



# European comparative data on Europe 2020 and persons with disabilities

Summary and conclusions

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## **INTRODUCTION**

European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. Task 2 aims to collect, analyse and provide independent data, information and analysis on the situation of persons with disabilities.

In this report, disability is proxied by limitation in activities people usually do because of health problems for at least the last six months (EU-SILC survey). The data refer to 2018 and occasionally to 2019 (provisional data concerning poverty and health).

## **PART I: POPULATION OF PERSONS WITH DISABILITIES**

In the EU 27, in 2018, about 24.5 % of persons, aged 16 and over, declared a disability. About 7.0 % declare a severe disability (strongly limited) and about 17.5 % a moderate disability. About 26.8 % of women declare a disability compared to 22.1 % of men. Provisional data for 2019 deliver similar results.

There are about 87 million persons with disabilities, aged 16 and over, living in private households, in the EU 27. This represents 62.4 million with a moderate disability and 24.8 million with a severe disability. By age group, 45.8 million are aged 16 to 64 and 41.4 million are aged 65 and over.

COVID-19 is expected to increase disability prevalence in the coming years through direct (long-lasting health effects) and indirect channels (socio-economic factors, disruption of health care services, etc.). Persons with disabilities face a higher risk in relation to COVID-19 compared to persons without disabilities due to a higher prevalence of comorbidities associated with severe or fatal COVID-19 cases.

## **PART II: EUROPE 2020 AND RELATED INDICATORS**

### **II.1 EMPLOYMENT**

In the EU 27, in 2018, about 50.8 % of persons with disabilities, aged 20-64, are employed compared to 75.0 % of persons without disabilities. The employment rate for all persons, aged 20-64, is 70.7 %. The target for Europe 2020 is 75 %. About 22.7 million with disabilities are employed out of 44.7 million disabled persons, of the same age group.

We observe that the employment rate of women with disabilities is significantly lower compared to women without disabilities, in all Member States. At the EU level, the employment rate of women with disabilities is 47.8 % and the rate for women without disabilities is 68.8 %.

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

Age and comorbidity might have a negative impact on the employment (including hiring) of persons with disabilities. For those in employment, health problems might push older workers to take early retirement. The sectorial and occupational distribution has an ambiguous impact on their employment prospects. The accommodation and food sectors (hotels, bars, restaurants, cafeterias, etc.) are expected to be affected negatively. Persons with disabilities are under-represented in these sectors. On the other hand, scientific activities and computer services have better prospects. But persons with disabilities might not benefit from any positive prospect, since they are under-represented in these sectors.

An important impact of the COVID-19 pandemic is the increase of telework. Home-based work potential is estimated at about 30 % in Europe. But persons with disabilities are overrepresented in skills, where the rate of potential work from home is very low. Consequently, there is a need to favour the acquisition of new skills meeting new needs.

However, for persons with mobility restrictions, work from home might open a range of jobs which were inaccessible due to barriers. This could be possible if we reorganise measures in favour of technical aids and work adaptations for persons with disabilities. In the past, policies were focussing on work adaptations inside the company. Here, we observe the need to shift towards working from home. National schemes ought to take into account the new needs of persons with disabilities. Work from home might be an opportunity but it raises new questions notably for families with young children.

Furthermore, work from home raises a specific issue for persons with disabilities: accessibility. This might concern software as well as hardware. In order to know better their needs, we ought to include relevant questions in different surveys. This might help us to refine our knowledge and elaborate pertinent solutions. Also, relevant EU instruments (e.g., the Accessibility Directive) could be used to promote accessibility for products and services enabling people with disabilities to participate in telework and distance learning.

## II.2 UNEMPLOYMENT RATE

In the EU 27, in 2018, unemployment rate of people with disabilities, aged 20-64, was 18.6 % compared to 8.8 % of people without disabilities. The total unemployment rate is 10.1. About 5.2 million persons with disabilities (aged 20-64) are unemployed out of 27.9 economically active disabled persons. The degree of disability is a significant factor affecting the unemployment rate.

The unemployment rate of women with disabilities (18.3 %) is close to the one of men with disabilities (18.9 %). The unemployment rate here relies on self-declared main economic status.

As discussed above, in the case of employment, age and comorbidity might have a negative impact on the employment (including hiring) of persons with disabilities. This ought to exert an upward pressure on the unemployment rate of persons with disabilities. However, the ILO definition of unemployment might dampen, in an artificial way, the expected increase of the unemployment rate of persons with disabilities, in the coming years.

It is important to note that long-term unemployment affects general health and incidence of chronic diseases. Unemployment reinforces other disadvantages like poverty and risky behaviours which favour the spread of communicable diseases.

### II.3 ACTIVITY RATE

In the EU 27, in 2018, about 62.4 % of persons with disabilities participate on the labour market (employed or unemployed) compared to 82.2 % of persons without disabilities. This represents about 27.9 million with disabilities (aged 20-64) economically active out of 44.7 million disabled persons of the same age group. The disability degree decreases significantly the activity rate.

Different factors ought to exert a negative impact on the activity rate of persons with disabilities. In fact, comorbidities increase the risk of severe COVID-19 infection. This might push older workers to take early retirement or quit the labour force. Also, low expectations concerning employment might discourage persons with disabilities to enter the labour force, notably, women with disabilities.

### II.4 EARLY LEAVERS FROM EDUCATION AND TRAINING

In the EU 27, in 2018, about 20.3 % of young disabled, aged 18-24, are early school leavers compared to 9.8 % for non-disabled young persons. The EU total average rate is 10.6 %. Early school leavers with disabilities, aged 18-24, living in private households, represent about 486 thousand out of approximately 2,389.8 thousand young disabled. The rate of early school leavers among young people with a severe disability is 37.1 %. The target for Europe 2020 is (maximum) 10 %.

The unemployment rate among early school leavers is much higher compared to non-early school leavers. This holds both for persons with and without disabilities.

The new EU initiatives (European Education Area - EEA by 2025) stress the need to enrich the quality, inclusiveness and digital dimension of Member State education systems. They include a set of initiatives for high-quality, inclusive and accessible digital education in Europe. The question is whether persons with disabilities may benefit on an equal basis as other young people, with the necessary technical aids and adaptations. Generally, young persons from disadvantaged backgrounds may face barriers (accessibility of programmes, lack of technical equipment, low digital skills, etc.) avoiding them from participating in the new educational programmes.

Furthermore, our knowledge concerning young disabled is limited and efforts ought to be developed in order to include disability aspects in relevant surveys.

### II.5 PERSONS WHO HAVE COMPLETED A TERTIARY OR EQUIVALENT EDUCATION

In the EU 27, in 2018, about 29.4 % of persons with disabilities, aged 30-34, have completed a tertiary or equivalent education compared to 43.8 % for persons without disabilities. The target for Europe 2020 is 40 %. About 17.9 % of persons with a severe disability have completed a tertiary or equivalent education programme.

At the EU 27 level about 826.4 thousand disabled persons (aged 30-34 living in private households) have acquired a tertiary or equivalent education out of 2.8 million disabled persons with the same age and housing conditions.

The employment rate is positively correlated with the educational level. Additional years of education increase the employment rate of each group (disabled and non-disabled).

The COVID-19 pandemic is associated with social distancing, stay at home measures and telework. All these factors ought to favour working from home. The COVID-19 pandemic and the subsequent economic crisis favours investment in digital skills and requires new technology infrastructures. Persons with disabilities might face a double obstacle. First, a lack of digital equipment due to economic constraints and secondly, a lack of accessibility to products and services. Economic constraints due to poverty, coupled with barriers (accessibility of programmes, lack of technical equipment, etc.) might be serious obstacles in participating in distance learning and new work arrangements.

## II.6 PEOPLE LIVING IN HOUSEHOLDS WITH VERY LOW WORK INTENSITY

In the EU 27, in 2018, about 22.8 % of persons with disabilities live in households with a low work intensity (<20 %), compared to 7.2 % of persons without disabilities. This represents a difference of about 15.7 percentage points. Similar differences were observed in previous years. The total rate is 9.6 %. The data cover persons aged 16-59. At the EU level, the percentage of severely disabled people living in households with a low work intensity (WI<20 %) amount to 38.6 %.

In the discussion of employment and unemployment, we have discussed the expected impact of the COVID-19 pandemic on persons with disabilities. However, the indicator “low work intensity” might present a smoother evolution if part of these changes redistribute work inside the family. Work intensity measures the employment rate at the household level.

## II.7 PEOPLE AT-RISK-OF-POVERTY AFTER SOCIAL TRANSFERS

The data reveal that people with disabilities face a higher risk of poverty after social transfers compared to people without disabilities. At the EU level, in 2018, about 20.9 % of persons with disabilities, aged 16 and over, face a risk of poverty compared to 15.0 % of persons without disabilities of the same age group. The total percentage is 16.5 %. There are about 59 million persons aged 16 and over living in private households at risk of financial poverty. This number includes about 18 million with disabilities and 40 million without disabilities.

We may observe a deterioration (increase of poverty) of the situation of persons with disabilities, between 2017 and 2018, at the EU level. On the contrary, we observe an improvement (decrease of poverty) for persons without disabilities. A similar evolution took place between 2018-2019, despite a generally favourable economic situation. The deterioration affected mainly older persons with disabilities.

The distribution of persons with disabilities, by age group is: 10.8 million persons aged 16-64 and 7.4 million aged 65 and over. Pension schemes in the EU decrease the risk of relative poverty but this did not prevent a deterioration of persons with disabilities relative to other groups since 2017.

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

In the EU 27 population, aged 20-64, the 10 % of the poorest persons receive 36.0 % of gross disability benefits compared to 1.0 % of household income (excluding disability benefits). This is an expected result, since several disability benefits are granted under certain income conditions. Consequently, disability pensions and allowances redistribute resources mainly in favour to financially disadvantaged people.

## II.8 SEVERELY MATERIALLY DEPRIVED PEOPLE

In 2018, about 9.0 % of people with disabilities aged 16 and over are living in households which are severely materially deprived, compared to 4.7 % of people without disabilities. The total rate is 5.8 %. There are about 20.6 million persons (aged 16 and over) living in households at risk of severe material deprivation, of which about 7.8 million with disabilities and 12.7 without disabilities. The degree of disability increases significantly the percentage of persons living in households which are in severe material deprivation.

We observe a decrease of material poverty between 2017-2018 and 2018-2019 but the gap between persons with and without disabilities increased.

## II.9 PEOPLE AT-RISK-OF-POVERTY OR SOCIAL EXCLUSION (UNION OF THE THREE INDICATORS ABOVE)

In 2018, in the EU 27, about 28.6 % of people with disabilities aged 16 and over live in households which are at risk of poverty or social exclusion, compared to 19.1 % of persons without a disability of the same age group. This represents 51.4 million without disabilities and 25.0 million with disabilities. The degree of disability increases significantly the risk of poverty or social exclusion in all Member States.

In 2018 and 2019 (provisional data), persons aged 16-64 improved their situation following a favourable situation on the labour market. On the contrary, elderly people experienced a deterioration of their situation. In fact, a favourable economic environment in 2018 and 2019 improved wages and employment but did not affect pension schemes proportionately.

The relation (causality) between poverty and health/disability runs into two directions. Poor health and disability might lead to unemployment and poverty. But on the other hand, poverty might generate poor health and disability. Poverty may affect the incidence, prevalence and diffusion of communicable diseases through different channels, notably through direct effects (increased health vulnerability), economic deprivation (malnutrition, unaffordable medical expenses), lifestyles (risky lifestyles),

poor working conditions, living environment (bad housing conditions and disadvantaged neighbourhoods) and social capital (isolation and a decrease of external resources). These factors might strengthen the diffusion of COVID-19 among persons with disabilities.

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

## **PART III: HEALTH**

### **III.1 GENERAL HEALTH AND UNMET MEDICAL NEEDS**

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

The share of women declaring good or very good health is lower compared to men inside each group. Health deteriorates with age, but this deterioration is more rapid for persons with disabilities, at least at younger ages.

In the EU 27, about 4.0 % of persons with disabilities report unmet needs for medical care due to 'Financial reasons', 'Waiting list' or 'Too far to travel', compared to 1.0 % for persons without disabilities. An important factor affecting the rate of unmet needs for medical examination is household disposable income.

The share of women declaring unmet needs for medical examination is higher compared to men inside each group. Self-reported unmet needs for medical examination increase with age, notably for very elderly people (75+). There is a tendency for the gap between persons with and without disabilities to increase with age. Future policies ought to take into account the needs of people aged 75 and over.

Persons with disabilities present a higher rate of comorbidities and thus a higher risk in relation to COVID-19 compared to persons without disabilities. In fact, persons with disabilities are overrepresented in diseases/conditions associated with severe/fatal cases.

A disruption in healthcare services, the saturation of hospitals and the postponement of cases non-related to COVID-19 might have an important detrimental effect on the health of persons with disabilities. In fact, in the past, more persons with disabilities have been in hospital as a day patient and more had been in hospital for overnight or longer compared to persons without disabilities. Prevention against infectious outbreaks is of key importance. Better targeting of priority groups might increase the efficiency of national and European policies.

**SUMMARY OF MAIN INDICATORS FOR THE EU<sup>1</sup> (EU 27: 2017 and onwards). %**

	2008	2009	2010	2011	2012	2013	2014	2015 <sup>2</sup>	2016 <sup>2</sup>	2017	2018	2019
<b>Dis 16+</b>	25.1	25.7	25.0	25.9	26.1	26.9	27.1	25.3	24.1	24.4	24.5	24.3
<b>Europe 2020 objectives, achievements and other indicators</b>												
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Employment:</b> 75 % of the population, aged 20-64, should be employed												
Dis.	46.4	46.1	46.0	46.9	47.9	48.5	48.7	47.4	48.1	50.2	50.8	
Tot	68.7	67.6	67.3	67.3	67.0	66.9	67.8	68.4	69.3	69.5	70.7	
<b>Unemployment rate (20-64)</b>												
Dis.	15.9	17.3	18.0	17.4	18.1	19.0	19.6	20.2	19.6	18.4	18.6	
Tot	8.4	10.2	10.9	11.2	12.2	12.9	12.6	12.1	11.4	11.1	10.1	
<b>Activity rate (20-64)</b>												
Dis.	55.1	55.8	56.1	56.7	58.5	59.8	60.6	59.5	59.7	61.5	62.4	
Tot	75.0	75.2	75.5	75.8	76.3	76.8	77.5	77.8	78.2	78.1	78.7	
<b>Early school leavers:</b> The share of early school leavers should be <10 % (Age 18-24).												
Dis.	25.1	23.0	21.6	18.9	21.8	21.5	22.5	22.0	23.6	21.5	20.3	
Tot	13.2	13.1	12.7	11.6	11.2	10.7	12.2	12.5	12.0	10.5	10.6	
<b>Tertiary education:</b> 40 % of persons aged 30-34 ought to have completed a tertiary or equivalent education (Age: 30-34)												
Dis.	20.4	21.6	22.8	27.1	27.8	28.0	29.7	29.4	30.3	31.7	29.4	
Tot	31.6	33.9	35.5	36.0	38.1	39.3	41.2	41.6	42.2	40.8	42.3	
<b>Very low work intensity:</b> Age 16-59. Work intensity (WI): <20.												
Dis.	23.2	22.8	24.2	24.5	23.9	24.1	25.1	25.6	25.8	23.3	22.8	22.7
Tot	9.1 <sup>3</sup>	9.1 <sup>3</sup>	10.2	10.4	10.8	11.2	11.	11.1	11.0	10.2	9.6	9.1
<b>At risk of poverty after social transfers:</b> < 60 % of the median national. Age 16+												
Dis.	20.1	19.6	18.9	19.3	19.1	18.7	19.7	20.0	20.2	20.1	20.9	21.4
Tot	15.8	15.7	15.6	16.1	16.1	15.9	16.5	16.6	16.7	16.5	16.5	16.2
<b>Severely materially deprived:</b> Inability to afford min 4 items out of 9. Age 16+												
Dis.	11.2	10.5	11.2	12.1	12.8	12.6	12.1	11.3	10.8	10.4	9.0	8.8
Tot	8.6	7.8	7.8	8.5	9.5	9.	8.6	7.7	7.3	6.9	5.8	5.6
<b>At risk of poverty or exclusion:</b> Persons at-risk-of-poverty after social transfers, severe material deprivation, or very low work intensity. Age 16+.												
Dis.	30.9	29.7	29.6	30.5	30.3	30.1	30.1	30.2	30.1	28.9	28.6	28.5
Tot	23.3 <sup>3</sup>	22.7 <sup>3</sup>	22.7	23.6	24.1	23.8	23.8	23.2	23.1	22.4	21.3	21.0
<b>General health and Unmet medical needs: Age: 16+</b>												
<b>General health: Good or Very good</b>												
Dis			18.2	17.7	19.7	20.2	20.2	19.3	18.9	21.0	20.5	20.4
Tot			66.8	66.7	67.3	66.5	67.2	66.8	67.5	68.9	68.5	68.7
<b>Self-reported unmet needs for medical examination. Age: 16+</b>												
Dis					8.2	8.4	8.2	7.5	6.0	3.9	4.0	4.2
Tot					3.7	3.9	3.8	3.2	2.7	1.6	1.8	1.7

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

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

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

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

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