



Poverty and social exclusion of disabled people

Disability is an important subject in EU non-discrimination and employment policies. Robust and comparable data on the issue are, nevertheless, not available due to differing definitions and a lack of coherent data collection.

Definitions vary by country and policy area, and therefore are not comparable. Most EU-wide comparative information comes from labour market surveys. These are based on respondents' self-assessments. Although they are not bound by definitions, results depend strongly on cultural differences.

Surveys show that over 16% of the EU's working age population suffers from long standing health problems or disabilities. 13-15% of them are, as a result, limited in their ability to work or mobility. Disability rates vary by country and increase with age.

There is a strong link between disability and poverty and social exclusion. Disabled people are more likely to live in income poverty. They are also more likely to experience aspects of social exclusion: lower employment rate, higher unemployment, lower education levels, lower wages, discrimination and poor health.

Disabled children are among the most vulnerable groups in society. They face segregation in education and a higher risk of poverty and social exclusion.

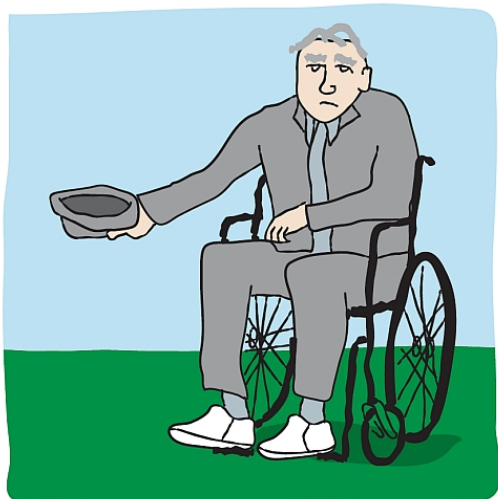


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In this briefing:

- Issue definition
- Disabled adults in the EU
- Poverty and social exclusion
- Situation of disabled children
- Main references

Issue definition

The European Union started developing a disability policy in the 1980s. Since the [1996 Communication](#) the policy has been based on an equal-opportunities approach, which was reinforced by the Treaty of Amsterdam's article on combating discrimination based on disability (now Article 19 [TFEU](#)) and the [Equal Treatment in Employment Directive](#). Action programmes have been running since 1981. The integration of disabled people in the labour market was included as part of the Lisbon Strategy since it could raise employment by up to three percentage points. The issue is, again, included in the Europe 2020 strategy, in particular in the '[Platform against poverty](#)' and the '[Agenda for new skills and jobs](#)' flagship initiatives.

As a result, disability has been increasingly taken into account in employment and welfare policies. MS have started developing more coherent disability strategies, and disabled people are becoming more and more involved in these.

All MS and the EU are signatories to the [United Nations Convention on the Rights of Persons with Disabilities](#) (UNCRPD), but not all have yet ratified. It adopts a broad interpretation of disability and aims to grant equality in all aspects of life. The [European Disability Strategy 2010-2020](#) focuses on abolishing all barriers the disabled face in society, as provided for in the UNCRPD.

Beyond the obvious link between disability and poverty and social exclusion, detailed analysis is difficult, due to the lack of data. The first issue is the lack of a common definition of disability in the European Union. In fact, it varies not only from country to country, but often even within a given country depending on the policy or authority. The definition used in health policy may be significantly different from that in employment, social security or non-discrimination legislation in the same Member State (MS). The consequence is a lack of reliable and comparable data on the number and social situation of disabled people. Also disaggregated national data, which could be the basis of analysis, are not available.

Disabled adults in the EU

Definition

The UNCRPD uses an open definition: ***"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."*** This definition presents disability as a complex issue. It focuses not only on the health issues, but also on their effects on the person's life.

Some countries apply a full social approach in their definition, some only in part, while others focus mainly or fully on medical aspects.

Data sources

The United Nations started collecting data on the number of disabled people in the world in the 1980s. Data from the 1970s and 1980s are available in the [Disability Statistics Compendium](#) of 1990 and the 1993 [Demographic Yearbook](#). These are typical examples of non-comparable data: besides the differing definitions some countries provide absolute numbers, some proportions, based on censuses or sample

surveys, for the whole population or only for adults (from different ages).

Studies based on national data, even if focusing only on employment, also have comparability issues. The [European Centre study](#) based on data from Administrative Registers notes that some MS provide data based on census, others on labour force surveys.

Comparative data can be obtained via international surveys, in which disability is assessed by the respondents. On the one hand, self-assessment is not objective, as it can reflect cultural and legal differences. On the other, it separates the existence of a long-standing health problem or disability from being restricted in certain activities.

There are two EU-wide studies that use the UNCRPD approach to disability and provide comparable data. The special [ad hoc module of the EU Labour Force Survey \(LFS\) from 2002](#) covered the EU25 except Latvia and Norway. (The survey was redone in 2011, but no data are available yet.) The other survey is the [EU Statistics on Income and Living Conditions \(EU-SILC\)](#) from 2004, covering 12 of the EU15, plus Estonia and Norway. The findings of these data collections regarding people with disabilities in the EU were analysed [in brief in 2003](#) and in [detail in 2007](#).

Disabled adults in the EU

Based on the LFS, 16.4% of the working age (16-64 years) population of the EU assess themselves as having a long-standing health problem or disability. Two-thirds of these people claim that these problems restrict their capacity to work or their mobility. Fewer than half of these cases are very severe (32.2%) or severe (14.7%), while more than half are moderate (22.3%) or mild (30.8%).

The [European Disability Forum claims](#) that there are 80 million disabled people in the EU, which is over 15% of the population. The 2008 EU-SILC covered 25 MS and showed a 19.7% rate of long-standing health

problems and a 13% rate of activity limitations.

Variations in data

There are significant national variations in self-assessment surveys. The proportion of people with health problems ranges from 5.8% (Romania) to 32.2% (Finland), and those with restricted work capacity from 50% to 90% of these.

Age is also a factor in the proportion of disabled people: under 4% of 16-24 year-olds, 9% of 25-54 year-olds and 21% of 55-64 year-olds in the EU are disabled.

There are significant differences regarding types of health problems. Less than 40% of people with sight, hearing, speech or skin problems are restricted in their work. Whereas this proportion, for those suffering from mental problems or epilepsy, is nearly 80%.

Poverty and social exclusion

Disability reduces the ability to study and work, as well as mobility, which leads to lower income, increased deprivation and worse social conditions. Living costs can be higher due to special needs, while incomes are usually lower. Disabled people often also encounter discrimination. Conversely, poor and socially excluded people are more likely to develop a disability, due to worse living conditions and limited access to healthcare.

Poverty and social exclusion are usually mentioned together as they are aspects of the same set of problems. Poverty is the more restricted and more measurable part.

Poverty and disability

The EU uses **income poverty** indicators, such as 'at risk of poverty'. Households with less than 60% of national median income fall into this category.

Within the working age population, the at-risk-of-poverty rate was 10% for those not limited in their abilities, 15% for those limited to some extent and 17% for those strongly limited.

Social exclusion and disability

Social exclusion means that an individual, or a group, cannot take part in normal social practices and interactions, and therefore are considered not to be integrated into society. It includes such factors as unemployment, poor education, low income, bad quality housing, high criminality, discrimination, ill-health and difficult family situations.

Groups who are generally considered more at risk of poverty include the unemployed, the elderly, people with precarious work, the poorly educated, single parents, people suffering from addictions, immigrants, ethnic minorities, and the disabled. Most of these groups are mentioned as susceptible to social exclusion. Although the disabled are mentioned separately too, they are also included in several other groups.

Age distribution

As disability is more common among older people and age is a factor in social exclusion, disabled people are proportionally more at risk. Also, employment has a negative relation with age, so older, among them a higher proportion of disabled people, are less likely to be in employment.

Education

Only 63% of severely restricted people between 16 and 19 years of age participate in education or training as opposed to 75% of mildly restricted and 83% of not restricted. For the 20-24 year olds these proportions are 23%, 36% and 43% respectively.

Less than half of considerably restricted people have followed education beyond the compulsory period. This percentage is 68% for the non-disabled. Participation of disabled people in higher education is half that of the non-disabled. This is partly due to segregation and limited access to educational services.

Employment

Even if adjusted for age, the employment level of people with severe disabilities was significantly lower (28%) than that of people

with mild (62%) or no disability (68%), based on data from 2002. 2008 data show 26.2%, 52.4% and 65.1%, respectively, which gives a 44.9% average for all disabled people.

This difference appears at all education levels, so it cannot be attributed to the lower education levels of disabled people. Disabled people with at least an upper secondary education are more likely, however, to get a job.

Limited mobility restricts labour market participation the most. As for types of impairment, mental health problems affect employment chances most severely.

MS are shifting towards active employment measures, such as quotas, sheltered employment or financial incentives. Partly due to these, employment in most MS increased before the financial crisis.

Benefits still represent 95% of total disability-related spending in most OECD countries. The so called "benefit trap" restricts employment as in some countries disability benefits do not allow for employment. Less than 2% of people who have received disability benefits ever get a job again.

Unemployment

Among those active on the labour market, there is also a gap based on disability. Unemployment rate for workers not restricted was 7.5%, but 12% for the mildly and 16% for the severely disabled.

Average earnings

Taking into account age and education differences, disabled workers earn 12-22% less. This may be the result of discrimination.

Average income

Disabled people have a significantly lower income on average than the rest of society. Those severely limited have 17% less, while those restricted to a lesser extent 9% less. These differences include benefits; without these the gap would be 44% and 23%, respectively. In some MS, disability benefits compensate for income differences, but in

most only reduce them. On average 6% of the working age population rely on disability benefits. As a consequence of the crisis benefits may be reduced in many countries.

Table 1. - Poverty of different groups, EU27 (2009)

At-risk-of-poverty rate	16.3%
At-risk-of-poverty rate of not employed	23%
At-risk-of-poverty rate of people with up to lower secondary education	23.2%

Source: [Eurostat - Income and Living Conditions](#)

Discrimination

People with disabilities, especially severe ones, are often perceived as not being able to take on mainstream roles in life. They have to face discrimination in the availability and accessibility of services, empowerment, self-advocacy and political participation. Few MS have fully accepted the UNCRPD concept and applied the non-discrimination principle to all areas of life.

Health

The non-disability-related health status of disabled people is generally poorer, mostly due to issues of accessibility to healthcare and preventive services. Poverty can also damage health through worse living and working conditions. Unemployment and inactivity negatively affects mental health.

Social isolation

Half of the disabled population never participate in a leisure or sport activity, and one-third never take a trip. Many disabled people live in institutions because of insufficient home-care services, the nature of the care and benefit system. Institutionalisation is most typical in case of intellectual disability.

Situation of disabled children

Certain groups of disabled people are even more vulnerable. Women have less chance of getting a job than men. Women with mental or psychological disability are at the biggest risk of being abused. People in situations of major dependence or with complex needs are among the poorest and

most excluded. Mental, psychological and intellectual disability often leads to stronger exclusion due to segregated schools and institutionalisation. People with such problems have the worst chances in education and on the labour market. They are among the ones most hit by poverty. Older people face poverty more often, as their position on the labour market is weak.

Children are also more vulnerable. They are more at risk of poverty in general and among the disabled, too. They face barriers to social integration, such as segregated education and absence from recreational, sport and cultural activities. Although officially all MS support the participation of disabled children in ordinary education, about half of them go to special schools (0.5-2% of the population under 20 is receiving special education in ordinary schools, 0.3-2.5% goes to special ones). Even if they start in standard schools, few of them go on to ordinary secondary education.

Disability among children is less widespread, as it affects people more and more with age. According to the [European Academy of Childhood Disability](#), the average rate of disability among children in industrialised countries is 2.5%. Surveys in some industrialised countries show a higher rate of 7-11% (due to a different definition). A [UK survey](#) found a 7.3% rate, while other studies give estimates from 4.5% to 16%. Childhood

disability is statistically associated with low income, deprivation and poor housing conditions and also with single parenthood and parental disability. Disabled children suffer more from social and material deprivation, having less chance to invite friends over, participate in leisure activities or go on school trips. Parents of disabled children have to make greater efforts to care for them, which can result in less, and/or lower paid, work. They also depend more on benefits and may have additional costs. The prevalence of lone parenthood also plays a role in poverty.

Main references

[Men and Women with Disabilities in the EU](#), Applica & CESEP and Alphametrics for the European Commission, April 2007.

[Commission Staff Document accompanying the European Disability Strategy 2010-2020](#), SEC(2010) 1323 final.

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