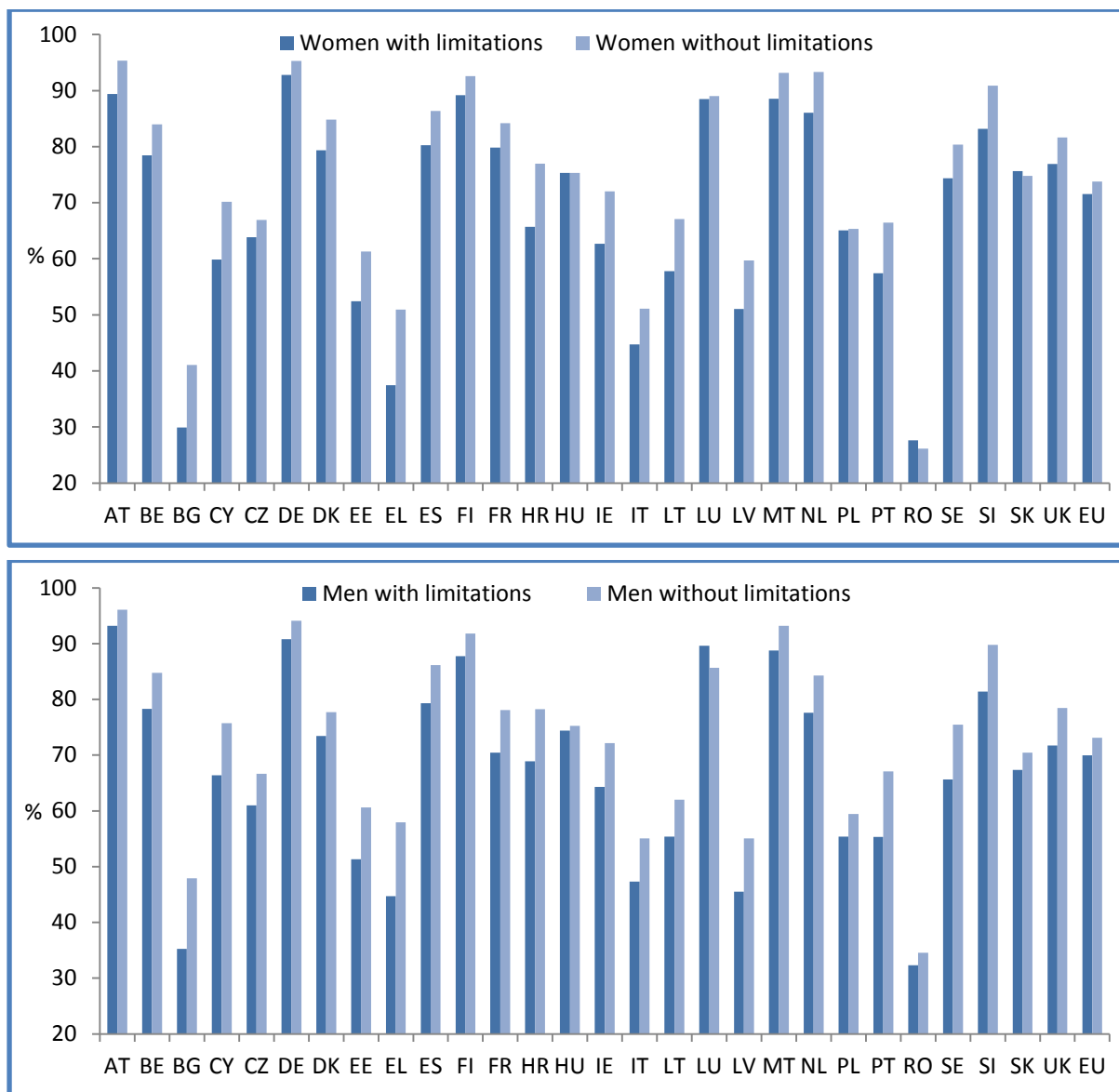


Source: EQLS 2011/2012. Q29c

¹⁴² The graph shows the EU-28 as, in most countries the number of observations of unemployed persons with limitations is less than 20 persons and consequently no conclusion can be drawn at the country level.

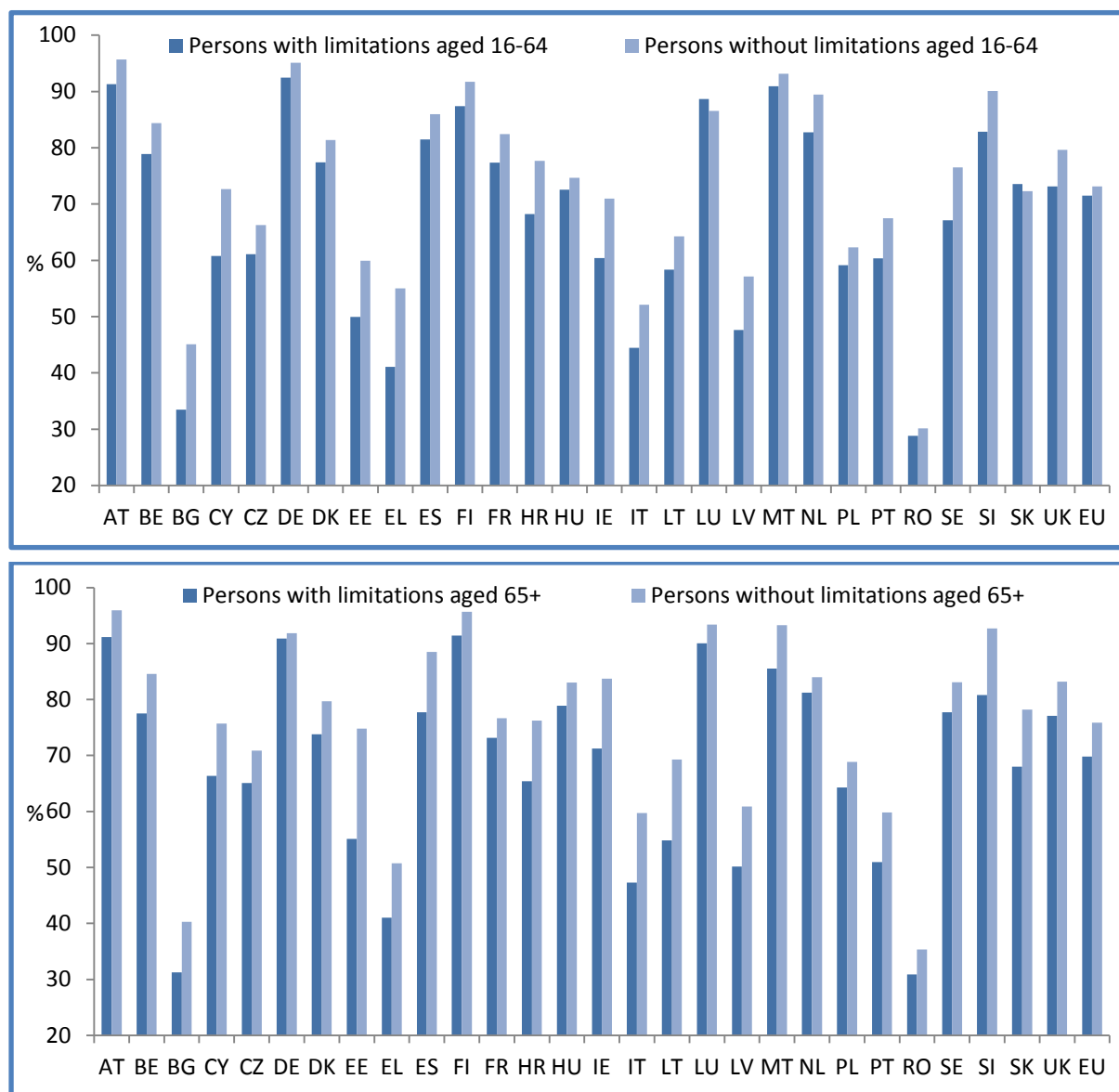
2 Ability to decide about personal expenses

Figure 37: % of persons by gender who declare that they feel free “always or almost always” to spend money on themselves for their personal consumption, their leisure activities and hobbies, age 16+



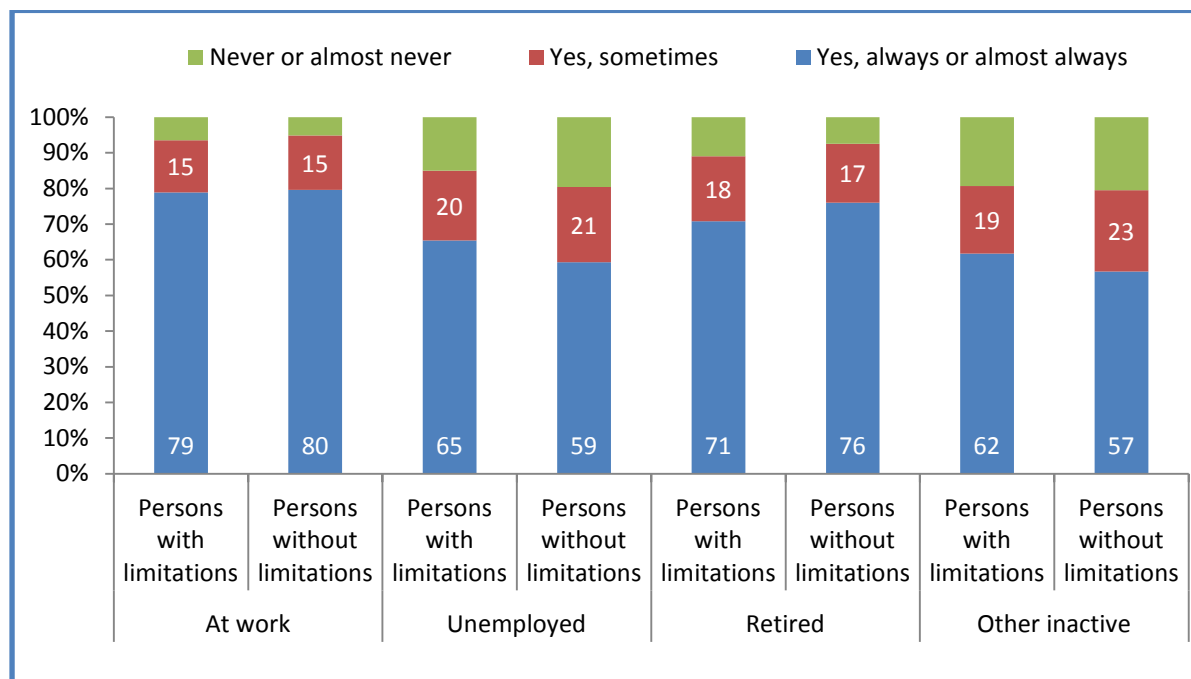
Source: EUSILC UDB 2010 – version 6 of March 2015. Q PA090

Figure 38: % of persons by age group who declare that they feel free “always or almost always” to spend money on themselves for their personal consumption, their leisure activities and hobbies



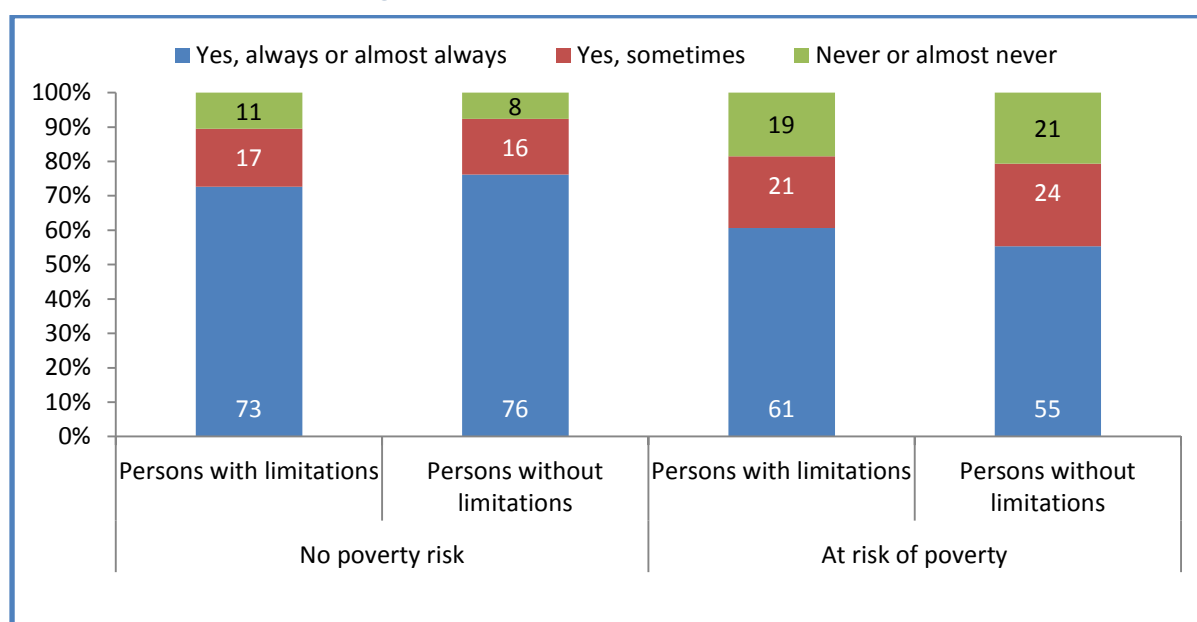
Source: EUSILC UDB 2010 – version 6 of March 2015. Q PA090

Figure 39: % of persons by economic status who declare that they feel free “Yes, always or almost always”, “Yes, sometimes” or “Never or almost never” to spend money on themselves for their personal consumption, their leisure activities and hobbies, age 16+, EU-28



Source: EUSILC UDB 2010 – version 6 of March 2015. Q PA090

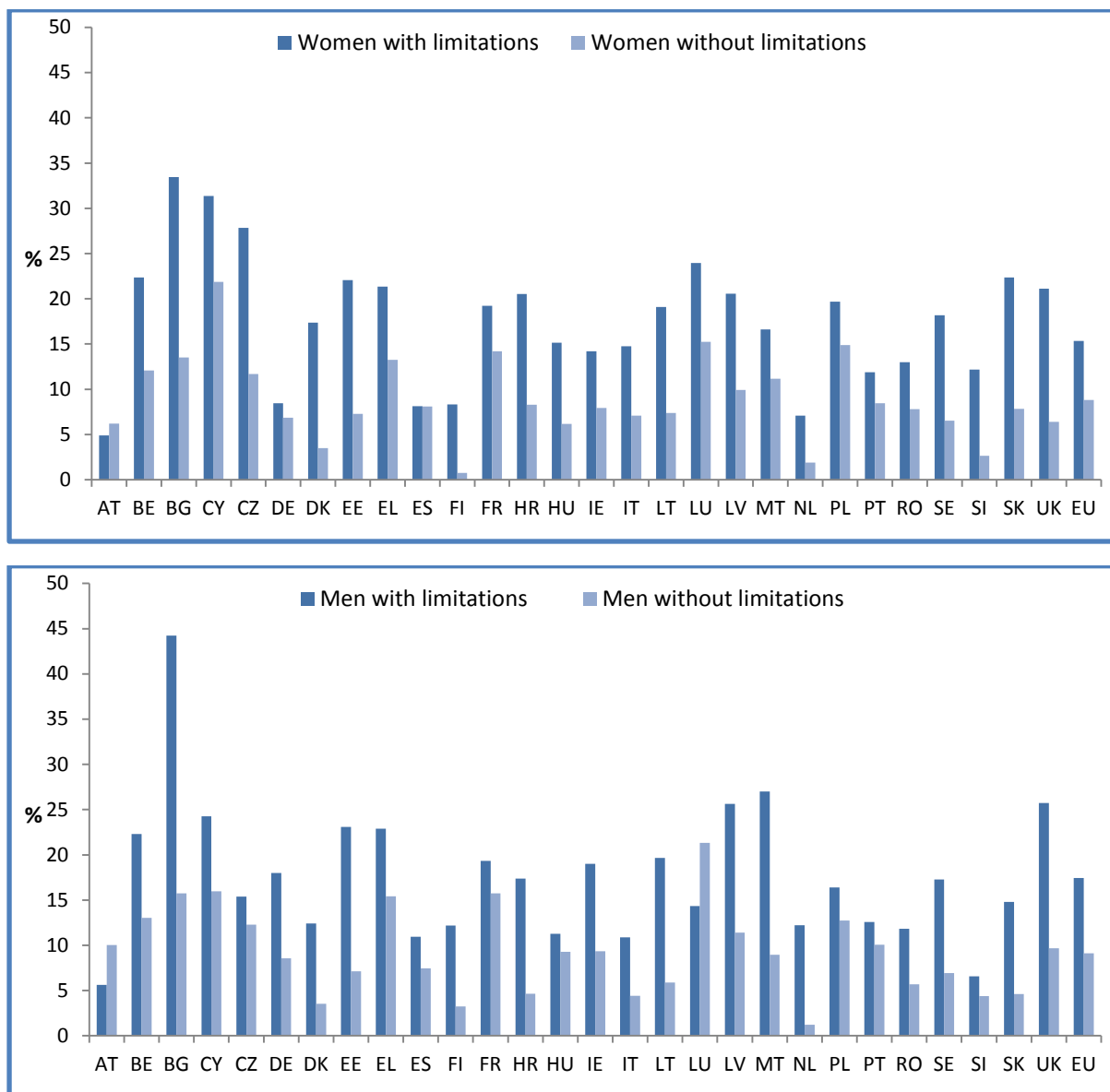
Figure 40: % of persons by poverty level who declare that they feel free “Yes, always or almost always”, “Yes, sometimes” or “Never or almost never” to spend money on themselves for their personal consumption, their leisure activities and hobbies, age 16+, EU-28



Source: EUSILC UDB 2010 – version 6 of March 2015. Q PA090

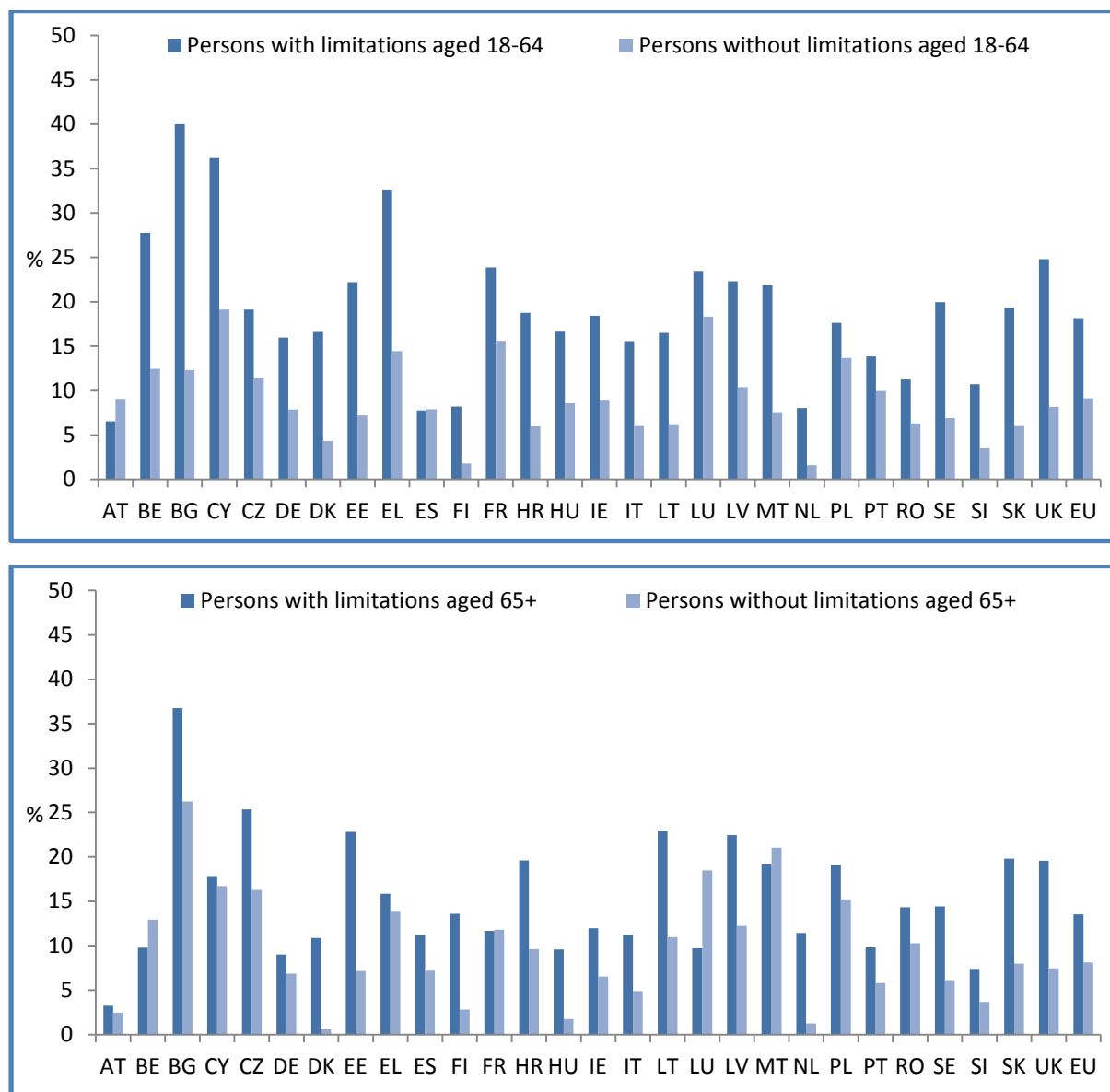
3 Feel left out of society

Figure 41: % of persons who agree or strongly agree with the statement: "I feel left out of society", age 18+



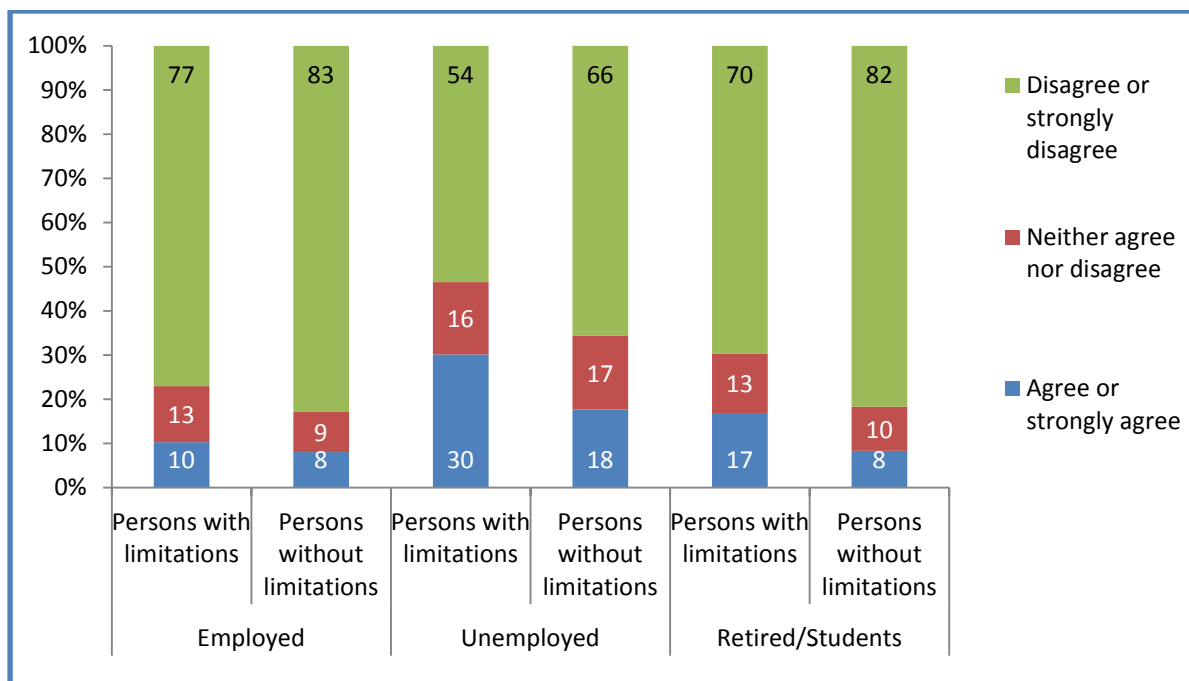
Source: EQLS 2011/2012. Q29e

Figure 42: % of persons who agree or strongly agree with the statement: “I feel left out of society” by age group



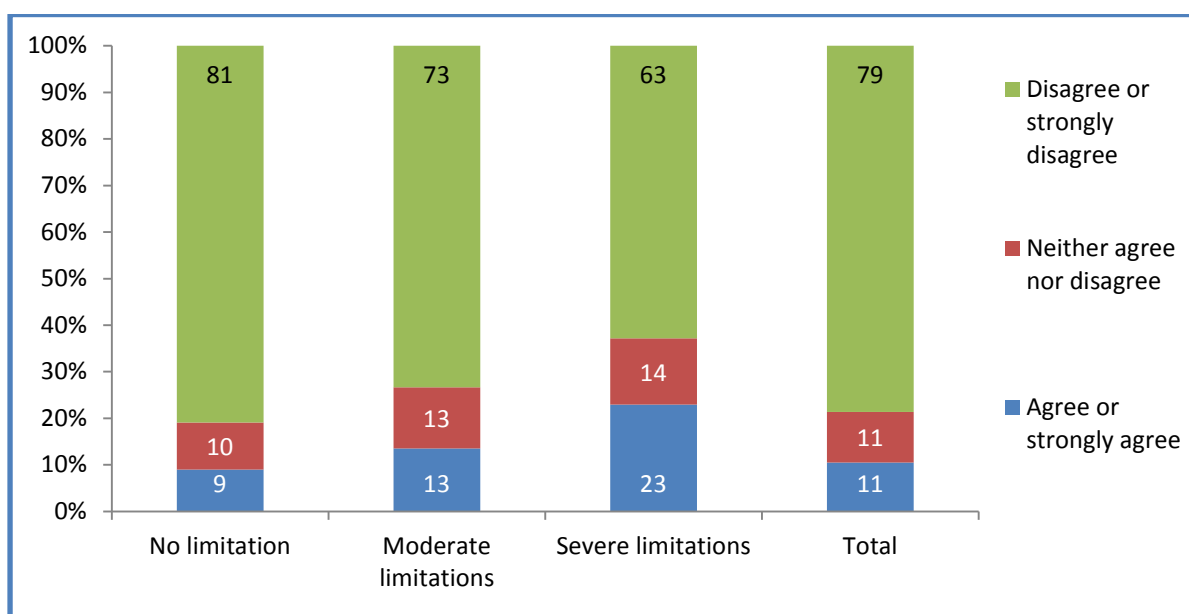
Source: EQLS 2011/2012. Q29e

Figure 43: % of persons who 1) agree or strongly agree, 2) neither agree nor disagree and 3) disagree or strongly disagree with the statement: “I feel left out of society” by economic status, age 18+, EU



Source: EQLS 2011/2012. Q29e

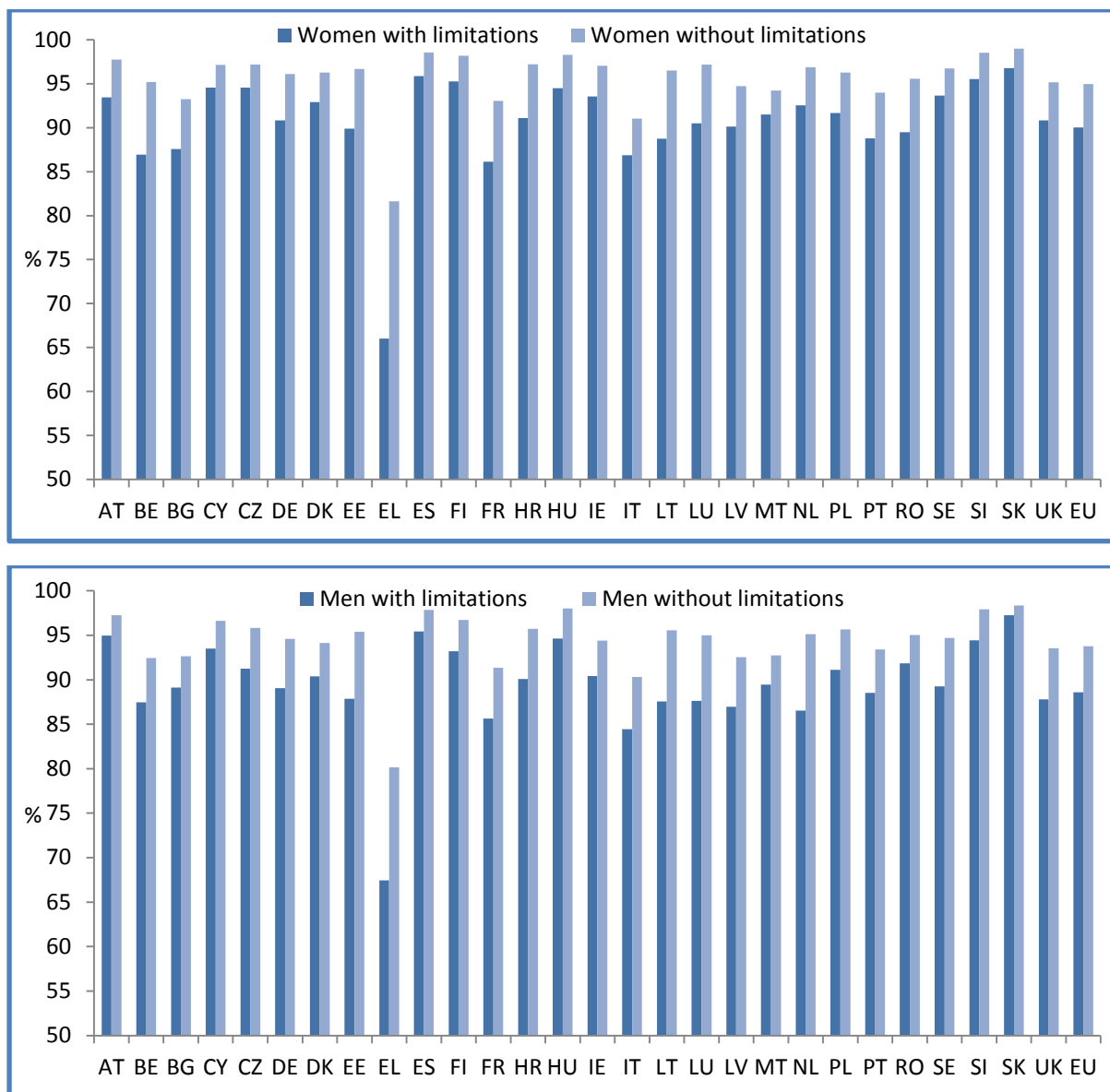
Figure 44: % of persons who 1) agree or strongly agree, 2) neither agree nor disagree and 3) disagree or strongly disagree with the statement: “I feel left out of society” by degree of disability, age 18+, EU



Source: EQLS 2011/2012. Q29e

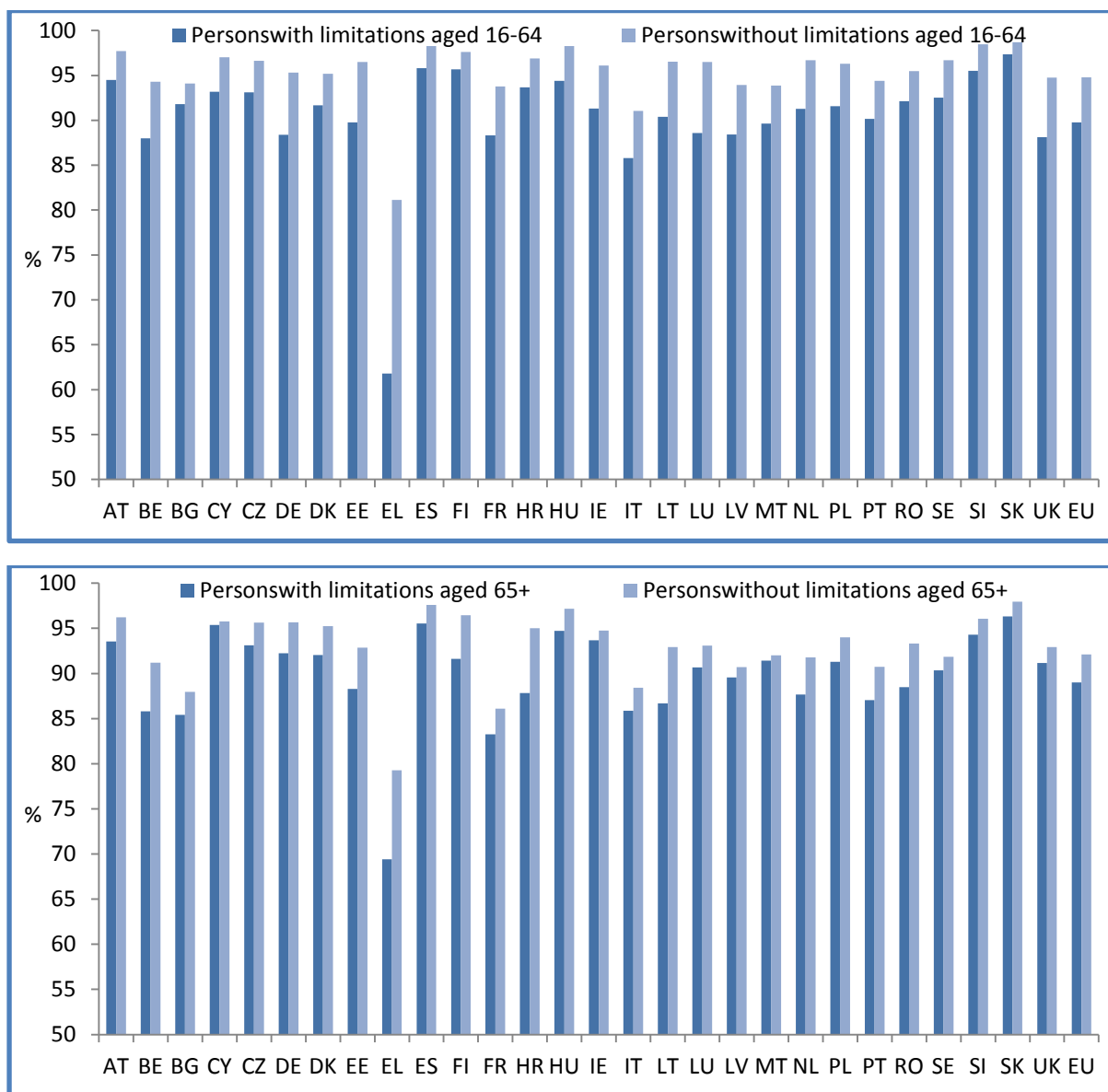
4 Having someone to discuss personal matters with

Figure 45: % of persons who declare having someone to discuss personal matters with by gender, age 16+



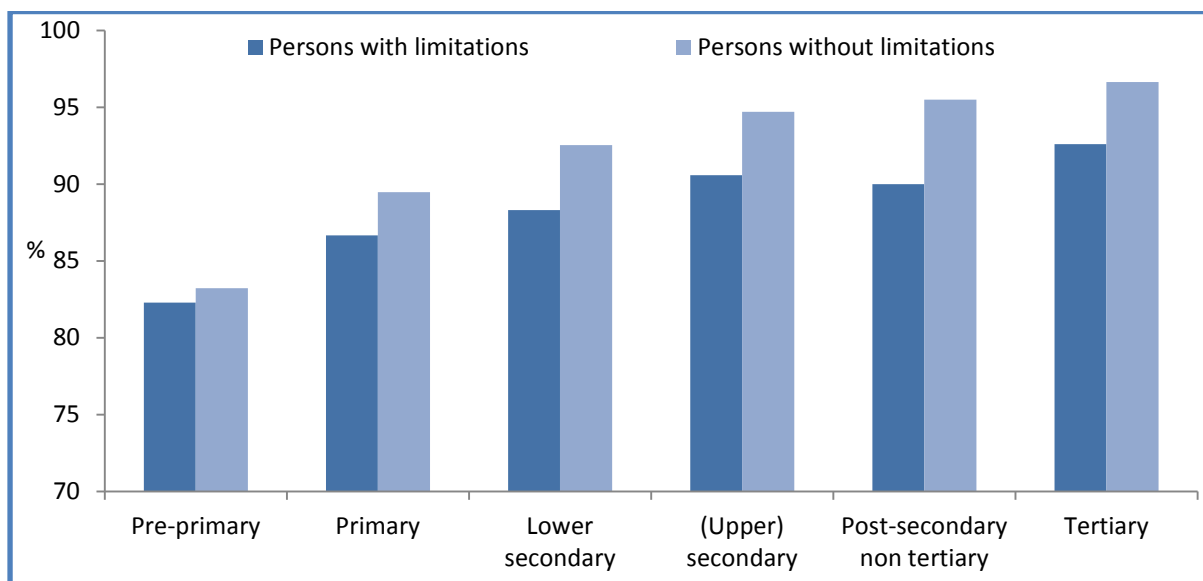
Source: EU-SILC UDB 2013– version 3 of January 2016. Q PW170

Figure 46: % of persons who declare having someone to discuss personal matters with by age group



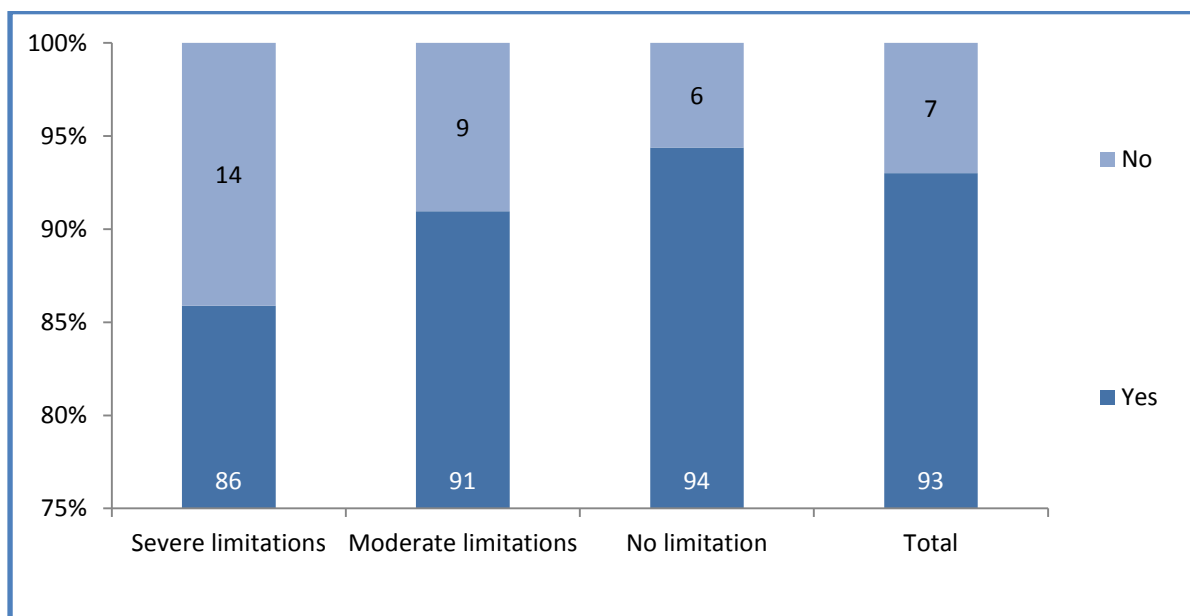
Source: EU-SILC UDB 2013– version 3 of January 2016. Q PW170

Figure 47: % of persons who declare having someone to discuss personal matters with by education level, age 16+, EU



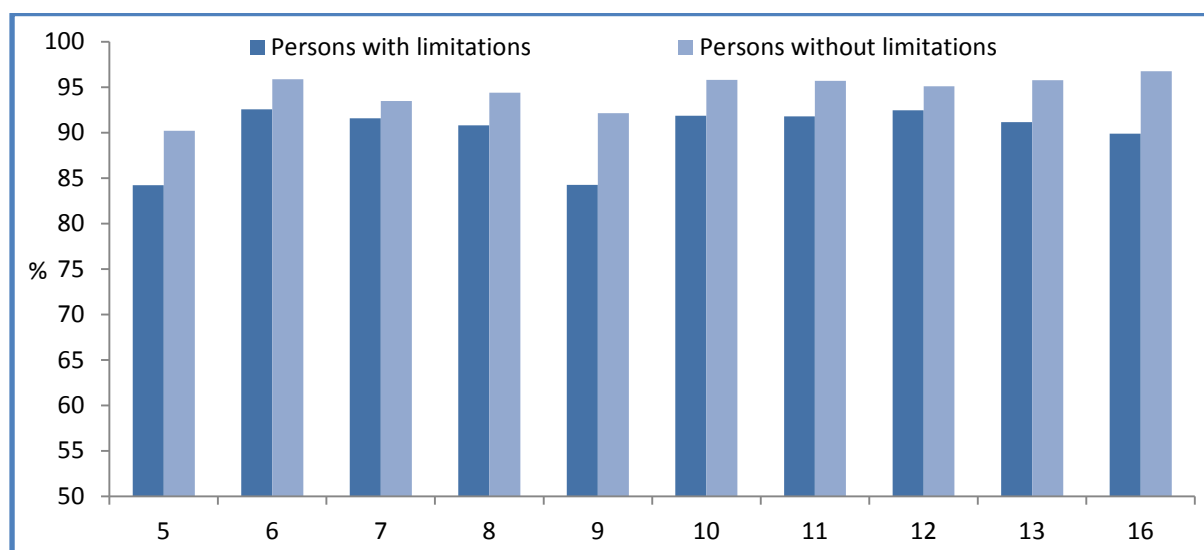
Source: EU-SILC UDB 2013– version 3 of January 2016. Q PW170

Figure 48: % of persons who declare having someone to discuss personal matters with by degree of limitation, age 16+, EU



Source: EU-SILC UDB 2013– version 3 of January 2016. Q PW170

Figure 49: % of persons who declare having someone to discuss personal matters with by type of household, age 16+



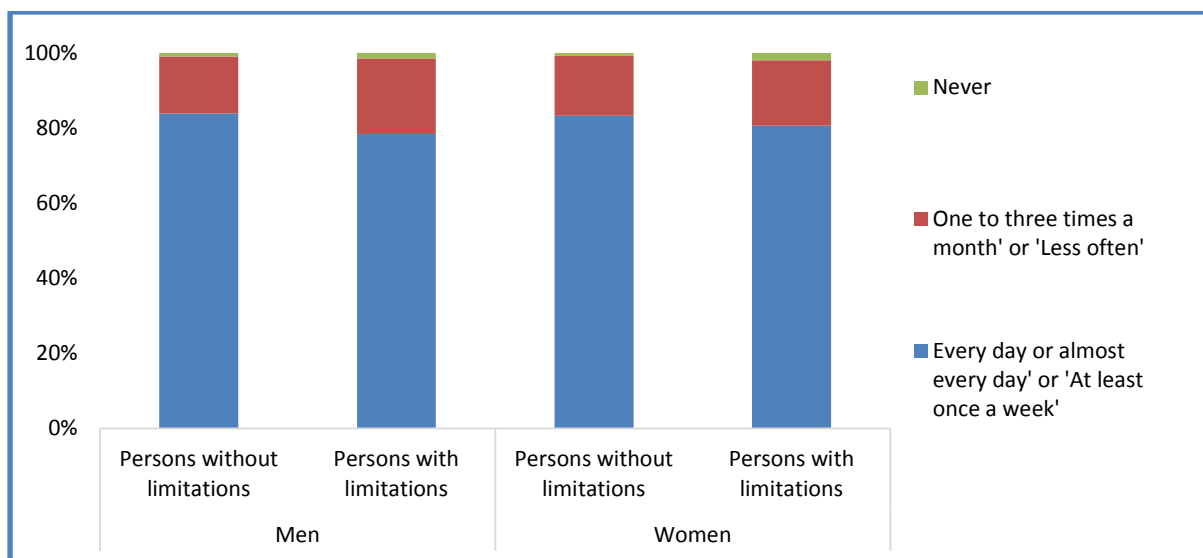
Source: EU-SILC UDB 2013– version 3 of January 2016, Q PW170

Note:

- a) 5 - One person household
- b) 6 - 2 adults, no dependent children, both adults under 65 years
- c) 7 - 2 adults, no dependent children, at least one adult 65 years or more
- d) 8 - Other households without dependent children
- e) 9 - Single parent household, one or more dependent children
- f) 10 - 2 adults, one dependent child
- g) 11 - 2 adults, two dependent children
- h) 12 - 2 adults, three or more dependent children
- i) 13 - Other households with dependent children
- j) 16- Other (these household are excluded from Laeken indicators calculation)

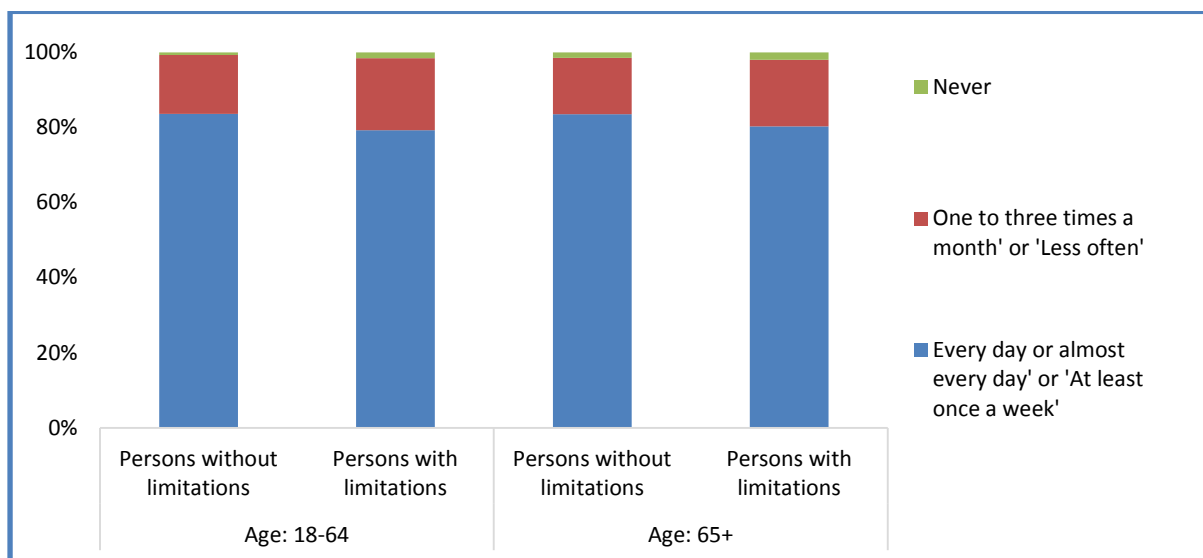
5 Regular (direct) contact with people outside the household

Figure 50: % of persons who have direct face-to-face contact with non-family members living outside their household by gender, age 18+, EU



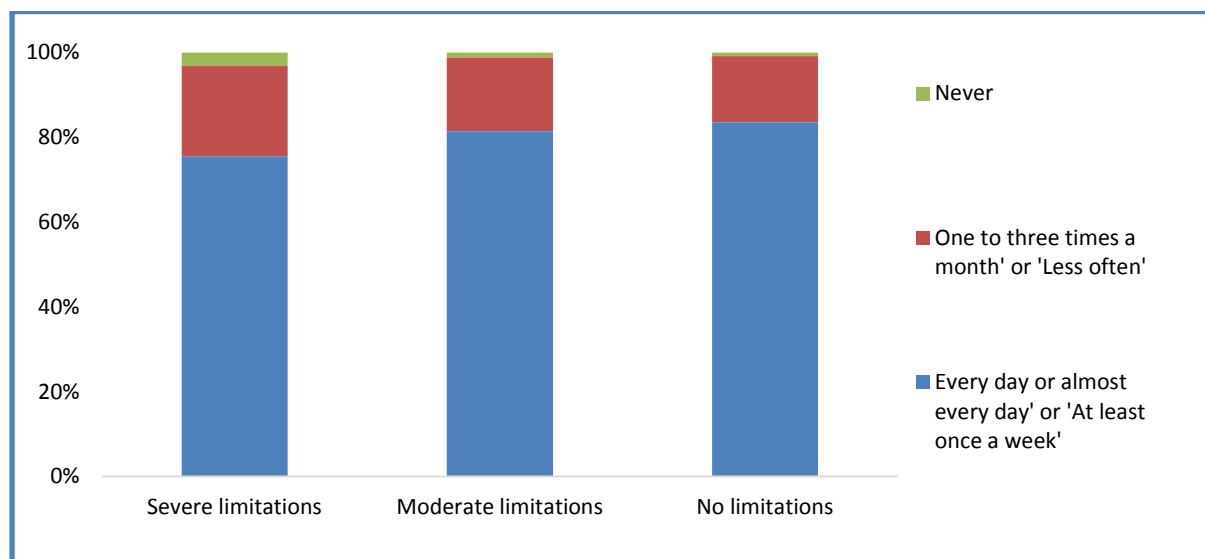
Source: EQLS 2011/2012. Q 33

Figure 51: % of persons who have direct face-to-face contact with non-family members living outside their household by age group, EU



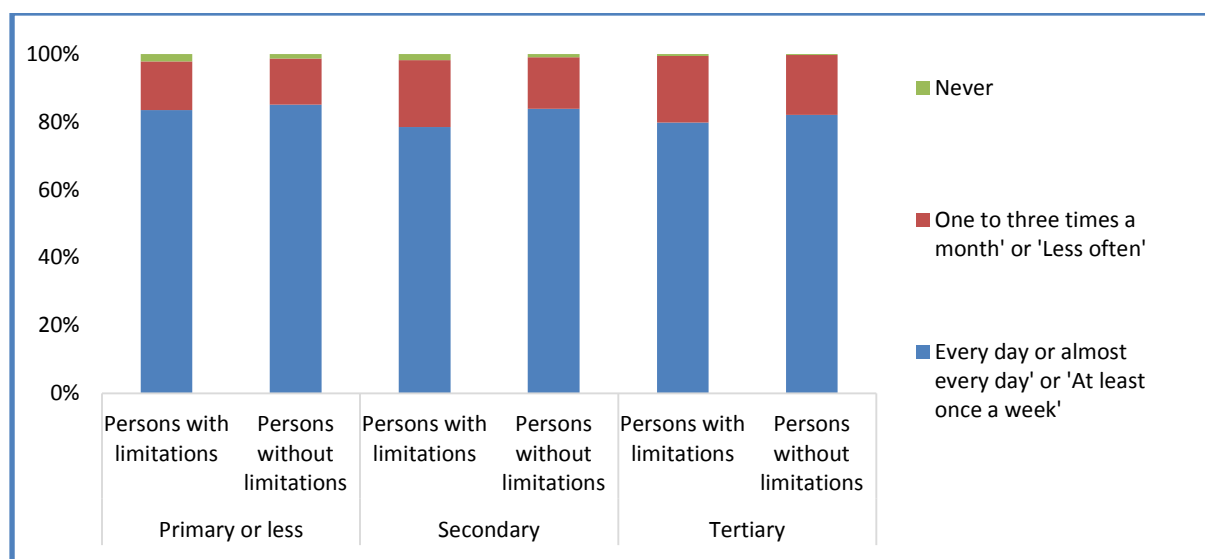
Source: EQLS 2011/2012. Q 33

Figure 52: % of persons who have direct face-to-face contact with non-family members living outside their household by degree of limitation, EU



Source: EQLS 2011/2012. Q 33

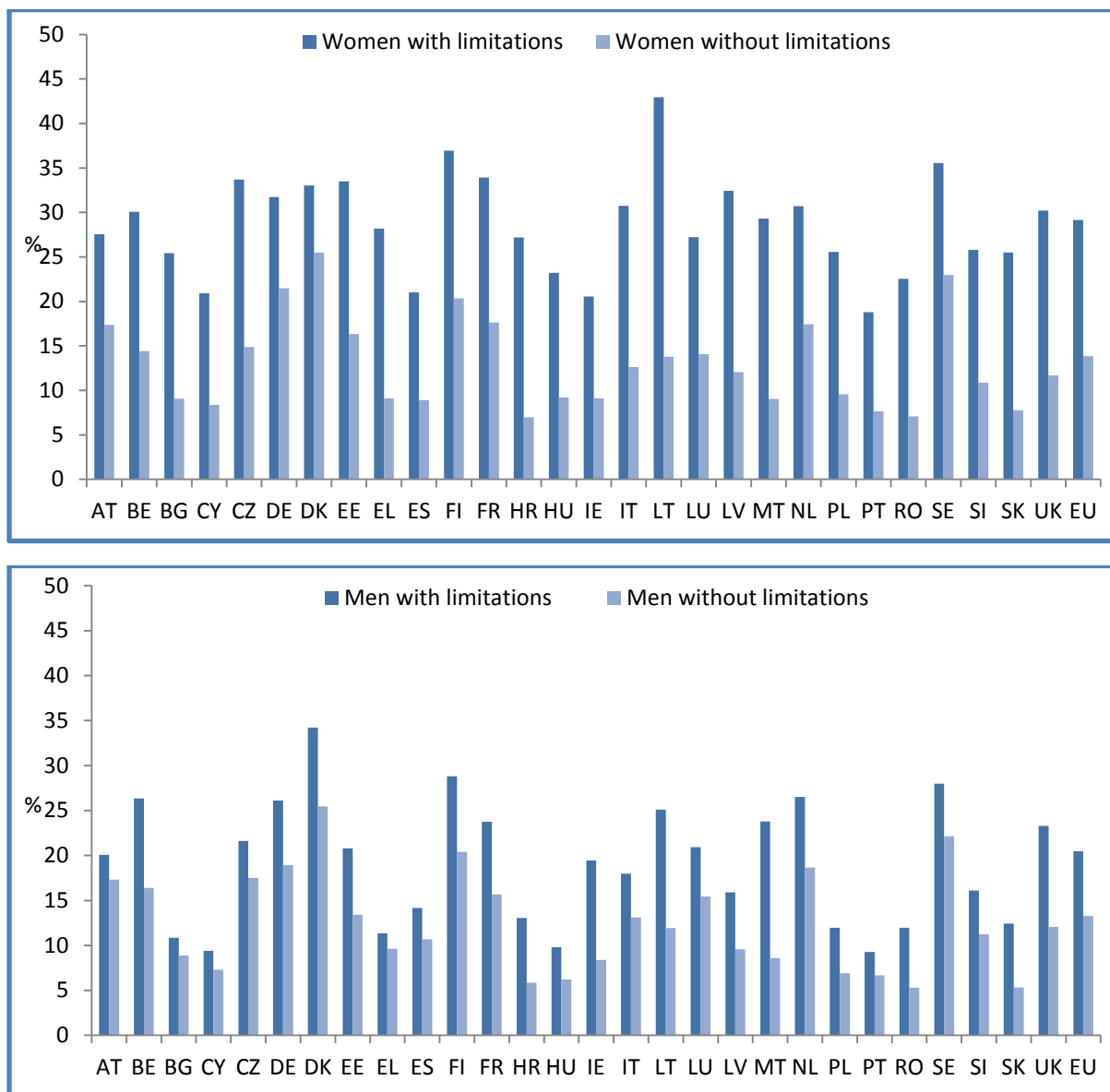
Figure 53: % of persons who have direct face-to-face contact with non-family members living outside their household by education level, EU



Source: EQLS 2011/2012. Q 33

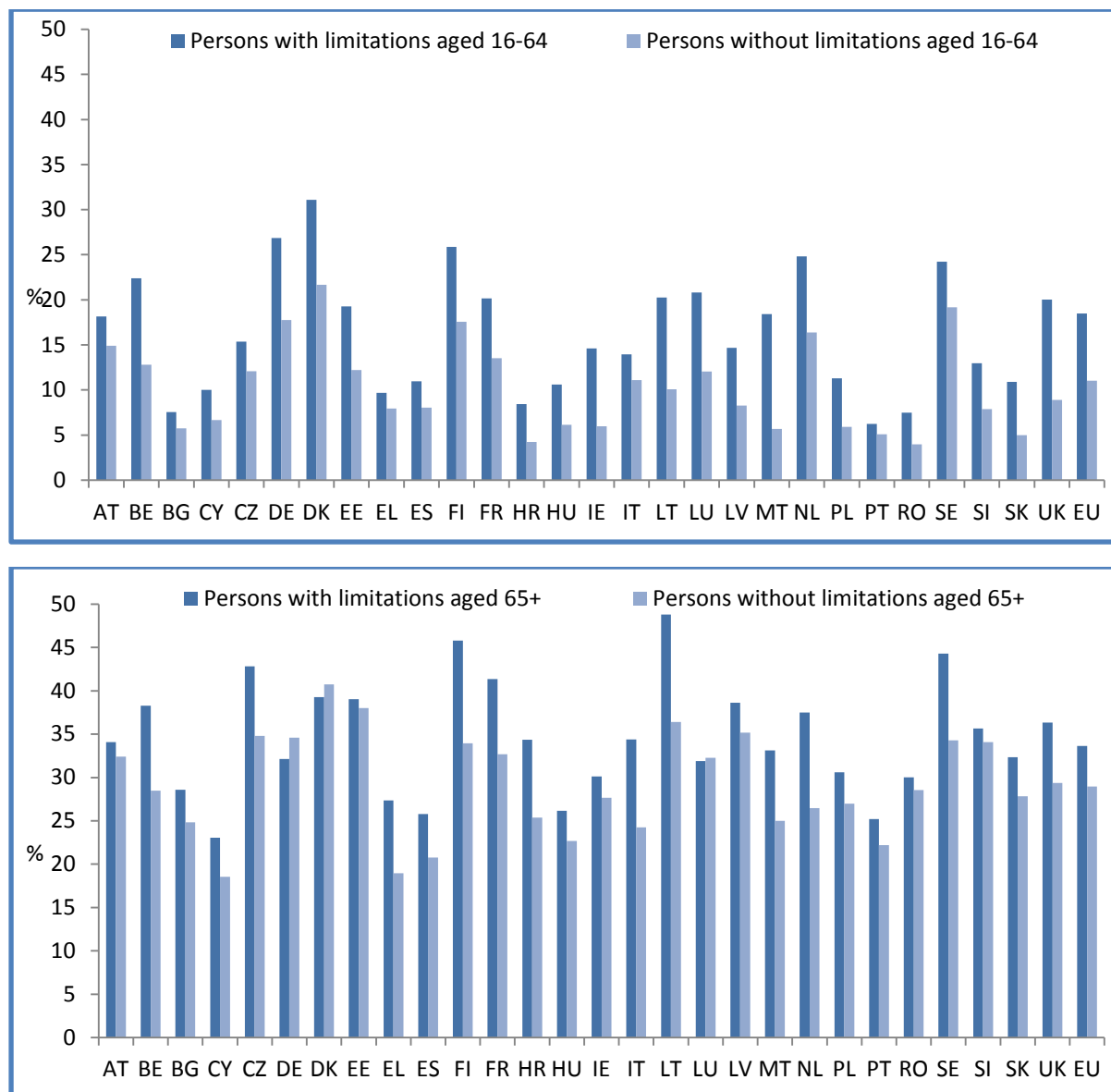
6 Living with others (in typical household arrangements)

Figure 54: % of persons who live in one person household by gender, age 16+



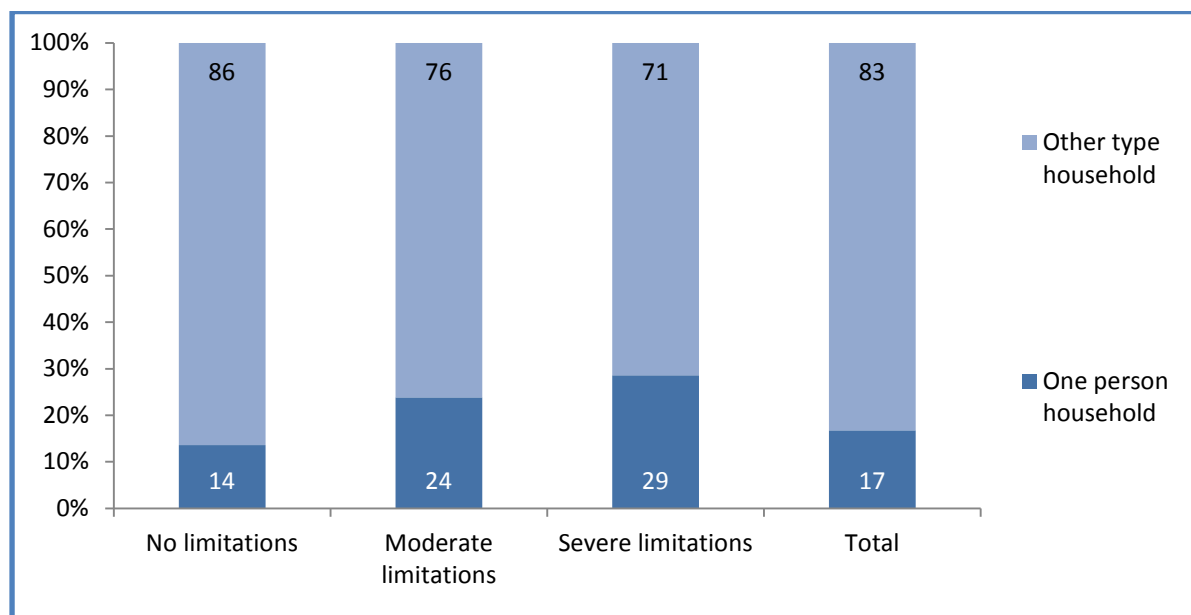
Source: EUSILC UDB 2014 – version 1 of January 2016. HX060

Figure 55: % of persons who live in one person household by age group



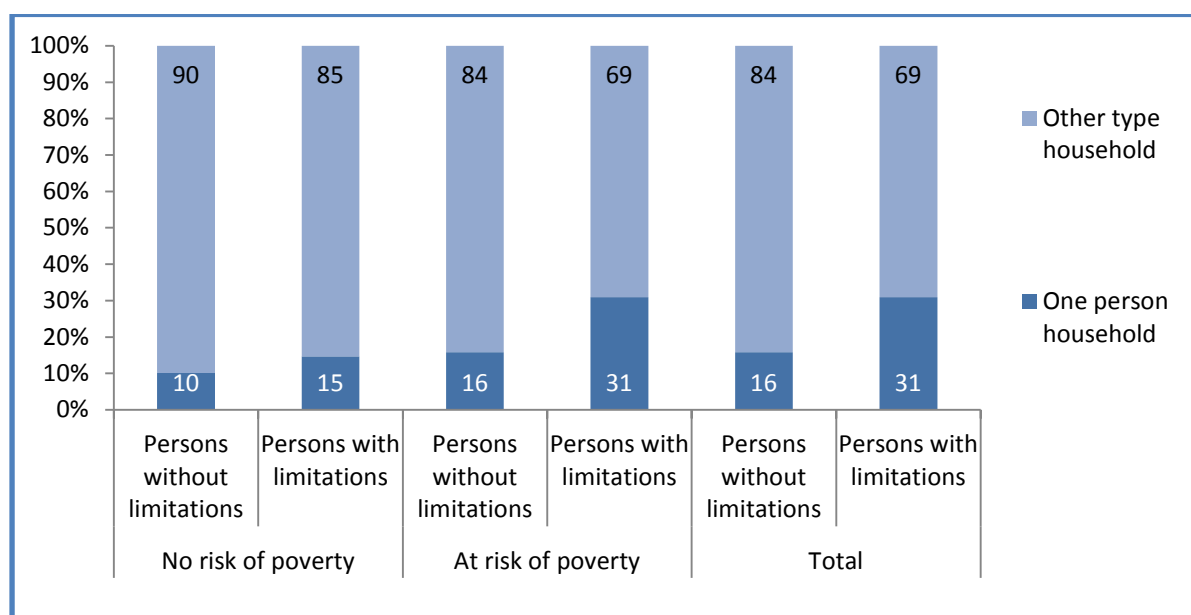
Source: EUSILC UDB 2014 – version 1 of January 2016. HX060

Figure 56: % of persons who live in one person household by degree of disability, age 16+, EU



Source: EUSILC UDB 2014 – version 1 of January 2016. HX060

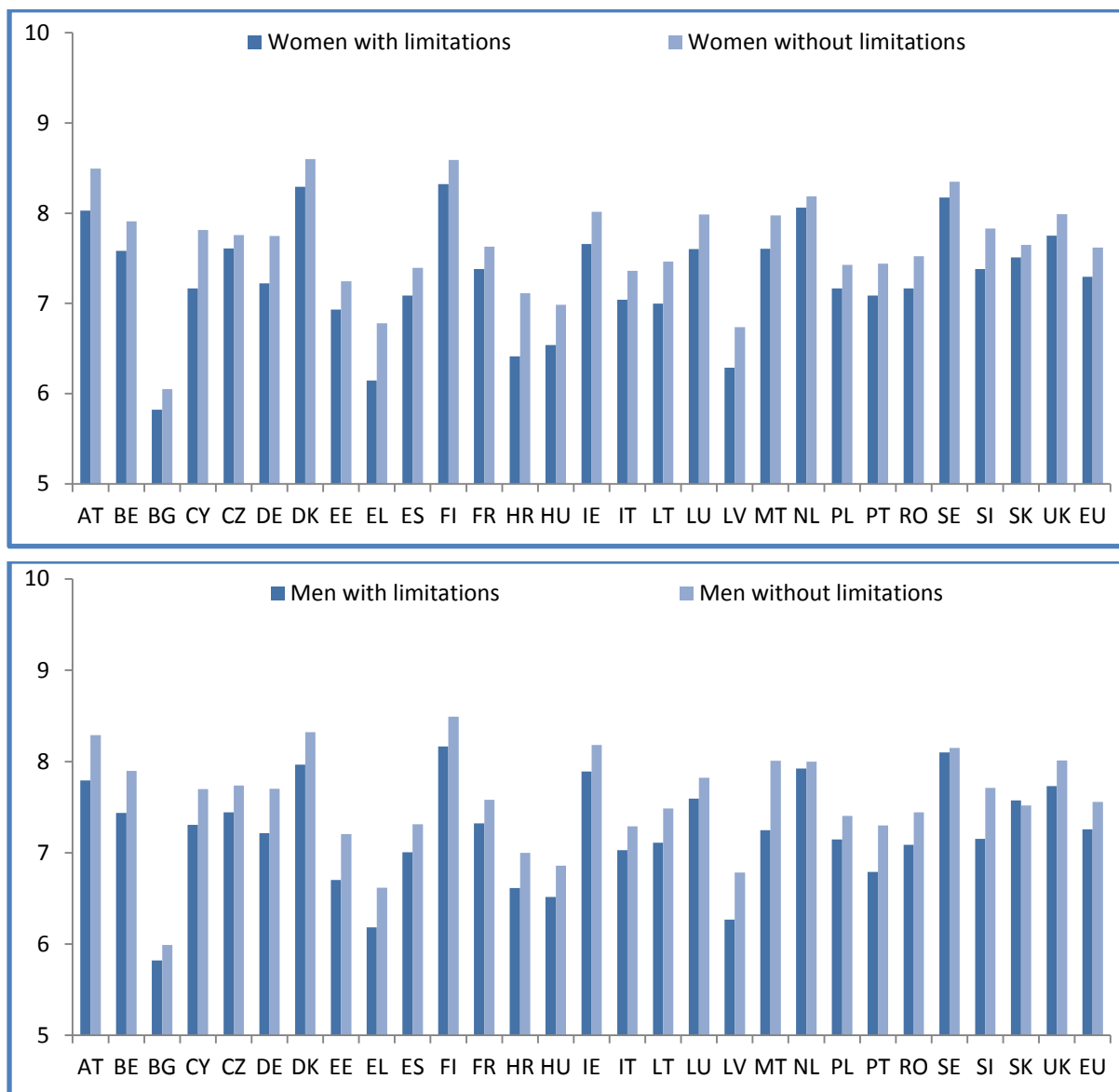
Figure 57: % of persons who live in one person household by risk of poverty level, age 16-64, EU



Source: EUSILC UDB 2014 – version 1 of January 2016. HX060

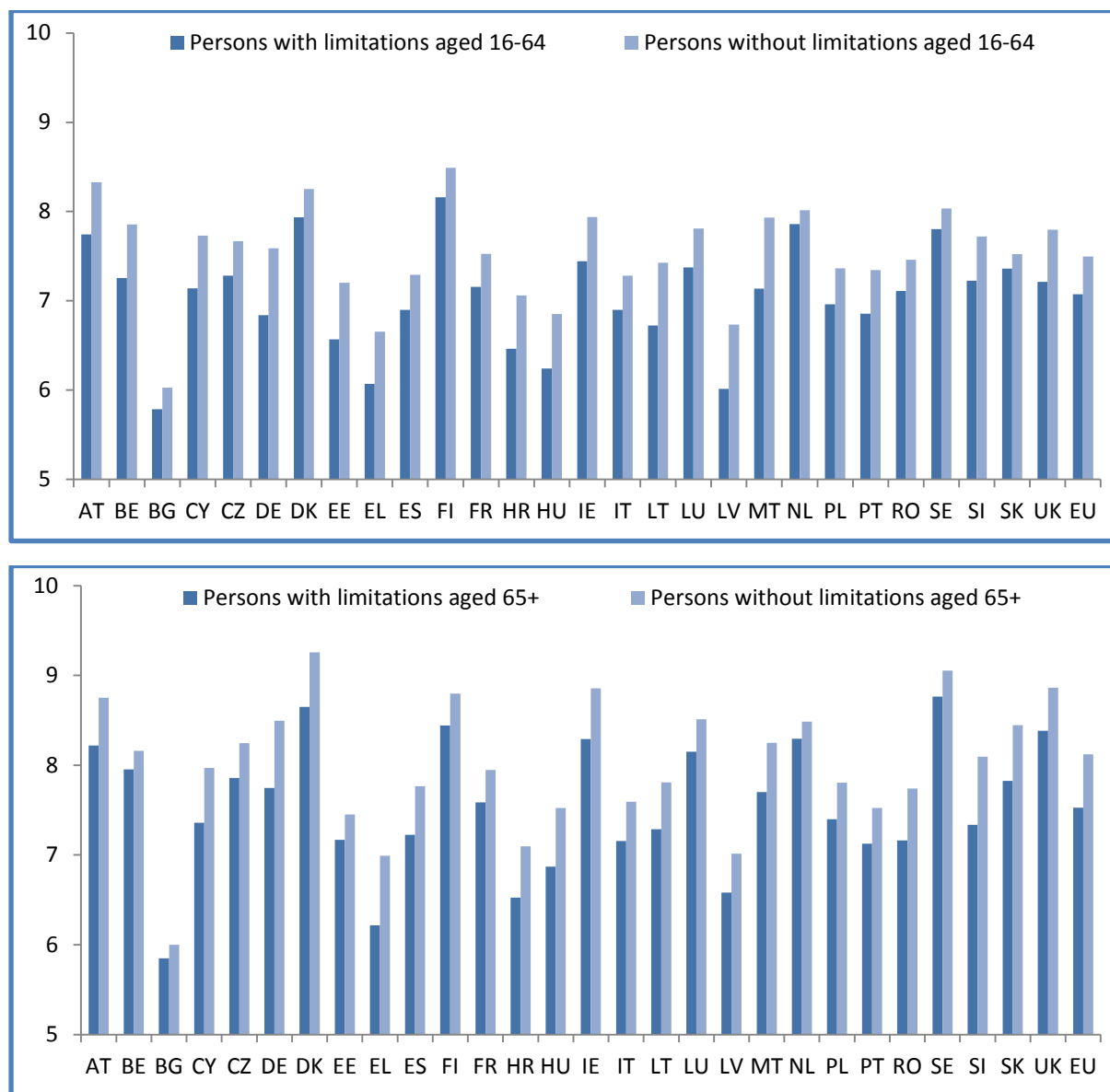
7 Satisfied with accommodation

Figure 58: Mean value of satisfaction with accommodation { From 0 (Not at all satisfied) to 10 (Completely satisfied)} by gender, age 16+



Source: EU-SILC UDB 2013– version 3 of January 2016, Q PW040

Figure 59: Mean value of satisfaction with accommodation {From 0 (Not at all satisfied) to 10 (Completely satisfied)} by age group



Source: EU-SILC UDB 2013– version 3 of January 2016, Q PW040

Figure 60: Mean value of satisfaction with accommodation {From 0 (Not at all satisfied) to 10 (Completely satisfied)} by degree of urbanisation, age 16+, EU

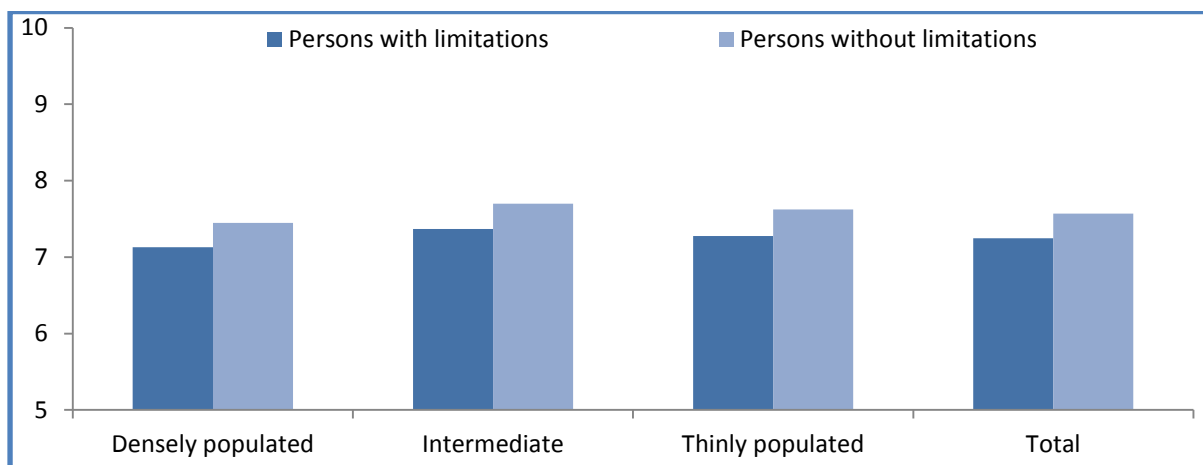


Figure 61: Mean value of satisfaction with accommodation {From 0 (Not at all satisfied) to 10 (Completely satisfied)} by degree of disability, age 16+, EU

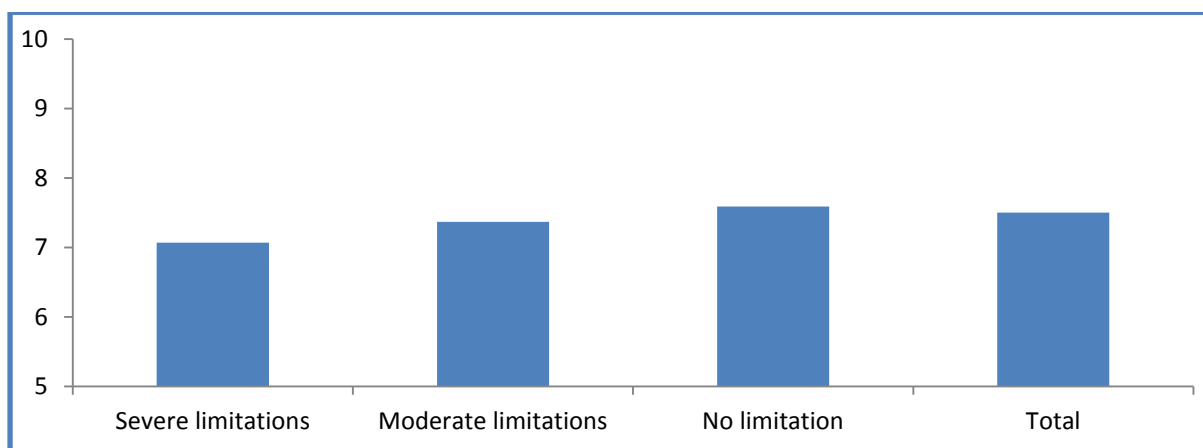
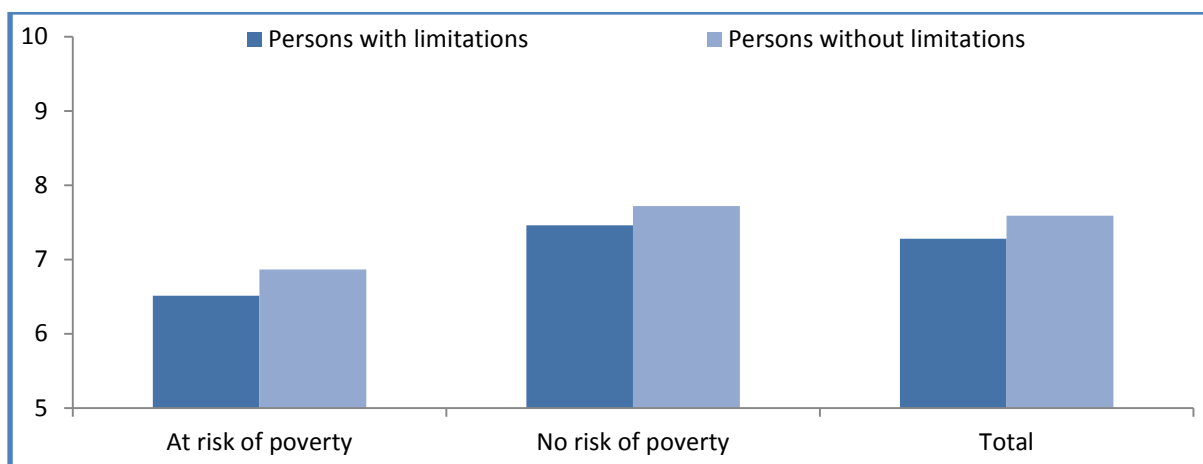


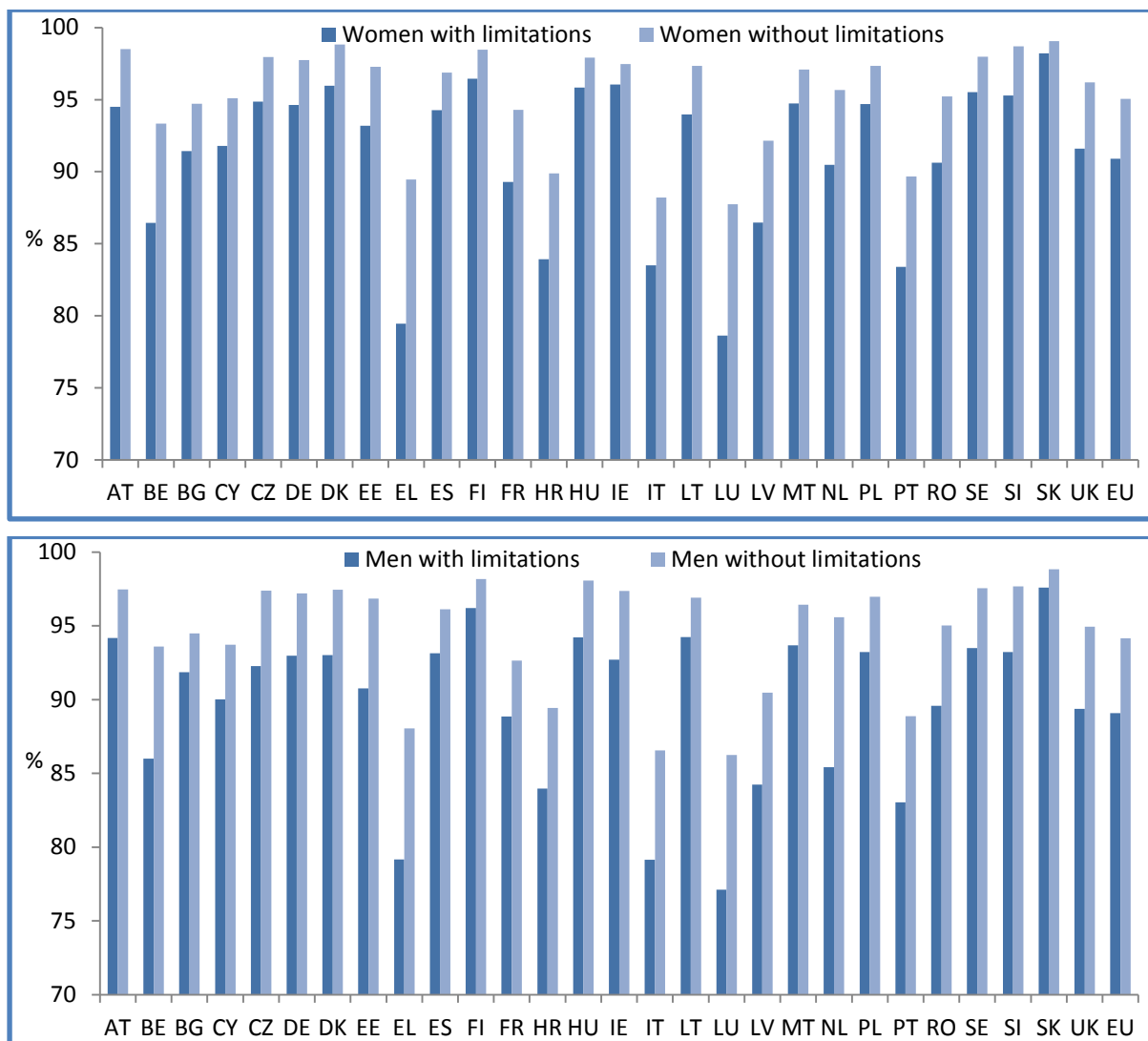
Figure 62: Mean value of satisfaction with accommodation {From 0 (Not at all satisfied) to 10 (Completely satisfied)} by poverty level, age 16+, EU



Source: EU-SILC UDB 2013– version 3 of January 2016, Q PW040

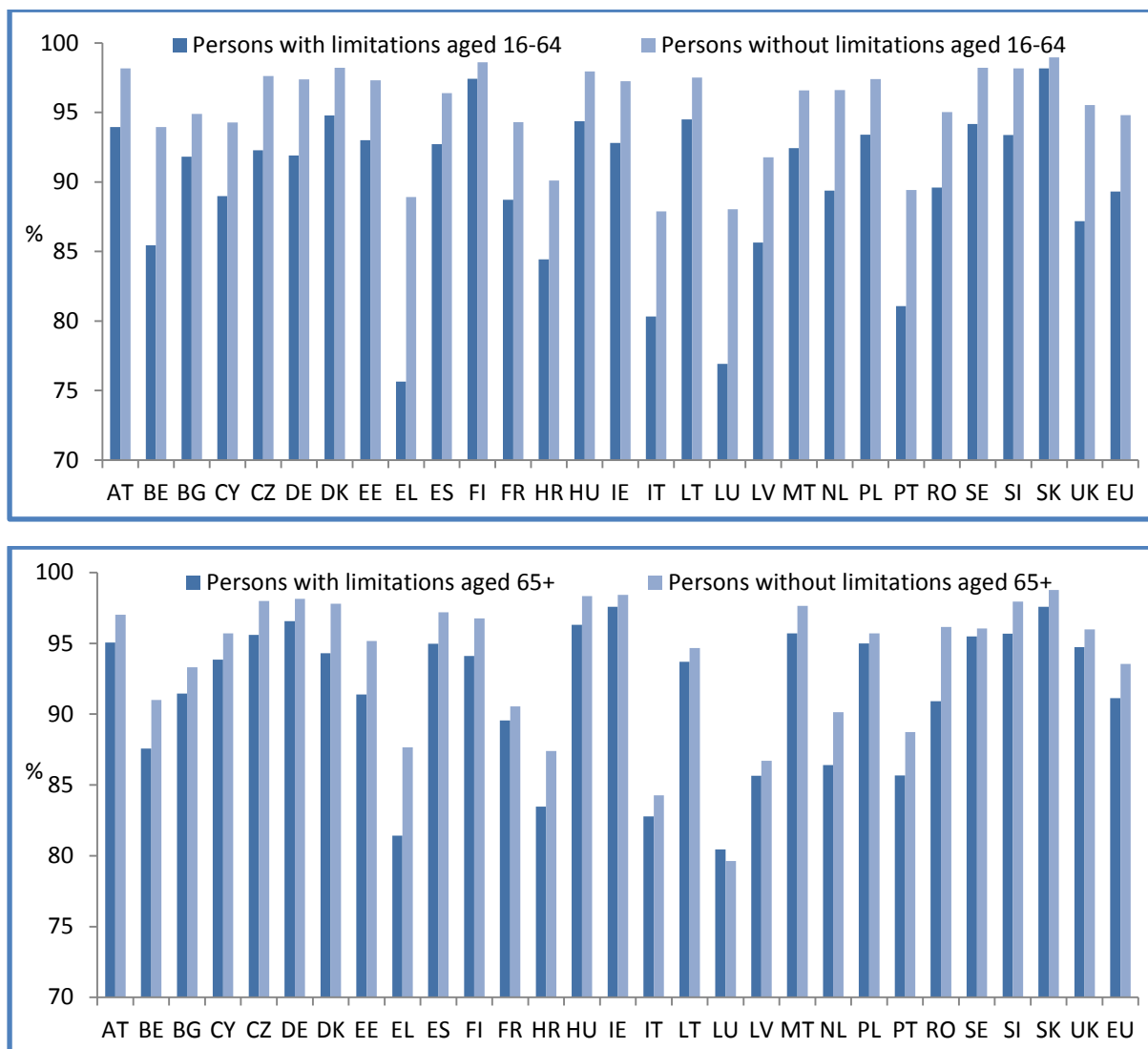
8 Help available from persons beyond the household

Figure 63: % of persons who declare that they have the possibility to ask for help from relatives and friends (or neighbours) beyond their own household, age 16+



Source: EUSILC UDB 2013 – version 3 of January 2016 (PW180)

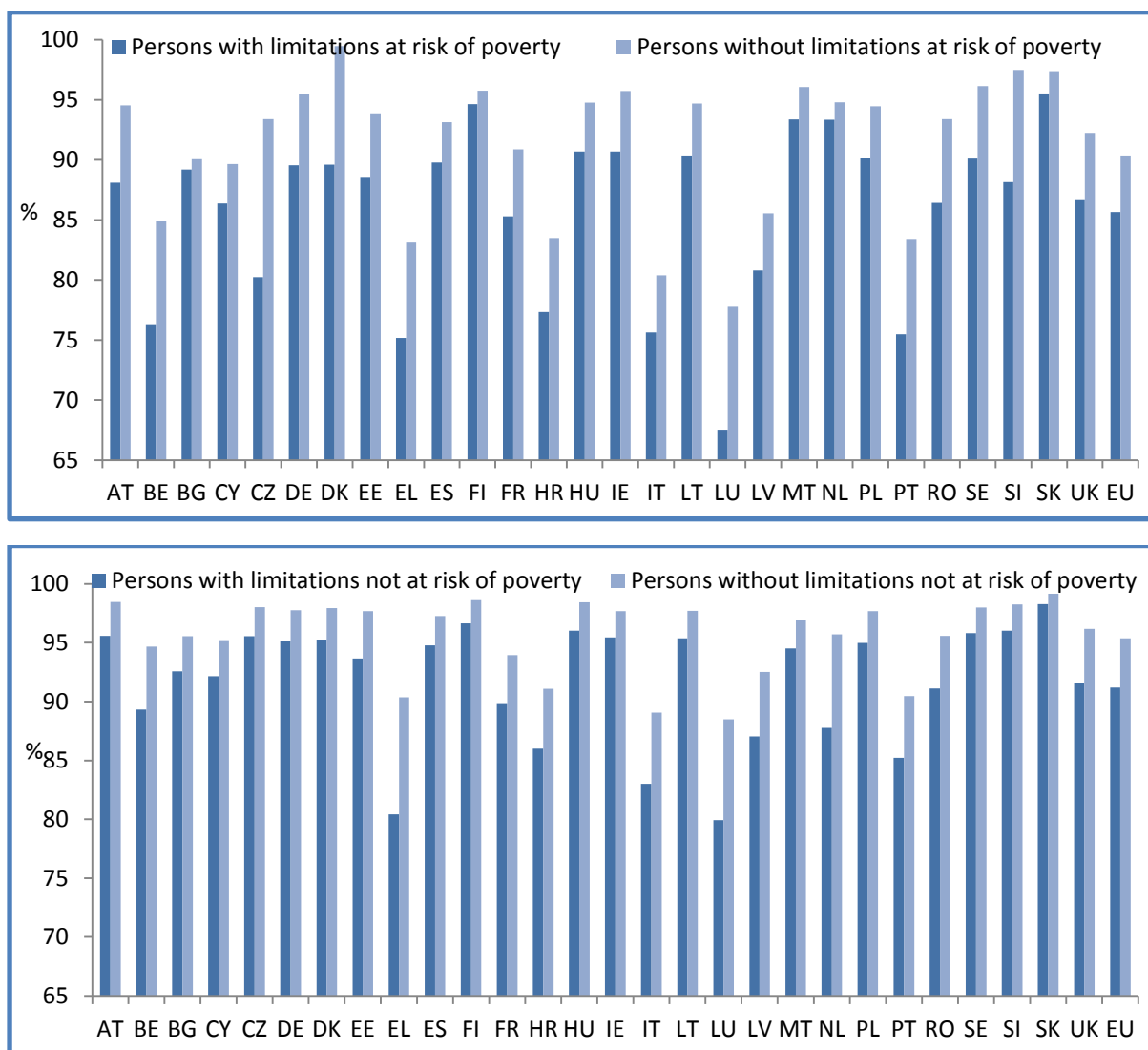
Figure 64: % of persons who declare that they have the possibility to ask for help from relatives and friends (or neighbours) beyond their own household



Source: EUSILC UDB 2013 – version 3 of January 2016 (EU-SILC 2013 PW180)

The following graphs show the rates for persons with and without limitations among people above and below the risk of poverty line.

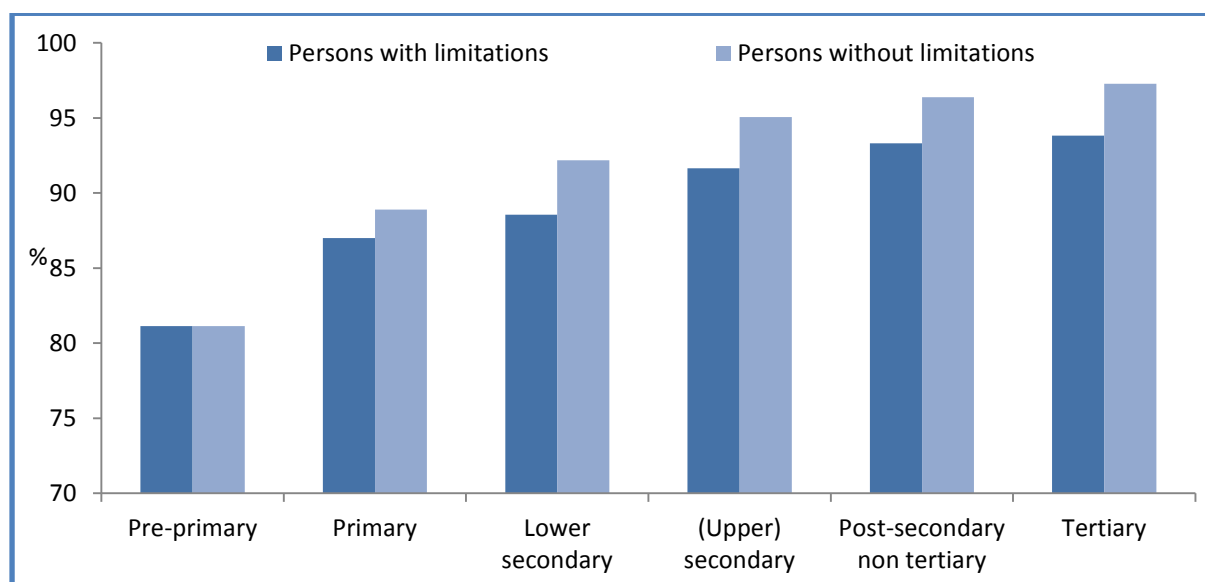
Figure 65: % of persons who declare that they have the possibility to ask for help from relatives and friends (or neighbours) beyond their own household, age 16+



Source: EUSILC UDB 2013 – version 3 of January 2016 (EU-SILC 2013 PW180)

The following graph shows the different rates for persons who report limitations and those who do not at each educational attainment level.

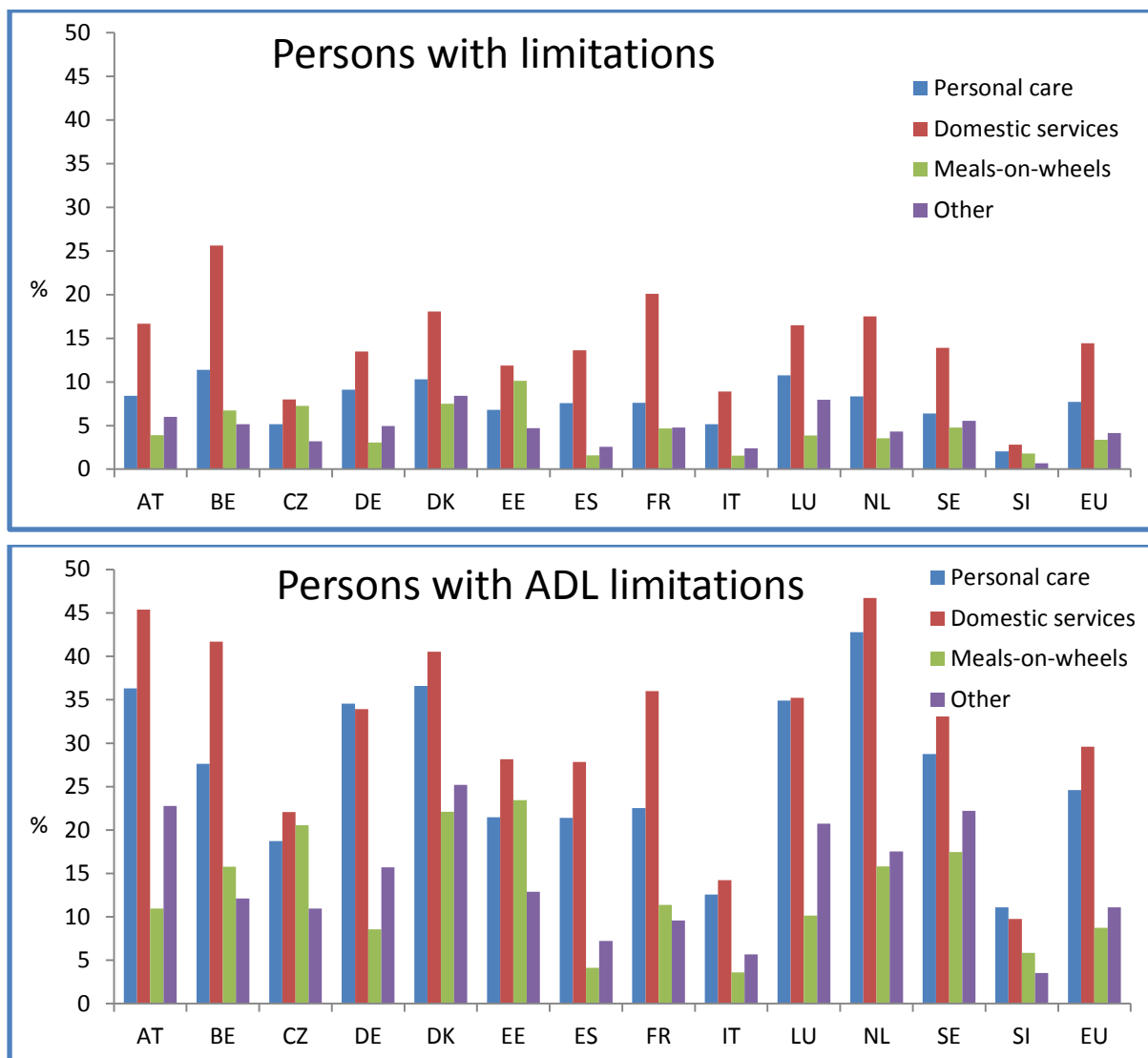
Figure 66: % of persons who declare that they have the possibility to ask for help from relatives and friends (or neighbours) beyond their own household by education level (Highest ISCED level attained)



Source: EUSILC UDB 2013 – version 3 of January 2016 (EU-SILC 2013 PW180)

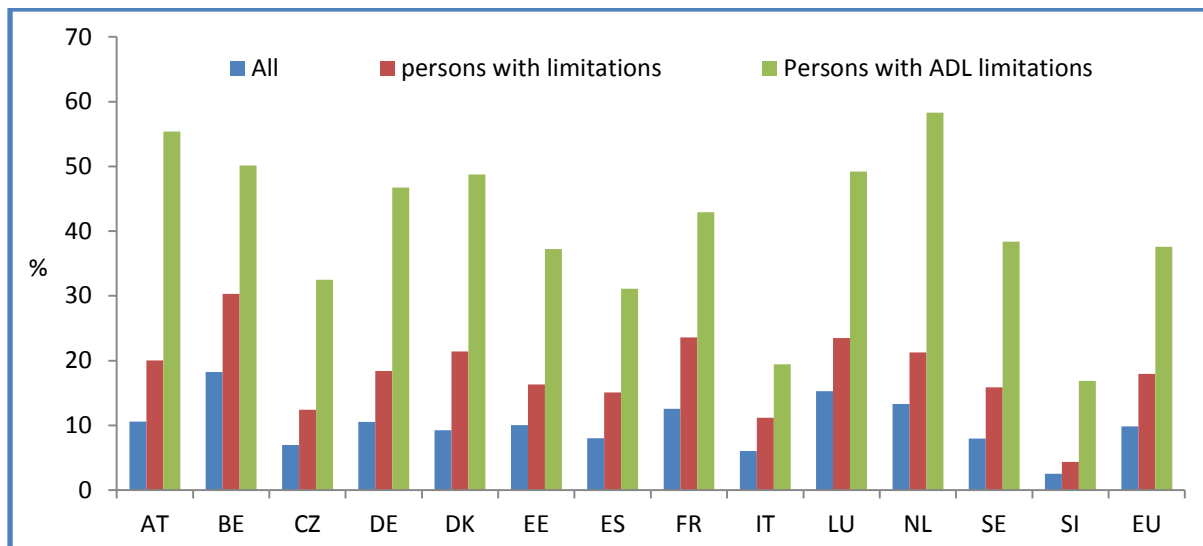
9 Receive formal help at home with personal care or domestic tasks

Figure 67: % of persons with limitations in activities people usually do and persons with ADL limitations who received in their own home any professional or paid services, age 50+



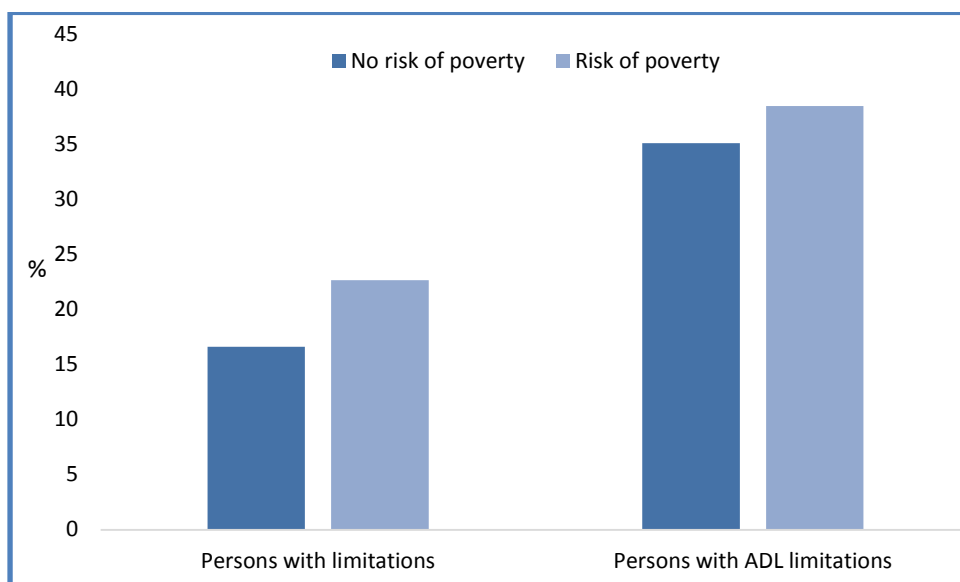
Source: SHARE Wave 5. Release version: 1.0.0. Q HC127

Figure 68: % of persons with limitations in activities people usually do and persons with ADL limitations who received in their own home at least one professional or paid service, age 50+



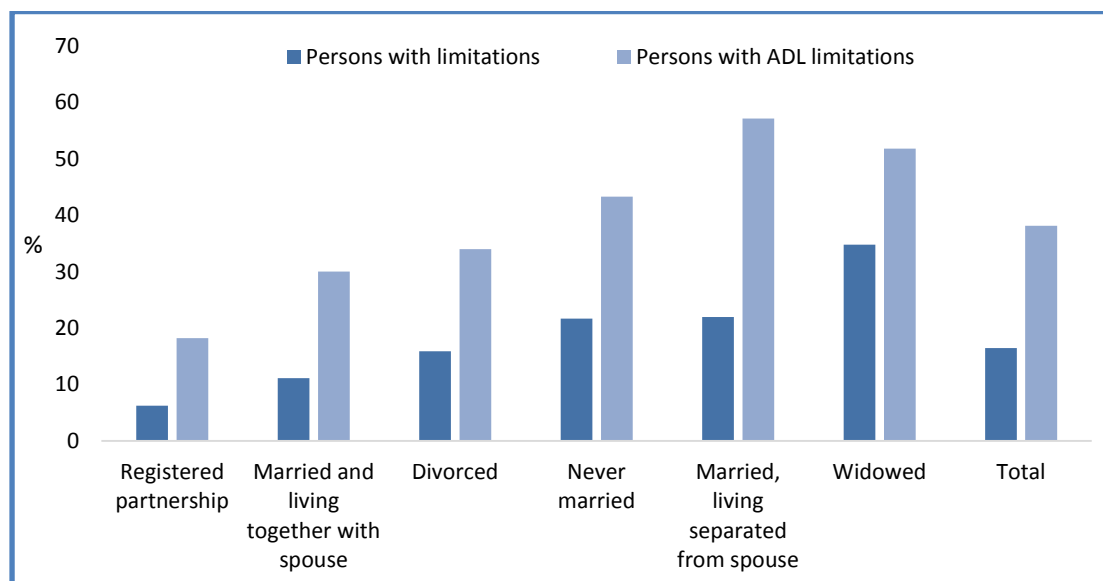
Source: SHARE Wave 5. Release version: 1.0.0. Q HC127

Figure 69: % of persons who received in their own home at least one professional or paid service by income level (risk of poverty), age 50+



Source: SHARE Wave 5. Release version: 1.0.0. Q HC127

Figure 70: % of persons who received in their own home at least one professional or paid service by marital status, age 50+

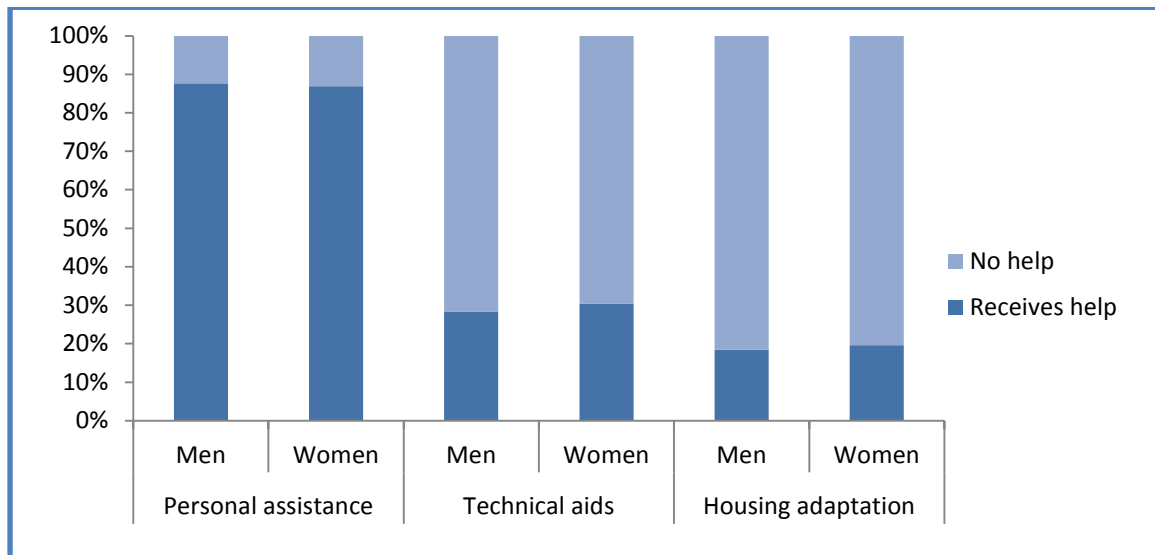


Source: SHARE Wave 5. Release version: 1.0.0. Q HC127

Note: Covers only those who changed marital status since the previous interview

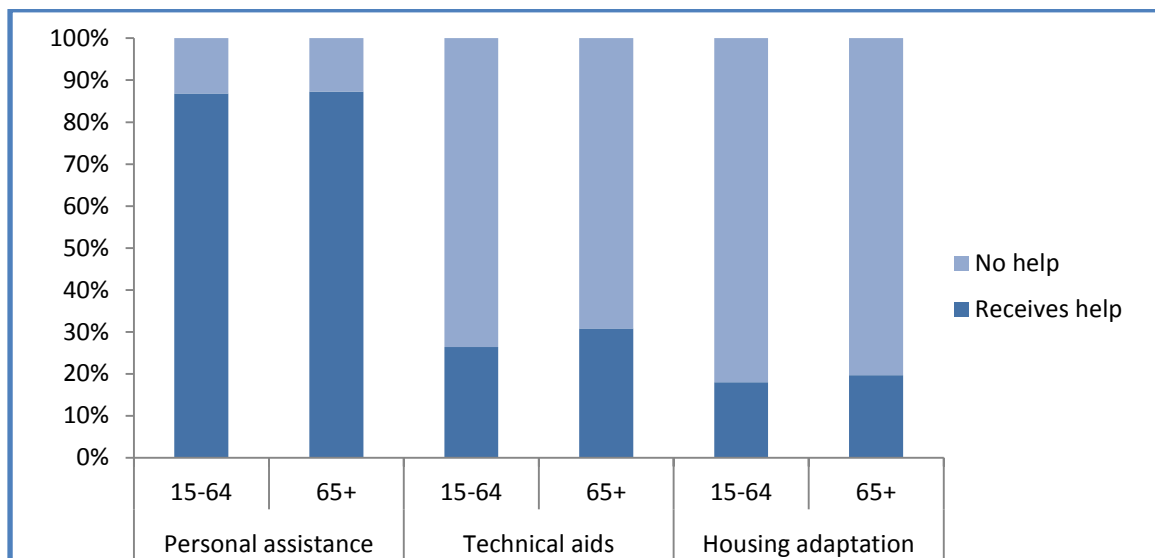
10 Enough help received with daily living

Figure 71: % of persons with ADL limitations receiving help by gender, age 15+



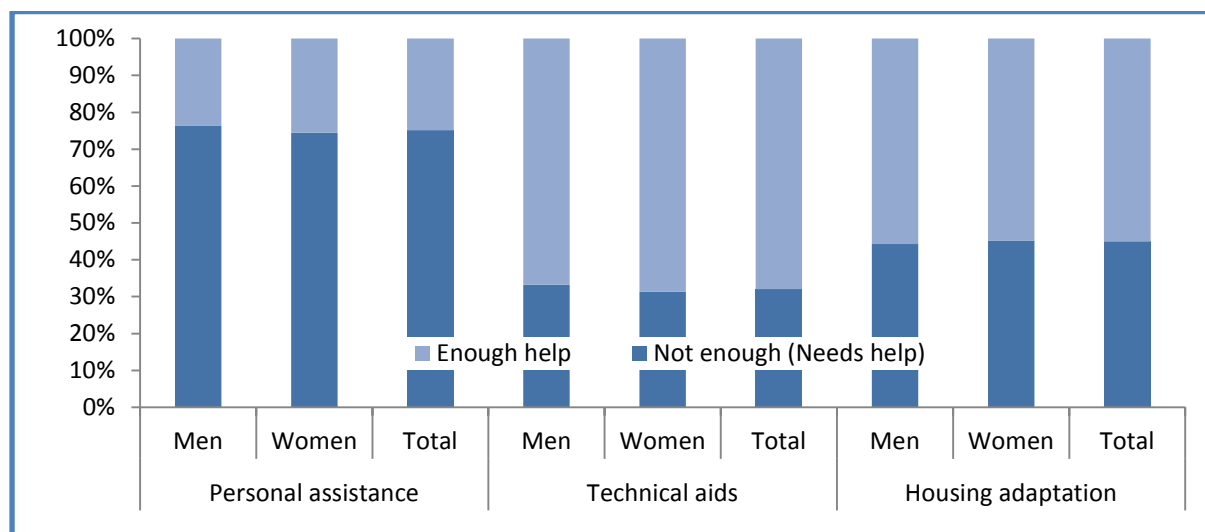
Source: EHIS Wave 1 2006-2009 Q PC 2

Figure 72: % of persons with ADL limitations receiving help by age group, age 15+



Source: EHIS Wave 1 2006-2009 Q PC 2

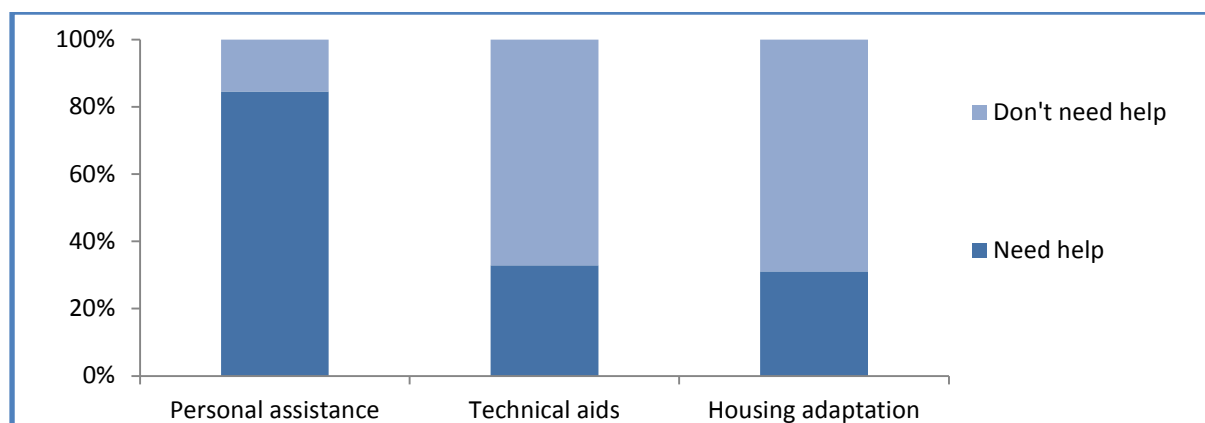
Figure 73: % of persons with ADL limitations receiving help and declaring that help was enough by type of help they don't have enough, age 15+



Source: EHIS Wave 1 2006-2009 Q PC 3

Note: The table includes BG, CY, CZ, EL, FR, HU, LV, MT, PL, RO, SI and SK.

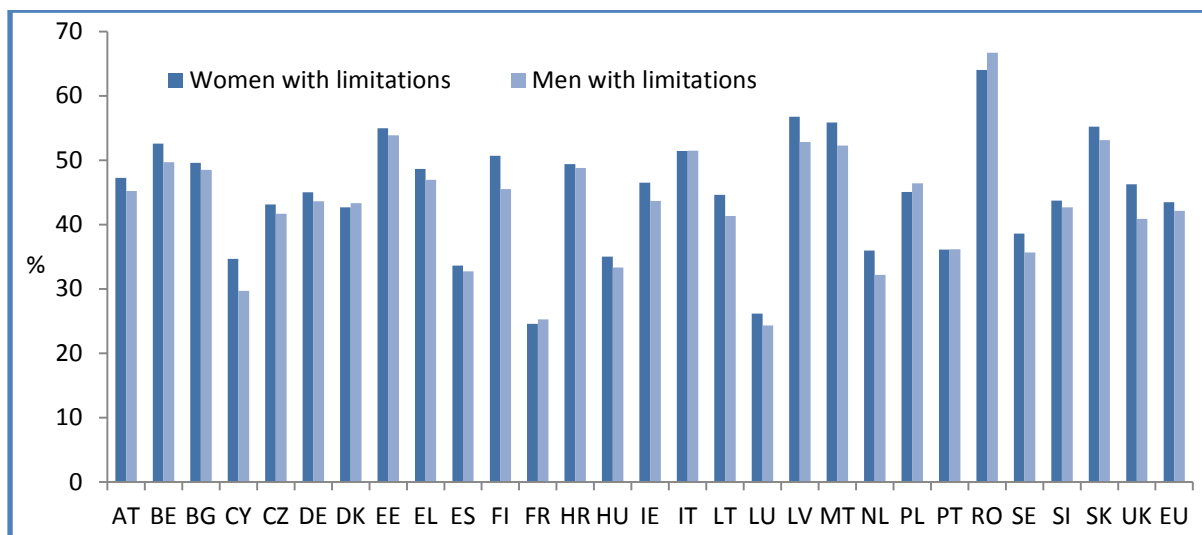
Figure 74: % of persons with ADL limitations not receiving help declaring whether they need help, age 15+



Source: EHIS Wave 1 2006-2009 Q PC 4

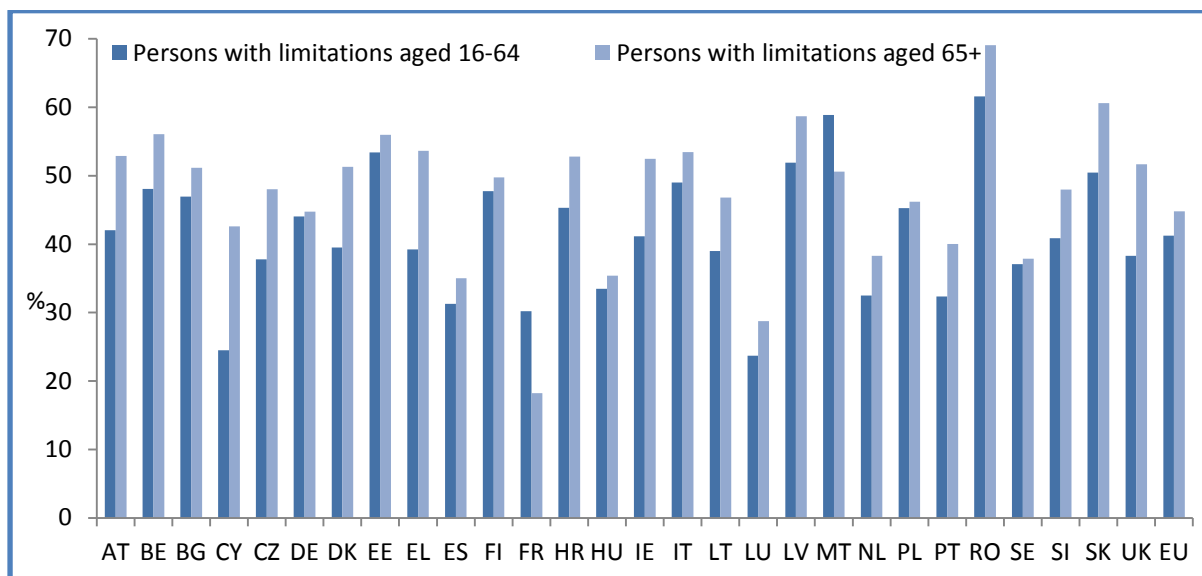
11 Ease of access to general community services

Figure 75: % of persons with limitations who declare a difficulty to access at least one service (grocery services or banking services or postal services or primary health care services or public transport) by gender, age 16+



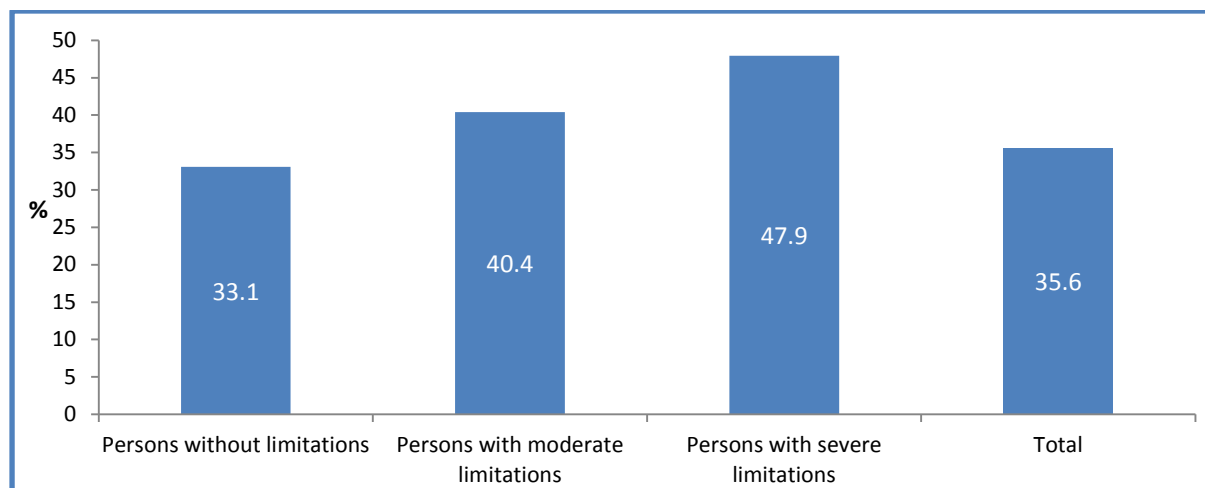
Source: EUSILC UDB 2012 – version 4 of January 2016 (HC090, HC100, HC110, HC120, HC130)

Figure 76: % of persons with limitations who declare a difficulty to access at least one service (grocery services or banking services or postal services or primary health care services or public transport) by age group



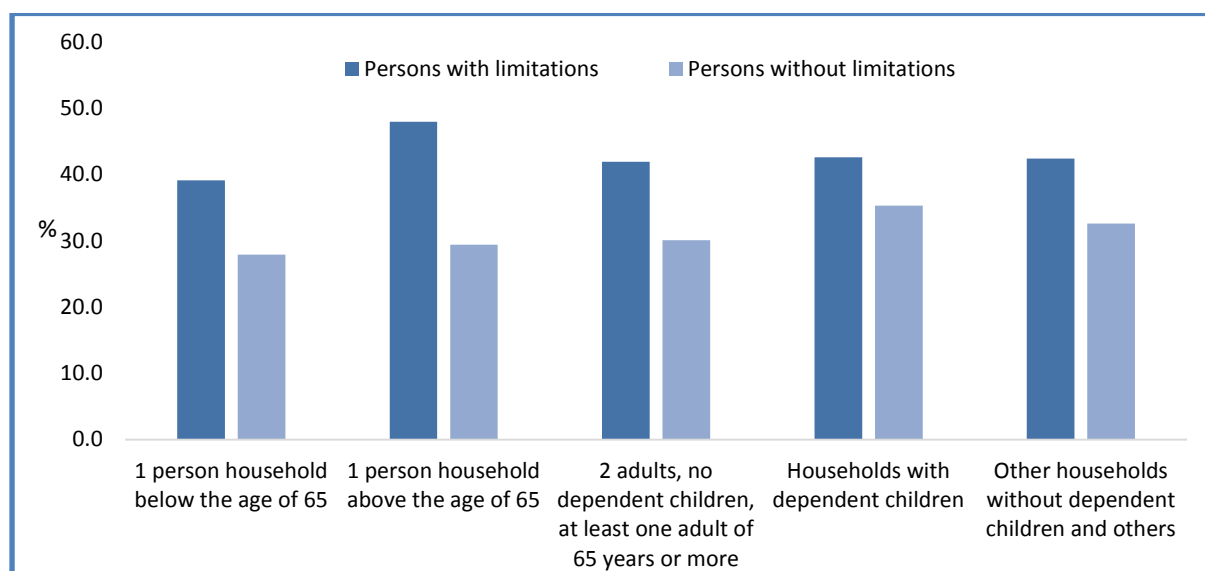
Source: EUSILC UDB 2012 – version 4 of January 2016 (HC090, HC100, HC110, HC120, HC130)

Figure 77: % of persons who declare a difficulty to access at least one service (grocery services or banking services or postal services or primary health care services or public transport) by degree of limitation, EU-28, age 16+



Source: EUSILC UDB 2012 – version 4 of January 2016 (HC090, HC100, HC110, HC120, HC130)

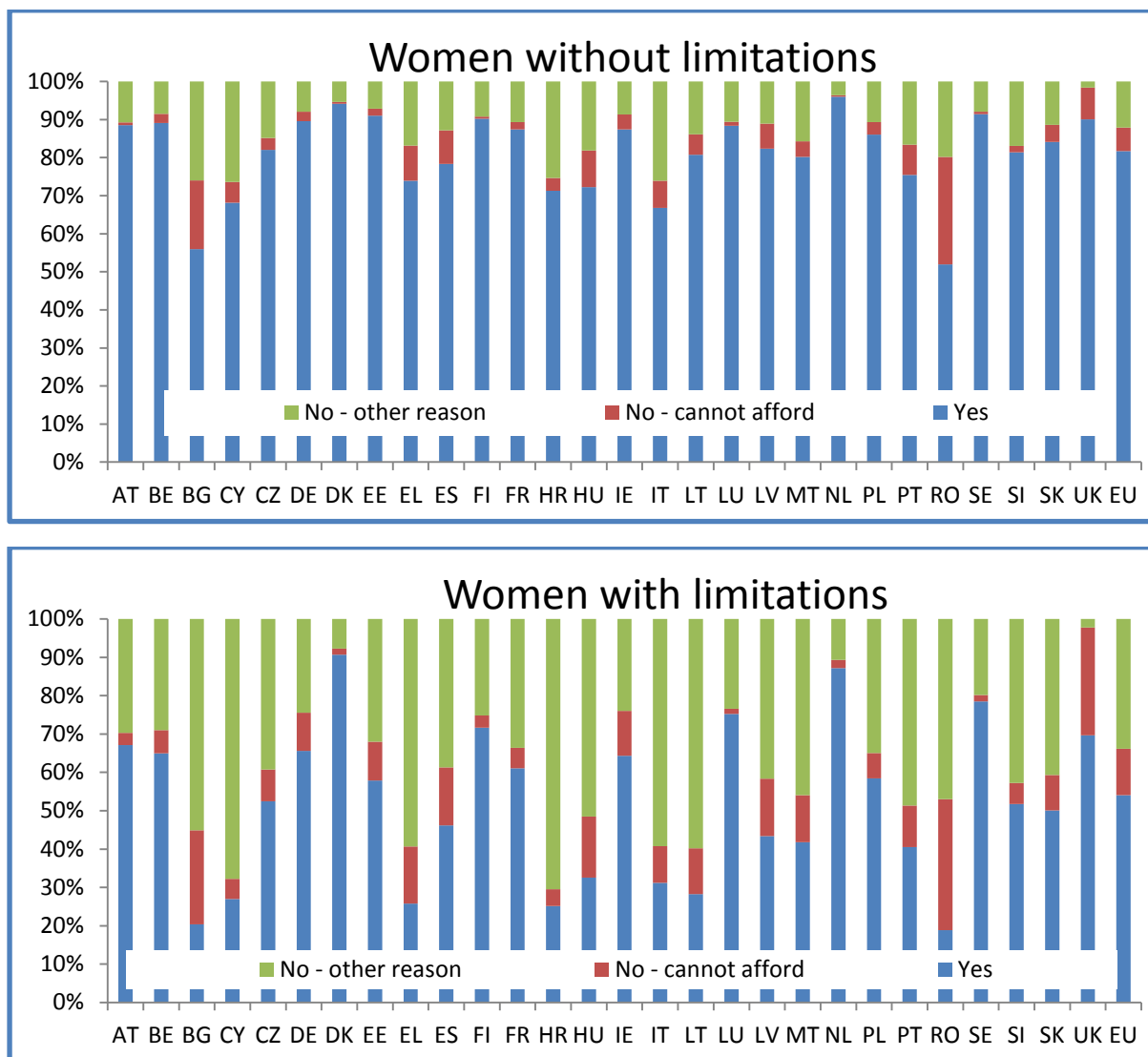
Figure 78: % of persons who declare a difficulty to access at least one service (grocery services or banking services or postal services or primary health care services or public transport) by type of household, EU-28, age 16+



Source: EUSILC UDB 2012 – version 4 of January 2016 (HC090, HC100, HC110, HC120, HC130)

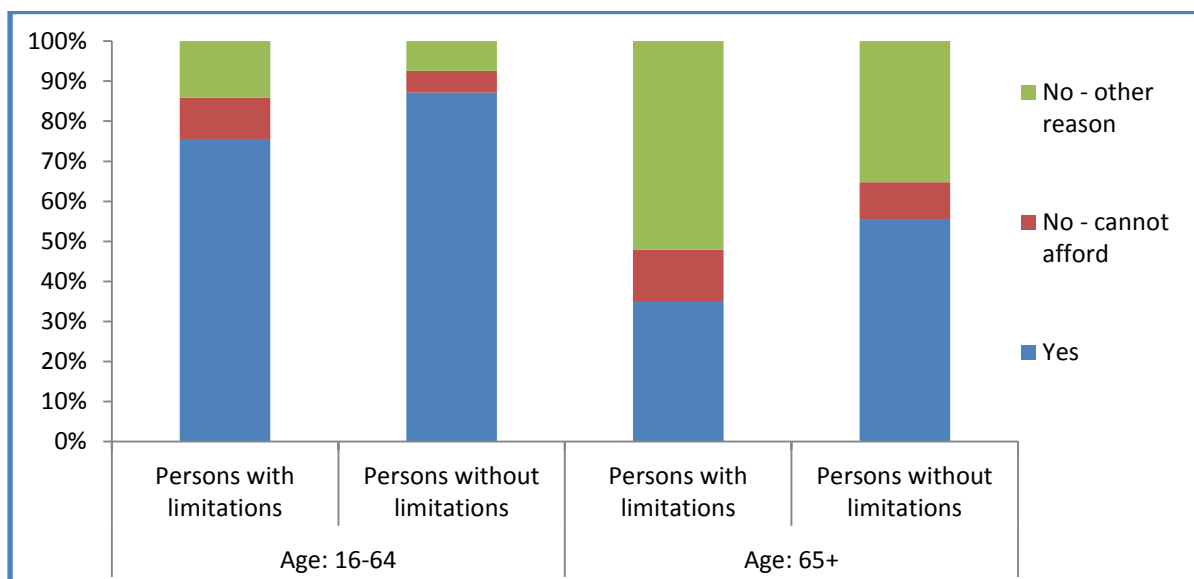
12 Access to online services

Figure 79: % of women having internet connection for personal use at home by limitation status, age 16+



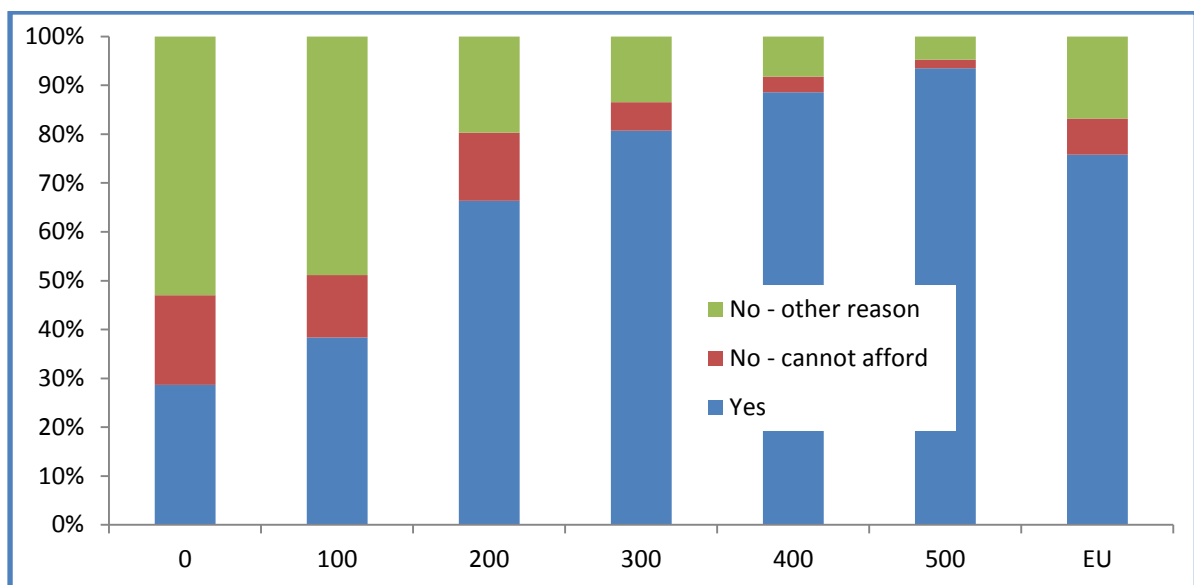
Source: EUSILC UDB 2014 – version 3 of January 2016, Q PD080

Figure 80: % of persons having internet connection for personal use at home by limitation status, age 16+



Source: EUSILC UDB 2014 – version 3 of January 2016, Q PD080

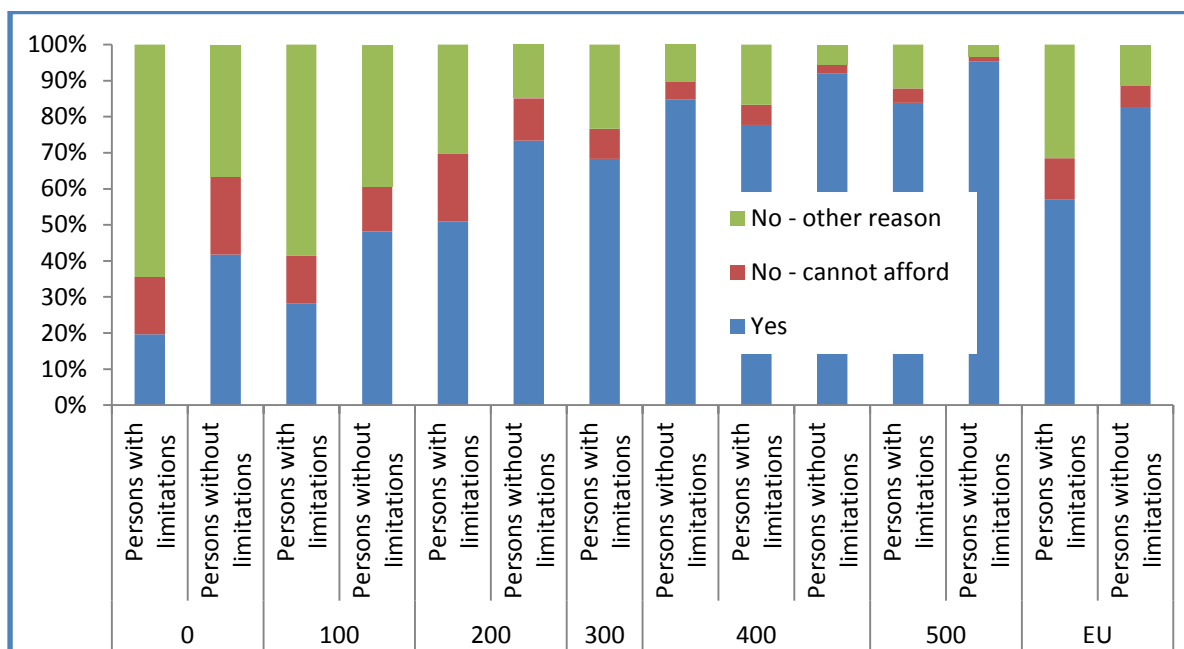
Figure 81: % of persons having internet connection for personal use at home by education level, age 16+



Source: EUSILC UDB 2014 – version 3 of January 2016, Q PD080

Note: Education level (Highest ISCED level attained): 0: Less than primary education; 100: Primary education; 200: Lower secondary education; 300: Upper secondary education (not further specified); 400: Post-secondary non-tertiary education (not further specified); 500: Tertiary

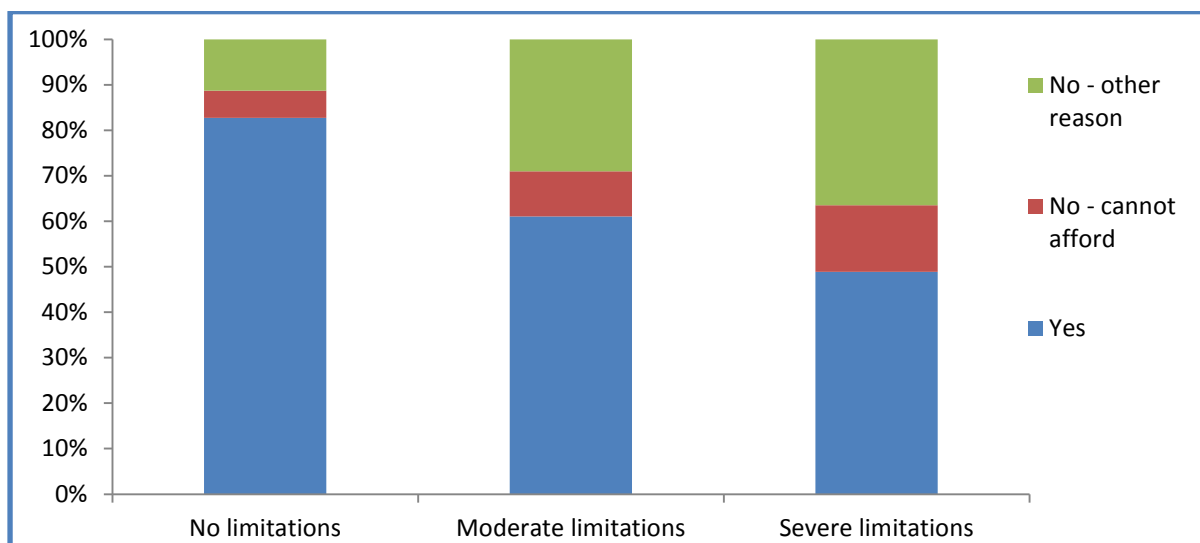
Figure 82: % of persons having internet connection for personal use at home by limitation status and education level, age 16+



Source: EUSILC UDB 2014 – version 3 of January 2016, Q PD080

Note: Education level (Highest ISCED level attained): 0: Less than primary education; 100: Primary education; 200: Lower secondary education; 300: Upper secondary education (not further specified); 400: Post-secondary non-tertiary education (not further specified); 500: Tertiary

Figure 83: % of persons having internet connection for personal use at home by degree of limitation, age 16+



Source: EUSILC UDB 2014 – version 3 of January 2016, Q PD080

ANNEX 3: Distribution of disability in each survey

Table 84: % of persons with disabilities (limitations), age 16+

1: No limitations in activities; 2: Some/severe limitations in activities; 3: Total

EU-SILC												
	2010			2012			2013			2014		
	1	2	3	1	2	3	1	2	3	1	2	3
EU - 28	75.2	24.8	100	73.9	26.1	100	73.1	26.9	100	71.7	28.3	100
AT	71.5	28.5	100	72.9	27.1	100	70.6	29.4	100	67.0	33.0	100
BE	76.7	23.3	100	78.1	22.0	100	76.5	23.5	100	76.5	23.5	100
BG	84.6	15.4	100	81.7	18.3	100	82.3	17.7	100	79.3	20.8	100
CY	80.9	19.1	100	79.7	20.3	100	79.7	20.3	100	79.2	20.8	100
CZ	77.9	22.1	100	76.3	23.7	100	75.7	24.3	100	74.0	26.0	100
DE	68.3	31.8	100	66.0	34.0	100	65.6	34.4	100	62.3	37.7	100
DK	75.2	24.8	100	72.3	27.7	100	72.5	27.5	100	72.2	27.8	100
EE	69.8	30.2	100	67.5	32.5	100	67.2	32.8	100	63.5	36.6	100
EL	81.3	18.7	100	77.4	22.6	100	77.0	23.0	100	72.9	27.1	100
ES	77.2	22.8	100	78.3	21.7	100	75.9	24.1	100	75.3	24.7	100
FI	69.0	31.1	100	65.8	34.2	100	58.4	41.6	100	69.1	30.9	100
FR	74.8	25.2	100	75.1	24.9	100	75.1	24.9	100	74.6	25.4	100
HR	65.9	34.2	100	77.2	22.9	100	70.4	29.6	100	66.5	33.5	100
HU	71.6	28.4	100	74.8	25.3	100	73.5	26.5	100	71.6	28.4	100
IE	82.5	17.5	100	83.4	16.6	100	82.7	17.3	100	80.4	19.6	100
IT	79.6	20.4	100	70.5	29.5	100	70.1	30.0	100	70.8	29.2	100
LT	77.3	22.7	100	74.3	25.7	100	74.3	25.7	100	68.6	31.4	100
LU	80.1	20.0	100	80.6	19.4	100	76.4	23.6	100	76.4	23.6	100
LV	68.6	31.4	100	70.7	29.3	100	62.8	37.2	100	58.0	42.0	100
MT	87.0	13.0	100	89.4	10.7	100	88.8	11.2	100	89.2	10.8	100
NL	72.5	27.5	100	71.9	28.1	100	68.7	31.3	100	72.2	27.8	100
PL	76.2	23.8	100	76.6	23.4	100	75.9	24.1	100	74.2	25.8	100
PT	68.7	31.3	100	75.2	24.8	100	74.3	25.8	100	62.6	37.4	100
RO	74.1	25.9	100	74.1	26.0	100	73.9	26.1	100	68.3	31.7	100
SE	85.5	14.6	100	84.4	15.6	100	79.1	20.9	100	87.5	12.5	100
SI	64.5	35.5	100	66.6	33.4	100	70.6	29.4	100	67.9	32.1	100
SK	66.2	33.8	100	66.9	33.1	100	68.2	31.8	100	67.6	32.4	100
UK	79.3	20.8	100	78.3	21.7	100	78.5	21.6	100	75.0	25.0	100

Source: EU-SILC UDB 2010, EU-SILC UDB 2012, EU-SILC UDB 2013, EU-SILC UDB 2014

Note: The EU-SILC question PH030 focusses on "Limitation in activities because of health problems" (General activity limitation: Limitation in activities people

usually do because of health problems for at least the past six months). Possible answers are: 1. yes, strongly limited; 2. yes, limited; 3. no, not limited.

Table 85: % of persons with disabilities (limitations)

1: No limitations in activities; 2: Some/severe limitations in activities; 3: Total

	EQLS			EHIS			SHARE		
	2011-2012			2006-2009			2013		
	1	2	3	1	2	3	1	2	3
EU - 28	78.7	21.3	100	74.0	26.0	100	55.2	44.9	100
AT	76.4	23.6	100	67.6	32.4	100	53.5	46.5	100
BE	72.3	27.7	100	79.4	20.6	100	55.6	44.4	100
BG	85.8	14.2	100	75.9	24.1	100			
CY	81.6	18.4	100	82.0	18.1	100			
CZ	77.8	22.2	100	72.2	27.8	100	50.9	49.1	100
DE	74.3	25.7	100				48.6	51.4	100
DK	75.2	24.8	100				64.0	36.0	100
EE	67.4	32.6	100	64.7	35.3	100	42.1	57.9	100
EL	84.7	15.3	100	77.2	22.8	100	60.2	39.8	100
ES	85.2	14.8	100	75.7	24.4	100			
FI	70.9	29.1	100						
FR	78.0	22.0	100	74.8	25.2	100	56.9	43.1	100
HR	79.9	20.1	100						
HU	74.9	25.2	100	59.0	41.0	100			
IE	84.2	15.8	100						
IT	89.2	10.8	100				59.4	40.6	100
LT	72.7	27.3	100						
LU	77.3	22.7	100				55.1	44.9	100
LV	70.4	29.6	100	56.4	43.6	100			
MT	90.3	9.7	100	75.7	24.3	100			
NL	72.6	27.4	100				52.1	47.9	100
PL	76.8	23.2	100	75.4	24.6	100			
PT	76.1	23.9	100						
RO	76.5	23.5	100	77.5	22.5	100			
SE	82.2	17.9	100				60.8	39.2	100
SI	81.8	18.2	100	63.7	36.3	100	55.3	44.7	100
SK	84.4	15.6	100	61.9	38.2	100			
UK	74.3	25.7	100						

Source: EQLS 2011-2012, SHARE 2013 Wave 5, EHIS Wave 1 2006-2009

EQLS

A question (Q43) asks: "Do you have any chronic (long-standing) physical or mental health problem, illness or disability? By chronic (longstanding) I mean

illnesses or health problems which have lasted, or are expected to last, for 6 months or more". Possible answers are: 1. Yes, 2. No, 3. (Don't know), and 4. (Refusal).

If the person answers "Yes", then the following question is put: (Q44) "Are you limited in your daily activities by this physical or mental health problem, illness or disability"? The possible answers are:

1. Yes, severely; 2. Yes, to some extent; 3. No; 4. (Don't know); and 5. (Refusal).

SHARE

The question concerning "limited activities" (PH005) asks: "For the past six months at least, to what extent have you been limited because of a health problem in activities people usually do"? Possible answers are: 1. Severely limited, 2. Limited, but not severely, 3. Not limited.

EHIS:

The EHIS survey asks (HS3) includes a question on "General activity limitation: Limitation in activities people usually do because of health problems for at least the past six months". The question is: "For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been ... 1. severely limited, 2. limited but not severely or 3. not limited at all"?

Table 86: Number of respondents with disabilities (limitations) in the sample

	EU-SILC				EQLS	SHARE	EHIS
	2014	2013	2012	2010	2011-12	2013	2006-2009
	Age: 16+				18+	50+	15+
EU - 28	114,868	113,763	111,844	105,428	8,634	27,388	57,666
AT	3,547	3,197	3,062	3,210	242	1,940	5,214
BE	2,664	2,638	2,394	2,602	289	2,555	1,834
BG	2,201	2,210	2,634	2,591	182		1,587
CY	2,078	2,416	2,427	1,925	236	2,886	1,396
CZ	2,992	3,082	3,420	3,628	218		603
DE	8,226	7,724	7,793	7,298	841	2,773	
DK	1,602	1,486	1,460	1,368	253	1,466	
EE	4,538	4,285	4,096	3,530	388	3,472	2,720
EL	4,859	4,104	3,143	3,418	163		1,865
ES	6,508	6,751	6,569	7,446	240	2,432	6,300
FI	3,347	4,363	3,236	3,240	310		
FR	5,363	5,146	5,610	5,129	514	1,961	13,224
HR	4,062	4,080	3,477	1,908	205		

HU	5,416	5,952	6,262	6,080	265		2,102
IE	2,079	1,845	1,684	1,814	181		
IT	11,332	10,949	11,425	8,110	235	1,994	
LT	3,260	3,268	3,333	2,943	391		
LU	1,899	1,864	2,379	1,992	243	709	
LV	4,908	5,090	4,283	4,438	351		2,951
MT	1,082	1,218	1,154	1,250	99		877
NL	2,821	3,127	2,866	2,773	290	2,016	
PL	7,162	7,125	7,212	7,191	584		9,411
PT	5,502	3,980	3,747	3,952	279		
RO	4,968	5,133	5,147	5,137	438		4,932
SE	719	1,335	1,072	1,066	175	1,812	
SI	2,950	2,904	3,248	3,473	184	1,372	766
SK	4,300	4,234	4,451	4,596	205		1,884
UK	4,483	4,257	4,260	3,320	633		

Source: EU-SILC UDB 2010, EU-SILC UDB 2012, EU-SILC UDB 2013, EU-SILC UDB 2014, EQLS 2011-2012, SHARE 2013 Wave 5, EHIS Wave 1 2006-2009

STATISTICAL SOURCES

EUROSTAT EU-SILC (European Statistics of Income and Living Condition) and the different EU-SILC ad hoc modules:

- EU-SILC 2014 Module on Material deprivation
- EU-SILC 2013 Module on Well-being
- EU-SILC 2013 Supplementary Compulsory Variables on Material deprivation
- EU-SILC 2012 Module on Secondary variables on Housing conditions
- EU-SILC 2010 Module on intra-household sharing of resources

Versions used:

- EUSILC UDB 2014 – version 1 of January 2016
- EUSILC UDB 2013 – version 3 of January 2016
- EUSILC UDB 2012 – version 4 of January 2016
- EUSILC UDB 2010 – version 6 of March 2015

European Quality of Life Survey (EQLS)

European Foundation for the Improvement of Living and Working Conditions (Eurofound) [EQLS 2011-2012](#)
(3rd_eqls_final_dataset_for_data_archive_26_june_2013)

Survey of Health, Ageing and Retirement in Europe (SHARE)

Börsch-Supan, A. (2015). Survey of Health, Ageing and Retirement in Europe (SHARE) [Wave 5](#). Release version: 1.0.0. SHARE-ERIC. Data set. DOI: 10.6103/SHARE.w5.100.

European Health Interview Survey (EHIS)

EHIS Wave 1 2006-2009 Rev1

European Social Survey (ESS)

[European Social Survey \(2014\).](#)

ESS Round 7. Title of dataset: ESS7e01, Edition: 1.0, Production date: 28.10.2015

EUROSTAT European Health and Social Integration Survey (EHSIS)

<http://ec.europa.eu/eurostat/data/database>

EUROSTAT Labour Force Survey (LFS) ad hoc module 2011 on the employment of disabled people

<http://ec.europa.eu/eurostat/data/database>

Eurobarometer (Flash Eurobarometer 345 on accessibility)

http://ec.europa.eu/public_opinion/index_en.htm

European Values Study (EVS)

<http://www.europeanvaluesstudy.eu/page/about-evs.html>