STUDY OF COMPILATION OF DISABILITY STATISTICAL DATA FROM THE ADMINISTRATIVE REGISTERS OF THE MEMBER STATES

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EXECUTIVE SUMMARY

The objective of the study is to collect data from national administrative registers in 25 Member States (Bulgaria and Romania are not included) relating to disabled people with respect to the following broad themes:

- Prevalence of disability
- Access to education
- Labour market
- Origins of disability
- Access to services and long-term care.

Thematic reports were elaborated on the basis of these data, examining the situation of people with disabilities (total number and characteristics – sex, age, degree and type of disability) throughout the European Union in relation to each of these topics.

METHODOLOGICAL APPROACH

Statistics from a variety of different sources of administrative data are likely to be based on a variety of different definitions and classification systems. Moreover, definitions and criteria for disability can also vary according to policy objectives, legislation and administrative standards. Inside the same country, different definitions can be used by different Ministries according to their needs. The Ministry of Employment, for example, might use a different definition from the one used by the Ministry providing assistance to people who are in need of care.

In order to take these differences into consideration, some methodological guidelines were developed for the data collection, emphasizing the type of data requested as well as the qualitative information needed, to collect the most comparable data as possible between the different Member States.

The objective was to collect data not only on disability benefit recipients but also on people with disabilities receiving services which help them live independently as well as those receiving support in relation to education and employment.

Administrative data on the number of people with disabilities receiving a disability-related benefit mainly cover recipients of the following schemes: disability benefits (mainly provided by social assistance), invalidity benefits (mainly paid to those who have a minimum period of insurance) and allowances for accidents at work and work-related illnesses. In order to be able to compute the total number of people receiving disability benefits in a particular country, the issue of double-counting needs to be addressed. Indeed, some people with disabilities may receive a number of different benefits at the same time and may therefore be counted several times. Estimations were used as much as possible in order to adjust the figures. All funds in place were covered so far as possible (social security funds or schemes for employees, self-employed, farmers and agricultural workers, civil servants and special categories of people etc).

Data were also collected on the number of children and young adults with specific educational needs who are in special schools as well as those who follow the general education system (i.e. regular schools).

In relation to labour market, data were collected on the number of people in sheltered workshops, the number of people with a recognised disability in ordinary employment (including people employed under the quota scheme), the number who are unemployed and registered as a person with a disability as well as the number who are economically inactive (i.e. neither employed nor unemployed) and registered as a person with a disability.

Information was also collected on the source of the disorder: either from a general disease/accident (including congenital disease), from work disease/accident or from war conflicts.

Finally, data was collected on the number of people with disabilities receiving services which help them to live independently. The services in question cover traditional services (institutional and home care), personal budget measures as well as other services (such as special education allowances for children with disabilities, vocational rehabilitation programmes, assistance with housing and transport).

The data collection focuses on statistics in a particular year or at a particular date (stock). In some cases, only flow data (i.e. new beneficiaries during the year) were available. Data generally refer to 2005 (or latest year available); historical series from year 2000 were provided when available. Data cover everyone under 65 (data on those aged 65 and over are included only in the section dedicated to Access to services).

In addition to quantitative data, descriptive information was also collected to provide a full picture of the situation. Hence the following information was collected as far as possible: minimum disability level required to be eligible, possibility to cumulate the allowance with other disability benefits, availability of the scheme to everyone, scheme subject to means-test (see the Qualitative Country Reports provided in annex).

SOURCES[1]

The main sources of data were:

- Social insurance funds and related Ministries in order to collect data on people receiving disability benefits. These data generally cover people who have established eligibility for benefit through their employment record.
- Social protection Ministries in order to identify people receiving income maintenance assistance linked to having a disability. This generally concerns those who have not established eligibility for benefit through their employment record.
- Work pension funds and related Ministries in order to identify people receiving pensions or benefits linked to accidents at work and occupational diseases.
- Ministries of Education, the European Agency for Development in Special Needs Education as well as EURYDICE in order to collect data on the number of pupils with specific educational needs in special schools and in the general education system.

[1] *Qualitative Country Reports in annex provide the source used for each data series.*

- Other Ministries or bodies charged with administering other relevant benefits (which are likely to differ between countries).
- National Statistical Offices.
- The Eurostat Labour Market Policy Database (LMP) in order to collect data on the number of disabled people employed in sheltered workshops and those hired on the regular labour market thanks to specific state subsidies paid to the employers.
- The High Level Group on Disability also provided some help in filling the major gaps (and/or identifying the national sources in question).
- Several other studies also helped, in particular the work carried out by the Brunel University for the European Commission, which analysed the definitions of disability used by Member States for the reporting of administrative data, but also the Comparative Tables on Social Protection in the European Union, produced by MISSOC (the Mutual Information System on Social Protection) in January 2006.

MAIN FINDINGS

Theme I – Disability pensioners

The number of disability pensioners of working age varies sharply across countries as a result of different eligibility criteria (notably the minimum reduction in working capacity which is specified). The proportion in EU Member States ranges from 2% to 11%.

In a number of countries, a distinction is made between disability pensions granted by social security (contribution related) and social assistance (non-contribution related). This implies a less favourable treatment for example for people who are not active on the labour market, notably women with disabilities (especially in countries where labour participation is low).

Disability pensioners due to work accidents or occupational diseases have to meet lower requirements (notably concerning the rate of invalidity) and this explains the large number of relatively small annuities.

The distribution of disability pensioners by sex reveals that the number of women is relatively lower both in absolute and in relative terms. However, the trend indicates that among new pensioners the number of women is increasing. There is a very strong gender difference among recipients of disability pensions due to work accidents and occupational diseases. But this can partly be explained by the sectoral distribution of workers.

The relative number of recipients increases sharply with age. If the analysis is restricted to pensioners of working age, the majority of recipients are between 45 and 60 (or 65).

Data from registers and those from the EU-SILC indicate a similar number of people in receipt of disability-related benefits for many countries. At the same time, it is evident that a large proportion of people reporting that they are strongly limited in their activities in the EU-SILC do not receive disability benefits. These data, however, are subjective and what people regard as being strongly limited is likely to vary significantly between individuals.

So far as the nature of limitations among disability pensioners is concerned, those with a mental (intellectual and psychic) impairment represent a high proportion of the total (about 40% in Spain, France, the Netherlands, Finland and the UK, notably among non-contributory pensioners and new recipients). It should be noted in this context that Member States typically present data according to the International Classification of Diseases and very few

apply the ICIDH or the International Classification of Functioning, Disability and Health (except certain measures centring on autonomy and care).

The distribution of disability pensioners due to work accidents and occupational diseases by degree of impairment indicates that those with a low level of invalidity represent a significant share. The same distribution is not found in disability pensions granted under social security or social assistance, since invalidity rates and socio-economic factors (reflected in means testing) are among the conditions governing eligibility to benefits.

Theme II – Education

The stated policy in all Member States is integration into the ordinary education system as a priority.

Ordinary education

The number of children with special educational needs varies generally between 0.5% and 2% of all students aged less than 20. The definitions used by Member States differ significantly (see annex) and the data are therefore only indicative.

Data on the distribution of children between primary and secondary education reveal a very small number of children in the secondary system, perhaps because they have left ordinary schools for special schools or have quit the education system altogether.

Around 60% of the children concerned are boys.

Children with intellectual and learning difficulties constitute the majority of those with special educational needs.

Special education

Data on special education are more numerous. Interpretation of the data, however, is difficult as a large number of children in special schools might imply either a lack of integration measures or the development of specialised schools providing relevant support for children who might otherwise have left the education system. The way that children's educational needs are defined and assessed differs across countries, which complicates comparisons.

The number of children with special educational needs in special education varies generally between 0.3% and 2.5% of all those aged less than 20.

Again, around 60% of pupils are boys.

Data indicate that about 60% of children with special educational needs are in primary education and 40% in secondary education.

So far as the nature of impairment is concerned, the majority of the children in question have an intellectual or learning difficulty. The large number in many countries raises the question of whether or not some of them could be integrated into ordinary schools if an adequate level of support were provided.

For both ordinary and special education, it is evident that there is a strong gender bias in favour of boys with special education needs. Social factors might be a factor behind this, but methods of identifying special needs and the nature of support might also play a part.

Theme III – Labour market

Over the past decade, an increasing emphasis has been placed in the European Union Member States on strengthening the social and labour market inclusion of people with disabilities. The approaches followed can be divided into two broadly defined groups: contributory benefits transfer programmes (passive measures) and employment measures to enhance employability and integrate people with disabilities into the labour market (active measures).

In the EU Member States, there has been a shift away from passive measures towards active labour market integration policies. Legislative instruments (such as obligatory employment quota schemes, anti-discrimination legislation, job protection rights) have been put in place to support the participation of people with disabilities in the labour market. In some countries, the predominant approach is the "mainstreaming model" which involves providing not just special employment services to people with disabilities but also employment-enhancing measures in all policy areas. In other countries, the approach consists of "special and separate employment", such as employment in sheltered workshops and the "dual and multi-model system" which is a combination of this and the mainstreaming approach. In addition, targeted active labour market policies have been implemented in most countries through financial incentives for employers hiring people with disabilities and through vocational rehabilitation programmes. An overview of the most important schemes in EU Member States to integrate people with disabilities into the labour market is presented below.

The quota system

The countries which have applied quota schemes both in the public and private sector are: Austria, the Czech Republic, France, Germany, Greece, Hungary, Italy, Lithuania, Luxemburg, Malta, the Netherlands, Poland, Portugal, Slovakia, and Spain.

In Belgium, Cyprus, Ireland, and Slovenia, only partial quota schemes apply in either private or public employment. The countries where no quota system is in force are: Denmark, Estonia, Finland, Sweden, the UK and Latvia.

The administrative statistics analysed in this chapter show that the number of people with disabilities participating in quota schemes increased by 31% between 2000 and 2006 in the Czech Republic but only by 2% in Germany between 2000 and 2005. In Germany, the quota system requires that severely disabled people should make up 5% of the work force in all enterprises with at least 20 employees. In the event of failure to meet this quota, employers need to pay a monthly compensation amount for each reserved job that remains unfilled. In the Czech Republic, the quota scheme (4%) is mandatory for employers with more than 25 employees.

Sheltered employment

Sheltered employment consists of different types of workshop where people with differing levels of disability are able to work. Various experimental schemes exist in this regard. In some Member States, schemes are focused on those who have encountered problems in finding jobs on the regular labour market. In others, the severity of disability is the focus.

Statistics analysed in this chapter show that since 2000, the number of people with disabilities participating in sheltered employment increased in Austria, Germany, Italy, Luxembourg and Portugal. In Germany, sheltered employment is open to all those people with disabilities – irrespective of the nature and severity of the disability – who are capable of a minimum amount of economically useful work. Being severely disabled is not a requirement for entry. In other countries, such as Finland, Poland and Sweden, statistics show a declining trend of employment in sheltered employment.

Employment incentives

Action has also been taken in EU Member States, in the form of subsidies to employers, to adapt places of work for people with disabilities.

In the Czech Republic, the Labour Office provides a one-off contribution to employers creating jobs reserved for people with disabilities in sheltered workshops or workplaces. There are also contributions to cover operational costs as well as tax reductions.

In Slovenia, additional general tax incentives, amounting to 50-70% of wages, are offered under certain conditions to firms providing work or traineeships to people with disabilities.

Theme IV – Origins of disability

The major causes of disability are illnesses or disorders due to natural factors, war injuries or those linked to the working-environment (such as work accidents – either in the workplace or on the way to/from work – and occupational illnesses).

Illness (natural/external factors)

Data on the type of illness affecting people with disabilities can be derived from the total number of disability benefit recipients. Most countries provide a (complete or partial) breakdown of this total number according to the International Classification of Disease (ICD).

It appears that in the 14 countries for which relatively complete data are available, four broad categories of ailment accounted for 60 to 80% of people receiving disability benefits in 2005. These are, in descending order of importance: mental disorders (28% – like schizophrenia or mental/behavioural disorders due, for example, to the excessive use of alcohol), diseases of the musculoskeletal system and connective tissue (21.7% – like arthritis or osteoporosis), diseases of the circulatory system (11.8% – like hyper-tension or strokes) and neoplasms (10.6% – cancers and tumours in particular). At the other end of the scale, the share of people receiving disability benefits due to a congenital abnormality (i.e. a problem they were born with) was less than 2% of the total in all countries.

In recent years, an upward trend is evident in the proportion of disability pensioners suffering from mental or behavioural disorders in all countries except Finland (where the share declined slightly between 2004 and 2005). The proportion of women receiving disability pensions due to a mental disorder was around half in all the 10 countries where data are broken down by gender, except in Sweden where it was some 62% in 2005.

Occupational accidents/diseases

In 2005, the share of working-age population receiving an occupational accident/illness benefit ranged from 0.1% in Slovakia to 5.9% in Luxembourg. The relative number of workers receiving a benefit following an accident at work is significantly higher than in case of an illness contracted at the workplace, except in Poland where the figures are very similar.

Once the analysis is restricted to those with an incapacity rate of 20% or more, the number of people compensated for a work accident or an occupational illness is reduced to less than 1% of the total population aged 25-64 in 2005 in the 10 countries where data are broken down by incapacity level, except in Luxembourg where this share reached 1.8%.

In all Member States apart from two Nordic countries (Sweden and Finland), men accounted for more than 70% of all beneficiaries. In Sweden and Finland, the corresponding share was respectively 59% and 68%. This marked disparity is not too surprising given that many more men than women tend to work in sectors of activity in which accidents are most likely – such as construction or heavy industry.

War-related injuries

In some countries, specific funds have been created to provide war pensions to people injured during armed conflicts. In others, allowances compensating for war injuries are paid within the general social protection schemes.

In the 7 Member States for which data are available, between 0.1% and 0.6% of the population aged 25 and over receive such an allowance. As expected, this range increases (to between 0.2% and 1.9%) when the analysis is confined to people of 65 and over.

Theme V – Access to services and independent living

A large number of services to people with disabilities are provided in the countries studied. The schemes concerned are in general managed at local level, which makes collecting data on them complicated. For any given type of measure, the data available do not enable all the countries where it is in place to be covered and the disaggregation by age and gender is often problematic. The analysis here, therefore, focuses on relevant instances for which data exist.

All the countries covered by the study provide long-term care services to people with disabilities. Recipients can obtain cash payments, but generally, they receive benefits in kind provided at local level by regional authorities or municipalities. Benefits in kind are usually divided into home care (attendance services to help with personal hygiene, housework, delivery and preparation of meals, laundry, help with interpreting for the deaf and reading for the blind), semi stationary care (provided as day care or weekly care) and nursing home care.

Long-term stays concern in particular the mentally handicapped – both adults and children – and those with severe disabilities. For instance, 92% of the people registered in institutions on a long-term basis in the Netherlands in 2004 were those with mental disabilities. The demand for care from persons with mental disability is however not always fulfilled, and 89% of the persons on waiting lists for disability care services in the Netherlands in 2003 were those with mental disabilities.

Parallel to this situation, both the demand for and supply of day-care for people with disabilities have increased in many countries over recent years (even though in some cases – as in Hungary – the number of places is still insufficient to meet demand). Such services are primarily provided for children with mental disabilities (Hungary, Netherlands), for people with disabilities living alone (Estonia) and the elderly with mental or physical disabilities (Netherlands, Estonia).

The elderly are the principal recipients of home care services. Whereas in some countries these services are provided primarily for medical reasons, in others a broader definition of dependence is adopted (Spain) and the services concerned represent a means of preventing isolation.

The geographical dispersion of services can give rise to inequalities among people with disabilities as well as among carers. Some schemes are aimed specifically at improving the position of the latter and carers generally receive an allowance in several countries. For instance, in Ireland, they can receive the *Carer's allowance*, the *Carer's benefit* and the *Respite care grant*. Furthermore, in Poland, Estonia and Sweden, parents who cannot work due to caring a child with disability can receive a caregiver's allowance.

Personal budgets are a means of tailoring support to the needs of individual recipients and are managed at the local level. The recipient receives a cash payment and can manage it as he/she wishes in order to meet their needs. The growth of the *Personal budget new style* was very rapid in the Netherlands, mainly because the scheme replaced all existing schemes. In

Belgium (Flanders), the number of recipients of the *Personal assistance budget* increased by 81% between 2003 and 2006. This growth seems to have been accompanied by a number of problems: insufficient information, lack of experience of municipalities, administrative complexity, and an inadequate number of places created. Waiting lists have appeared and grown in a number of cases. In Belgium, the number of people waiting was almost 4 times larger than the number of recipients of the *Personal assistance budget* in 2001, and the number of people on the waiting list doubled between 2005 and 2006. Another major issue concerns the difficulties people with mental disabilities have in managing their budgets. In Denmark, those with mental disabilities are ineligible for personal budgets. In practice, few people with mental disabilities are included in such schemes. In the UK, 7.5% of recipients of *Direct payments* in 2006 had mental disabilities.

Other kinds of service making it easier for people with disabilities to remain integrated in society are provided by the countries covered by the study, although they are less important than long-term care services. Work rehabilitation programmes and services for children (mainly special education allowances) are the principal ones.

Finally, it has to be noted that the nature of the data collected do not make it possible to consider important factors determining the access of people with disabilities to the services concerned (for example, geographical distance, differences between availability in rural and urban areas, and the complexity of the administrative system).

CHAPTER I > DISABILITY PENSIONERS

1. RECIPIENTS OF INVALIDITY PENSIONS

There are a high number of benefits provided to people with an activity limitation in the Member States. These benefits may be delivered at a national, regional or local level. They may cover different risks. In this section we will mainly focus on benefits covering the risk of incapacity for work[2].

A first distinction concerns the insurable risks relating to sickness and (work) invalidity. National social insurance arrangements often organise a path going from sickness to temporary incapacity and finally to permanent incapacity for work. The analysis here is limited only to permanent incapacity for work. This does not exclude a periodic reassessment of the beneficiary. Permanent means that it is expected to last for more than a specified period of time (six months, one year, two years, etc.) which varies across countries.

Another distinction concerns, on the one hand, invalidity and, on the other, employment injuries and occupational diseases giving entitlement to an annuity. These two risks are generally covered by different insurance schemes. However, a certain number of Member States grant an invalidity pension without consideration of the cause (health, occupational diseases, home accident, work accident, etc.). This creates a comparability problem across countries. Certain insurance funds report data separating the two benefits while others present aggregated data.

An important difference between invalidity benefits (contributory and non-contributory) and work accidents and occupational diseases annuities is that the first aim to guarantee a sufficient level of income while the second aim to compensate for a loss. Consequently, the second generally requires a relatively lower incapacity level and is not dependent on resources.

Another important point is that the invalidity pension is in most cases part of the contributory insurance scheme which requires a certain number of conditions, notably a minimum period of insurance contributions. This means that in certain cases, people who are inactive or did not establish their insurance rights may be excluded from invalidity benefits. In this case, they benefit from special non-contributory allowances or from the general scheme guaranteeing a minimum income.

This creates a second comparability problem as certain Member States (e.g. France) grant two kinds of benefits while others present one (e.g. Sweden). In order to avoid this problem, we will attempt to report statistics covering both contributory and non contributory benefits.

Another type of risk is that of becoming dependent. Long-term care insurance has been developed in a certain number of Member States. Benefits related to this risk are treated in the last chapter of this report. We will include it only in cases where it improves the comparability of our data across countries.

The invalidity pension insurance may give the insured person a right to a pension for work incapacity, a training allowance, technical aids, rehabilitation, etc. This chapter will focus only

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[2] *MISSOC (Mutual information system on social protection Social protection in the Member States of the European Union, of the European Economic Area and in Switzerland) has done an in depth comparison of national definitions and the conditions accompanying the different benefits (situation on 1 January 2006): http://ec.europa.eu/employment_social/social_protection/missoc_en.htm*

on pensions (compulsory national schemes). The other voluntary (private) forms of insurance are not covered here.

A summary of the main schemes for incapacity to work (or earnings incapacity) in the Member States is presented in a table in annex. The table distinguishes between contributory and social assistance schemes related to invalidity. We do not report information on supplementary benefits covering special needs. Also, we do not report the definitions of work accidents and diseases neither war pensions.

It is interesting to note that a first visible difference across the Member States concerns the minimum level of incapacity required for the grant of a disability pension. Other differences not reported on the table concern minimum affiliation periods, means tests, etc (see the Country Reports in annex for further details).

Consequently, the main disability pensions granted to adults in the Member States can be summarised in four types:

- invalidity pensions: they are granted in the framework of social security; they often cover persons satisfying minimum insurance affiliation periods who are victims of an accident or a disease not related to work. However, certain Member States do not make a distinction according to the origin.

- disability allowances: they are granted in the framework of social assistance, are non-contributory and impose a means test. They often cover people with congenital impairments and/or people in institutions. In certain countries, there are no specific non-contributory invalidity allowances (e.g. Sweden, Luxembourg). In these countries, the general scheme for guaranteed minimum income covers people excluded from the contributory scheme.

- pensions for occupational accidents and diseases: in the majority of Member States an accident or disease at work gives rise to a financial compensation. Contrary to the previous schemes, a low degree of disability may give rise to a once and for all grant or an annuity.

- war pensions: they are granted following a war or violent event which resulted in an invalidity. The number of direct beneficiaries is decreasing continuously.

It is important to note that the disability period in case of a social assistance benefit does not count as insurable period for old-age pension. Consequently, the value of old-age pension for these persons might be very small. Periods of contributory invalidity are treated more favourably. For example, in Latvia and Sweden, contributions for invalidity periods are paid[3] from the state budget.

The number of beneficiaries of the main disability-related benefits is presented in Table 1.

The present chapter focuses on people with an incapacity for work. Consequently, each time this is possible, we exclude survivor's pensions, widows' pensions, orphans, etc.

Unless specifically mentioned, the data always refer to the number of beneficiaries of working age. Invalidity pensions (contributory) and disability allowances (social assistance) are indeed often replaced by old-age pension at retirement age. In order to increase the comparability across countries, we have therefore retained only beneficiaries aged 65 or less, each time data were available.

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[3] See the document of the World Bank: "Evaluation of the Notional Defined Contribution Option for the Reform of Pension System in the Czech Republic", 2003

Occupational accidents and diseases of a relatively small gravity give rise to pensions or once and for all compensations. The number of such benefits is very high and often has very small implication for work or the activities of daily life. Consequently, we have retained only benefits related to an invalidity degree of at least 20%. However, lack of detailed data did not enable us to do this for all countries.

Some countries make a distinction between work and non-work related accidents. In which case, two different series of beneficiaries are reported. In some other countries, the legislation and the corresponding data present the number of beneficiaries whatever the cause of the incapacity for work.

The goal here is to report the number of people aged 25 to 64 who benefit from one or more of the above noted benefits. It is important to note that a person may receive several benefits simultaneously.

The comparison across countries is jeopardized by the following factors:

- the age groups are not the same despite our efforts to restrict the analysis to people aged 25-64;

- some sources report the number of pensions (a person may receive several pensions following for example several work accidents) rather than the number of beneficiaries;

- some statistics include special social security schemes and others not.

There are also differences stemming from different assessment methods, coverage of impairments and invalidity thresholds. However, this is not a real problem as our goal is to measure the number of beneficiaries. Consequently, differences in the number of beneficiaries ought to reflect the capacity of national systems to cover a large or a restricted number of people with disabilities. A reasonable critic here could be that the number of people covered does not measure the strength of the intervention (the amount of pension).

Table 1 Number of disability-related benefit recipients

	Type of benefit	2000	2001	2002	2003	2004	2005
BE	Invalid persons (incapacity period > 1 year)	200,264	204,475	209,758	217,513	221,417	225,951
	Disability allowances recipients (disabled adults)	118,921	120,228	123,945	130,347	133,739	136,742
	Benef. of Allowance for Occupational disease (permanent incapacity >20%)	19,191	19,013	20,257	20,089	19,678	19,214
	Invalidity war pensions	5,440	5,142	4,844	4,609	4,406	4,185
CZ	Disability pensions	453,367	478,504	488,728	498,273	507,634	514,828
	Recipients of Compensation for occupational accident (temp+perm) & disease	:	23,861	25,685	23,506	23,005	22,586
DK	Early retirement pension (Invalidity & social cases)	257,560	254,612	258,824	258,741	257,887	246,836
	Provision for disabled adults	4,746	5,665	6,048	4,293	4,677	9,851
	Accidents at work giving rise to a compensation	:	:	:	:	:	9,537
DE	Pensions due to reduced working capacity (<65)	1,908,594	1,861,542	1,809,136	1,761,646	1,694,728	1,649,767
	Basic Security (Reduction of work capacity) (<65)	:	:	:	181,097	232,897	287,442
	Pensions for work/commuting accidents & occupational illnesses (<65, IR >20%)	383,716	371,498	360,692	348,152	332,796	316,906
	Pensions for victims of war	376,372	347,979	319,914	292,644	268,760	245,141
EE	Persons receiving pension for incapacity for work (<63)	43,394	47,140	51,339	55,480	59,174	61,921
IE	Recipients of invalidity pensions (<65)	43,818	44,421	45,313	45,767	46,588	47,357
	Recipients of Disability Allowance (<65)	53,214	50,725	55,151	59,485	71,135	77,595
	Recipients of Disablement Pension (<65)	8,965	9,392	9,639	9,890	12,162	10,194
EL	Principal (insurance) invalidity and occupational accidents pensions	328,447	320,190	323,255	318,148	316,058	:
	(Principal) Subsidiary invalidity and occupational accidents pensions	29,677	32,374	34,103	35,520	37,000	:
ES	Beneficiaries of contributory invalidity pensions	:	:	780,300	792,600	810,300	828,300
	Number of non contributory invalidity pensions	244,802	207,620	206,814	207,273	206,953	204,686
	Beneficiaries of LISMI benefits	108,597	97,793	87,194	77,305	69,234	60,292
FR	Invalidity pensions (civil)	496,359	496,897	512,989	567,581	586,973	:
	Persons receiving Allowance to Disabled Adult (AAH)	674,423	697,992	716,784	732,839	752,988	768,414
	Occupational Accidents & Occupational diseases (recogn. invalidity, 15-64)	:	:	262,000	:	:	:
	War invalids (excl widows, <65)	:	:	114,754	114,926	88,901	82,906
IT	Benef. of incapacity/invalidity allowances & allow. for personal and contin. assistance (20-64)	399,825	369,042	342,073	321,958	440,569	424,722
	Disability benefits (social assistance) (<65)	575,461	552,148	610,717	653,121	918,259	953,025
	Benefits for work-related accidents or diseases (25-64) (degree: 11+)	224,594	340,631	313,217	287,824	480,304	452,973
	Beneficiaries of war pensions (including survivors) (25-65)	:	21,843	20,611	19,960	38,514	:
CY	Invalidity pensioners (16-63)	5,363	5,737	6,008	6,293	6,556	7,084
	Disability allowances (social protection, 16-63)	:	:	2,982	3,236	3,547	3,958
	Disablement pensioners (Accidents/Occupational, 16-65)	1,061	1,071	1,070	1,083	1,101	1,100
LV	Invalidity pensions (25+)	83,181	80,547	77,876	75,938	74,603	73,574
	State social security benefit beneficiaries with disability (generally 18-65)	10,919	11,710	12,187	12,490	13,195	13,920
	Occupational Accidents & Diseases pensions	:	:	:	2,159	2,921	3,674
LT	Persons receiving Disability pensions / Incapacity for work (all ages)	173,600	181,119	191,354	197,849	207,327	210,662
	Disability assistance benefit	:	31,762	30,223	31,381	35,014	36,738
	Occupational accident & disease pensions (temp/perm) (all ages)	:	:	3,292	3,355	3,514	4,599
LU	Beneficiaries of invalidity pensions (20-64)	20,387	19,955	19,672	19,157	18,402	18,028
	Beneficiairies of life annuities after a work accident	12,638	13,348	13,634	14,607	14,564	14,943
	Beneficiairies of special allowances for severely handicapped people	2,160	1,837	1,630	1,493	1,291	1,174
HU	Disability pension (<65)	447,001	453,203	467,289	462,228	465,797	454,348
	Disability benefit (all ages)	247,974	246,203	249,627	250,122	250,854	243,128
	Regular social assistance for reduced capacity to work (active age)	8,728	8,852	8,504	8,750	8,643	9,070
MT	Contributory invalidity pension (19+)	6,255	6,701	7,560	8,424	8,799	8,815
	Disability pensions	1,831	1,860	1,956	2,047	2,029	2,139
	Disablement pension (Injury)	397	384	415	412	391	361
NL	Invalidity benefits (WAO, WAZ, WAJONG) (16-64)	957,000	981,000	992,800	981,750	960,570	899,310
AT	Work reduction capacity (<65)	161,999	164,352	170,026	176,686	195,569	209,537
	Early old-age pensions due to reduced working capability (65/60)	89,202	82,852	73,374	60,329	42,866	26,076
	Pensions accidents at work (<70)	63,200	62,497	61,984	61,883	62,042	62,360
	Pensions for war victims	37,031	34,350	31,867	29,452	27,113	24,827

	Type of benefit	2000	2001	2002	2003	2004	2005
PL	Disability pensions resulting from an inability to work (duration > 1 year; 18+)	1,388,800	1,340,800	1,288,000	1,239,600	1,142,800	935,600
	Compensatory allowances (duration > 1 year; 18+)	114,400	96,800	68,000	99,600	104,400	81,600
	Disability pensions resulting from work accidents & prof. diseases paid by FUS	267,900	264,700	259,500	251,200	247,800	242,200
	Social pensions paid by FUS (<65)	:	:	:	:	227,615	223,366
	War invalidity pensions	97,300	93,700	89,400	84,800	80,400	75,900
PT	Beneficiaries of Invalidity pension (<65)	369,561	357,344	354,556	345,603	336,215	318,022
	Invalidity social pension (data already included in Invalidity pension figures)	:	:	:	45,584	45,554	46,169
	Occupational permanent incapacity pensions (25-64)	12,519	:	:	:	:	:
SI	Disability pensions (25-64) (includes work-related)	58,977	57,833	56,821	55,200	54,052	52,611
	Disability benefit (independence allowance only)	7,913	6,936	6,675	6,602	6,472	6,317
SK	Invalidity pensions receivers (includes work-related) (18-64)	:	260,000	261,000	260,000	254,000	182,856
	Compensation benefit / Disabled persons allowance	:	:	:	:	:	:
FI	Ordinary disability pensions	276,269	267,906	267,204	267,140	266,972	269,428
	Disability allowance	12,020	12,300	12,476	12,468	12,453	:
SE	Beneficiaries of Permanent Activity/Sickness Compensation (19-64)	360,494	376,035	402,153	413,071	434,137	444,950
	Recipients of Work injury annuities (25-64) (degree > 6.7%)	90,132	93,760	83,635	82,408	79,024	75,454
UK	Long-term Incapacity Benefit recipients (16-64)*	1,339,480	1,338,500	1,335,140	1,351,440	1,332,160	1,306,150
	Severe Disablement Allowance (SDA) (16-65)	376,280	362,140	328,560	313,260	299,670	286,700
	War disablement pensions (<65)	:	:	:	:	:	59,120
	Industrial Injuries Disablement Benefit (IIDB) & Reduced Earnings Allowance (REA) (25-64)	-	-	205,030	201,045	196,600	191,510

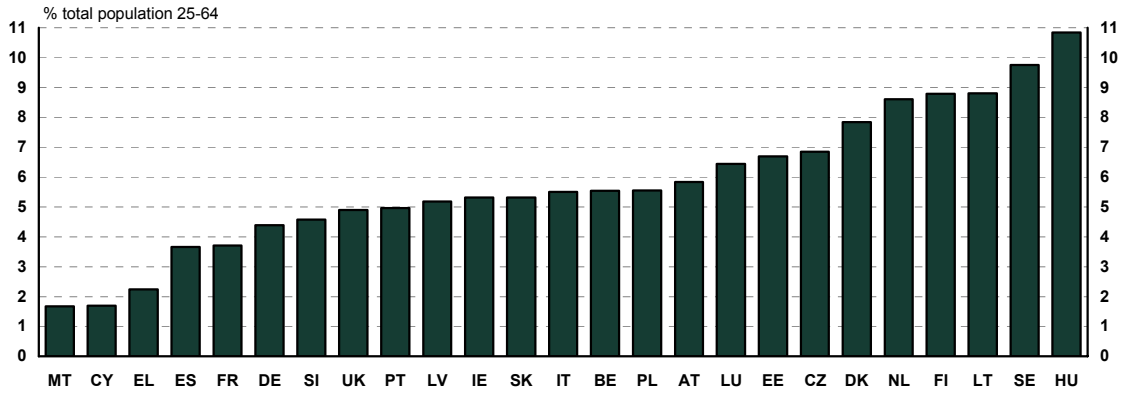
** : 990,590 persons only received "IB credits" in the UK in 2005.*

Sources:

BE National Institute for Sickness & Invalidity Insurance (INAMI); Ministry of Social Security (DG people with disabilities & War victims); Fonds des accidents du travail/maladies professionnelles.
CZ Ministry of Labour and social affairs; Czech statistical office; National Institute of Public Health.
DK Statistics Denmark.
DE Deutsche Rentenversicherung; Bundesministerium für Arbeit und Soziales; Statistisches Bundesamt.
EE Statistical Office.
IE Department of Social and Family Affairs (DSFA).
EL National statistical office (ESYE).
ES Ministry of Work and Social Affairs (MTAS); IMSERSO (Instituto de Mayores y Servicios Sociales).
FR Caisses de sécurité sociale; Ministère de l'Économie; DGEFP; Agefiph; CNAF; Cour des comptes.
IT National statistical office (ISTAT).
CY Ministry of Labour and social insurance (social insurance services).
LV State Social Insurance Agency; Central Statistical Bureau of Latvia.
LT Ministry of Social Security and Labour; Department of Statistics to the Government of the Republic of Lithuania; Lithuanian Health Information Centre.
LU Ministère de la sécurité sociale; Service central de statistiques et des études économiques (STATEC).
HU Central Administration of National Pension Insurance (ONYF); Central Statistical Office.
MT Ministry for social policy (Disability department); Ministry for Family and Social Solidarity.
NL Statistics Netherlands (CBS).
AT Hauptverband, Statistisches Handbuch der österreichischen Sozialversicherung; Statistik Austria.
PL Ministry of economy and labour; Social Insurance Institute (ZUS - Zakład Ubezpieczeń Społecznych); Central Statistical Office (GUS - Główny Urząd Statystyczny).
PT Instituto de Seguranca Social.
SI Pension and Disability Insurance Institute.
SK Statistical office of SR (SLOVSTAT database).
FI Centre for Pensions; Social Insurance Institution (KELA).
SE Social Insurance Agency (Försäkringskassan).
UK Department for Works and Pensions (DWP).

Comparability across countries requires aggregations notably for countries where there is a high number of segmented financial benefits. For example, data concerning the Netherlands (with a single benefit covering almost all types of disability pensions) may not be compared to single measures of other Member States. This requires an aggregation of different national schemes in countries with segmented schemes. However, the aggregation is difficult as the same person may receive different benefits, for example a contributory invalidity pension and a supplement (disability allowance from social assistance) in order to guarantee a minimum income.

1.1 Recipients of disability-related benefits, 25-64 in 2005 (or latest year available)



Are included: contributive invalidity pensions, non-contributive disability allowances, pensions for occupational accidents & diseases and war pensions.
UK: The sum of people receiving long-term IB plus claimants receiving only IB credits (990,590), gives a share of 6.25%.
The data may involve double counts. War pensions are added only when the age distribution is known. Sources: see Table 1.

Sometimes, estimation is necessary. This is notably the case as regards delimiting the 25-64 age group and the exclusion of work-related pensions with an invalidity degree of less than 20%. In some cases, in order to use the same year for all types of benefits in a country, it is necessary to extrapolate the number of beneficiaries of certain types from the data for previous years.

Double counting tends to overestimate the number of beneficiaries in countries with several partial financial schemes. In countries where there is a single benefit, whatever the origin of impairment or work status (active or inactive on the labour market), the number of beneficiaries will reflect the reality.

OECD has estimated a similar disability benefit recipiency rate for contributory and non-contributory benefits. Their estimated recipiency rate was between 5 and 7% for people aged 20-64 in the late 1990s[4] (but the rate is about 9% in the Netherlands, 8% in Sweden and 4% in Germany).

Several countries have used in the past invalidity benefits as substitute to unemployment and early retirement programmes (notably Netherlands and the UK in the 80s). Some have proposed to distinguish between the (medically based) incapacity to work and the (economically) based inability to find work[5]. However, it is often difficult to disentangle the medical and the labour market factors that produce the disability claims, notably for older workers.

Employers and trade unions have cooperated in the past in order to use invalidity benefits as an early retirement, notably in the Netherlands and Sweden. Latter, the Dutch government limited eligibility for invalidity benefits by tightening entry conditions and reducing benefit levels. Similarly, Sweden made the retirement through invalidity benefits less attractive. However, long-term sickness compensation remains relatively high in Sweden.

In the Netherlands, the disability-program became a very popular arrangement in the 80s and 90s, which employers could use to shed elderly, less productive, employees. In the context of a so-called social plan – in which the employer and the trade union agreed on the kind of support the firm would offer to those leaving the company – it was often (tacitly) agreed that those over 55 would be offered the option of entering the occupational disability scheme. Moreover, the disability benefits were more generous than unemployment benefits. As a

[4] *"Disability programmes in need of reform", Policy brief, OECD Observer, March 2003.*
[5] *L. Aarts & P. de Jong: "Disability insurance in a multi-pillar framework", University of Amsterdam, Nov. 1999.*

result of this, both employers and employees had a preference for the disability route to unemployment[6]. De Mooij estimated that as much as 50% of disability benefits in the Netherlands were due to improper use[7].

In Denmark, the financial amount of disability benefit (early retirement pension) is high. Recent measures have tried to limit the economic attraction of these pensions[8]. Also, it includes people with social problems.

In Hungary, disability benefits have often been used to finance premature labour market withdrawal and as a substitute for unemployment insurance. The regional distribution of beneficiaries aged 46-60 shows a strong correlation with regional unemployment rates. At least among the new Member States, the welfare system – in particular, the disability pension – is quite generous[9].

In Finland, for the higher income categories, disability pension was the best route for retirement. For lower income categories, the choice between disability and unemployment was depending upon the level of income. Some substitution in favour of disability seems probable[10]. Also, most European surveys report a relatively higher prevalence of activity limitations in Finland.

Recent policies to reduce invalidity benefits and early retirement schemes may increase the number of people asking for a non-contributory allowance (or minimum resource guarantee).

Table 1 shows the evolution of the number of beneficiaries in each Member State through time. This reveals sharp increases for contributory disability pensions (more than 20% between 2000 and 2005 in Austria, Cyprus, France, Ireland, Sweden) or significant decreases (more than 10% in Germany, Luxembourg, Portugal, Slovenia) which can hardly be attributed to the changing ageing structure of the population. Recent reforms in the new Member States make the comparison difficult for these countries.

In France, the reduction of early retirement schemes has led to a continuous increase of invalidity pensions and unemployment benefits[11].

Generally, the number of pensions for work accidents and occupational diseases is stable or decreasing (notably in Sweden) reflecting an improvement of working conditions and a change of the industrial structure. But it continues to increase in certain countries (notably Greece, Ireland and Italy).

It is interesting to compare administrative data with data collected through surveys (Figure 1.2). The SILC survey reports the number of people who receive a disability benefit. Our measure of disability pensions presented in Table 1 is close to the definition used in the SILC survey.

The results however show a significant difference between the two sources (administrative and survey data). In just over half of the countries considered, the recipiency rate obtained from the SILC data was lower in comparison with that from administrative data.

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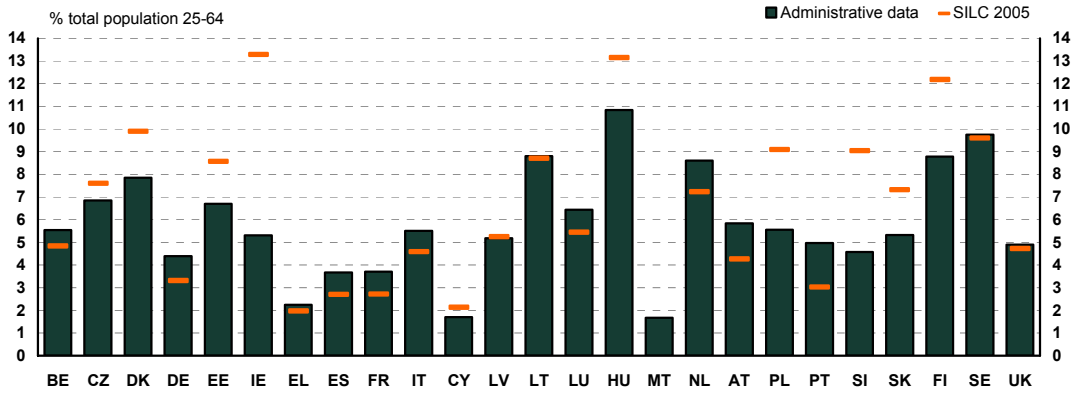
[6] A. Kapteyn & K. de Vos: "Simulation of Pension Reforms in the Netherlands", Tilburg/Santa Monica, Feb. 2004.
[7] Cited in Buddelmeyer: "Re-employment Dynamics of Disabled Workers", Discussion Paper No. 269, IZA, Bonn, 2001
[8] D. Moraal & G. Schönfeld: "Main features of age-oriented policies in Austria, Belgium, Denmark, Germany and the Netherlands" (Synthesis report), Bonn 2006.
[9] International Monetary Fund Country Report No. 06/367: "Hungary: Selected Issues", Oct. 2006.
[10] T. Hakola: "Economic Incentives and Labour Market Transitions of the Aged Finnish Workforce", Government Institute for Economic Research, VATT Research Reports No. 89, 2002.
[11] Conseil d'orientation des retraites, "Les cessations d'activité avant la retraite", DREES-SEEE No. 33/2007.

A certain number of factors tend to lead to underestimation of the sample data, notably stigma (declaring a disability allowance may imply a fear of being stigmatised), lack of information concerning the nature of benefits collected by the interviewee, etc. Similar differences are found for other benefits (e.g. unemployment benefits).

On the other hand, other factors may lead to overestimation of the number of beneficiaries of sample data in certain countries. In fact, the question asked in the EU-SILC is relatively wide-ranging, in that it includes both permanent and temporary disability.

1.2 Recipients of disability-related benefits, 25-64 in 2005 (or latest year available): comparison with SILC data



SILC data might overestimate the recipiency rate in Ireland and Poland.
Sources: see Table 1; SILC 2005.

Another important bias might stem from the confusion between sickness and invalidity benefits. The SILC survey might overestimate the recipients of disability benefits for Ireland and Poland. In fact, the percentage in these countries for sickness benefits is less than 1% (0.1% and 0.7% respectively), while the average in the other countries is about 4%. A similar confusion between sickness and incapacity benefits has been found in other surveys[12]. Also, the SILC beneficiaries include people receiving occasional support related to disability.

Activity limitations

Often surveys (e.g. LFS ad hoc module 2002, SILC, national surveys) report the number of people who declare an activity limitation. Generally, these surveys report a much higher percentage of people with activity limitations than administrative data. This overestimation by surveys may result notably from the following reasons:

- a moderate activity limitation; the granting of a national pension requires generally a minimum disability degree of 30 to 50%. Consequently, people who report a moderate activity limitation might not reach the threshold required by national legislation;

- some activity limitations (or longstanding illnesses) are not covered by national protection systems. For example, psychical and psychological impairments are treated differently across Member States;

- a certain number of demands for invalidity allowances are rejected;

- surveys report a subjective self-assessment;

[12] *J. Jenkins & R. Laux: "Evaluation of new benefits data from the Labour Force Survey", Labour Market Trends, Government Statistical Service, Sept. 1999.*

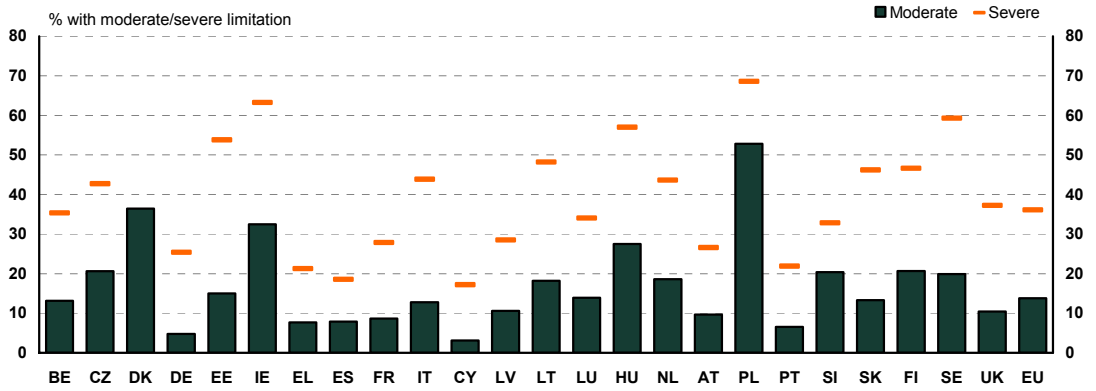
- the justification bias might imply that people out of the labour force may use disability as a reason to justify socially their status. However, activity limitation may impede labour participation. Consequently, the direction of causality is uncertain.

It is interesting to note that generally surveys do not cover people in institutions where the recipiency rate is higher. In the administrative data, people in institutions receive generally the non-contributory social assistance benefits.

Figure 1.3 indicates that recipiency increases with the degree of activity limitation.

There is a small proportion of people who declare no activity limitation and still benefit from disability allowances. This may result from occupational accident and disease pensions. In fact, these pensions may be granted to people with a very low incapacity degree (e.g. 10%) which may have insignificant implications for work and everyday life. This does not mean that there is no consequence, as these allowances are granted to compensate for injuries or diseases having a permanent impact (at least somatic).

1.3 Share of people aged 25-64 with an activity limitation receiving a disability benefit by degree of limitation (SILC 2005)



About 1.4% of people without activity limitations received a disability benefit (but DK: 6.9%, IE: 6.7% and FI: 5.2%).
DK: No distinction by degree. IE and PL: confusion between disability benefits and sickness benefits
Source: SILC 2005.

Concerning people with a moderate activity limitation only 14% declare receiving a disability allowance. As noted above, people with a moderate incapacity may not reach the minimum threshold required for the granting of a financial benefit. Also, surveys report a self-assessment.

Finally, among those who declare a severe limitation at the European level, only 36% declare receiving a disability benefit. However, working people who do not satisfy certain conditions for the granting of an allowance (e.g. their resources are high) might report a severe activity limitation and still no disability related benefit. Also, some surveyed persons might underreport disability benefits. Still, we can not exclude the hypothesis that a certain number of people with a severe limitation might be excluded from disability benefits. This may be due to lack of information, stigma, etc. This point requires further attention in the future. Some preliminary information from SILC data indicates that women might be disadvantaged. Among people reporting a severely activity limitation, women have a lower recipiency rate compared to men. This leads us to study further the distribution of disability benefits by gender.

2. DISTRIBUTION BY SEX

The granting of a financial benefit requires a certain number of conditions which may affect the distribution by sex, notably:

- Contributive invalidity pensions require a minimum number of work insurance days. As labour participation of women is lower compared to men, women might be underrepresented in contributory schemes;

- Disability allowances granted by social assistance are often granted to people inactive or with low resources. Both criteria might increase the share of women benefiting from these schemes;

- In most countries, incapacity pensions are replaced at retirement age by old-age pension. In countries where they continue to be granted after retirement age, the proportion of women might be pushed upward due to higher life expectancy. For comparability reasons, only beneficiaries aged less than 65 years are presented in Table 2 (provided data were available);

- Work accidents and occupational diseases are not equally distributed across sectors or occupations. Sectoral and occupational distribution of men and women is not similar. Men are more numerous in sectors and occupations with high accident rates (e.g. construction);

- War pensions concern in their great majority men. However, national statistics include a high number of widow and orphan beneficiaries.

Table 2 presents the number of beneficiaries by sex. For the reasons explained above, this table does not include pensions related to work accidents, occupational diseases and war pensions. It has to be noted that these pensions are however included in national schemes which do not make a distinction according to the origin of disability.

Table 2 Number of disability-related benefit recipients by sex (excl. occupational and war pensions)

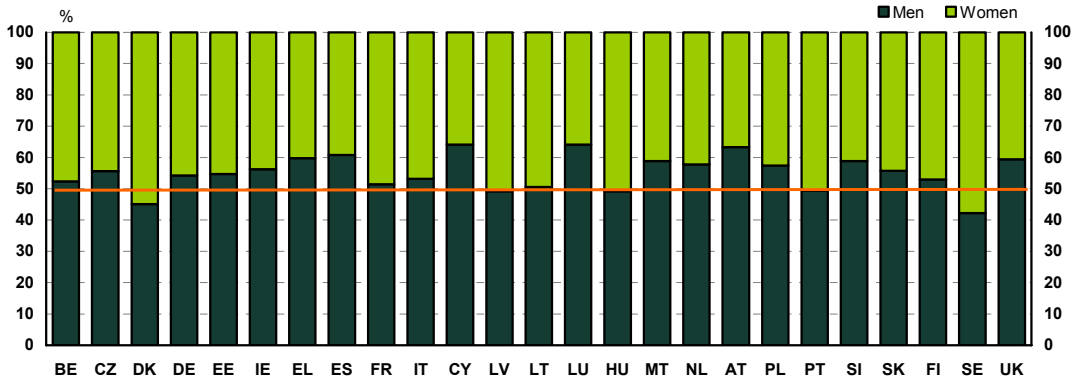
	Type of benefit / sex		2000	2001	2002	2003	2004	2005
BE	Invalid persons (duration > 1 year)		200,264	204,475	209,758	217,513	221,417	225,951
		Men	119,004	120,014	121,456	122,765	123,096	123,459
		Women	81,260	84,461	88,302	94,748	98,321	102,492
	Disability allowances recipients (disabled adults)		118,921	120,228	123,945	130,347	133,739	136,742
		Men	:	:	60,394	63,734	65,089	66,533
		Women	:	:	63,471	67,189	68,642	70,190
CZ	Disability pensions		453,367	478,504	488,728	498,273	507,634	514,828
		Men	254,192	267,662	272,902	278,204	283,078	286,345
		Women	199,175	210,842	215,826	220,069	224,556	228,483
DK	Early retirement pension (full-time recipients)		257,560	254,612	258,824	258,741	257,887	246,836
		Men	109,886	109,627	113,470	114,599	114,926	111,419
		Women	147,674	144,985	145,354	144,142	142,961	135,417
	Provision for disabled adults		4,746	5,665	6,048	4,293	4,677	9,851
		Men	:	:	:	:	:	:
		Women	:	:	:	:	:	:
DE	Pensions due to reduced working capacity (<65)		1,908,594	1,861,542	1,809,136	1,761,646	1,694,728	1,649,767
		Men	1,081,533	1,043,848	1,003,438	969,736	924,013	891,749
		Women	827,061	817,694	805,698	791,910	770,715	758,018
	Basic Security (Reduction of work capacity) (<65)		:	:	:	181,097	232,897	287,442
		Men	:	:	:	99,309	128,374	158,582
		Women	:	:	:	81,788	104,523	128,860
EE	Disabled adult allowance		66,814	84,168	88,794	92,605	98,032	102,263
		Men	:	:	:	:	:	:
		Women	:	:	:	:	:	:
	Persons receiving pension for incapacity for work		43,394	47,140	51,339	55,480	59,174	:
		Men	25,844	27,689	29,333	30,897	32,365	:
		Women	17,550	19,451	22,006	24,583	26,809	:
IE	Recipients of invalidity pensions (<65)		43,818	44,421	45,313	45,767	46,588	47,357
		Men	24,870	24,457	24,428	24,138	24,094	23,992
		Women	18,948	19,964	20,885	21,629	22,494	23,365
	Recipients of the Disability Allowance (16-66)		54,303	57,655	62,783	67,720	72,976	79,253
		Men	32,401	34,458	37,644	40,596	43,727	47,265
		Women	21,902	23,197	25,139	27,124	29,249	31,988
EL	Invalidity Pensions granted by IKA & OGA		:	:	:	:	:	121,685
		Men	:	:	:	:	:	72,799
		Women	:	:	:	:	:	48,886
ES	Beneficiaries of contributory invalidity pensions		:	:	780,300	792,600	810,300	828,300
		Men	:	:	547,800	549,200	557,700	564,400
		Women	:	:	232,500	243,400	252,700	263,900
	Number of non contributory invalidity pensions		244,802	207,620	206,814	207,273	206,953	204,686
		Men	:	:	:	:	:	87,447
		Women	:	:	:	:	:	116,157
	Beneficiaries of LISMI benefits		108,597	97,239	86,827	77,489	64,169	60,292
		Men	:	18,580	16,424	14,635	13,170	11,138
		Women	:	78,659	70,403	62,854	55,999	47,686
FR	Invalidity pensions		496,359	496,897	512,989	567,581	586,973	:
		Men	:	:	271,884	:	:	:
		Women	:	:	241,105	:	:	:
	Persons receiving Allowance to Disabled Adult (AAH)		674,423	697,992	716,784	732,839	752,988	768,414
		Men	342,000	:	:	369,000	377,000	:
		Women	332,000	:	:	364,000	371,000	:
IT	Benef. of incapacity/invalidity all. & allow. for pers. & contin. assistance		399,825	369,042	342,073	321,958	440,569	424,722
		Men	245,951	228,248	213,044	203,311	281,910	275,149
		Women	153,874	140,794	129,029	118,647	158,659	149,573
	Disability benefits (social assistance) (<65)		575,461	552,148	610,717	653,121	918,259	953,025
		Men	261,703	250,333	278,775	299,501	439,810	457,960
		Women	313,758	301,815	331,942	353,620	478,449	495,065

	Type of benefit / sex		2000	2001	2002	2003	2004	2005
CY	Invalidity pensioners		5,363	5,737	6,008	6,293	6,556	7,084
		Men	3,786	4,015	4,158	4,318	4,444	4,728
		Women	1,577	1,722	1,850	1,975	2,112	2,356
	Disability pensioners		:	:	2,982	3,236	3,547	3,958
		Men	:	:	1,745	1,918	2,109	2,352
		Women	:	:	1,237	1,318	1,438	1,606
LV	Invalidity pensions (25+)		83,181	80,547	77,876	75,938	74,603	73,574
		Men	40,573	39,295	37,732	36,711	35,781	35,004
		Women	42,608	41,252	40,144	39,227	38,822	38,570
	State social security benefit beneficiaries with disability (18-65)		10,919	11,710	12,187	12,490	13,195	13,920
		Men	:	6,727	7,031	7,206	7,656	8,043
		Women	:	4,983	5,156	5,284	5,539	5,877
LT	People receiving Disability pensions / Incapacity for work (< retirement age)		:	:	:	:	135,400	138,200
		Men	:	:	:	:	71,100	69,900
		Women	:	:	:	:	64,300	68,300
LU	Beneficiaries of invalidity pensions		20,387	19,955	19,672	19,157	18,402	18,028
		Men	13,590	13,193	12,855	12,498	11,890	11,567
		Women	6,797	6,762	6,817	6,659	6,512	6,461
HU	Disability pension (<65) (incl. work accidents)		447,001	453,203	467,289	462,228	465,797	454,348
		Men	262,193	264,719	263,046	259,358	251,696	243,502
		Women	184,808	188,484	204,243	202,870	214,101	210,846
	Disability benefit		247,974	246,203	249,627	250,122	250,854	243,128
		Men	99,925	100,433	101,867	102,391	102,737	99,270
		Women	148,049	145,770	147,760	147,731	149,117	143,858
MT	Registered disabled (25-64)		:	:	:	:	:	4,203
		Men	:	:	:	:	:	2,476
		Women	:	:	:	:	:	1,727
NL	Invalidity benefits (WAO beneficiaries; 16-64)		935,390	960,150	972,200	959,150	938,330	877,640
		Men	534,280	536,170	533,880	524,290	511,140	479,720
		Women	401,110	423,970	438,290	434,830	427,100	397,810
AT	Pensions for reduced working capability (<65)		161,999	164,352	170,026	176,686	195,569	209,537
		Men	98,725	100,712	104,719	110,060	123,306	132,626
		Women	63,274	63,640	65,307	66,626	72,263	76,911
PL	Disability pensions resulting from an inability to work (> 1 year; 18+)		1,388,800	1,340,800	1,288,000	1,239,600	1,142,800	935,600
		Men	:	:	:	:	:	544,519
		Women	:	:	:	:	:	391,081
	Social pensions paid by FUS (<65)		:	:	:	:	227,615	223,366
		Men	:	:	:	:	122,070	120,539
		Women	:	:	:	:	105,545	102,827
PT	Beneficiaries of Invalidity pensions (<65)		:	357,344	354,556	345,603	336,215	318,022
		Men	:	166,995	166,046	162,931	159,273	157,294
		Women	:	190,349	188,510	182,672	176,942	160,728
SI	Disability pensions (25-64) (includes work-related)		58,977	57,833	56,821	55,200	54,052	52,611
		Men	35,294	34,474	33,721	32,580	31,964	30,973
		Women	23,683	23,359	23,100	22,620	22,088	21,638
SK	Invalidity pensions receivers (includes work-related)		:	260,000	261,000	260,000	254,000	182,856
		Men	:	:	:	:	:	101,808
		Women	:	:	:	:	:	81,048
FI	Ordinary disability pensions		276,269	267,906	267,204	267,140	266,972	269,428
		Men	147,022	143,033	142,854	142,775	142,611	143,463
		Women	129,247	124,873	124,350	124,365	124,361	125,965
	Recipients of disability allowance		12,020	12,300	12,476	12,468	12,453	:
		Men	5,605	5,737	5,859	5,822	5,827	:
		Women	6,415	6,563	6,617	6,646	6,626	:
SE	Beneficiaries of Permanent Activity/Sickness Compensation (19-64)		360,494	376,035	402,153	413,071	434,137	444,950
		Men	163,756	168,699	177,936	179,987	185,688	187,662
		Women	197,723	208,200	224,950	233,623	248,747	257,389
UK	Long-term Incapacity Benefit recipients (16-64)		1,339,480	1,338,500	1,335,140	1,351,440	1,332,160	1,306,150
		Men	892,890	883,710	870,270	869,070	849,130	824,240
		Women	446,590	454,790	464,870	482,370	483,030	481,910
	Severe Disablement Allowance (SDA) (16-65)		376,280	362,140	328,560	313,260	299,670	286,700
		Men	159,490	153,760	137,630	132,220	127,370	122,640
		Women	216,790	208,380	190,930	181,040	172,300	164,060

Sources: see Table 1.

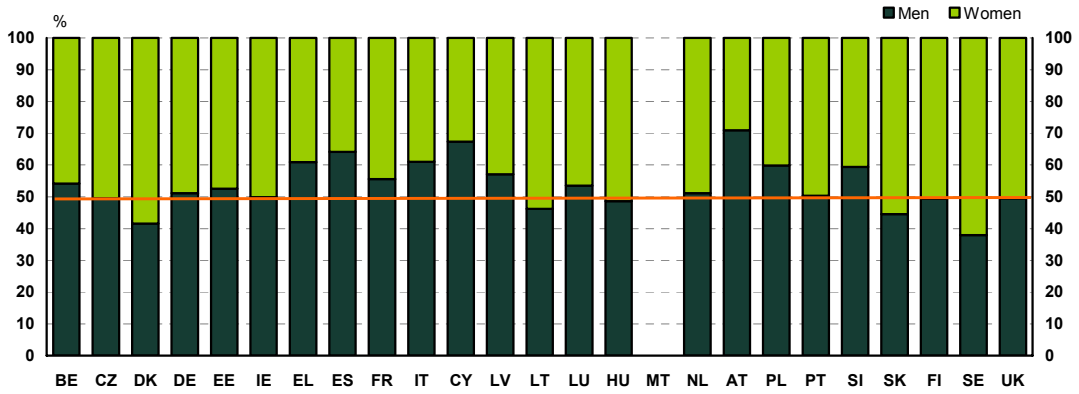
The number of women is generally lower both in absolute and in relative numbers. Both administrative and survey data present similar results (Figures 1.4 and 1.5).

1.4 Recipients of disability-related benefits by sex, 2005



Data include both contributory and non-contributory benefits (but exclude war pensions and occupational accidents and diseases).
Sources: see Table 2.

1.5 Recipients of disability-related benefits by sex, SILC 2005



Source: SILC 2005.

3. DISTRIBUTION BY AGE GROUP

People often think of illnesses and disabilities as if they were the result of congenital events. Available data reveal that illness and disability are for the most part not acquired at birth, but in the course of life. They are a result of life events that could be avoided or delayed. Important factors for the emergence of disability include notably:

- Lifestyles: certain behaviours might increase the risk of illness or disability;

- Unfavourable social environment notably poverty and low education;

- Sickness during active life, and

- Accidents at work and professional diseases (notably for the age group 45-54).

Sickness, risky lifestyles, work accidents and socio-economic factors either separately or in combination generate a process where the rate of chronic illness and disability moves progressively from 1% among young people to 15% at retirement age.

Policies to increase the labour force participation of older people and eliminate early retirement schemes might increase the number of disability benefits in the future (contributory or not). Consequently, policies aiming to increase the retirement age ought to involve health

impact assessments. However, improvements in living conditions and new medical technologies might reduce illness and disability prevalence rates at every age.

Figure 1.6 presents the proportion of people receiving disability pensions and allowances by age group, from 25 to 59 years. In fact, in certain countries the disability pension is replaced by old-age pension at 60 while in others at 65. The data clearly indicates that the proportion of beneficiaries increases with age.

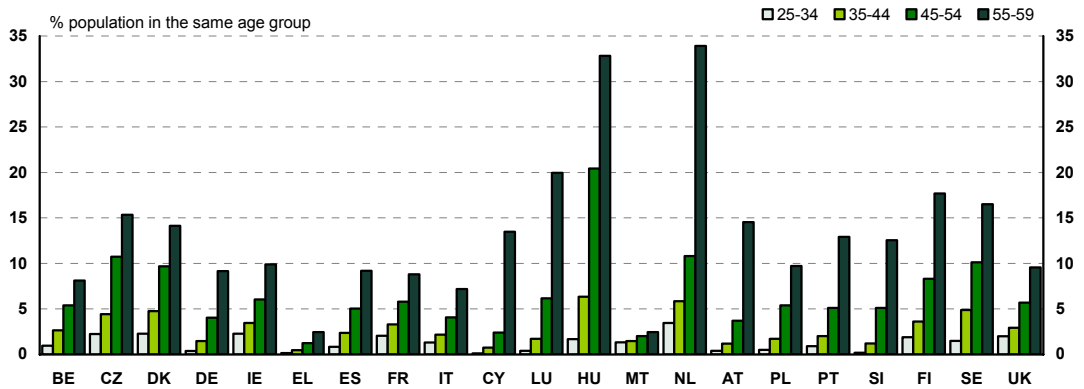
For the Netherlands, Kerkhof and al. find that there is evidence that income streams in alternative exit routes are compared in the retirement decision and that alternative exit routes act as substitutes[13] (e.g. disability might replace unemployment).

As noted above, invalidity benefit may act as a substitute to unemployment and early retirement in certain countries for older workers, notably in the Netherlands and Sweden.

On the contrary, T. Hakola studied the Finnish retirement behaviour and finds that health is not only a very strong determinant to direct people to the disability channel, but it also diminishes the likelihood to follow the other labour force withdrawal routes – most notably the unemployment route[14].

The situation seems similar in Germany. R. T. Riphahn studied the determinants of disability retirement and unemployment of older workers. The implicit assumption that these two mechanisms are exchangeable pathways into permanent retirement is tested. Using panel data the transition rates from employment into disability retirement and into unemployment are estimated and compared. Statistical tests reject the hypothesis that disability retirement and unemployment are substitutes[15]. Disability and unemployment were substitute pathways for labour force exit only in cases of businesses undergoing substantial reductions in their workforces.

1.6 Recipients of disability-related benefits by age group, 2005



Comparison across countries not allowed as the distribution by age group is not available for all types of pensions

Sources: see Table 1.

Notes:

BE Number of invalid persons (incapacity period > 1 year) (Dec. 2005)

CZ Number of disabled persons receiving Disability pensions (Dec. 2005)

DK Early retirement pension recipients (Dec. 2005); Provision for disabled adults (Dec. 2005)

DE Pensions due to reduced working capacity (Dec. 2005)

IE Recipients of the Disability Benefit (Dec. 2005); Recipients of the Disability Allowance (2005); Beneficiaries of incapacity pensions, invalidity allowance, allowances for personal and continued assistance; Disability benefits (social assistance) (age <65)

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[13] *M. Kerkhofs, M. Lindeboom, J. Theeuwes: "Retirement, financial incentives and health", Aug. 1998*

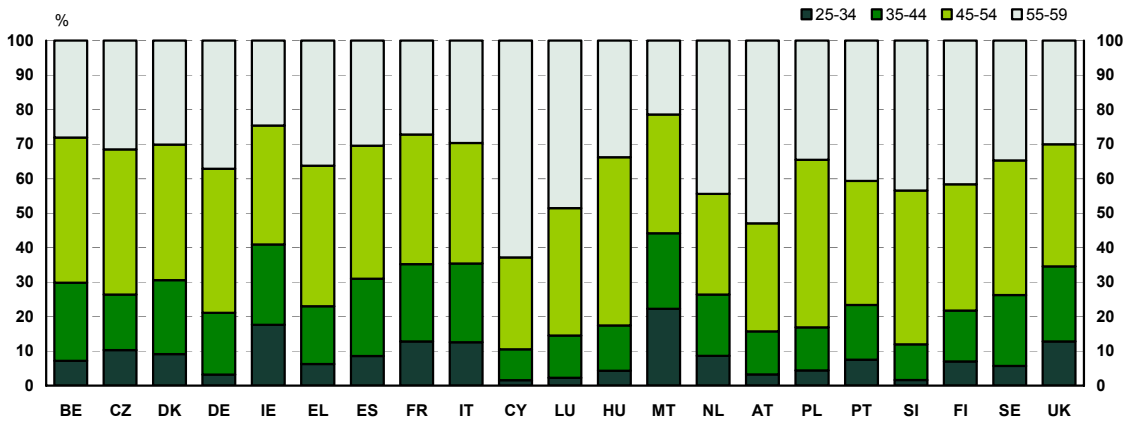
[14] *T. Hakola: "In transit – labour market transitions of the aged in Finland", preliminary draft, Government Institute for Economic Research, Finland*

[15] *R.T. Riphahn: "Disability retirement and unemployment substitute pathways for labour force exit? An empirical test for the case of Germany", Journal of Applied Economics, Volume 29, No. 5 , May 1997*

EL Pensioners receiving IKA-ETAM (end Oct. 2005)
ES Permanent incapacity pensions (Dec. 2005); Beneficiaries of non contributory invalidity pensions (Dec. 2005); Beneficiaries of LISMI benefits (Dec. 2005)
FR Number of registered beneficiaries (invalids) of Military Invalidity pensions (Dec. 2004); Number of registered beneficiaries of Allowance to Disabled Adult (AAH) (Dec. 2005); No invalidity pensions.
IT Beneficiaries of incapacity pensions, invalidity allowance, allowance for personal and continued assistance; and Disability benefits (social assistance)
CY Number of beneficiaries of invalidity pensions (Dec. 2005) and disability pensions (Dec. 2005)
LU Number of beneficiaries of invalidity pension
HU Number of disability pensioners under retirement age (Jan. 2005, before increase) and disability benefits
MT Number of registered disabled people included in Disability National Registry (Dec. 2005)
NL Number of beneficiaries of Labour disablement benefits (Dec. 2005)
AT Pension insurance due to reduced working capability/incapacity to work (Dec. 2005)
PL Distribution of disability pensions paid by FUS (Dec. 2005, %)
PT Number of disabled persons receiving the Invalidity pension (Dec. 2005)
SI Number of Recipients of disability pension (Dec. 2005)
FI Recipients of ordinary disability pensions (Dec.2005)
SE Number of persons with Permanent Sickness Compensation (Dec. 2005)
UK Long-term Incapacity Benefit beneficiaries (IB, Dec. 2005); Severe Disablement Allowance (SDA, Dec. 2005)

Figure 1.7 indicates that the majority of beneficiaries are aged 45 or more.

1.7 Distribution of recipients of disability-related benefits by age group, 2005



CY: age groups: 21-30, 31-40, 41-50, 51-60. Sources: see Table 1.

4. DISTRIBUTION BY NATURE OF DISABILITY

The International Classification of Impairments, Disabilities and Handicaps (ICIDH)[16] published by the World Health Organisation (WHO) distinguishes: impairment, disability and handicap (WHO, 1980):

- Impairment: Any loss or abnormality of psychological, physiological or anatomical structure or functions.

- Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner of or within the range considered normal for a human being.

- Handicap: A disadvantage, for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for the individual.

Attitudes to people with disabilities are changing significantly. From seeing people with disabilities as the passive recipients of charity, society has come to recognise the legitimate

[16] *"International Classification of Impairments, Disabilities and Handicaps", WHO, Geneva, 1980.*

demands of disabled people for equal rights. Many definitions imply that the "problem" lies in the person himself. In the administrative definitions stress is put on "work reduction capacity" (invalidity pensions) and "limitations" in activities of daily living (long-term care allowances). The approaches adopted seem to accept causality in the following direction:

P. Wood (ICIDH)
Impairment — > Disability —> Handicap

or

S. Nagi (Disability in America)
Active pathology — > Impairment — > Functional limitation —> Disability

The medical approach assumes that the "problem" of disability arises solely from physical or mental impairments. The person with a disability is seen as having an individual problem for which some form of treatment or rehabilitation is necessary. A causal relationship runs from impairment to social disadvantage.

The disability movement questioned the traditional assumptions and highlighted the interaction between an individual's impairment and his social and physical surroundings. The social model stresses the discriminatory barriers in society and argues that society must be modified in order to include and accommodate the needs of everybody, including people with disabilities[17].

Also, the civil rights approach considers that disability is a restriction of activity caused by a contemporary social system that takes little or no account of people who have physical impairments and thus excludes them from the mainstream of social activities[18].

These approaches fostered a revision of the International Classification of Impairments, Disabilities and Handicaps (ICIDH). The International Classification of Functioning, Disability and Health (ICF) constitutes a revision of the ICIDH[19].

The International Classification of Functioning, Disability and Health (ICF) presents two basic lists:

Part 1. Functioning and disability	Part 2. Contextual factors
a) Body functions and structures.	a) Environmental factors.
b) Activities and participation.	b) Personal factors.

The terms of Part 1 replace the formerly used terms "impairment", "disability" and "handicap". ICF also lists environmental factors that interact with all other constructs.

Body functions are the physiological functions of body systems (including psychological functions), limbs and their components. Body structures are anatomical parts of the body such as organs, limbs and their components. Impairments are problems in body functions or structure such as significant deviation or loss. Activity is the execution of a task or action by an individual. Participation is involvement in a life situation. Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

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[17] Whittle, R.: "The concept of disability discrimination and its legal construction", unpublished paper, 2000.
[18] Pitcher, J., Siora, G. & Green, A.: "Local Labour Market Information on Disability", Local Economy, Aug. 1996.
[19] ICF was endorsed for international use by the Fifty-fourth World Health Assembly on 22 May 2001 (WHO, 2001).

While some national surveys on disability (e.g. France, Spain, and UK) have been influenced by these developments, national invalidity schemes rest heavily on medical approaches. Despite the fact that in most cases, the evaluation of work incapacity takes into account the work and social dimensions, the classification used is the International Classification of Diseases.

Recognition of invalidity benefits often involves a long process, starting with absence from work due to sickness and ending in the recognition of a permanent disability status. The process begins with strictly medical factors, to which social factors are added during its course, notably when decisions are being taken about the granting of financial benefits.

The International Classification of Diseases (tenth Revision – ICD-10) is a classification of health conditions (diseases, disorders, injuries, etc.). ICD-10 and ICF are complementary but rely on different approaches. Most national administrations use this classification for invalidity schemes.

In order to improve comparability across countries, we had to make a certain number of aggregations and adjustments. The results are presented in Table 3. Aggregations concerned notably:

1. Mental/Psychological includes factors affecting mental and behaviour development.

2. Sensory: factors affecting eye and ear and their structures. Nervous and Speaking in certain cases.

3. Physical/Functional: factors affecting structures of endocrine, digestive, metabolic, as well as circulatory system, respiratory system, genito-urinary system, infections, neoplasm and malignant tumours and subcutaneous tissues.

4. Motor: skeleton, muscles, connective tissue

5. Multiple: congenital deformity and chromosomal abnormalities, nervous system, pregnancy, childbirth and originating conditions in perinatal period.

6. Other factors include: symptoms, signs and abnormal clinical and laboratory findings as well as factors others than those mentioned here.

Table 3 Nature of disability

	Mental or Psychological	Sensory	Physical or functional	Motor	Multiple	Other	Base	Comments
						%	*Number*	
BE	34.0	6.7	28.6	27.4	0.9	2.4	210,051	Beneficiaries of invalidity benefits, 2005
CZ	13.0	2.2	42.9	35.6	5.8	0.4	43,609	Newly granted invalidity benefits, 2005
DK	0.8	6.9	59.8	22.0	4.5	5.9	14,594	Newly granted Anticipatory Pension Scheme, 2005
DE	33.2	1.3	35.5	18.6	7.2	4.1	159,398	New invalidity pensions (<65), 2005
EE	17.0	4.9	36.4	41.7	0.0	0.0	17,505	First-time determination of disability, 2005
ES	40.8	7.6	33.7	0.0	0.1	17.9	203,394	Beneficiaries of non contributory invalidity pensions, 2006
FR1	25.9	6.3	35.6	26.8	0.0	5.4	496,897	Beneficiaries of invalidity pensions, 2001
FR2	39.5	21.7	13.8	25.0	0.0	0.0	691,455	Beneficiaries of AAH (20-59), 2003
LV	11.5	5.9	52.5	12.4	7.5	10.3	8,517	New cases of disability, 2005
LT	7.4	11.8	50.4	19.2	0.0	11.2	18,770	New recognitions of disability, 2004
LU	12.8	1.3	19.5	47.6	6.4	12.4	2,255	People recognised invalids in 2005
MT	20.4	15.7	39.7	0.0	13.1	11.0	13,446	Registered disabilities, 2005
NL	38.1	7.6	26.4	27.5	0.4	0.1	899,310	Beneficiaries of Labour Disablement benefits, 2005
AT	16.4	1.6	22.5	36.6	3.6	19.3	427,845	Beneficiaries of disability pensions, 2005
SI	10.7	8.3	72.7	6.1	2.3	0.0	6,972	Registered (limited) disabled people, 2007
SK	20.8	4.4	50.9	17.1	6.2	0.6	11,930	New disability pensions, 2005
FI	41.4	1.9	18.6	28.2	9.1	0.9	255,680	Benef. of ordinary disability & early retirement pensions, 2004
SE	39.8	2.0	17.0	38.6	0.4	2.3	54,103	New sickness benefits (disability), 2005
UK1	36.1	1.2	18.7	24.4	7.2	12.3	1,393,210	Beneficiaries of Long Term Incapacity Benefit, 2005
UK2	43.6	2.3	8.4	8.4	18.5	18.7	269,860	Beneficiaries of Severe Disablement Allowance, 2005
EU	12.7	4.8	26.6	44.9	-	11.1	LFS	Restricted in the kind, amount or nature of work, 25-64, 2002

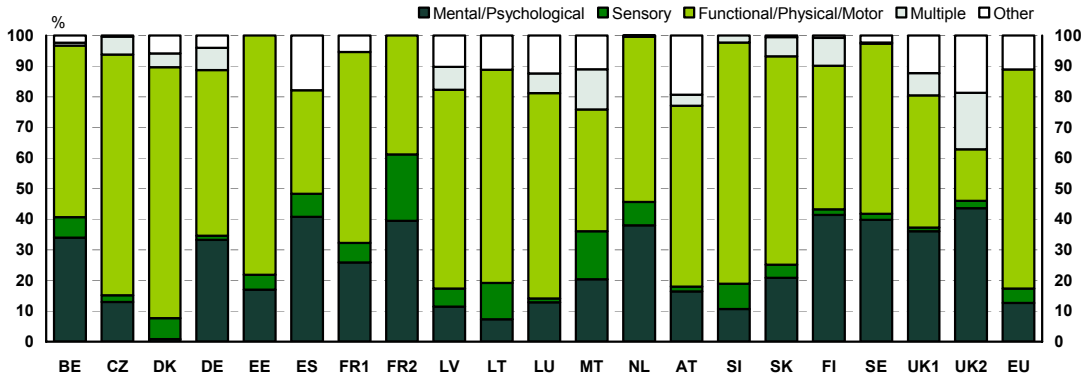
EU data: LFS ad hoc module on disability 2002.

Sources: see Table 1.

Injuries or categories which are not linked to a determined impairment are not included.

The table presents a comparability problem with physical, functional and motor categories. The Member States do not use the same categories. These categories are aggregated in Figure 1.8. The figure reveals big differences across countries which might stem from different definitions and different evaluation systems.

1.8 Recipients of disability-related benefits by nature of disability, 2005



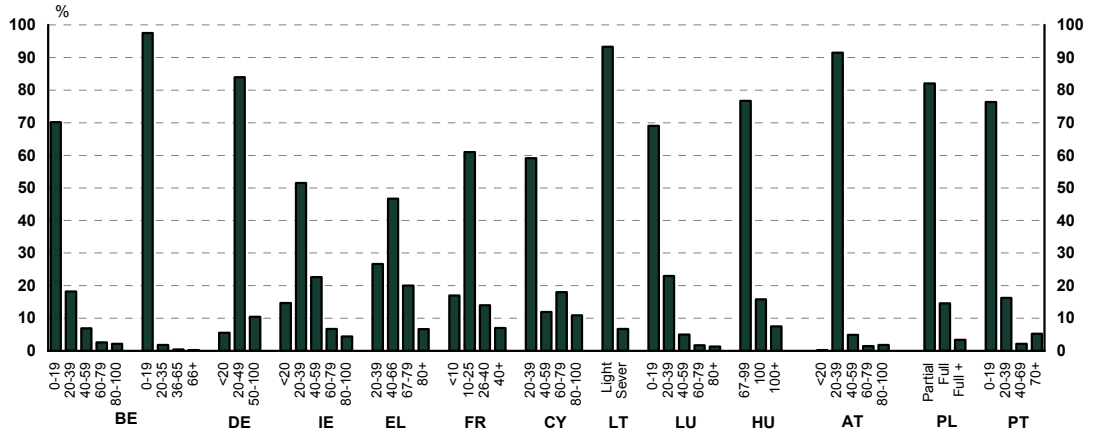
Data include both contributory and non-contributory benefits.
Physical, functional and motor have been aggregated for comparison. "Nervous" cannot always be distinguished from "sensory" because they are aggreggated in some countries (in which case, it is included here under "sensory").
Sources: see Table 3. EU: restricted in the kind, amount or mobility of work, 25-64, LFS 2002.

5. DISTRIBUTION BY DEGREE OF DISABILITY

We begin with work accidents and occupational illnesses giving rise to an annuity because they present some interesting characteristics (Figure 1.9).

A similar trend is evident across countries. Light work accidents and occupational illnesses giving rise to annuities are more numerous than severe cases. However, in certain countries, (declarations for) accidents resulting in very light disability tend to be less numerous if they do not give rise to significant compensation. In fact, for very light disabilities (e.g. less than 10%) the person might receive a once-and-for-all payment which might be very small. In this case, the victim might be discouraged from initiating an often long process for recognition to entitlement.

1.9 Disability pensions due to work accidents and occupational diseases by degree of invalidity, 2005



Sources: see Table 1.

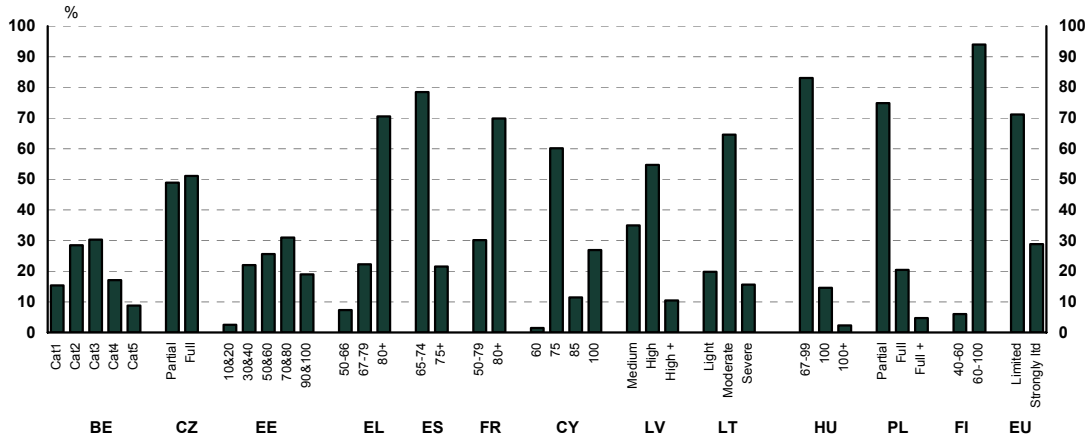
Notes:

BE	Occupational diseases (permanent incapacity), 2005. New work accidents (leading to permanent incapacity), 2005
DE	Pensions for work accidents and occupational illnesses, 2005
IE	Disablement Pension (accident at work or occupational disease), 2005
EL	New occupational diseases (IKA), 2005
FR	Work accidents and occupational disease pensions (Ile-de-France), 2005
CY	Disablement pensions (work accidents & occupational diseases), 2006
LT	Persons receiving the compensatory wage for occupational accidents, 2005
LU	Injured receiving a disability pension, 2005
HU	New disability pensions (accident related), 2005
AT	New pensions for accidents, 2005
PL	New pensions for work accidents & occupational diseases, 2005
PT	New permanent incapacity due to an occupational disease, 2005

Disability pensions (contributory and not) do not display the same picture across countries as annuities for work accidents and occupational illnesses (Figure 1.10). This might result from the following factors:

- the incapacity degree intervals are not the same across countries
- some countries use socio-economic factors in their evaluations while others do so to a much lesser extent (in most cases reference is made to “suitable” or “appropriate” work)
- non-contributive schemes are means tested
- non-contributory schemes require generally higher minimum thresholds compared to contributory schemes
- the minimum period for an illness or disability to be considered permanent differs widely across countries, ranging generally from six months to two years.

1.10 Recipients of disability-related benefits by degree of invalidity, 2005



Data include both contributory and non-contributory benefits. Sources: see Table 1. EU: Limitation in daily activities, 25-64, SILC 2005.

Notes:

BE	Disability allowances (degree of autonomy), 2005
CZ	New disability pensions, 2005
EE	Declared incapacitated for work for the first time, 2005
EL	Invalidity pensions, 2005 (IKA)
ES	Beneficiaries of non contributory invalidity pensions, 2006
FR	Beneficiaries of AAH, 2005
CY	Number of invalidity pensioners, 2005
LV	Disabled persons for the first time, 2005
LT	Disability pension (Lost working capacity pension), 2005
HU	Invalidity pensions (under retirement age), 2005
PL	New disability pensions, 2005
FI	Recipients of ordinary disability pensions, 2005

6. METHODOLOGICAL ISSUES

Data concerning the total number of invalidity pensions are published regularly in the Member States. There is however a certain number of minor problems on:

- the timeliness of publications: some data might be published with a long delay;

- the number of special insurance schemes is sometimes very large (though the number of people concerned is usually relatively small). Generally, the published data cover the general scheme as well as the ones for self-employed people and for those employed in agriculture;

- some social security funds publish the number of pensions instead of the number of recipients.

As noted above, comparability requires taking account of the number of recipients of disability benefits granted by social assistance. But these data are published at more irregular intervals.

Data on age distribution are available for almost all Member States although published data do not always adopt the same age groups. Data by gender are not always published (though administrations ought to have them).

Generally, available data on social security and social assistance make it possible to make a reasonable estimation of the total number of recipients of benefit aged 25 to 64. The limitation of the analysis to this age group stems from the following two considerations:

- at retirement age, some countries continue to grant a disability pension (in place of an old-age pension) while others replace it by a regular old-age pension, with eventually additional specific benefits;

- for young adults, the age limit between disability pensions and family allowances is not the same across countries (it might in particular depend on the school-leaving age).

Early retirement due to disability might bias the comparison for the age group 25-64 as such schemes exist in some countries. However, the age distribution of recipients ought to enable the data to be correctly interpreted.

Given the fact that several national social security funds publish the data with some delay, there might be a need to make extrapolations for some Member States in order to have the same year for comparison. This is notably the case when there are recent data for the total number of recipients but older data age groups. Similar problems might arise from occasional reporting of the distribution of recipients by sex.

Data on the nature of disability create a serious problem. Published data adopt a medical approach by reporting the “disease”. This is the result of methods used for assessing work incapacity. While Member States take into account work and social criteria, the main classification system used is the International Classification of Diseases. Very few Member States publish data which are close to international classifications of disability or activity limitations (e.g. Estonia, France, Spain, Malta and Slovenia). Within an individual Member State, different classifications might be used depending on the specific benefit or service. However, the assessment of dependency seems to adopt a typology which is closer to international classifications of activity limitations.

Measuring the degree of disability gives rise to another major obstacle to comparability. Not only do the thresholds tend to be different but also the categories used. Only pensions relating to work accidents and illnesses adopt similar categories (generally of 5 or 10 points classes).

The establishment of detailed comparable data on the nature and degree of disability is likely to be a long-term process requiring some basic harmonisation of national assessment rules. In the short term, a minimum degree of comparability might be achieved in producing statistical series on:

- the total number of recipients (or pensions);
- the distribution by sex and
- the distribution by age group.

From a financial perspective (cost to public budgets), this might be useful information. From a policy perspective of active measures for the reintegration into the labour market this might be less useful information, especially if it is borne in mind that people with disabilities are not a homogenous group.

Additional data on pensions granted under the insurable risks of “employment, injuries and occupational diseases” and “long-term care” (dependency for old age) ought to complete the information and clarify the different risks associated with activity limitations.

Another interesting issue concerns the use of survey data to complement or supplement administrative data. These data might be useful but need to be put on to a common basis. The question in EU-SILC and related surveys on disability recipients (not people declaring an activity limitation) needs therefore to be reformulated in order to target a specific group of recipients (e.g. those with a permanent disability). If this is achieved, then surveys might bring information (notably on labour market issues) which can be combined with administrative data. This would avoid the long process of harmonising disability assessment methods.

ANNEXES

Main insurance benefits for incapacity to work[20]

	Main contributory scheme for incapacity to work/earn	Main non-contributory scheme
BE	**Invalidity allowances** A person is considered to be incapacitated for work when he/she has suspended all work activity as the direct result of the appearance or the aggravation of injuries or functional impairments which have been recognised as limiting his/her earning capacity to 1/3 or less than what a (non-disabled) person of the same social class and with the same education and professional training can earn.	**Disability allowances beneficiaries – disabled adults** A person is entitled to this allowance when his/her physical or mental condition results in a diminution of earning capacity to 1/3 or less of what a non-disabled person might earn in any job on the general labour market.
CZ	**Disability pensions** A person is partially disabled if her/his capacity of work is decreased at least 33% and if her/his long-term adverse state of health significantly impairs her/his general standard of living.	**Allowances for handicapped people** Compensate their social needs, especially in the field of mobility, accommodation, special aids, etc. Data not available.
DK	**Early retirement pension** Permanent reduction in the ability to work due to physical or mental disability (health-specific early retirement) or in cases where it is necessary to permanently secure the livelihood of a person for social and financial reasons (needs-specific early retirement). Minimum capacity: Reduction of the capacity for work to an extent that the person cannot assure his/her subsistence (till 2002: 50%).	**Provision for disabled adult** When earnings give no entitlement to a pension, but when invalidity (67-100%) is medically certified, and in cases of deafness resulting in serious problems of communication.
DE	**Pensions due to reduced working capacity** Partial incapacity pension: granted to insured persons who are as result of sickness or infirmity not able to work during an indefinite period for at least 6 hours a day in the regular labour market conditions.	**Basic Security** Basic security in case of full-reduction of working capacity
EE	**Persons receiving pension for incapacity for work** Partial incapacity: capable of working in order to support himself or herself, but due to a functional impairment caused by an illness or injury, a person is not able to perform suitable work corresponding to the general national working time. Minimum: 40%. A loss of 10-90% of working capacity is required for partial incapacity for work (Includes work accidents).	
IE	**Recipients of invalidity pensions** People who are permanently incapable of work because of an illness or incapacity. Incapacity for work of such a nature that the likelihood is that the person will be incapable of work for life or the person is likely to be unable to work for 1 year from the date of claim.	**Recipients of the Disability Allowance** Persons substantially restricted in undertaking suitable employment. To qualify a person must, by reason of disability, be substantially handicapped in undertaking work of a kind which, if he/she were not suffering from that disability, would be suited to his/her age, experience and qualifications.

[20] *In case of different types within a particular scheme, only the lowest degree (partial) is reported.*

EL	**Principal (insurance) invalidity and occupational accidents pensions** Persons with a disability (referring to earning capacity) of at least 50% following a common disease (including psychiatric illness), an occupational disease, an occupational accident or an accident outside work (IKA). OGA requires 67%. **Subsidiary invalidity and occupational accidents pensions** Only principal component of subsidiary insurance. Same conditions as for principal insurance.	**Non-contributory benefits** Data not available.
ES	**Beneficiaries of contributory invalidity pensions** Work capacity reduced by 33% or more due to illness or injury.	**Beneficiaries of non contributory invalidity pensions** Invalidity is the result of physical, mental, congenital, not congenital impairments, which are permanent for the foreseeable future, which annul or modify the physical, mental or sensory capacity of the person who suffers from them. Needs more than 65% disability. **Beneficiaries of LISMI benefits** Minimum: 33% or more degree of disability.
FR	**Invalidity pensions (civil and military)** Persons who are victims of a disease or accident not related to work which reduce the ability to work or earning capacity by at least two thirds (general and agricultural schemes). The individual must not be able to find a job which allows him or her to earn more than one third of the wage that a individual would receive in the same area, in the same category of work which he had before.	**Allowance to disabled adults** Persons whose disability is at least 80% or, if the degree of disability is between 50-79% and are unable to carry out a profession because of their disability.
IT	**Beneficiaries of incapacity pensions, invalidity allowance, allowances for personal and continuous assistance** Workers affected from partial physical or mental sickness or infirmity. Minimum disability level required to be eligible: 66%.	**Disability benefits (social assistance)** Social assistance benefit payable to disabled people who do not fulfil the requirements for the earnings-related benefits. The scheme includes: partially or totally blind people, deaf people, other disabled people (including children attending school).
CY	**Invalidity pension** An insured person is treated as incapable of work as a result of a special disease or physical or mental disablement. Incapacity is defined in reference to the remuneration that a person in good health with the same occupational category and education in the same region may earn. Minimum: 50%.	**Disability Allowance** A person who, due to congenital or environmental factors, has any form of incapacity or disadvantage which, taking into account the historical background or other personal information of that person, causes a physical, cognitive or mental limitation, permanent or of indefinite duration, and substantially reduces or excludes the possibility of executing one or more activities or functions which are considered normal or basic for the quality of life of an individual of the same age who does not have that incapacity or disadvantage.
LV	**Beneficiaries of invalidity pensions** Min. level of incapacity for work: 25% reduction in capacity.	**State Social Security Benefit** Recognition as a disabled person.

LT	**Disability pension** Disability is a long term impairment of health status of a person due to disorders of the individual body structure or functions or adverse interaction of environmental factors leading to decreasing possibilities to participate in public life and other activities. Minimum work incapacity: 45% (before 2005: 33%).	**Disability assistance benefit** Disabled persons with a loss of capacity for work of at least 60% or Group I or II invalids (until.2005) who have no right to receive a state social insurance pension.
LU	**Invalidity pension** Loss of capacity to work and cannot take again the last profession. No minimum level. A person who, as a result of prolonged sickness or infirmity, has lost the working capacity to such a degree that he/she is unable to carry on the occupation of the last post or another occupation suited to his/her capacity.	No specific scheme. Covered by general scheme for guaranteed minimum income.
HU	**Disability pension** Pensions who have totally or partially lost their working capacity and who are, therefore, unable to perform regular work. At least 67% reduction in working capacity.	**Disability benefits** The disability annuity is payable to persons who have totally lost their working capacity before 25. Benefits to persons with reduced capacity to work who are not entitled to retirement allowances and old-age pension. **Regular social assistance** Persons aged over 18 who have lost at least 67% of their working ability or persons of active age but not in employment.
MT	**Contributory Invalidity Pension** Persons deemed permanently incapable for suitable full-time or regular part-time employment due to a serious disease or bodily or mental impairment.	**Disability pensions** Persons suffering from a severe disability.
NL	**Invalidity benefits (WAO)** At least 15% unfit for accepted employment. Only the consequence of impairment is relevant, not the cause. It covers work injuries & occupational diseases. People are considered incapable of working when, as a result of sickness or infirmity, they cannot earn the same as healthy workers with similar training and equivalent skills at the location where they work or in the vicinity. WIA (2006) requires an occupational disability level of 35%. WAJONG: 25%. No minimum insurance period required.	
AT	**Work reduction capacity** If the capacity for work has been reduced because of physical or mental state to less than 50% compared to a healthy person with similar education and experience.	**Long term care benefit** Need of constant care and assistance (need of care).
PL	**Disability pensions** Victims of long-term/permanent infirmity unlikely to regain working capacity. Partial incapacity: insured persons unable to perform their usual work but capable of a different, lower skilled job.	**Compensatory allowances (Zasiłek wyrównawczy).** Persons, whose salary decreased as a result of permanent or long-lasting health damage. At least partly incapable of work.

PT	**Invalidity pension (Pensão de invalidez)** Persons who are definitely unable to work because of a disease or accident. Persons whose wage does not exceed a third of what they should receive if they were fully capable to work are considered to be in a situation of permanent incapacity. Minimum disability level required to be eligible: 66.6% reduction of capacity of normal occupation.	**Invalidity social pension** Incapable people aged over 18 and unable to work, not entitled to pensions from the contributory scheme. Data not available.
SI	**Disability pension** Due to a change in health condition (as a result of injury or illness related and unrelated to work) which cannot be reversed by medical treatment or rehabilitation the capacity for work is reduced. Category III: capacity to work fulltime is impaired, but they are capable of working in a certain job on at least a half-time basis, or, their capacity for work in the occupation for which they have trained for is reduced by less than 50% or they can continue to work in their occupation on a full-time basis but have lost the capacity to perform the job to which they have been assigned.	**Invalidity Benefit** Paid to insured persons afflicted with invalidity of category II after reaching 50 years or category III, if their capacity for work is reduced by less than 50% provided they were unemployed and/or not covered by compulsory insurance at the onset of invalidity.
SK	**Invalidity pension** A person is entitled to invalidity pension as a consequence of a long-term severe healthy condition if his (her) capacity for work is reduced by 40% compared to the capacity for work of a healthy person. In case of employment injuries or occupational diseases and for persons disabled since childhood no minimum period of affiliation is required.	**Compensation benefit** Compensation for reduced ability to fulfil basic domestic tasks and reduced social opportunities. Data not available. **Disabled persons allowance** A functional defect of at least 50% (absence of physical, sensory or mental ability). Data not available.
FI	**Ordinary disability pensions** Person who has an illness which reduces the person's work ability. Besides the person's health another factor that is also taken into account is the person's possibilities of earning a living by such available work which the person can reasonably be expected to manage when taking into account his or her education and training, age, previous activity, living conditions and other comparable factors. Minimum work ability reduction by 2/5.	**Disability allowance** Persons who have an illness or injury which will reduce their functional capacity. "Reduction of functional capacity" refers to situations where a person's ability to look after him- or herself and to perform necessary housekeeping tasks and visits to the outside world has deteriorated on account of an illness or injury. "Handicap" refers to a disadvantage experienced in ordinary everyday activities which is caused by an illness or injury.
SE	**Sickness compensation (Sjukersättning)** People who for medical reasons have a working capacity reduced by at least 25%. Activity compensation is granted for a limited time. At the age of 30, it is replaced by the sickness compensation. Minimum disability level required to be eligible: 25%	
UK	**Long term Incapacity Benefit (IB)** Incapacity for work by reason of physical or mental illness or disability.	**Severe Disablement Allowance** SDA has been abolished, no new awards since July 2001. The aim was to enable severely disabled people with no contribution record to claim non means-tested benefit. Now young people <25 can receive IB instead of SDA. SDA recipients <20 were transferred to IB in 2002. Others without work history now have to claim means-tested benefits.

Source: National sources & MISSOC.

CHAPTER II > EDUCATION

1. SPECIAL EDUCATIONAL NEEDS

The collection of data concerning the education of children with disabilities presents several problems. The major problem for an international comparison of data concerns the definition of the target group. Definitions indeed vary across countries (Table 1) and even within a country. The majority of Member States use the term "Special educational needs", which can cover different categories.

The most frequently used categories for special educational needs include[21]:

- Psychic and behavioural disorders
- Sensory disorders (e.g. visual, hearing)
- Physical disorders
- Intellectual disorders
- Learning difficulties
- Social problems
- Immigrants and minorities
- Travellers

All Member States make an explicit reference to children with psychic, intellectual, sensory and physical impairments.

Most countries consider "behavioural" problems except France, Italy and Sweden (however in these countries, children with such disorders might be included in the "psychic" category). Emotional difficulties create a similar problem. For comparability reasons, these categories will be aggregated.

Learning, speech and language do not appear explicitly in all countries but these categories might be included in light intellectual difficulties. Comparability across countries will require to aggregate intellectual and learning categories.

Some countries added children with social problems (e.g. Poland: children threatened by social maladjustment and addicted; Ireland: young offenders; Germany: certain handicaps and/or children in need of additional educational support because of problematic situations). Certain countries have also included minority children (Malta: immigrant children; Ireland: travellers).

Each time it was possible, data on minorities (e.g. travellers) have been excluded.

This report presents data on children with special educational needs in mainstream education and in special schools. The general objective is to give children with special educational needs equal opportunities to successful and efficient education in accordance with their needs and abilities both in mainstream and special schools.

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[21] *See annex and S. Riddell, K. Tisdall, J. Kane & J. Mulderrig: "Literature review of educational provision for pupils with additional support needs", Scottish Executive Social Research, 2006.*

Table 1 Impairments and disabilities leading to Special Education Needs (SEN)

BE 8 types: mild mental disabilities, moderate/severe mental disabilities, severe behaviour & personality problems, physical problems, illness, visual impairment, auditory impairment, instrumental impairment.	**CZ** Deaf/blind, physical disabilities, learning disorders, speaking disorders, sick (medical institutions) pupils with cognitive disabilities, pupils with severe learning disorders and with intellectual development insufficiencies.	**DK** Pupils with severe physical, sensory and intellectual special needs (handicaps).	**DE** Physical, social, emotional and cognitive development. Categories: blind, visually impaired, deaf, hearing impaired, mental, physical, learning difficulties, behavioural problems, impaired speech, sick pupils.
EE Learning disabilities, sensory (deafness & hearing impairment; blindness & visual impairment), physical, emotional problems and conduct disorder, speech, intellectual disability and multiple disabilities, addiction disorder. Immigrant background. General or special talent.	**IE** Physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition.	**EL** Significant learning and adaptation difficulties due to physical, mental, psychological, emotional and social needs (such as: mental, vision, hearing, severe neurological and orthopaedic defects, speech and language, reading or learning, complex cognitive, emotional and social disturbances, autism or any other development disturbances).	**ES** Pupils with physical disabilities, speech impairments, sensory or learning disabilities, mental disorders, behavioural problems, serious developmental disorders.
FR Substantial, durable, or permanent alteration of one or several physical, sensory, mental, cognitive, or psychic functions, to a multiple disability or to a disabling health problem.	**IT** Physical, psychological, sensory disorders causing a learning, social, working difficulty and therefore a situation of disadvantage or social marginalization.	**CY** Children having a serious learning or special learning functioning or adjusting difficulty, caused by physical, mental or other learning or psychological deficiencies, and in need of special education and training.	**LV** Intellectual and physical development & behaviour educational needs: learning, sensory, physical disabilities, speech and language impairments, intellectual disabilities, multiple disabilities.
LT Congenital or acquired impairments have limited opportunities of participating in the educational process and social life.	**LU** Mental, sensory, emotional or motor particularities. A new definition is under preparation.	**HU** Physical, sensory, intellectual, or speech disability, autism, or several disabilities, or as being permanently and seriously hindered in the education and learning process due to disturbances of psychic development (e.g. dyslexia, dysgraphia, dyscalculia, or abnormal activity disturbance).	**MT** Physical disability or sensory, psychological difficulties; general learning difficulties and children with exceptional learning ability. Disadvantaged backgrounds, behavioural problems or social adjustment; immigrant ethnic minorities.
NL Deaf, hearing-impaired, speech disorders, visually handicapped, physical, chronically ill, severe learning difficulties, severely maladjusted, paedological institutes, both deaf and blind, multi-handicapped.	**AT** If a child is physically or mentally disabled and, as a result, lacks the ability to follow the curricula without special educational assistance.	**PL** Pupils with slight/moderate/severe/deep mental disability; deaf pupils; with hearing impairment; blind/visual; physical; chronically ill; psychiatric; autistic; multiple disabilities; social & behavioural problems; speaking and communication problems.	**PT** Incapacities in one or more learning areas, the result of sensory, motor or mental deficiencies, speech and language impediments, serious personality or behaviour disorders or serious health problems.
SI Pupils with hearing/sight impairments; mental disabilities; personal and behavioural disturbances, physical disabilities.	**SK** Pupils with hearing, sight or physical defects, ill children pupils resident in health centres; disturbed communication ability; intellectual impairment; mental; multiple impairments.	**FI** Delayed development; cerebral dysfunction, physical, emotional disturbance or social maladjustment; learning difficulties related to autism or the Asperger's syndrome; learning difficulties caused by impaired linguistic development (dysphasia); visual impairment; hearing impairment.	**SE** Pupils in need of special support: severe hearing impairments, severe learning disabilities, physical disabilities, pupils who have not been able to reach the goals of compulsory education
UK The most common types are: learning difficulties, behaviour, emotional and social difficulties, autistic disorders.			

Source: European Agency for the development of special education; Eurydice.

2. ORDINARY EDUCATION

a. Total number

All Member States aim to promote integration into mainstream education. Emphasis is placed on the education of almost all children with special educational needs within mainstream schools whenever this is possible. However, the achievement of this depends on the availability of additional assistance and sufficient financial resources.

Integration into ordinary schools often requires adapting the curriculum, teaching methods and premises as well as providing expert assistance.

Member States generally consider that the right to education cannot be limited by learning difficulties, impairments or handicaps. Inclusion in ordinary education is the priority and only in exceptional circumstances when mainstream education is confirmed not to be able to provide children with the schooling they need, are they allowed attending special schools.

Teachers, parents and experts often jointly establish an educational plan. It should be noted that parents tend to be closely involved in the choice of school for their children (ordinary or special). It appears that the right to choose the kind of schooling parents prefer for their children has become a well established right.

However, countries with similar objectives may differ in the extent to which they succeed in achieving them, which depends *inter alia* on the resources allocated to this. This might affect the number of children with special educational needs integrated into ordinary schools as well as the quality of education.

There tends to be co-operation between normal schools attended by children with special educational needs and institutions for children with disabilities offering special professional support to children and their teachers. Special education institutions are gradually changing into resource centres where equipment, specialised technicians and teacher training are available to mainstream schools.

When interpreting the data (Table 2), the difference between special educational needs (SEN) with and without statements has to be kept in mind. For example, in the UK (England) in 2007, there were some 1,333,400 pupils with SEN without statements representing 16% of pupils across all schools. At the same time, there were some 229,100 (2.8%) pupils across all schools in England with statements of SEN[22].

It is important to note that in the Netherlands[23], parents in general appear in favour of current integration policy. However, substantial numbers of both mainstream and special education teachers as well as some parents of pupils with special educational needs question integration. While not rejecting the push for more integration in principle, they believe pupils with special needs are better off in segregated settings as they need the highly differentiated, and therefore in their view, more effective teaching and counselling available in special educational provision. They consider that in certain cases, children have particular problems which make mainstream schooling inappropriate. On this view, children with light special needs could participate in ordinary education successfully but children with severe and multiple needs might have more opportunities for success in special schools. In fact, children with special educational needs might require specific teaching methods.

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[22] "*Education and Training", Department for Education and Skills, national statistics, 2007*
[23] *European Agency for the development of special education*

Table 2 Number of children and young people with SEN in ordinary schools

		2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
BE	Mainstream schools, French & Flemish Communities	1,803	2,058	2,527	3,241	4,571	7,053
CZ	Basic & secondary mainstream schools	:	69,824	70,902	68,632	69,537	59,548
DK	Mainstream schools	:	:	10,617	:	:	:
DE	Integration classes (special pedagogical fostering need)	68,430	63,261	65,804	63,396	62,999	68,040
EE	Mainstream schools	:	:	18,967	19,785	20,252	19,420
IE	Pupils in integrated classes (first level)	9,092	9,376	9,384	9,340	9,357	9,296
EL	Pupils with SENs in inclusive settings	:	:	:	13,826	14,392	:
ES	Pupils with SEN in ordinary centre	:	116,456	123,960	117,582	109,823	:
FR	Children & young adults with SEN in mainstream schools	103,100	:	85,663	97,000	104,824	159,100
IT	Disabled students attending ordinary schools	132,646	138,648	156,009	161,159	167,804	178,220
CY	Number of pupils with SEN in ordinary education	:	:	:	3,793	3,812	3,871
LV	Mainstream schools	:	1,287	1,663	1,663	1,662	1,663
LT	General classes of general education day-schools	45,539	49,133	49,989	54,240	51,970	51,103
LU	Inclusive mainstream schools	212	200	183	178	176	163
HU	Pupils in integrated mainstream schools	9,212	12,688	18,165	25,043	31,349	37,296
MT	Mainstream schools including, private, state and church schools	883	759	1,262	1,232	1,711	2,142
NL	Secondary special education, pre-vocational education for children with learning problems	:	:	36,200	39,900	41,800	:
AT	Integration classes (special pedagogical fostering need)	13,507	14,065	14,907	:	15,677	13,897
PL	Disabled pupils in mainstream schools	76,422	137,309	99,855	87,772	98,125	96,267
PT	Mainstream education	53,098	:	:	:	56,646	:
SI	Elementary schools with special curriculum and upper secondary schools	3,467	3,469	3,057	667	2,867	:
SK	Integrated individually in mainstream	7,304	7,421	9,509	12,055	13,730	16,512
FI	Basic education (general education & partially provided in a general education group)	15,893	:	:	:	16,862	19,115
SE	Pupils with learning disabilities	:	2,428	2,720	2,858	2,485	2,673
UK	Children with SEN statements	:	186,872	187,588	187,839	184,238	179,687

Notes : IE: Include about 6,000 travellers; FI: data for t/t+1 refer to year t; UK: data refer to year t+1, data for Wales and Scotland are extrapolations for certain years.

Sources:

BE ETNIC, Service des Statistiques (Entreprise des Technologies Nouvelles de l'Information et de la Communication).
CZ Statistical Office, Eurydice.
DK Ministry of Education, Statistics Denmark.
DE Kultusministerkonferenz; Sonderpädagogische Förderung in Schulen; Statistisches Bundesamt, Bildung und Kultur, Allgemeinbildende Schulen Schuljahr 2004/05 - 2005/06.
EE Eurydice, Estonian Educational Information System.
IE Department of Education and Science.
EL Ministry of national Education.
ES Ministry of Education and Science (M.E.C), National Statistical Institute (INE).
FR Ministry of Education.
IT Istat (from SIMPI) and Ministry of Education for 2005/06.
CY Ministry of Education and Culture.

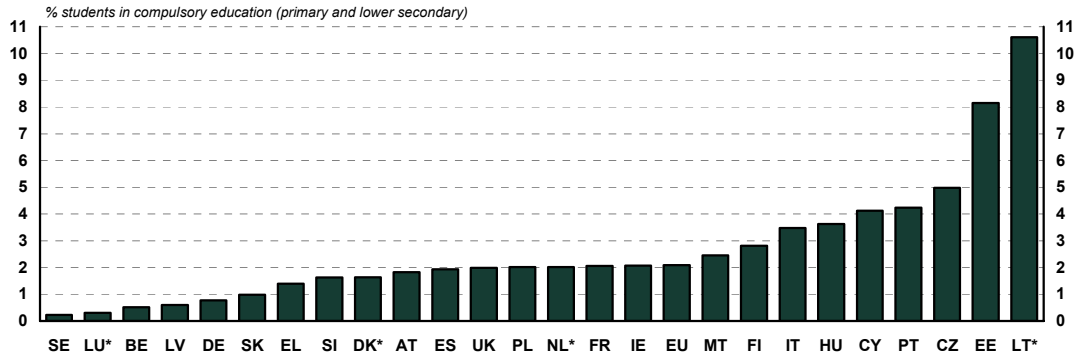
LV Ministry of Education and Science, Department of General Education.
LT Ministry of Education and Science, UNICEF, Department of Statistics to the Government of the Republic of Lithuania.
LU Ministère de l'Education nationale et de la formation professionnelle, Service central de statistiques et des études économiques (STATEC).
HU Ministry of Education, Eurydice.
MT National Statistical Office.
NL Eurydice.
AT Federal Ministry for Education, Art and Culture, 2005-2006.
PL Central Statistical Office (GUS).
PT Eurydice.
SI Statistical Office.
SK Eurydice, Statistical Office.
FI Statistics Finland.
SE National Agency for Education (Skolverket).
UK Department for Education and Skills, Northern Ireland Statistics and Research Agency (NISRA), Scottish Executive Statistics, Welsh Assembly.

The integration models vary across countries. The main approaches include:

- mainstream classes with the full-time support of a specialist teacher
- mainstream classes with the periodic support of a specialist teacher
- ordinary classes with individualised support
- integrated sections in ordinary schools with specialised staff. Pupils are taught by a specialist teacher, with the possibility of attending mainstream classes for lessons where they can access the mainstream curriculum
- mainstream group/class following an alternative curriculum for children who cannot cope with the standard one; some courses are individualised: pupils study less extensively, individualised courses in one of more subject
- special units grouped with ordinary classes
- different forms of combined schooling
- collective integration: children receive an adapted education in ordinary schools and share a certain number of activities with other pupils.

Different definitions, policies and financial resources may explain the different shares observed in Figure 2.1. The proportion of children with SEN in ordinary education is relatively high in Estonia and Lithuania because the definition of special educational needs includes a very wide definition of speech and communication problems. This category is very sensitive to the definition. A small extension of the definition implies a major change in the number of children involved. In Estonia, the number covers all children receiving some learning support (e.g. speech therapy, remedial teaching etc) at school. About 66% of pupils with special educational needs have speech problems. In Lithuania, the data relate to the number of children in need of assistance and services. Half of these have speech problems.

2.1 Children with SEN in ordinary education, 2005/06

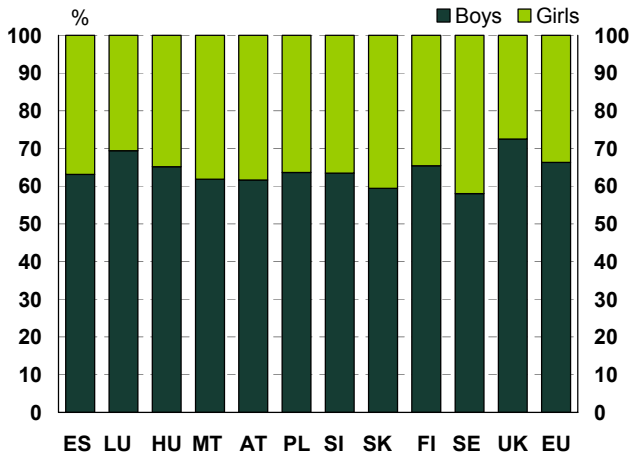


*: Data might include pre-primary level. IE: data cover first level only.
Compulsory education ranges from 5/6 to 15/16 years old (except in BE, IT and LT where it continues till 18 years).
EE and LT use a large definition of learning, speech and communication problems. EU figure is a simple average. Source: see Table 2.

The EU average is about 2%. An earlier estimation by OECD for 2000-2001 for the proportion of students receiving additional resources for disabilities was 3%[24]. Significant differences across countries were also evident. However, in our view, the data by level of education are likely to be more meaningful; notably at primary level. This is discussed below.

Available data indicate that the proportion of girls is smaller than boys (Figure 2.2). Similar results were observed by the OECD[25].

2.2 Pupils with SEN in ordinary schools by sex, 2005/06



Source: see Table 2.

b. Distribution by level of education

Specific curricula and/or adapted mainstream curricula are often applied in response to children's individual needs. If necessary, the number of subjects can be individualised and reduced as compared with those in general education. Duration of compulsory education can also be extended where children are unlikely to reach the targets set for comprehensive school education within general programmes.

[24] *The difference stems mainly from Finland, where OECD reports a rate of 14% (OECD, 2005).*
[25] *P. Evans & M. Deluca: "Disabilities and gender in primary education", OECD/CERI.*

Other arrangements might concern the curriculum, teaching methods, student assessment, instruments, mode of communication, etc. Consequently, the traditional division between primary and secondary school ought to be regarded with caution.

The number of pupils with special educational needs in ordinary schools by education level is presented in Table 3 and Figure 2.3. Compulsory education generally ranges from 5/6 to 15/16 years old except in Belgium, Italy and Lithuania where it continues up until 18. The following table therefore has to be interpreted with care. Available data indicate that the number of children with special educational needs in ordinary education decreases sharply between primary and secondary level in some countries.

The majority of pupils with special needs are at primary level (66%); the equivalent proportion among all pupils being around 40%[26] in the majority of Member States.

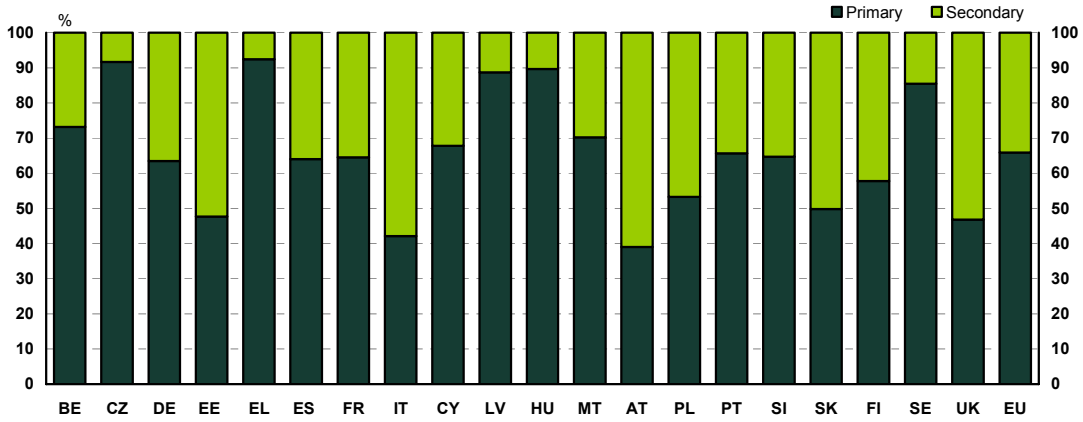
Table 3 Children with SEN in ordinary schools by level of education, 2005/06 (or latest year available)

	Nursery	Primary	Secondary	Total
BE	1,052	4,390	1,611	7,053
CZ	1,515	45,556	4,164	51,235
DE	-	42,857	24,629	67,486
EE	:	5,791	6,358	12,149
EL	248	12,559	1,019	13,826
ES	14,716	57,058	32,047	103,821
FR	19,800	85,000	46,700	151,500
IT	17,481	67,755	92,984	178,220
CY	:	2,624	1,247	3,871
LV	:	1,308	167	1,475
HU	4,236	18,584	398	23,218
MT	77	997	422	1,496
AT	-	5,423	8,474	13,897
PL	7,712	47,113	41,230	96,055
PT	3,770	30,053	15,717	49,540
SI	:	1,855	1,012	2,867
SK	846	2,937	2,960	6,743
FI	501	9,460	6,901	16,862
SE	:	2,285	388	2,673
UK (England)	:	64,860	73,840	138,700

Sources : see Table 2.

[26] *Eurostat*

2.3 Pupils with SEN by level of education, 2005/06

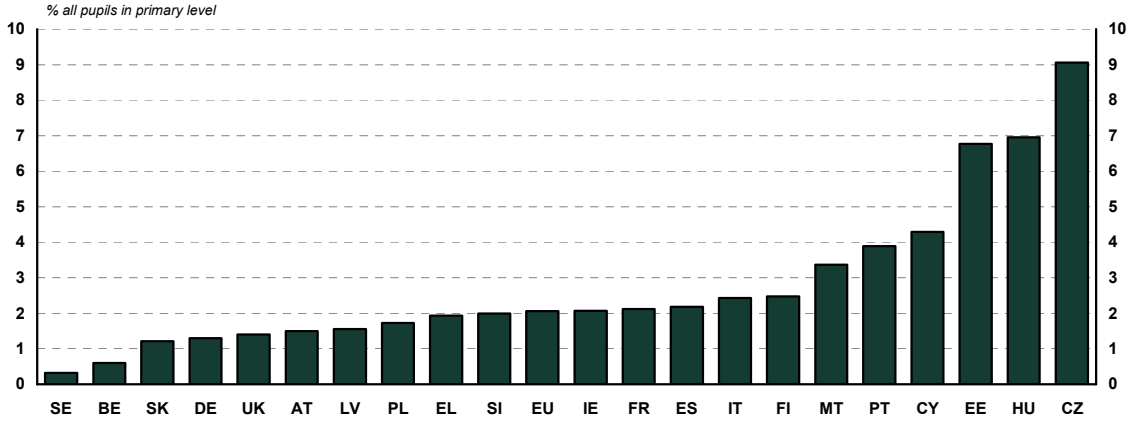


Compulsory education ranges from 5/6 to 15/16 years old (except in BE, IT and LT where it continues till 18 years). EU figure is a simple average.

Source: see Table 2.

The age of compulsory education varies across countries and this might affect the results. In order to reduce comparability problems, Figure 2.4 presents the number of children with special educational needs in primary education as a percentage of the total number of children in primary education. The simple (non-weighted) average for the EU is about 2% but there are considerable differences across countries.

2.4 Pupils with SEN in primary level, 2005/06 (or latest year available)



EU figure is a simple average. Source: see Table 2.

According to OECD[27], which distinguishes primary, lower secondary and upper secondary level for the year 2000-2001, the share of pupils with special educational needs increases slightly between the primary and lower secondary and decreases significantly thereafter. Learning difficulties play an important role in this difference across levels. However, national situations may vary. For example, in England[28], the incidence of pupils with special educational needs without statements is greater in primary schools (18%) than in secondary schools (16%).

One explanation for the decline in the proportion at secondary level might be that efforts are developed at an early stage but if problems arise (or cumulate), children with special educational needs might be directed towards special schools or discouraged and leave the education system altogether.

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[27] *"Students with Disabilities, Learning Difficulties and Disadvantages", OECD, 2005*
[28] *"Education and Training", Department for Education and Skills, national statistics, 2007*

c. Distribution by type of disability

As noted above the definition of special educational needs varies significantly across Member States. The description of the data presented in Table 1 moreover reveals that some countries include in their definition groups of children with no link to disability (e.g. Roma, travellers, immigrants, young offenders or children with special talents). These groups have been excluded each time it was possible to do so.

A major comparability problem across countries concern the distinction between intellectual disorder (mild, moderate, severe) and learning problems. Countries with large numbers of people with intellectual problems often report small numbers of children with learning difficulties. Problems might arise especially between mild intellectual problems and learning difficulties. Consequently, these two categories were aggregated for comparability reasons.

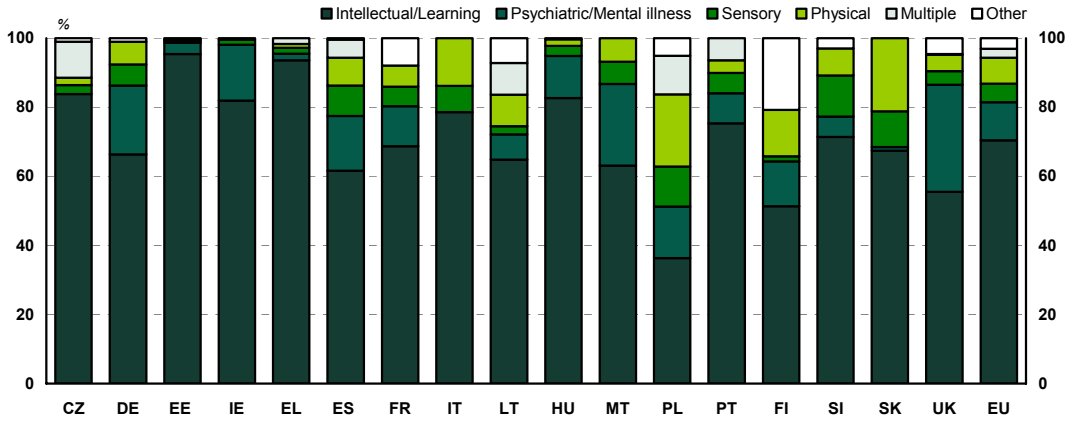
The great majority (about 60%) of children with special educational needs integrated into ordinary schools have intellectual or learning difficulties (Table 4 and Figure 2.5). In some countries the values are extreme. In Estonia, for instance, a very large number of people with speech difficulties (66% of all integrated pupils with SEN) are included and in Greece, the same is the case for those with learning difficulties (85%).

Table 4 Children with SEN in ordinary schools by nature of disability

	Intellectual	Psychiatric (mental, behaviour, autism)	Learning difficulties (language, speech, etc)	Sensory	Physical (internal organs, locomotor)	Multiple	Other	Total
CZ	26,297	:	:	818	677	3,291	295	31,378
DE	1,818	13,582	43,325	4,154	4,498	:	663	68,040
EE	6,402	714	14,701	124	113	:	57	22,111
IE	1,918	496	607	46	0	13	0	3,080
EL	1,220	264	11,724	235	156	227	:	13,826
ES	:	16,974	66,021	9,440	8,699	5,630	411	107,175
FR	64,592	12,208	7,432	5,833	6,500	:	8,259	104,824
IT	83,987	:	:	8,118	14,730	:	:	106,835
LT	8,120	4,354	30,007	1,354	5,413	5,354	4,235	58,837
MT	1,080	405	:	110	116	:	:	1,711
PL	38,213	15,690	:	12,221	21,981	11,709	5,352	105,166
PT	:	4,650	40,008	3,090	1,960	3,390	:	53,098
SI	1,842	167	207	343	224	:	84	2,867
SK	3,529	72	1,019	698	1,425	:	:	6,743
FI	13,403	4,293	3,610	471	4,473	:	6,865	33,115
UK	:	37,740	70,010	8,510	11,140	:	3,390	130,790

Note : IE: 6,216 travellers excluded.
Source : see Table 2.

2.5 Children with SEN in ordinary schools by nature of disability



EU figure is a simple average.

Source: see Table 2.

3. SPECIAL EDUCATION

a. Total number

As noted above, special schools aim to meet the needs of pupils with special educational needs who cannot be integrated into ordinary schools at a reasonable cost. For example:

In Austria, special education is targeted at children who have been assessed and recognised to be children with special educational needs. Special educational needs are established if a child is physically or mentally disabled and, as a result, lacks the ability to follow the curricula without special educational assistance.

In the Czech Republic, education is provided for children whose special educational needs cannot be fully met in the mainstream system.

In Greece, children with special educational needs who cannot be integrated into ordinary schools or in integrated sections are taught in special segregated institutions.

In Luxembourg, differentiated education is intended for children with special educational needs and who cannot continue ordinary education.

In Sweden, education at special schools is provided for children and young people with deafness or hearing impairments who cannot attend compulsory school. Education corresponds to that provided in compulsory school as far as possible but is tailored to the needs of each individual child.

The assessment procedure is carried out in cooperation with the school, the parents and the experts. Parents can then decide if they wish to follow the recommendations or not.

As indicated above, it is important to note that special education includes children from minorities or pupils with social problems in certain countries. This topic is discussed below. Special education is organised on the basis of the educational needs of children and the possibilities of teaching them. It generally aims to ensure the development of the intellectual, physical, emotional and social abilities of children with special educational needs in order to ensure equal opportunities and favour their integration into working and social life.

Table 5 Number of children and young people with SEN in special schools

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
BE	72,059	73,797	75,029	75,379	76,354	:
CZ	:	67,063	66,244	65,043	64,193	52,964
DK	8,636	8,798	9,901	9,868	17,969	:
DE	419,474	424,683	429,440	429,325	423,771	416,213
EE	5,787	5,850	5,730	5,627	5,545	4,760
IE	7,124	6,982	6,807	6,718	6,621	6,627
EL	:	:	:	:	4,193	:
ES	:	27,090	27,057	27,799	28,145	:
FR	95,900	95,900	96,000	133,842	:	76,300
IT	:	:	:	:	156,639	:
CY	323	325	342	427	303	317
LV	10,250	10,169	10,055	9,822	9,793	9,691
LT	12,936	12,523	11,581	11,517	11,073	10,999
LU	1,170	1,122	1,054	1,067	1,037	784
HU	39,555	45,927	46,034	45,518	43,220	41,512
MT	328	250	247	248	251	:
NL	100,000	104,200	106,700	107,200	108,300	:
AT	13,602	13,337	13,466	:	13,301	13,023
PL	123,490	111,944	106,201	98,516	105,457	102,276
PT	5,299	:	:	:	5,514	:
SI	:	:	:	:	1,321	:
SK	30,867	32,244	32,494	32,039	32,782	30,566
FI	:	:	:	:	22,936	23,663
SE	:	18,144	18,528	19,471	20,038	20,109
UK	:	122,818	123,016	120,897	118,496	116,085

Notes : DK: includes primary only (except in 2004-2005); IE: first level only; SE: Special schools & schools for learning disabilities; UK: Pupils with SEN statement in Special schools and Pupil Referral Units - data for Wales and Scotland are extrapolations for certain years.

Sources:

BE ETNIC, Service des Statistiques (Entreprise des Technologies Nouvelles de l'Information et de la Communication).
CZ Statistical office, Eurydice.
DK Uni-C, Statistics Denmark, Ministry of Education.
DE Kultusministerkonferenz; Sonderpädagogische Förderung in Schulen; Statistisches Bundesamt, Bildung und Kultur, Allgemeinbildende Schulen Schuljahr 2004/05 - 2005/06.
EE Statistical Office, Eurydice, Estonian Educational Information System.
IE Department of Education and Science.
EL Ministry of Education.
ES Ministry of Education and Science (M.E.C), National Statistical Institute (INE).
FR Ministry of Education.
IT Istat (from SIMPI) and Ministry of Education.
CY Ministry of Education and Culture, European agency.
LV Ministry of Education and Science, Ministry of welfare.
LT Ministry of Education and Science, UNICEF, Department of Statistics to the Government of the Republic of Lithuania.
LU Ministère de l'Education nationale et de la formation professionnelle, Service central de statistiques et des études économiques (STATEC).
HU Ministry of Education, Eurydice.
MT National statistical office.
NL Ministry of Education, Culture and Science (OCW).
AT Federal Ministry of Education, Art and Culture.
PL Central Statistical Office (GUS).
PT Eurydice.
SI Statistical Office.
SK Statistical Office, Eurydice.
FI Statistics Finland.
SE National Agency for Education (Skolverket).
UK Department for Education and Skills, Northern Ireland Statistics and Research Agency (NISRA), Scottish Executive Statistics, Welsh Assembly.

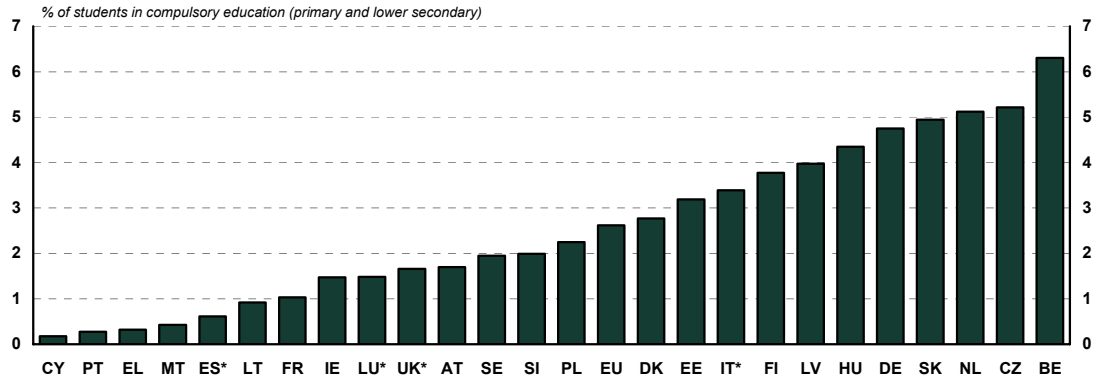
Figure 2.6 presents the number of children with special educational needs as a percentage of children in compulsory education (primary and lower secondary). The EU average proportion is 2.6%. Compulsory education ranges generally from 5/6 to 15/16 years old (except in

Belgium, Italy and Lithuania where it continues up until 18). It should be noted that some data might include pre-primary level education.

Eurydice[29] presents similar results for the percentage of children with special needs in the total school population who are educated separately for the years 2002-2004. The non-weighted EU average is 3.2%. Our results are slightly higher for Italy, Netherlands and Slovakia.

According to OECD, the proportion of students receiving additional resources for disabilities generally ranges from 1% to 4%. This refers to impairments and excludes social and related categories. The number of students receiving additional resources over the period of compulsory education in category A (disabilities and impairments in a restrictive sense), in relation to all students in compulsory education in 2001 is relatively high in Slovakia, Czech Republic and Belgium[30].

2.6 Children with SEN in special education, 2005/06

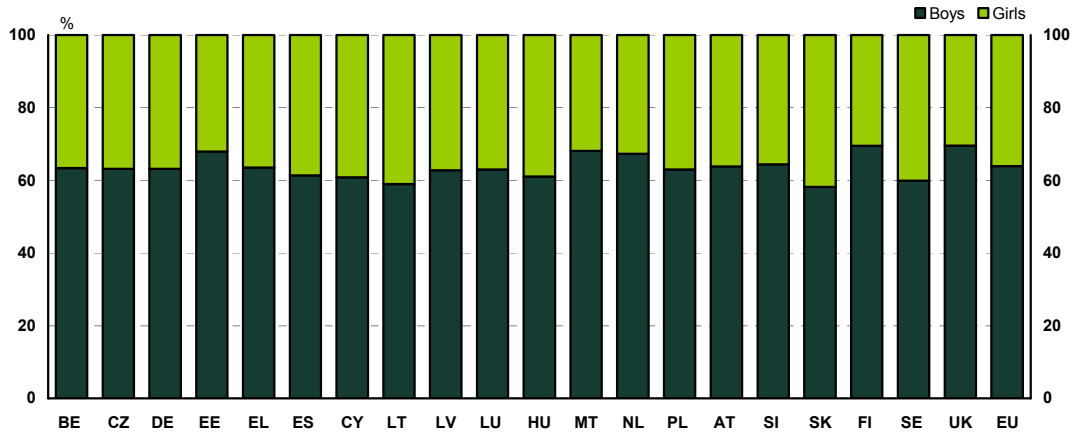


**: Data might include pre-primary level. IE: data cover first level only.*
Compulsory education ranges generally from 5/6 to 15/16 years old except in Belgium, Italy and Lithuania where it continues till 18 years.
Source: See Table 5.

Available data indicate that the proportion of girls is significantly smaller (36%) than boys (64%) (Figure 2.7). Similar results were found by OECD[31]. The gender difference is pronounced in all Member States.

[29] http://www.eurydice.org
[30] *S. Riddell, K. Tisdall, J. Kane & J. Mulderrig: "Literature review of educational provision for pupils with additional support needs", Scottish Executive Social Research, 2006*
[31] *P. Evans & M. Deluca: "Disabilities and gender in primary education", OECD/CERI*

2.7 **Pupils with SEN in special schools by sex, 2005/06**



Source: See Table 5.

b. Distribution by level of education

Generally, children in special schools are instructed in classes with a smaller number of children than at regular school. Also, in the case of special education, the number of academic years may differ from that established in ordinary programmes because of the curriculum being different. Consequently, the following levels might not correspond to traditional age categories. For example, primary education might extend beyond the traditional six years period.

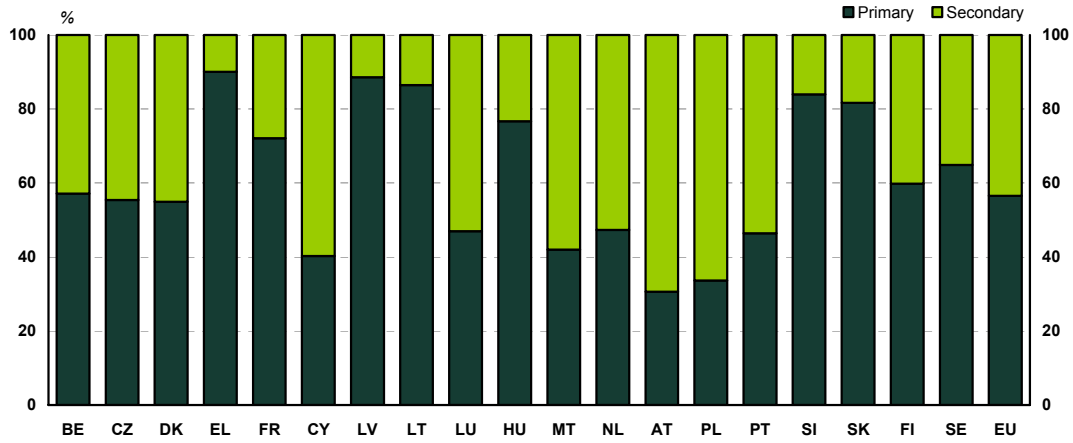
Table 6 Number of pupils with SEN in special schools by education level, 2005/06 (or latest year available)

	Nursery	Primary	Secondary	Total
BE	2,654	42,136	31,564	76,354
CZ	3,058	28,842	23,218	55,118
DK	-	9,868	8,101	17,969
EL	385	2,857	317	3,559
FR	:	55,000	21,300	76,300
CY	49	66	98	213
LV	:	8,679	1,114	9,793
LT	5,877	4,428	:	10,305
LU	55	296	334	685
HU	1,489	35,471	251	37,211
MT	6	103	142	251
NL	:	50,090	55,743	105,833
AT	59	3,967	8,997	13,023
PL	3,600	33,209	65,467	102,276
PT	2,103	1,484	1,711	5,298
SI	:	2,948	563	3,511
SK	761	24,349	5,456	30,566
FI	961	13,138	8,837	22,936
SE	:	14,394	7,785	22,179

Sources : see Table 5.

Figure 2.8 indicates that the great majority of children with special needs are at primary level (57%). This proportion ranges around 40%[32] for the majority of Member States, when all children with and without disabilities are considered.

2.8 Pupils with SEN in special schools by education level, 2005/06

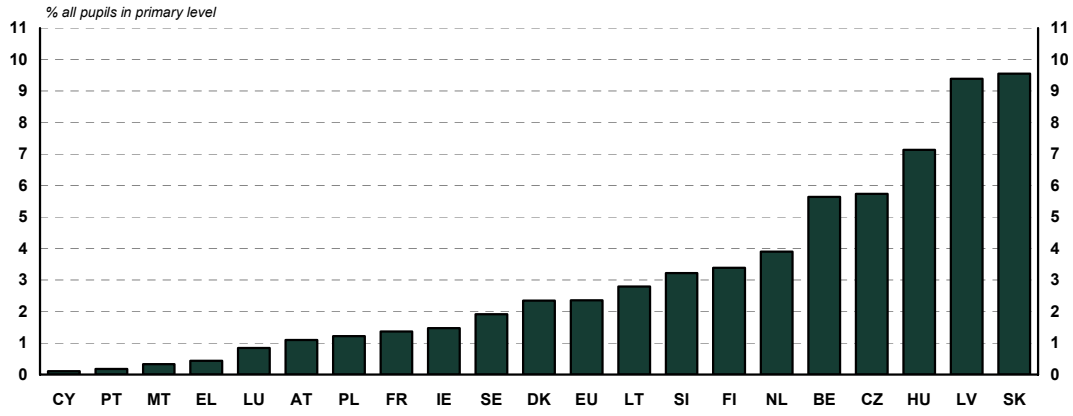


Source: See Table 5.

Given the variation between countries in the age of compulsory education, and in order to reduce comparability problems, Figure 2.9 presents the number of children with special educational needs in primary education in special schools as a percentage of the total number of children in primary education. The average for the EU is around 2.4% but there are significant differences across countries.

Unlike previous estimations, this proportion is not distorted by differences in national educational systems (e.g. the compulsory school age) and is more robust for cross-country comparisons.

2.9 Pupils with SEN in special schools of primary level, 2005/06



Source: See Table 5.

c. Distribution by type of disability

In the first part, we have discussed the nature of disability generating a special educational need. For some impairments, a consensus might arise on the need for children to be in taught in special schools. However, questions arise notably as regards children with mild learning difficulties or social problems in special institutions.

[32] *Eurostat*

Table 7 and Figure 2.10 show that the number of children with learning difficulties is relatively large in Belgium, Germany, Estonia, France, Luxembourg and the UK.

This raises the question of whether a certain number of these children could be integrated into ordinary schools with the relevant support. However, it should be noted that the distinction between mild intellectual impairments and learning difficulties is not well defined. In the following table, it is evident that countries with large shares of children with intellectual impairments tend to have small shares (or none at all) of children with learning difficulties. Consequently, these two categories might be aggregated.

At the EU level, 35% of children in special education have intellectual impairments and 33% have learning difficulties. As noted above, comparability requires aggregating these categories, which gives a total of almost 70%.

Psychiatric problems (mental illness, behaviour, autism, etc.) represent 12%, physical impairments 6% and sensory 4%.

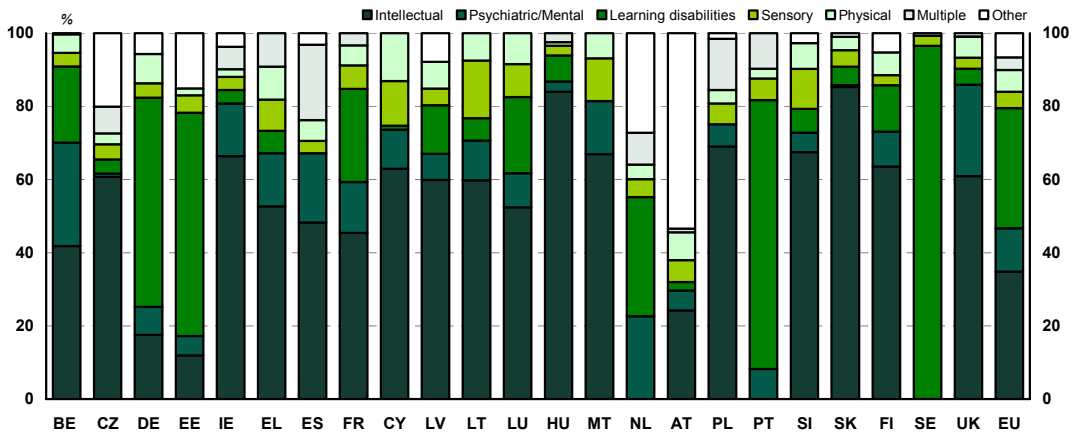
Table 7 Pupils with SEN in special schools by type of disability, 2005/06 (or latest year available)

	Intellectual (slight, moderate, severe)	Psychiatric (mental, behaviour, autism)	Learning difficulties (language, speech etc)	Sensory	Physical (internal organs, locomotor)	Multiple	Other	Total
BE	31,969	21,629	15,920	2,829	3,922	-	214	76,483
CZ	38,992	565	2,469	2,686	1,902	4,683	12,896	64,193
DE	72,838	31,946	238,306	16,226	33,075	-	23,822	416,213
EE	602	269	3,094	240	97	-	763	5,065
IE	4,400	953	247	239	138	406	244	6,627
EL	2,744	758	318	448	466	478	-	5,212
ES	13,589	5,320	-	948	1,594	5,798	896	28,145
FR	43,600	13,400	24,400	6,200	5,200	3,200	-	96,000
CY	246	42	4	48	51	-	-	391
LV	4,931	590	1,095	376	597	-	647	8,236
LT	3,105	562	319	819	388	-	-	5,193
LU	411	73	163	71	66	-	-	784
MT	166	36	-	29	17	-	-	248
NL	-	15,100	21,800	3,300	2,700	5,800	18,200	66,900
AT	3,177	714	303	794	996	134	7,008	13,126
PL	69,608	6,128	-	5,666	3,721	14,154	1,529	100,806
PT	-	435	3,894	313	145	512	-	5,299
SI	2,125	167	207	343	224	-	84	3,150
SK	3,787	19	227	200	159	46	-	4,438
FI	6,140	920	1,226	268	607	-	502	9,663
SE	-	-	19,543	566	-	137	-	20,246
UK	54,580	22,370	3,900	2,720	5,080	150	750	89,550

Notes : BE: children in the German Community are not included (214 children in the special education system); PL: "Other" covers those "threatened by social maladjustment and by addictions"; IE: "Other" covers travellers and young offenders; SK: partial coverage.

Sources : see Table 5.

2.10 Pupils in special schools by nature of disability



Source: See Table 5.

4. METHODOLOGICAL ISSUES

The collection of data on the education of children with special educational needs presents a number of problems. The major problem for a comparison of data across countries concerns the definition of the target group. Definitions indeed vary across countries and even within countries.

The great majority of Member States use the term “special educational needs” but it covers different categories. For comparisons across Member States, there is a need to exclude categories such as immigrants, minorities, and travellers from the data.

Available data enable the total number of people with special educational needs to be estimated. However, data for special schools are more regular and credible. Data for ordinary education might underestimate the total number of recipients as some children receiving decentralised educational assistance might not be registered and hence reported in the data. Registration and counting of children with light educational needs might create stigma and hence work against integration.

Despite these remarks, data on the total number of children with educational needs and their distribution by educational level may be produced regularly at a sufficient level of comparability. Eurydice and the European Agency for Development in Special Needs Education might provide the best means of doing this.

Priority might be given to data by educational level rather than by age group. Age *per se* might not be so relevant here since the main policy options relate to the level of education or to compulsory/post-compulsory education. These education levels might be difficult to identify with traditional age groups since curricula in special education generally do not have the same length as “ordinary” curricula.

Data on the nature of special educational needs create a specific problem. Even if certain groups are excluded (e.g. immigrants, travellers, etc.), available data are not comparable. A major problem concerns the distinction between intellectual impairments and learning problems. Moreover, the use of wording which is not clear (e.g. content of “mental”) tends to create problems.

CHAPTER III > LABOUR MARKET PARTICIPATION

1. INTRODUCTION AND BACKGROUND

The key challenges that countries of the European Union are facing with respect to disability policy are low employment rates among the people concerned but also a high dependency on benefits, high and increasing public spending on sickness and/or disability benefits as well as an increased poverty risk among those with disabilities.

The demographic trends and the resulting shrinking of the labour force in the future emphasize the importance of shifting from a passive compensation system to an active integration programme and making best use of the available workforce. People with disabilities can represent a significant addition to the labour force and thus contribute to economic production. In recent years, many EU Member States made an effort to break down the discrimination barriers with respect to disability and to consider these people as an integral part of society and the workforce[33].

The revised Lisbon strategy with respect to the new employment guidelines emphasizes the achievement of a general employment rate of 70% by 2010 and the new EU directives also refer explicitly to the employment of people with disabilities.

Our study shows that the EU Member States shifted the focus of policy from passive measures toward labour market integration policies. Legislative instruments (such as obligatory employment quota schemes, anti-discrimination legislation, job protection rights) are in place in many countries to support the participation of people with disabilities to the labour market.

There have been changes in the orientation of policy towards people with disabilities in a number of European countries. In some countries, the predominant approach is the "mainstreaming model" which implies not just special employment services but employment measures for people with disabilities in all policy areas. Other approaches are "special and separate employment" such as in sheltered workshops and the "dual and multi-model system" which is a combination of this and the mainstreaming model.

In addition, targeted active labour market policies have been implemented in most countries in order to further the social integration of the people concerned, partly through financial incentives to employers hiring people with disabilities and through vocational rehabilitation programmes.

The aim of this study is to provide both a qualitative and quantitative overview of the situation of people with disabilities on the labour market. The major employment policies implemented in each Member State will be presented together with the latest available figures on employment (either in an ordinary or sheltered environment), unemployment and inactivity.

2. INSIGHTS FROM ADMINISTRATIVE DATA

The data on which this report is based are drawn from the administrative registers of the EU Member States. It has to be noted that the diversity of recording methods in administrative registers between countries complicates direct cross-country comparisons, and the results presented here can consequently be affected.

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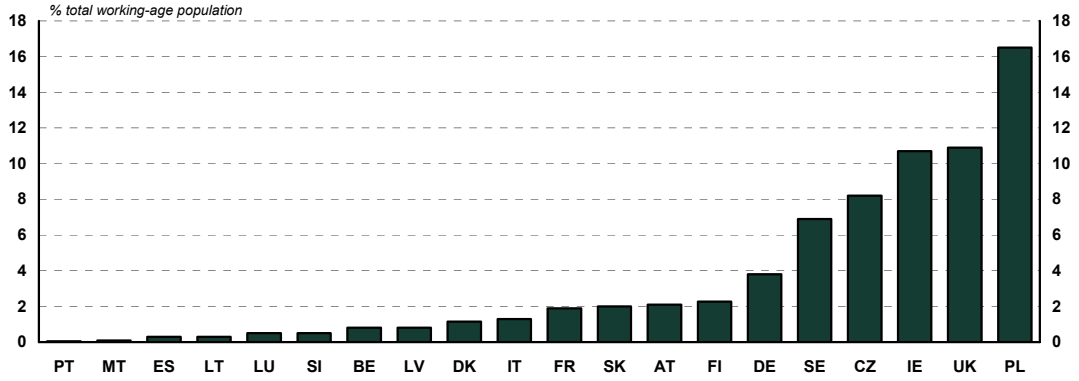
[33] *European disability action plan and European Disability Strategy 2004/2010:* http://europa.eu/scadplus/leg/en/cha/c11414.htm

a. Share of people with disabilities in total population of working age

Figure 3.1 shows the proportion of people with disabilities (defined as those employed – in ordinary employment, sheltered employment and under a quota system, unemployed or inactive who are reported as such in administrative registers) in the total population[34].

3.1 Share of people with disabilities in total working-age population, 2005



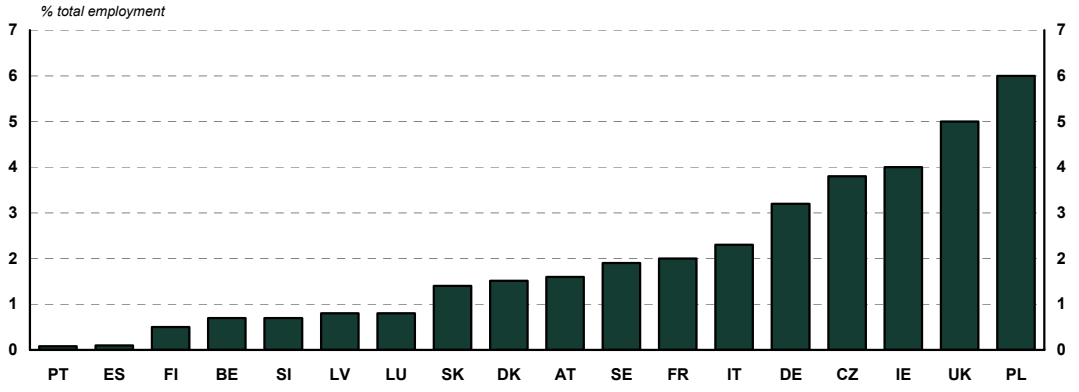
CZ and PL: LFS data.
Sources: see Annex 1.

The share of people with disabilities ranges from 0.1% of the population in Portugal and Malta to 16.5% in Poland. In more than half of the countries for which data are available, the share is below 2%.

b. Share of employed people with disabilities in total employment

As Figure 3.2 shows, the number of people with disabilities who are in employment in relation to the total number of employed in the economy is very small. It is less than 1% in seven countries (Portugal, Spain, Finland, Belgium, Slovenia, Latvia and Luxembourg). The highest proportion (6%) is in Poland, followed by the UK and Ireland (respectively 5 and 4%).

3.2 Share of people with disabilities in total employment, 2005



CZ and PL: LFS data.
Sources: see Annex 1.

c. Share of unemployed people with disabilities in total unemployment

In Finland and Germany, people with disabilities constitute a significant proportion of all unemployed – 37% and 20%, respectively. At the other end of the scale, people with

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[34] The total number of people with disabilities used here corresponds to the sum of those in the labour force (employed and unemployed) and those who are out of the labour force (such as inactive people with disabilities reported by the administrative registers). The total number of employed people with disabilities corresponds to the sum of those employed people under ordinary employment, sheltered employment and quota system.

disabilities account for less than 5% of the total unemployed in four new Member States (Malta, Slovakia, Latvia and Poland) as well as in Spain.

3.3 Share of people with disabilities in total unemployment, 2005

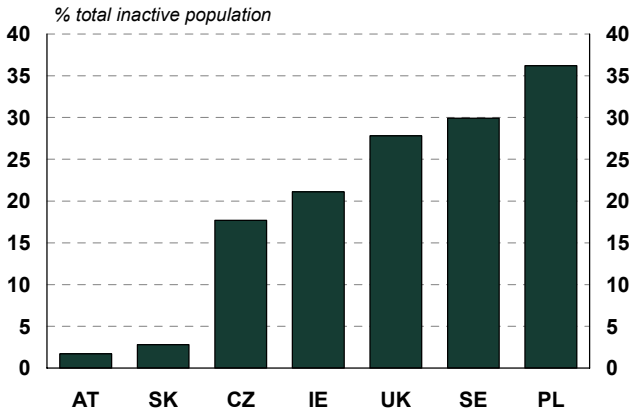
CZ and PL: LFS data.

Sources: see Annex 1.

d. Share of inactive people with disabilities in total inactivity

Those with disabilities make up between 21% and 36% of the total inactive population in Ireland, the UK, Sweden and Poland, but only around 18% in the Czech Republic and under 3% in Slovakia and Austria.

3.4 Share of people with disabilities in total inactivity, 2005



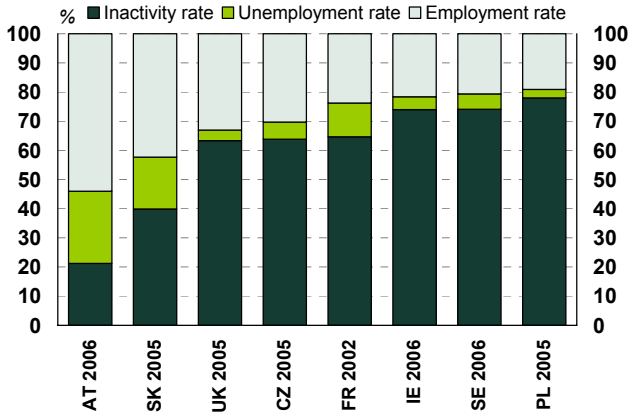
CZ and PL: LFS data.

Sources: see Annex 1.

e. Employment, unemployment and inactivity rates among people with disabilities

In countries for which data are available, the proportion of people who are economically inactive is above 50% in the UK, the Czech Republic, France, Ireland, Sweden and Poland. The unemployment rate is relatively low in these countries. The highest employment rates among people with disabilities are found in Austria and Slovakia, at 54% and 42%, respectively.

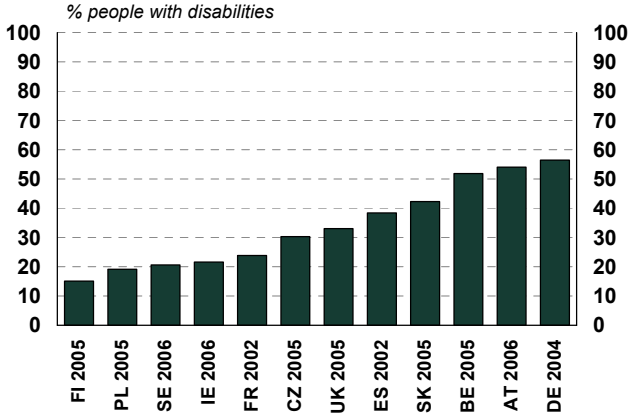
3.5 Employment, unemployment and inactivity rates among people with disabilities



CZ and PL: LFS data. Sources: see Annex 1.

Figure 3.6 shows that the highest employment rates among people with disabilities are in Germany, Austria and Belgium, in each of which the rate is 50% or above. The rate is lowest in Finland (only 15%), which indicates a wide variation in access to employment among those with disabilities across the European Union.

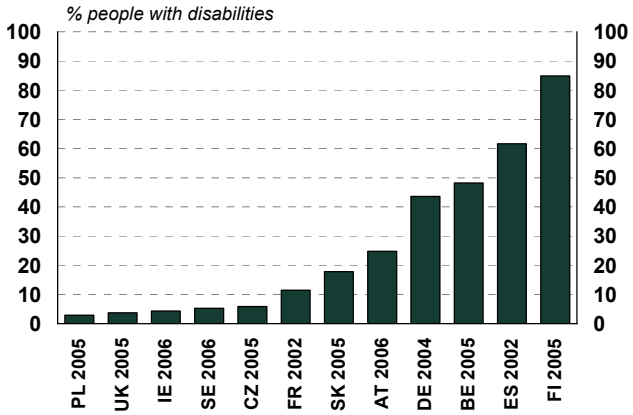
3.6 Employment rates among people with disabilities



CZ and PL: LFS data. Sources: see Annex 1.

The unemployment rate among people with disabilities ranges from over 80% in Finland (which may reflect a definitional problem – i.e. the unemployed may include large numbers of economically inactive people), around 60% in Spain and almost 50% in Belgium to under 6% in Poland, the UK, Ireland, Sweden and the Czech Republic.

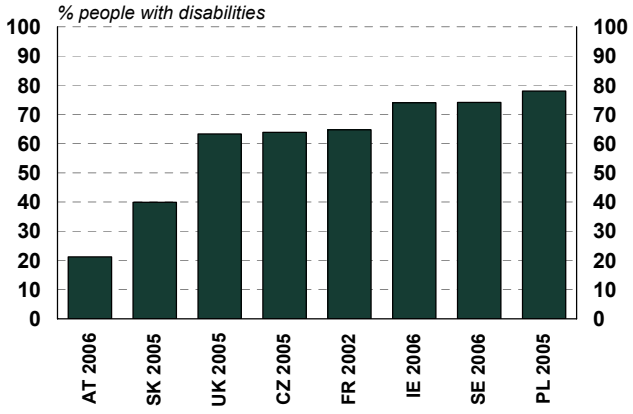
3.7 Unemployment rates among people with disabilities



CZ and PL: LFS data. Sources: see Annex 1.

As a consequence of the above figures, the proportion of those with disabilities who are inactive is relatively high in most countries, ranging from 21% in Austria to 78% in Poland. Countries with low unemployment rates are, therefore, also those with high inactivity rates. In the UK, Poland and Ireland, therefore, where the unemployment rate is 5% or below, inactivity rates are above 60%, while in Austria, where the unemployment rate is above 20%, the inactivity rate is relatively low. This reflects the fact that whether someone is recorded as unemployed or inactive may partly be a consequence of national procedures in recording data in the administrative registers. Nevertheless, these results highlight the major challenge of integrating people with disabilities into the labour market in most, if not all, Member States.

3.8 Inactivity rates among people with disabilities

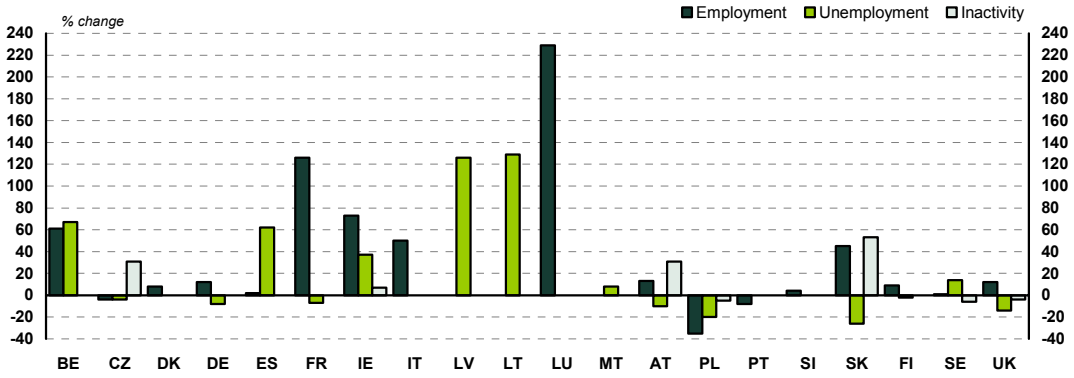


CZ and PL: LFS data. Sources: see Annex 1.

f. Recent changes

Figure 3.9 shows the changes in employment, unemployment and inactivity among those with disabilities between 2000 and 2006.

3.9 Change in the working status between 2000 and 2006



CZ and PL: LFS data.
Sources: see Annex 1.

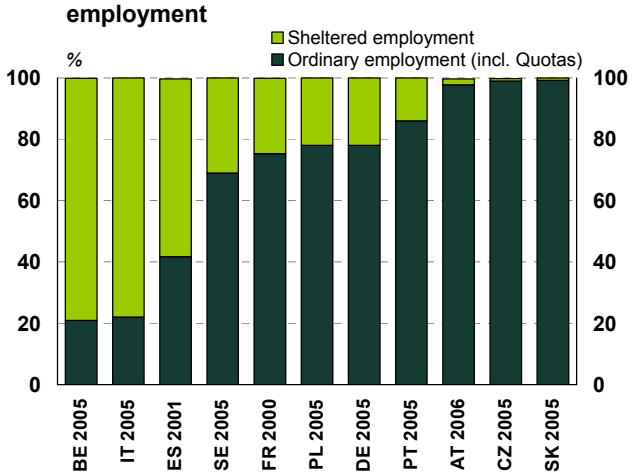
In most countries, the employment of the people concerned has increased, though this was not the case in Poland and the Czech Republic. At the same time, unemployment declined in a number of countries (Czech Republic, Germany, France, Austria, Poland, Slovakia, Finland and the UK) but rose in Belgium, Ireland, Spain, Latvia, Lithuania, Malta and Sweden. Inactivity increased in the Czech Republic, Ireland, Austria and Slovakia, as a counterpart of the decline in employment, and fell in Poland, Sweden and the UK.

In France, employment rose markedly, as it did in Luxembourg, primarily because of sheltered employment. In the UK, there was an increase in employment and a decline in both unemployment and inactivity (of respectively +12%, -14% and -4%). In Sweden, though inactivity fell (by 6%), unemployment increased (by 14%), as did employment (by only 1%). In Slovakia, there was a significant increase in employment (of 45%), but a bigger rise in inactivity (53%). In Poland, employment (-35%), unemployment (-20%) and inactivity (-5%) all fell, reflecting a reduction in the number of people recorded as being disabled.

3. ORDINARY AND SHELTERED EMPLOYMENT

People with disabilities can be employed in regular or subsidised employment, in the context of a quota scheme or in a sheltered environment. Figure 3.10 shows the distribution between ordinary employment (including those employed under quota schemes) and sheltered employment. The former accounts for by far the largest share of employment in all countries apart from Belgium, Italy and Spain.

3.10 Distribution between ordinary and sheltered employment



Sources: see Annex 1.

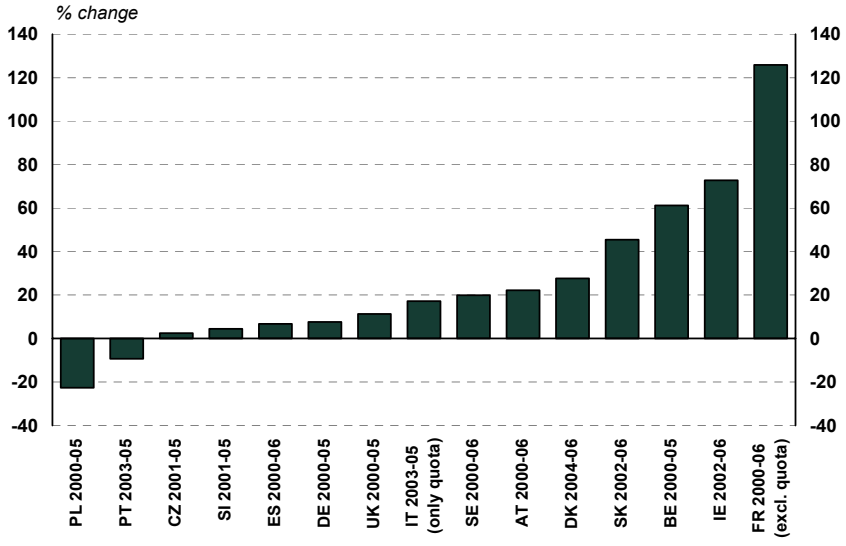
a. Ordinary employment

Most people with disabilities therefore participate in the open labour market and work in normal jobs. A number of people, however, are employed under quota schemes, which vary across countries in terms of the approach adopted. In some Member States, schemes apply only in the public sector, in others, they are also extended to the private sector, and in yet others, they are not applied at all.

Countries which have quota schemes in force both in the public and private sectors are: Austria, the Czech Republic, France, Germany, Greece, Hungary, Italy, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, and Spain. Countries where partial quota applies (either in the private or public sector) are: Belgium, Cyprus, Ireland and Slovenia. In the remaining Member States, quota schemes do not exist (more details are included in the annexes).

Countries with the highest increase in ordinary employment of people with disabilities (France, Belgium and Slovakia) are also those where quota schemes are in place, though it would be rash to attribute the increase to these schemes (Figure 3.11).

3.11 Change in ordinary employment (including quotas)



Sources: see Annex 1.

As indicated above, the countries with the highest share of people with disabilities in ordinary employment are Slovakia, the Czech Republic and Austria, while those showing the largest increases are France, Ireland and Belgium. By contrast, employment declined in Poland and Portugal. Some of these differences seem to be explicable in terms of the labour market measures applied in different Member States[35].

In Austria, the Employment Act for people with disabilities is a programme focusing on the integration of people with severe disabilities into the labour market. In 1993, the Austrian Government developed a new "disability concept" promoting the regular labour market instead of the segregation approach with a secondary, protected labour market. The "Arbeitsassistenz", an innovative employment programme, and the new measures introduced in 2005 are aimed at encouraging enterprises to accommodate people with disabilities enabling them access to work without barriers.

In the Czech Republic, the Employment Act of 1991 and the Act on Basic Pension Insurance stipulate that people with disabilities have to be provided with rehabilitation, job training and job placement, so as to create the conditions for them to work. The quota scheme (at 4%) is mandatory for employers with more than 25 employees. Enterprises with more than 50% of people with disabilities in the workforce also have the possibility of obtaining financial support to adapt their working conditions.

In Germany, the quota system requires that all enterprises of 20 employees or more should have at least 5% of severely disabled employees (see details in annex).

In Slovakia, the 1996 Employment Act introduced a number of measures to support the employment of people with severe disabilities, including a quota scheme, but also training and work experience programmes as well as support for the creation of new jobs.

In Belgium, compulsory employment provisions for the integration of people with disabilities in open employment apply only to those registered with insurance funds. The quota system only applies in the public sector[36].

In Poland, all employers with 25 or more employees have to meet a quota of 6% in the private sector and 2% in the public sector. Fines for those not fulfilling the quota are transferred to the State Fund for the Rehabilitation of Disabled Persons[37].

In Portugal, quotas are limited to disabled people injured at work[38].

Age and gender breakdowns

In Poland, Germany, the Czech Republic, Slovenia and Austria, most people with disabilities employed in ordinary jobs are aged 45 or over. However, in Portugal, France and Spain most people with disabilities employed in ordinary jobs are aged below 45 (<55 in Portugal and <50 in France).

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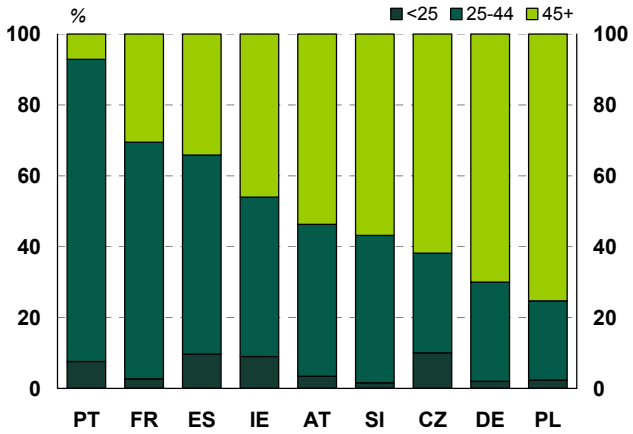
[35] More details on the labour market measures implemented in the 25 Member States are provided in annex.
[36] The quota system in the private sector has been rejected. The Belgian Federal Administration has an employment quota for people with disabilities of 2%. In Wallonia, a quota of 2.5% was not fulfilled and instead a recruitment quota of 5% is now integrated into the Personnel Code.
[37] The penalty is 40.65% of average wages for each disabled person that should have been hired.
[38] In case of occupational diseases, beneficiaries aged 50 or less with temporary/permanent total incapacity are entitled to allowances and to vocational training courses. The allowance is equal to 50% of the pension with the ceiling at the statutory minimum wage.

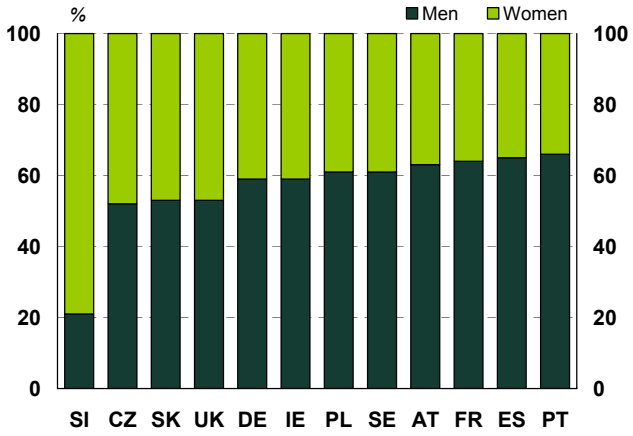
3.12 People with disabilities in ordinary employment, by age group, 2006



CZ: <29, 30-44, 45+; FR: <25, 25-49, 50+; PT: <25, 25-54, 55+
Sources: see Annex 1.

There tends to be more men with disabilities in employment than women, the only exception being Slovenia, though there is little difference in the Czech Republic, Slovakia and the UK (Figure 3.13). The proportion of men is particularly large, and above their share of employment among those without disabilities, in Ireland, Spain, France, Austria and Portugal.

3.13 People with disabilities in ordinary employment by sex, 2006



Sources: see Annex 1.

Type of disability

In a few countries, data are available by type or severity of disability. Systems of classification differ across countries (see annexes), which makes comparison problematic.

Table 1 Type and degree of disability (Ordinary employment)

Czech Republic 2005		Total	87,221
Group I.	Heavily handicapped	18%	15,303
Group II.	Not heavily handicapped	82%	71,918
Ireland 2006		Total	133,933
Type I.	Blindness/deafness or severe hearing/vision impairment	12%	15,805
Type II.	Substantially limited physically	14%	18,171
Type III.	Learning/remembering/concentration difficulties	10%	13,595
Type IV.	Difficulty in dressing, bathing or getting around the house	3%	3,871
Type V.	Difficulty in going outside the home alone	4%	4,953
Type VI.	Difficulty in working	9%	11,501
Others	Other (incl. chronic illness)	49%	66,037
Latvia 2005		Total	8,493
Group I.	Incapacity and need for care	4%	338
Group II.	High degree of incapacity	45%	3,852
Group III.	Medium degree of disability	51%	4,303
Poland 2005		Total	515,000
Group I.	Severe disability	7%	38,000
Group II.	Moderate disability	29%	150,000
Group III.	Minor disability	63%	327,000

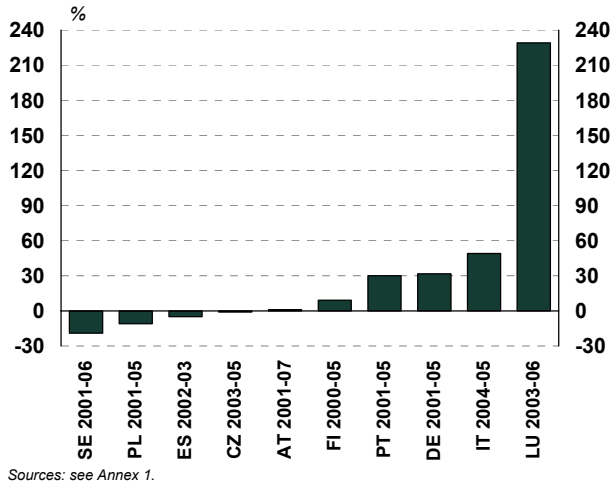
Sources and notes: see Annexes.

Data indicate that in the Czech Republic the highest share in ordinary employment is among those who are “not severely disabled”. In Latvia, the highest share is among those with a medium degree of disability and in Poland among those with minor disability. By contrast, in Ireland the highest share is among those who are substantially limited physically as well as among those with severe hearing or vision impairment.

b. Sheltered employment

Sheltered employment is used in a number of countries to accommodate people who have encountered problems in the regular labour market or those with severe disabilities. According to the data available, the highest share of employment in sheltered workshops is observed in Belgium, Italy and Spain; but in the recent years, the number mainly rose in Luxembourg, Italy and Germany while it declined in Sweden, Poland, Spain and the Czech Republic.

3.14 Change in sheltered employment



Sources: see Annex 1.

In Luxembourg, where the increase between 2001 and 2006 was largest, sheltered employment was legally recognized by the 1991 Act. Centres provide work experience, therapy, training as well as medical and social support. The Employment administration finances the investment and running costs of certain workshops and pays integration subsidies.

In Spain, ONCE (the Spanish Organization of Blind Persons) has been instrumental in promoting new forms of employment for people with disabilities. In 1989, the foundation created FUNDOSA GRUPO with over 60 companies. Together, they employ almost 6,000 workers, of whom 72% are people with disabilities. Nearly 70 work centres operate in various economic sectors, including laundries, retail shops, telephone marketing, food production and data processing.

In Germany, sheltered employment is open to all people with disabilities, irrespective of the nature and severity of their impairment, who are capable of doing a minimum amount of economically useful work.

In Malta, the Employment and Training Corporation is the main provider of active and preventive measures, including vocational training in a range of skills in order to help those with disabilities to find suitable work as well as vocational guidance, job search assistance and job placements.

In Poland, an example of sheltered employment is the “Horse riding and rehabilitation centre Zabajka”, which was established in 1995. Nearly 600 sheltered work enterprises employ over 65,000 people and 35,000 with disabilities. These are mainly small and medium enterprises.

In the UK, sheltered employment is provided by voluntary organizations, most notably “Remploy” which is a non-departmental Public Body created more than 60 years ago to provide work for people injured at home and abroad during the Second World War. The company employs more than 6,500 people across the UK and operates a “Return to Work” facility, which advises employers on how to retain staff with disabilities[39].

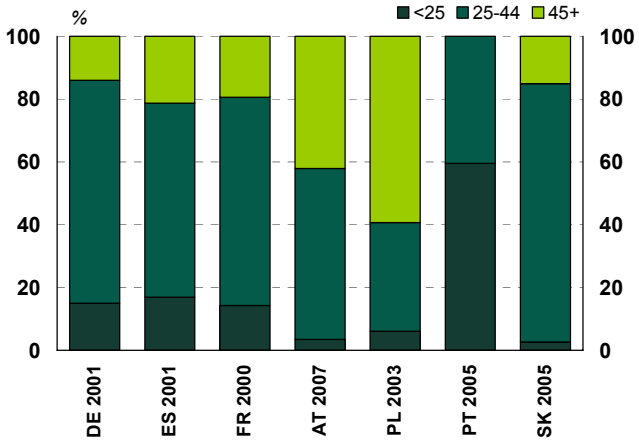
In Latvia, there is no supported employment as such though there are specialized workshops established for people with learning difficulties in day centres. The main aim, however, is to provide an “occupation” rather than employment (people do not receive any payment for their work). There are also “social firms” which receive funding from the state employment agency to create jobs for small numbers of people with disabilities.

Age and gender breakdowns

Most people working in sheltered employment are aged 25-44, except in Poland, where almost 60% of those employed in sheltered workshops are aged over 45, and in Portugal where 60% are under 25 (Figure 3.15).

[39] http://www.remploy.co.uk/press/remploy_facts/

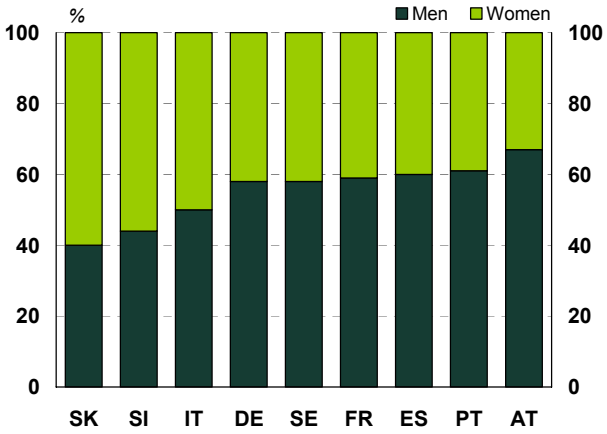
3.15 People with disabilities in sheltered employment by age



PT: <25, 25-54; SK: <25, 25-54 and 55+. Sources: see Annex 1.

The number of men in sheltered employment is generally much higher than the number of women, the only exceptions being Slovakia and Slovenia (Figure 3.16).

3.16 People with disabilities in sheltered employment by sex, 2005



Sources: see Annex 1.

Type of disability and education

Information on the distribution of sheltered employment by type of disability is only available for Germany: 81% of the people concerned having an intellectual disability. For Slovenia, where there is a breakdown by education or skill level, the highest rate is evident among "unskilled workers".

Table 2 Type of disability and Education (Sheltered employment)

Germany 2001	Total	215,382
Type I.	4%	9,046
Type II.	15%	32,307
Type III.	81%	173,598

Slovenia 2007	Total	104
Secondary education	5%	5
High-skilled worker	1%	1
Skilled worker	34%	35
Semi-skilled worker	4%	4
Unskilled worker	57%	59

Sources and notes: see Annexes.

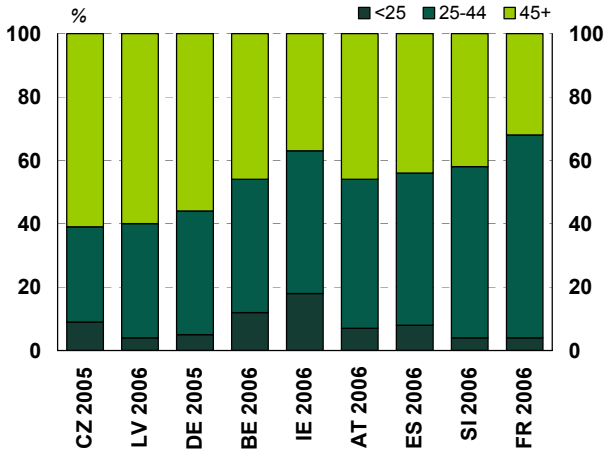
4. UNEMPLOYED AND INACTIVE PEOPLE WITH DISABILITIES

a. Unemployment

Age and gender breakdowns

The breakdown by age for those registered as unemployed shows that the share is highest among those aged over 45 in the Czech Republic, Latvia and Germany, while in France or Slovenia, the highest share is in the age group 25-44.

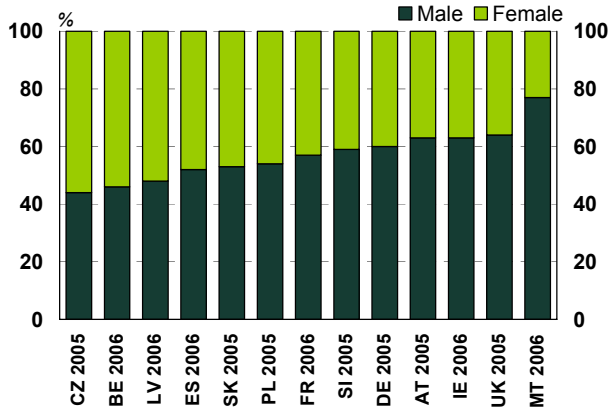
3.17 Unemployed people with disabilities by age



BE, CZ, LV: <29, 30-44 and 45+ Sources: see Annex 1.

Data distinguishing men from women indicate that most of the unemployed with disabilities are men in most of the countries, the only exceptions being the Czech Republic, Belgium and Latvia.

3.18 Unemployed people with disabilities by sex



Sources: see Annex 1.

Other interesting breakdowns

Table 3 Type of disability (Unemployed)

Ireland 2006	Total	33,964
Type I.	8%	2,611
Type II.	13%	4,257
Type III.	13%	4,533
Type IV.	3%	1,017
Type V.	5%	1,650
Type VI.	14%	4,809
Other	44%	15,087

Spain 2006	Total	75,661
Group I.	4%	2,759
Group II.	16%	11,761
Group III.	32%	24,226
Group IV.	49%	36,915

Poland 2005	Total	126,000
Group I.	5%	6,000
Group II.	23%	29,000
Group III.	72%	91,000

Sources and notes: see Annexes.

Table 4 Education level (Unemployed)

Czech Republic 2004	Total	40,579
ISCED1	27%	11,140
ISCED2-3	59%	24,144
ISCED3-4	11%	4,424
ISCED5-6	2%	871

France 2006	Total	238,649
Bac+3 or 4	3%	6,612
Bac+2	4%	10,462
Bac	12%	27,505
BEP CAP	46%	109,695
BEPC	9%	21,557
1st cycle	26%	62,818

Austria 2006	Total	29,059
Compulsory	54%	15,809
Apprenticeship	37%	10,815
Middle education	4%	1,067
Higher education	4%	1,030
Academic education	1%	303
Unknown	0%	35

Slovenia 2006	Total	9,178
Unqualified	47%	4,333
ISCED 1	10%	876
ISCED 2	1%	130
ISCED 2-3	27%	2,438
ISCED 3	13%	1,174
ISCED 4	2%	155
ISCED 5	1%	72

Sources and notes: see Annexes.

Table 5 Duration of unemployment (Unemployed)

Belgium 2006	Total	27,865
< 6 months	17%	4,724
6-12 months	11%	3,080
1-2 years	17%	4,648
2-3 years	17%	4,861
more than 3 years	38%	10,552
France 2006	Total	238,884
< 6 months	32%	75,997
6-12 months	19%	45,371
1-2 years	23%	53,976
2-3 years	12%	27,755
more than 3 years	15%	35,785
Slovenia 2006	Total	10,127
Surplus of workforce	29%	2,912
Before first employment	6%	622
Long-term unemployed	65%	6,683

Sources and notes: see Annexes.

b. Inactivity

Age and gender breakdowns

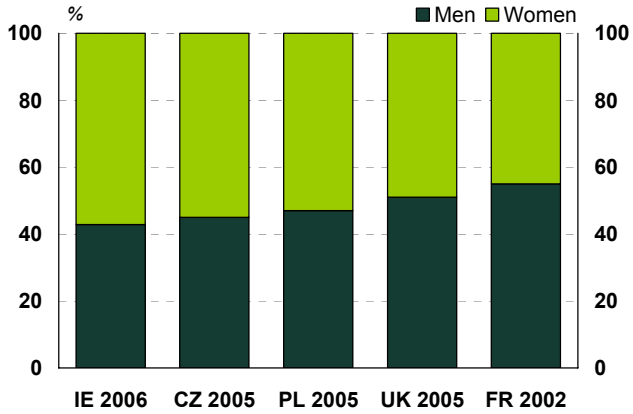
The distribution of those with disabilities who are economically inactive by age indicates that the highest share is, as in the case of unemployment, among those aged over 45, indicating that as people grow older, they are more likely to be inactive if they have disabilities.

Table 6 Inactive people with disabilities by age

Czech Republic 2005	Total	380,683
15-29	6%	23,573
30-44	10%	37,440
45+	84%	319,670
Ireland 2006	Total	266,688
<25	7%	19,130
25-44	14%	35,881
45+	79%	211,677
France 2002	Total	1,342,800
<25	2%	21,485
25-49	35%	475,351
50+	63%	845,964

Sources and notes: see Annexes.

3.19 Inactive people with disabilities by sex



Sources: see Annex 1.

Other interesting breakdowns

Table 7 Type/degree of disability, education level and reason for inactivity (Inactive)

Ireland 2006	Total	579,205
Type I.	9%	54,219
Type II.	26%	150,175
Type III.	13%	74,413
Type IV.	13%	77,696
Type V.	18%	104,109
Type VI.	20%	118,593

Czech Republic 2005	Total	380,683
Unqualified	2%	8,493
ISCED1	33%	123,929
ISCED2-3	45%	172,396
ISCED3-4	17%	65,223
ISCED5-6	3%	10,642

Poland 2005	Total	3,379,000
Group I.	26%	893,000
Group II.	38%	1,274,000
Group III.	36%	1,212,000

France 2002	Total	1,342,800
Bac+3 or 4	2%	22,828
Bac+2	4%	51,026
Bac	6%	80,568
BEP CAP	21%	277,960
BEPC or less	68%	906,390

Sweden 2006	Total	302,306
Group I.	18%	54,303
Group II.	82%	241,309

Ireland 2006	Total	266,688
Student	6%	16,922
Looking after home/family	16%	42,000
Retired	38%	102,242
Unable to work	38%	102,438
Other	1%	3,086

Sources and notes: see Annexes.

5. METHODOLOGICAL ISSUES

The main sources of information are statistics made available from administrative register data. As is widely recognised, the diversity of administrative data recording methods concerning people with disabilities between EU Member States creates some complications when making comparisons between EU Member States.

Countries like the Czech Republic and Poland report data from the LFS and Ireland reports data from Census of the Population. Of the 20 EU Member States for which data is available, only 14 provided information on definitions and/or on conditions of eligibility for the different employment schemes available for people with disabilities. Therefore, for cross-country comparability it is important to provide an explicit description of the definitions and eligibility criteria for sheltered employment, ordinary employment and people unemployed with disabilities. The detailed notes on sources provide further information and the availability of time series is indicated for different categories of employment and labour force status disaggregated by gender and age (see annexes).

Sheltered employment

With regard to sheltered employment, the level of disability required to be eligible varies across countries. In Austria, sheltered employment is open to people of working age with a minimum disability level of 50% who – due to the degree of their disability – cannot be employed in the general labour market. A very similar definition is used in Belgium where sheltered employment is open to people with disabilities who cannot – temporarily or permanently – work under ordinary conditions. In the Belgian regions of Wallonia and Bruxelles-capitale the criteria allowing people with disabilities to seek employment in sheltered workshops is a minimum of 30% physical capacity or a minimum of 20% mental capacity. In Germany, people with disabilities working in sheltered employment must have a minimum disability level of 50%. These people are considered as severely disabled. In France and Portugal, a working capacity of less than 1/3 is required to be eligible for sheltered employment, but in the case of France, people with a working capacity higher than this can also participate if they require medical, educational, social or psychological support. In Slovakia, the minimum disability level to be eligible is a 20% reduction in working capacity while in Poland a "minor" level of disability is the requirement. In Sweden and the Czech Republic no official disability level is required. The minimum age to be eligible is 20 in Sweden, but people over the age of 65 can also participate. In the Czech Republic, the scheme is restricted only to people insured with a minimum age of 15 (there is no maximum).

Ordinary employment (including quota-based schemes)

In the case of Austria, Sweden and Slovakia, the same conditions apply for ordinary employment (quota) as for sheltered employment. In France, people with disabilities can participate in the open labour market if they are a) recognised as disabled workers by the COTOREP (Commission technique d´orientation et de reclassement professionnel), b) victims of occupational accidents or diseases involving disability of at least 10%, c) persons drawing an invalidity pension with a reduction of at least two-thirds of their capacity for work or earnings d) war victims and assimilated persons, and e) volunteer fire fighters. In Italy, the scheme is available for a) people with disabilities of working age with a degree of disability over 45%, b) people disabled because of work-related accidents or diseases with a degree of disability over 33%, c) blind or deaf-mute people, and d) war victims. In Portugal, the incapacity for work should not be more than 66.6%. In Lithuania, the minimum disability level to be eligible is at least 33% with a minimum age of 18 (maximum age is retirement age).

Registered unemployed with disabilities

The Austrian Labour Market Office applies an extended definition of disability which includes – apart from the disabled as defined by the disability laws of the Länder – people with physical, psychic, mental or intellectual limitations (independent from the degree of disability) which are documented by a medical certificate. In Belgium, in order to receive unemployment benefits, the disabled worker cannot have a reduction in working capacity exceeding 66%. The capacity to work is decided by the Director of the Unemployment Office on the advice of a doctor. In Germany, people with disabilities who are unemployed are the severely disabled (minimum disability level required is 30-50%); in addition, the "Agentur für Arbeit" also records unemployed with health limitations which includes severely disabled but also those with self-reported health limitations. In Ireland, people with disabilities can register as unemployed from the age of 15 (no maximum age). In the Czech Republic, no official disability level is required, but only insured persons can register (minimum age to be eligible is 15, maximum age is 65).

In the Employment Service Statistics in Finland, a person with disabilities is someone who is formally stated by a doctor to be disabled. In Luxembourg, a worker with disabilities has at

least 30% of incapacity to work, is at least 15 years old and is registered at the Service for disabled workers of the ADEM (Employment Administration).

ANNEXES

Annex 1 Notes and sources

Belgium
AWIPH (Agence Wallonne pour l'intégration des personnes handicapées): www.awiph.be
VLAFO (Vlaams Agentschap voor Personen met een Handicap): www.vlafo.be
COCOF (Commission Communautaire Française)
DPB (Dienststelle für Personen mit Behinderung): www.dpb.be
VDAB Studiedienst: http://arvastat.vdab.be/nwwz/index.htm
Publication: http://www.awiph.be/pdf/publications/Brochure_ETA.pdf
http://www.vlafo.be/vlafo/view/nl/464112-Tewerkstelling.html
http://mineco.fgov.be/enterprises/vademecum/Vade20_fr.htm#P58_13452

Czech Republic
Czech statistical office: http://www.czso.cz/
Ministry of Labour and Social Affairs: http://www.mpsv.cz
Publication: http://www.czso.cz/eng/edicniplan.nsf/p/3102-05
Statistical Yearbook of Labour Market in the Czech Republic 2005.
Method: Data on ordinary employment, unemployment and the inactive are based on LFS data.
Statistical surveys; data on sheltered employment records of local Employment Offices; data on employed under quota schemes reports of firms to Employment Offices. Period is 4th quarter.
Note: Data on number of applicants located in sheltered workshops since 2004 incl. handicapped self-employed. For the inactive, data between the years 2001 and 2002 need not be fully comparable.

Denmark
The labour-market Councils' Report of 2000-2005, MISSOC publication.

Germany
Bundesagentur fur Arbeit, Arbeitsmarkt 2005: http://www.arbeitsagentur.de
Publication: Bundesagentur für Arbeit, Statistik aus dem Anzeigeverfahren gemäß § 80 Abs. 2 SGB IX. Arbeitgeber mit 20 und mehr Arbeitsplätzen im Jahr 2002/2003/ 2004 (bis 2000: 16 und mehr)
http://www.pub.arbeitsamt.de/hst/services/statistik/detail/b.html
Bundesministerium fur Arbeit und Soziales. Bundesministerium für Arbeit und Soziales: http://www.bmas.bund.de
Publication: Bundesregierung, Bericht der Bundesregierung über die Lage behinderter Menschen und die Entwicklung ihrer Teilhabe (2004)
http://www.sgb-ix-umsetzen.de/pdfuploads/bericht_15045751-00.pdf
Notes: Data on employment refers only to heavily disabled employed. Thus employed people with disabilities may be underestimated. Only heavily disabled employed in structures with 20+ workplaces are presented under the category of employment Quota (16+ in 2000)
BMAS-data might include a few 65+; and from 2005 on, data by the Bundesagentur für Arbeit does not include working agencies of districts with a communal agency. Thus, data by the Bundesagentur für Arbeit from 2005 on cannot be compared 1:1 with previous data. For all categories, numbers may include a few 65+.

Ireland
Central Statistical Office of Ireland Census 2002, 2006.
http://www.cso.ie/census/census2006_volume_11.htm
Publication: Stationery Office, Dublin, Ireland. November 2007
Method of observation: Census of Population, 23 April 2006.

Spain
Servicio de Informacion sobre Discapacidad (Information Service on Disability): http://sid.usal.es/default.aspx
INE, agosto de 2003: 'Las personas con disacapacidad y su relacion con el empleo': http://sid.usal.es/estadisticas.asp.

France
The survey included a question on the administrative recognition of disability in accordance with the law governing the quota scheme. The supplementary survey covered one third of the LFS sample. The data cover metropolitan France living in ordinary households (establishments excluded).
Publication: Direction de l'hospitalisation et de l'organisation des soins, Sous-direction des professions paramédicales et des personnels hospitaliers, Bureau de la Politique des Ressources Humaines et Réglementation Générale des personnels hospitaliers (P1), " Fonction publique hospitalière, L'insertion professionnelle des personnes handicapées, Rapport sur l'exécution de la loi n°87-517 du 10 juillet 1987 dans la fonction publique hospitalière : Résultats de l'année 2000 "For LFS 2002Tableau de bord sur l'emploi et le chômage des personnes handicapées ; Ministère de l'Emploi, de la Cohésion sociale et du Logement. Direction de l'Animation de la Recherche, des Études et des Statistiques. Gilbert DE STEFANO, with the assistance of Chantal SANTAMARIA ; 2006.

Italy
ISTAT (from ISFOL, Monitoring employment services). INPS (Istituto Nazionale di Previdenza Sociale - National Institute) is responsible for the data collection and ISTAT for analysis and dissemination.
http://www.inps.it , http://www.disabilitaincifre.it/
Publication:Statistiche della previdenza e dell'assistenza sociale: http://www.istat.it/dati/catalogo/20060307_01/

Latvia
State medical examination commission of health and capacity for work.
Note: Total number of employed and unemployed refers to disabled occurring for the first time, from age 16.
The source for the distribution of employed disabled according to degree of disability is the Ministry of Health.

Lithuania
Ministry of social security and labour: http://www.socmin.lt/
http://hwi.osha.europa.eu/topic_integration_disabilities/lithuania/key_national_statistics_html
Second report on the implementation of the Revised European charter 2004.
Fourth report of Republic of Lithuania on the implementation of the European social charter 2006
Publication: http://www.socmin.lt/index.php?220920439.

Luxembourg
Ministère du travail et de l'emploi: http://www.mt.etat.lu/
Administration de l'emploi: http://www.adem.public.lu/
Eurostat LMP database.
Publication: Rapports annuels: http://www.adem.public.lu/
Rapport d'activité: http://www.mt.etat.lu/Nouveausurserveur/RAPPORT_ACTIVITE.pdf

Malta
International Disability Day, 2006, NSO, Press release.
Note: Unemployed figures are derived from average annual unemployment figures as provided by the Employment and Training Corporation (ETC).

Austria
Favoured disabled with regular employment and Employed disabled in Integration enterprises.
Source Bundesministerium für Soziales und Konsumentenschutz (Federal Ministry for Social Affairs and Consumer Protection).
http://www.bmsk.gv.at/
Sozialstatistische Informationen: Menschen mit Behinderung und Arbeitsmarkt:
http://www.bmsk.gv.at/cms/site/attachments/8/1/3/CH0356/CMS1078922496642/menschen_m_behinderung04.xls
Publication Geschäftsbericht Bundessozialamt 2005:
http://www.bmsk.gv.at/cms/basb/attachments/6/0/7/CH0450/CMS1156519068699/bsbgeschaeftsbericht_2005.pdf
Method of observation: Employed favoured disabled registered by the Federal Ministry for Social Affairs and Consumer Protection.
Period: 1 December, each year.
Note: Obligation of employers to employ 1 favoured disabled per 25 employees, otherwise compensation charge has to be paid.
Registered unemployed with disabilities: Arbeitsmarktservice Österreich (Labour Market Service Austria): www.ams.or.at/
Publication: Data provided directly by the labour market service.
Method of observation: Number of unemployed with disabilities registered at the labour market service.

Poland
Source: Labour Force Survey, PFRON (National Fund for Rehabilitation of the Disabled) http://www.stat.gov.pl, http://www.pfron.org.pl
Publication: Aktywność ekonomiczna ludności Polski (quarterly).
Raport "Zakłady pracy chronionej w 2002 roku" (Sheltered workshops in 2002, PFRON)
Method of observation: Data on employed, unemployed and inactive are based on LFS data. No other data available.
Note: There are problems with data on sheltered workshops since many of them fail to submit the reports that they are obliged to submit.
Registered unemployed: Urzędy pracy (Regional Labour Offices): http://www.praca.gov.pl

Portugal
Sheltered employment and Ordinary employment: Eurostat LMP Database: data available on NewCronos.
Method of observation: Stocks: average of monthly figures; Entrants: new starts (sum of monthly figures); Exits: outflows (sum of monthly figures). Data is updated each year.

Slovenia
Statistical Office of Slovenia.

Slovakia
Head Office of Labour, Social Affairs and Family and Slovak Office of Statistics: http://www.socpoist.sk
Publication: Eurostat LMP database.
http://epp.eurostat.ec.europa.eu/portal/page?_pageid=1996,45323734&_dad=portal&_schema=PORTAL&screen=welcomeref&open=/&product=EU_MAIN_TREE&depth=1
Method: Stocks: average of monthly figures.

Finland
Sosiaali- ja terveysalan tutkimus- ja kehittämiskeskus / National Research and Develoment Centre for Welfare and Health (Stakes)
www.stakes.fi
Stakes SVT Sosiaali- ja terveydenhuollon tilastollinen vuosikirja 2006 / STAKES OF Statistical Yearbook on Social Welfare and Health Care 2006
Method of observation: The indicator gives the number of clients in day centres and sheltered work centres for people with intellectual disabilities at the end of the year. The figure includes services funded by the municipality.
Period: Statistics Finland gathers information on municipal finances and activities on a yearly basis Update frequency: Once a year.
Unemployed: Työministeriö / Ministry of Labour www.mol.fi

Publication: Työnvälitystilasto / Employment Service Statistics, vajaakuntoiset, vuositilasto 2000-2005
Method of observation: Number of disabled jobseekers.

Sweden
Arbetsförmedlingen (Swedish Public Employment Service): www.ams.se
Eurostat LMP database.
Publication http://www.ams.se/admin/Documents/ams/arbdata/arblos/2007/arb0701r.xls
Method of observation: The Eurostat LMP database collects both stocks and entrants.
Data updated each year.

UK
Source DWP - Department for Works and Pensions: www.dwp.gov.uk
Publication DWP Information Directorate: Work and Pensions Longitudinal Study.
http://193.115.152.21/new_deals/nddp/live/tabtool.html
Method of observation: Caseload figures are rounded to the nearest hundred. Some additional disclosure control has also been applied. Totals may not sum due to rounding.
Figures are for November 2005.
Note: New Deal only introduced in 2005, no other figures available

Annex 2: Labour market measures promoting employment of people with disabilities

Belgium	Compulsory employment provisions for the integration of disabled people in open employment apply only to people registered with the funds. Compulsory employment does not play a significant part in Belgian policy. **Quota system:** The Belgian Federal Administration has an employment quota of 2% for people with disabilities. In the Walloon Region, the 2.5% quota was not fulfilled and instead a recruitment quota of 5% is now integrated into the Personnel Code. Quotas have been rejected in the private sector.
	Sheltered employment: Experimental project has been established involving 'social workshops' for both disabled and non-disabled people who are "hard to place".
	Rehabilitation: offered in accordance with the decision of the doctors, in specialized establishments. Only available to people registered with the funds, thus people must apply to their funds and undergo assessment to meet the conditions. Once registered, an integration programme is set up.
	Subsidies: Support for employers consists of financial measures including wage cost subsidies (5-50%, CAO 26), subsidies for retention of employees becoming disabled and grants for modifications of the workplace.
Czech Republic	**Quota system:** Obligation to employ 4% of people with disabilities, for every 25 employees, to buy a legal number of products made by people with disabilities, to pay half of the national average monthly earnings to the State budget for every person with disabilities under the legal quota number.
	Sheltered employment: A sheltered workshop is a place where more than 60% of employees are people with reduced ability to work. A sheltered workplace can also be the person's own home environment.
	Rehabilitation: Implemented according to health regulations, preventive medical examination of citizens, special treatment, vouchers and obligatory special treatment, rehabilitation treatment following a recommendation made by specialized doctors.
	Subsidies: There are no subsidized wages for disabled employees. Financial assistance can be given to a self-employed person. Conditions concerning financial support are stated in the contract. Grants for adaptation of the working place are available. Subsidized employment programmes: Labour Offices grant a one-off contribution to employers creating jobs reserved for people with disabilities in sheltered workshops or other sheltered workplaces. The yearly maximum amount of contribution per job is CZK 100,000 (3,445 euros). There are also contributions for operational costs of maximum CZK 40,000 (1,378 euros) per year per job. Public authorities also offer tax advantages.
Denmark	**Quota system:** No quota legislation.
	Sheltered employment: Targeted to persons with significantly reduced functional abilities, unable to retain employment at the ordinary labour market and who cannot become employed through the use of other social schemes. Persons covered by this scheme are in general supposed to be more disabled than participants in the Skaane- and flex-job schemes. Flex-job scheme: The scheme entails a wage subsidy of 1/3, 1/2, or 2/3 of the current minimum wage as stipulated in the relevant collective agreement. Working conditions must take account of the employees' (reduced) work ability meaning that working hours may be reduced and job tasks less demanding etc. The subsidy corresponds to the degree to which the work capacity is reduced. Wage subsidies in flex-jobs are permanent, but the employee may (in principle) return to ordinary employment if the work ability improves. The state finances 65% of the expenditures to flex-jobs and the municipality 35% (before 2002, flex-jobs were 100% state-financed). The Skaane-job scheme, which is also administered by the municipalities, is aimed at employment of disabled beneficiaries when work capacity is permanently reduced by at least 50%. The wage subsidy cannot exceed 1/6 of the current minimum hourly wage according to the relevant collective agreement. Wage and working conditions are negotiated between the employee, the employer and the relevant trade union. Skaane-jobs are permanent.

	Rehabilitation: Assistance for special medical care, maintenance allowances during vocational rehabilitation, appliances and aids supplied by local authorities.
	Subsidies: Local authorities provide subsidies to employers offering a job to people with disabilities.
Germany	**Quota system:** Obligation to employ at least 5% of severely disabled persons in all enterprises with at least 20 employees. Monthly compensation contribution (Ausgleichsabgabe) for each reserved job that is unfilled. € 105 for a 3% to less than 5% employment rate € 180 for a 2% to less than 3% employment rate € 260 for a less than 2% employment rate Special rules for employers with less than 59 employees also exist.
	Sheltered employment: Local Federal Employment Office (special section for people with disabilities) can send people with disabilities to workshops, but the workshop Technical Committee must approve the medical appointment.
	Rehabilitation: Benefits for medical rehabilitation, participation in the labour market (e.g. occupational training) and supplementary benefits (e.g. transitional benefit) can be granted. The pension insurance must examine whether a pension claim can be avoided by rehabilitation measures.
Estonia	**Quota system**: No quota system.
	Sheltered employment: According to Article 26 of the Social Welfare Act, local authorities shall, in co-operation with competent State authorities, establish sheltered employment for disabled persons. Unfortunately, the legal status of sheltered work establishments has not yet been determined, which might explain why there are just a few establishments.
	Rehabilitation: Medical rehabilitation provided under the health care benefits in-kind. The Labour Market Board provides vocational rehabilitation. Local authorities are responsible for the provision of social rehabilitation (e.g. special transportation for disabled persons, adaptation of dwelling, personal assistant).
	Subsidies: Employment of disabled persons is encouraged through: State contribution to Social Tax paid by employers on behalf of disabled employees, a temporary employment subsidy (labour market grant) paid to employers hiring a disabled person.
Ireland	**Quota system:** Applies only to the public sector (public authorities reserve up to 3% of suitable positions for people with disabilities).
	Sheltered employment: Some organizations provide both sheltered work and training to enable the transition to open employment. Provided mostly by voluntary organisations and funded by the Health Boards. Many workshops are run privately by charities and, especially, by the church. There is no uniform admission procedure and workshops are free to set up their own procedures.
	Rehabilitation: Persons receiving Invalidity Pension may, with permission, engage in work of a rehabilitative/therapeutic nature or undergo a training course for the purpose of taking up another occupation.
Greece	**Quota system:** The quota of 3% is to be filled by registered disabled people and applies to any organization operating in Greece with more than 50 employees. In 1995, an administrative penalty was introduced against employers not respecting the law.
	Sheltered Employment: An act on Employment and Vocational Training (Law 1836 of 1989) provides the creation of sheltered workshops but as yet there are no decrees to implement the act and allow for a legal recognition and subsidy of sheltered workshops. The labour market, health and social authorities have been working together to plan an institutional framework for sheltered workshops, known in Greece as productive special centres (PEKE). Funding must be provided from the national budget.
	Rehabilitation: No special measures or benefits. Preferential employment for certain categories of disabled people (e.g. the blind).
Spain	**Quota system:** All public organizations and employers with a permanent workforce of over 50 people have to hire 2% of people with disabilities.
	Sheltered employment: Various institutions. Contracts for homework are not allowed.

	Rehabilitation: Medical treatment (functional rehabilitation); vocational guidance; vocational training (rehabilitation for usual occupation or retraining for another occupation).
	Subsidies: Tax/contribution relief for creation of sheltered employment centres for disabled workers. Firms taking on handicapped workers are eligible for incentives (social security contribution relief).
France	**Quota system:** 6% of total employees in firms with more than 20 employees.
	Sheltered employment is organized by the CAT (Centre d'Aide par le Travail) and sheltered workshops or CDTD (Centre de distribution de Travail à Domicile) providing some level of remuneration. Disabled people receive a salary that is complemented by a state subsidy. In the case of sheltered workshops and CDTD, disabled people are in paid employment, unlike those working in CAT who do not have the status of employees in paid employment and can therefore not be dismissed. Transition from sheltered to open employment is very limited.
	Rehabilitation: Vocational retraining subject to a psycho-technical examination.
Italy	**Quota system:** Recruitment by public sector and private enterprises is compulsory. The general quotas are as follows: 7% of employed where there are more than 50 employees. 40% minimum level of incapacity for such guaranteed employment. 2 disabled workers, in organizations with 36-50 employees, 1 worker must be disabled in organizations with 15-35 employees.
	Sheltered employment: Based on social cooperation. Creation of social cooperatives ("Cooperative Sociali") engaged in commercial, manufacturing, farming and service activities.
	Rehabilitation: There exist regional support entities to evaluate the working capacities of people with disabilities and their integration into the labour market. The National Institute for Social Protection (Istituto Nazionale della previdenza sociale, INPS) grants medical care to prevent or reduce invalidity and to restore capacity for work. Hospitalization is free and charged to the region.
	Subsidies: Regional funds support and provide assistance services for the integration of disabled people, incentives through tax breaks for businesses.
Cyprus	**Quota system:** Efforts have been made to open up the market for the employment of disabled persons through the adoption of a quota system for certain jobs in the public and semi-public services and/or the provision of priority to such people. Limited success.
	Sheltered employment: Supported Employment Scheme intends to support persons with mental or multiple disabilities to facilitate their placement and employment in the open labour market.
	Rehabilitation: Government hospitals and institutions provide free medical treatment. Emergency relief to people with disabilities and to organizations for the provision of technical aids and equipment. Invalidity pensioner may be required to attend vocational training or a rehabilitation course and in such cases the Social Insurance Scheme pays the expenses incurred.
	Subsidies: Self-Employment Scheme: Persons with disabilities are entitled to a grant up to CYP 2,000 (3,487 euros) and to an interest subsidy CYP 300 (523 euros) for 5 years for setting up their own business.
Latvia	**Quota system:** No quota system and no government incentives.
	Sheltered employment: Does not exist. There are instances of good practices from the "specialised workshops" established for people with intellectual disabilities in day centres. However, the main aim is to provide an "occupation" rather than employment, and so people do not receive any payment for their work. The "social firm" is another example of sheltered employment. Social firms receive funding from the SEA to create jobs for small numbers of people with disabilities.
	Rehabilitation: The State provides funding from the national budget for cash and in-kind benefits for specific purposes to provide individual assistance and services for restoring working ability and health. They include expenditure for manufacture, purchase, rent and distribution of technical support appliances as well as state support for the purchase of specialized vehicles, social and occupational rehabilitation, and the purchase of vouchers for sanatoria.

Lithuania	**Quota system:** Enterprises with 50 or more workers are obliged to employ 2-5% of disabled persons with a reduction in capacity for work of at least 60% or disabled with moderate disability. If the employers do not fulfil this obligation, they pay a contribution into the Employment Fund (equal to 15 times the official minimal wage).
	Sheltered employment: There is no framework for supported employment. The 2004 Law on Social Enterprises introduces a number of important changes like job coaches, which should allow people with intellectual disabilities to access employment on the open market through supported employment.
	Rehabilitation: Occupational rehabilitation to increase a person's work capacity, occupational competence and ability to participate in the labour market by educative, social, psychological, rehabilitation and other means.
	Subsidies: For every additionally created workplace for a disabled person, the employer is subsidized by the Employment Fund amounting to 100% of national minimum wage monthly during the first 12 months and 50% of national minimum wage monthly during the next 6 months of the disabled person's employment.
Luxembourg	**Quota system:** In the private sector, quota for enterprises with more than 50 workers is 2%. The quota for enterprises with 25-50 workers is 1 person with disabilities. The compensatory penalty is 50% of the minimum wage to be paid each month for each post not occupied by a disabled person.
	Sheltered employment: Legally recognized by the 1991 Act. Work-aid centres offer work experience, therapy, training and medical/social support. Both are part of larger rehabilitation and vocational training centres and are run by organizations outside the public sector. The Employment Administration finances the investment and running costs of certain workshops, provided they are economically productive, and pays integration subsidies.
	Rehabilitation: Disabled people on training courses are granted a monthly return to work allowance, covering preparation and return to work. They are entitled to an extra six days annual leave paid by the state. Self-employed disabled persons are entitled to reduction of social security contributions.
	Subsidies: Wage subsidies for less productive workers hired under the quota scheme remain under a new formula. Compensation for adapting the workplace also remains. New measures include a monthly settling-in allowance.
Hungary	**Quota system** Employers with 20 or more employees have to fill 5% of all posts with persons with disabilities. Otherwise they must pay a contribution to the Rehabilitation sub-fund of the Labour Market Fund (521 euros/person/year in 2005).
	Sheltered employment: For persons with changed working capacity supported by State subsidy.
	Rehabilitation: Medical measures, medical bath, sanatorium, and technical aids. Various forms of rehabilitation exist for persons with less than 50% incapacity for work (retraining allowance, special allowance to make up initial earnings in new activities to reach at least 80% of previous earnings). Labour Market Fund Support: for employers hiring persons with disability (who have lost at least 40% of their working capacity and do not receive pension benefits in respect of their invalidity or old-age) for at least one year. The amount of the support varies according to the duration of employment. Self-employment Support for persons with disabilities in order to become an entrepreneur.
	Subsidies: Provided to sheltered companies for persons with changed working capacity.
Malta	**Quota system**: Employers with more than 20 employees have to engage at least 2% of their workforce among those registered as disabled persons with the Employment and Training Corporation.
	Sheltered employment: The Employment and Training Corporation administers two schemes covering training and job placement of disabled persons with an employer. Both schemes encompass a system of wage subsidies for employers as well as opportunities for vocational training and rehabilitation for disabled persons.
	Rehabilitation: No special measures except medical rehabilitation.

	Subsidies: The Employment Training and Placement Scheme provides financial assistance to employers amounting to half the minimum wage for a maximum period of 12 months.
Netherlands	**Quota scheme**: Since 2006, there is no mandatory quota but a target of 2-5% in the public and private sectors. The applicable statutory basis is the Disablement Insurance Act (WAO – previous scheme) and Work and Income According to Labour Capacity Act (WIA – new scheme since 1.1.2006). Disablement Assistance Act for Handicapped Young Persons (Wajong).
	Sheltered employment: Offered only to those, who due to physical, mental or psychiatric impairments are only able to work under adjusted conditions.
	Rehabilitation: Possibility of being trained (during training disabled people are eligible to allowances). There is the possibility of supplement income if the salary is less than the amount the person should earn.
	Subsidies: Financing of specific training institutes for people with disabilities. A fixed amount is paid to the employer to finance adjustment of the workplace, retraining. If 5% of the employees are people with disabilities, the employer does not have to pay the basic, general contribution for the WAO. If this percentage is between 3-5%, the employer will also get a reduction, but smaller.
Austria	**Quota system**: Public and private sectors are subject to a quota of 4%. Enterprises pay a compulsory compensation of €206 per month for each place not filled. To be considered in the quota system, the individual should be assessed to have at least a 50% level of disability.
	Sheltered employment: In place.
	Rehabilitation: Several measures of medical, vocational and social rehabilitation. Before the invalidity pension is approved, an attempt to rehabilitate the patient's ability to work takes priority.
	Subsidies: Salary subsidies are offered to employers to compensate for lower productivity of the disabled employees, new job being created, long-term unemployed disabled, initial costs of establishing a suitable workplace, for 3 years.
Poland	**Quota system:** Employers with 25 or more employees have to meet a quota of 6%. The quota in the public sector is 2%. Otherwise, the penalty is 40.65% of average wages for each disabled person who should have been hired. The amount goes to the State Fund for Rehabilitation of Disabled Persons, which uses them for various rehabilitation and employment programmes.
	Sheltered employment: An example is “Horsing riding and Rehabilitation Centre Zabajka”, established in 1995, with nearly 600 sheltered work enterprises employing over 65,000 persons including 35,000 handicapped people. Most members are small and medium enterprises dealing with production, trading and services.
	Rehabilitation: Rehabilitation usually starts after exhaustion of sickness cash allowance, but can also take place within 6 months after the invalidity. A special rehabilitation benefit is paid during the rehabilitation period for up to 12 months, if invalidity continues.
	Subsidies: For workers becoming disabled after a work injury, employers are obliged to arrange for a suitable workplace within 3 months after the employee declares a willingness to return to work. With respect to the incentive measures targeted to employers there has been an introduction of the flat rate wage subsidy at 130% for severe disabled, 110% for moderately disabled and 50% for lightly disabled. Also lower social security contributions and taxation for employers, subsidy for workplace modification for disabled employed persons at minimum of 36 months.
Portugal	**Quota system**: Valid for employment injuries. Firms employing at least 10 people are obliged to employ persons with disability, incapacitated as a result of an accident occurred in their service.
	Sheltered employment: Preferential employment of people with disabilities is only for victims of employment injuries.

	Rehabilitation: In case of occupational diseases, beneficiaries aged 50 or less, with temporary/permanent total incapacity are entitled to allowances, to vocational training courses. The allowance is equal to 50% of the pension with the ceiling at the statutory minimum wage.
Slovenia	**Quota system:** The implementation of provisions on the quota system started in 2006. Employers employing more than the quota receive a special prize and are exempted from the payment of contributions of pension and disability insurance.
	Sheltered employment: Disabled persons may not be dismissed on the grounds of their invalidity. There are incentives for employing a handicapped person. They also have priority in employment if they fulfil the conditions.
	Rehabilitation: Various educational programmes, both theoretical and practical. The emphasis is on the abilities rather than on the limitations.
	Subsidies: A reduction in the taxable base of 50% of the salaries but not exceeding the amount of the taxable base, for persons with 100% physical disability (or deaf persons), the reduction is 70%. If tax payers employ persons with disabilities above the prescribed quota, their disability not being a consequence of a workplace injury or occupational disease at the same employer, they may claim a reduction in the taxable base in the amount of 70% of the salaries, not exceeding the amount of the taxable base.
Slovakia	**The quota system:** When the relevant district employment office registered unemployed people with CWA or CWASD, every employer employing at least 20 employees was obliged to ensure that at least 3% of the employees were people with CWA and 0.2% were people with CWASD (initially the quota was higher). The employer could achieve the required proportion in 2 ways: either directly, by employing employees with CWA or CWASD at its workplace, or indirectly, by contracting out work to an external sheltered workshop or sheltered workplace. If an employer failed to do either of these things, he was obliged to transfer a fixed sum to the relevant employment office. The employer pays 3-times the monthly minimum wage i.e. SKK 20,700 (547 euros) per year per vacancy for which a disabled person should have been hired.
	Sheltered employment: Sheltered workshop has to employ at least 50% persons with disabilities. Allowances are given up to 24-times of the minimum monthly total costs of labour for each sheltered workplace plus the benefit for additional costs (i.e. adapted machine equipment).
	Rehabilitation: Retraining, medical rehabilitation is performed according to medical provisions: special licensed cures, compulsory rehabilitation according to doctor's recommendation.
	Subsidies: For operational costs of sheltered workshops and for transportation of employees up to 7 times the minimum monthly total costs of labour per year for each disabled employee. Wage Subsidy for Job Assistant: up to 90% of the total costs of labour of the person helping the disabled person during his/her job.
Finland	**Quota system**: No quota or preferential employment policy.
	Sheltered employment: Divided into 4 major types: Sheltered (productive) work for disabled people, Work-related activities for people with learning disabilities, Therapeutic work for psychiatric illness (where participants receive pocket money rather than wages) and activities concerned with care rather than production work activity.
	Rehabilitation: Vocational rehabilitation became a statutory earnings-related pension benefit since 2004. A rehabilitation allowance amounts to 75% of the earnings and is payable when the period of rehabilitation lasts more than 30 days. The rehabilitation allowance is 10% extra to the amount of the pensioner's national pension. The costs of rehabilitation services are fully covered. Rehabilitation allowance is paid during periods of rehabilitation to persons whose vocational rehabilitation is supported by the pension provider. The rehabilitation allowance amounts to the full disability pension plus rehabilitation increment of 33% for periods of active rehabilitation.
Sweden	**Quota system:** No special quota rules exist for people with disabilities.
	Sheltered employment: Allows job-applicants with socio-medical disabilities to obtain work with government authorities, local authorities, county councils and municipal federations. The employer receives a government grant covering up to 75% of total costs.

	Rehabilitation: Return to active life, rehabilitation and retraining consists in appliances and aids supplied by local health authorities. It is possible to combine vocational training and partial invalidity pension.
UK	**Quota system:** No specific quota system. Supported Employment is a Programme, which provides subsidized work for severely disabled people with host employers through the Supported Placements Scheme (funding £155 million for 3 years). Jobs can also be in specific work settings, similar to sheltered employment. 4,000 individuals benefit each year from these measures.
	Sheltered employment: Generally provided by voluntary organizations.
	Rehabilitation: Preventive health care, medical rehabilitation and therapy is provided by the National Health Service, supported employment (covering workshops and placements), Allowances payable during rehabilitation and training.

Annex 3 Registered people with disabilities by labour market status

	2000	2001	2002	2003	2004	2005	2006	2007
Belgium								
Sheltered employment	:	:	:	:	:	23,646	:	:
Ordinary employment	3,897	4,334	4,645	5,027	5,621	6,280	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	16,639	17,919	19,270	21,561	26,989	27,802	27,867	:
Inactive	:	:	:	:	:	:	:	:
Czech Republic								
Sheltered employment	:	:	:	1,597	1,636	1,592	:	:
Ordinary employment	:	84,000	101,428	98,259	93,932	87,222	:	:
Quota scheme	72,319	90,852	86,581	88,105	85,891	91,911	94,507	:
Unemployed	:	36,700	36,755	39,995	40,580	35,101	:	:
Inactive	:	291,300	333,733	374,702	363,930	380,683	:	:
Denmark								
Sheltered employment	:	:	:	:	:	:	:	:
Ordinary employment	:	:	:	:	37,859	40,937	48,323	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	:	:	:	:	:	:	:	:
Inactive	:	:	:	:	:	:	:	:
Germany								
Sheltered employment	194,722	201,679	226,703	235,756	245,798	256,556	:	:
Ordinary employment	93,442	92,912	89,029	91,919	94,933	142,700	:	:
Quota scheme	756,218	768,388	748,435	793,617	794,833	771,233	:	:
Unemployed	986,068	986,000	987,327	1,024,461	1,014,284	905,491	:	:
Inactive	:	:	:	:	:	:	:	
Ireland								
Sheltered employment	:	:	:	:	:	:	:	:
Ordinary employment	:	:	45,024	:	:	:	77,800	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	:	:	11,722	:	:	:	16,041	:
Inactive	:	:	249,650	:	:	:	266,688	:
Spain								
Sheltered employment	17,837	16,920	:	:	:	:	:	:
Ordinary employment	11,062	12,138	8,352	7,664	9,497	10,016	11,797	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	:	46,652	51,701	56,070	62,417	69,022	75,661	:
Inactive	:	:	:	:	:	:	:	:
France								
Sheltered employment	71,780	:	:	:	:	:	:	:
Ordinary employment	219,000	223,961	231,000	234,280	:	680,000	494,500	:
Quota scheme	:	220,042	:	:	:	:	:	:
Unemployed	:	:	:	:	258,140	:	238,884	:
Inactive	:	:	1,342,800	:	:	:	:	:
Italy								
Sheltered employment	:	:	:	:	270,132	401,203	:	:
Ordinary employment	:	:	:	:	:	:	:	:
Quota scheme	:	:	:	96,028	112,612	112,487	:	:
Unemployed	:	:	:	:	:	:	:	:
Inactive	:	:	:	:	:	:	:	:
Latvia								
Sheltered employment	:	:	:	:	:	:	:	:
Ordinary employment	:	:	:	:	:	8,493	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	1,504	1,804	1,977	3,165	3,292	3,391	3,404	:
Inactive	:	:	:	:	:	:	:	:

	2000	2001	2002	2003	2004	2005	2006	2007
Latvia								
Sheltered employment	:	:	:	:	:	:	:	:
Ordinary employment	:	:	:	:	:	8,493	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	1,504	1,804	1,977	3,165	3,292	3,391	3,404	:
Inactive	:	:	:	:	:	:	:	:
Lithuania								
Sheltered employment	:	:	:	:	:	:	:	:
Ordinary employment	:	:	:	:	:	:	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	4,294	4,408	5,880	7,897	9,817	:	:	:
Inactive	:	:	:	:	:	:	:	:
Luxembourg								
Sheltered employment	:	:	:	479	842	1,240	1,574	:
Ordinary employment	:	:	:	:	:	:	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	:	:	:	:	:	:	:	:
Inactive	:	:	:	:	:	:	:	:
Malta								
Sheltered employment	:	:	:	:	:	:	:	:
Ordinary employment	:	:	:	:	:	:	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	:	:	:	305	303	328	:	:
Inactive	:	:	:	:	:	:	:	:
Austria								
Sheltered employment	1,438	1,407	1,415	1,399	1,412	1,352	1,407	1,439
Ordinary employment	11,173	11,523	11,576	12,864	13,897	13,516	13,546	:
Quota scheme	43,419	44,689	45,525	46,149	45,594	46,906	48,208	:
Unemployed	32,086	29,711	30,980	30,487	28,809	28,491	29,016	:
Inactive	18,916	19,642	21,442	21,854	23,472	24,070	24,703	:
Poland								
Sheltered employment	208,680	203,609	202,682	208,793	189,769	186,081	:	:
Ordinary employment	859,000	731,000	733,000	679,000	671,000	642,000	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	158,000	112,000	122,000	102,000	126,000	126,000	:	:
Inactive	3,547,000	3,581,000	3,502,000	3,477,000	3,447,000	3,379,000	:	:
Portugal								
Sheltered employment	404	420	397	502	509	526	:	:
Ordinary employment	:	779	:	3,494	3,460	3,169	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	:	:	:	:	:	:	:	:
Inactive	:	:	:	:	:	:	:	:
Slovenia								
Sheltered employment	:	:	:	:	:	:	:	104
Ordinary employment	:	6,087	6,202	5,970	6,348	6,360	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	:	:	:	:	:	:	9,138	:
Inactive	:	:	:	:	:	:	:	:
Slovakia								
Sheltered employment	:	:	:	:	:	265	:	:
Ordinary employment	:	22,200	24,700	21,200	28,800	32,000	32,300	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	:	13,600	13,600	10,000	13,300	13,600	10,100	:
Inactive	21,900	22,000	24,500	26,000	30,900	30,500	33,400	:
Finland								
Sheltered employment	10,929	11,188	11,564	11,801	11,985	11,926	:	:
Ordinary employment	:	:	:	:	:	:	:	:
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	68,608	68,487	67,229	66,600	67,234	67,095	:	:
Inactive	:	:	:	:	:	:	:	:

	2000	2001	2002	2003	2004	2005	2006	2007
Sweden								
Sheltered employment	31,919	31,003	30,479	28,711	27,826	26,084	25,904	26,150
Ordinary employment	48,540	51,099	54,684	56,435	55,113	57,438	58,210	59,995
Quota scheme	:	:	:	:	:	:	:	:
Unemployed	18,956	16,107	16,871	21,245	19,763	21,718	21,534	:
Inactive	322,892	:	375,339	:	370,472	:	302,306	:
United Kingdom								
Sheltered employment	:	:	:	:	:	:	:	:
Ordinary employment	1,237,000	1,245,000	1,279,000	1,378,800	1,384,200	1,377,000	:	:
Quota scheme	:	:	:	:		:	:	:
Unemployed	161,000	159,000	147,000	162,800	137,900	156,900	:	:
Inactive	2,614,000	2,607,000	2,618,000	2,732,000	2,706,100	2,651,000	:	:

Annex 4 Data availability: breakdown by time series, sex and age

		BE	CZ	DK	DE	IE	ES	FR	IT	LV	LT
Sheltered employment	Total	2002-05	2003-05		2000-05		2000-01	2000	2004-05		
	Gender				2001		2000-01	2000	2005		
	Age				2001		2000-01	2000			
	Other				Type (2001)						
Ordinary employment	Total	2000-05	2001-05	2004-06	2000-05	2002 & 2006	2000-06	2000-2003-2005-2006		2005	
	Gender		2001-05		2004-05	2002 & 2006	2000-06	2000-2003-2006			
	Age		2001-05		2004-05	2002 & 2006	2000-06	2000-2003-2006			
	Other		Education (2001-05), Degree (2002-05)			Type (2002&2006)				Degree (2005)	
Unemployed	Total	2000-06	2001-05		2000-05	2002 & 2006	2001-2006	2004&2006		2000-2006	2001-2004
	Gender	2000-06	2001-05		2000-05	2002 & 2006	2006	2006		2003-2006	
	Age	2000-06	2001-05		2005	2002 & 2006	2006	2006		2000-2006	
	Other	Duration (2006)	Education (2001-05)			Type (2002&2006)	Degree (2006)	Education & duration (2006)			
Inactive	Total		2001-05			2002 & 2006		2002			
	Gender		2001-05			2002 & 2006		2002			
	Age		2001-05			2002 & 2006		2002			
	Other		Education (2001-05)			Type & Reason (2002&2006)		Education (2002)			

		LU	MT	AT	PL	PT	SL	SK	FI	SE	UK
Sheltered employment	Total	2003-06		2000-06	2000-05		2007	2005	2000-05	2000-07	
	Gender			2001-06	2003-04		2007	2005		2000-05	
	Age				2003-04			2005			
	Other						Degree of skillness (2007)				
Ordinary employment	Total			2006	2000-05	2003-05	2001-05	2001-06	2001-06	2001-05	
	Gender			2006	2000-05	2003-05	2003-05	2001-06	2001-06	2001-05	
	Age			2006	2005	2005	2004				
	Other				Degree (2000-05)						
Unemployed	Total		2003-05	2000-06	2000-05		2006	2002-06	2000-05	2000-06	2000-05
	Gender		2003-05	2000-06	2000-05		2006	2002-06			2000-05
	Age			2006	Degree (2000-05)		2006				
	Other			Education (2006)			Education (2006)				
Inactive	Total			2000-05	2001-05			2001-06		2000, 2002, 2004, 2006	2000-05
	Gender				2001-05						2000-05
	Age										
	Other				Degree (2001-05)					Degree (2000-2002-2004-2006)	

Annex 5 Definitions

Degree of disability					
	Czech Republic	**Latvia**	**Poland**	**Spain**	**Sweden**
Group I.	Heavily handicapped	Incapacity and need for care from another	Severe disability	More than 75% loss of working capacity	Disability with lowered productivity
Group II.	Not heavily handicapped	High degree of incapacity	Moderate disability	More than 65% loss of working capacity	Disability without lowered disability
Group III.		Medium degree of disability	Minor disability	More than 33% loss of working capacity	
Group IV.				Less than 33% loss of working capacity	

Type of disability		
	Germany	**Ireland**
Type I.	Physical	Blindness/deafness or severe hearing/vision impairment
Type II.	Mental	Substantially limited physically
Type III.	Intellectual	Learning/remembering or concentration difficulties
Type IV.	-	Difficulty in dressing, bathing or getting around the house
Type V.	-	Difficulty in going outside the home alone
Type VI.	-	Difficulty in working at a job or business

	Description of ISCED defined levels of education
Level 0	Pre-Primary Education
Level 1	Primary Education or First Stage of Basic Education
Level 2	Lower Secondary or Second Stage of Basic Education
Level 3	(Upper) Secondary Education
Level 4	Post-Secondary Non-Tertiary Education
Level 5	First Stage of Tertiary Education (Not leading directly to an advanced research qualification)
Level 6	Second Stage of Tertiary Education (Leading to an advanced research qualification)

CHAPTER IV > ORIGINS OF DISABILITY

Causes of disability can be classified into three groups: biological factors, genetic or hereditary factors and accidents. Disability can occur at every stage of human life: before/during birth, during childhood and during adulthood, but it is also linked to ageing.

Compiling reliable and comprehensive statistics on these three broad origins of disability, however, is a hard task mainly because such data are not readily available in the Member States. The objective therefore is to try to present a proxy measure based on the data collected through national administration registers. However, it should be emphasised that the results obtained in the analysis do not pretend to provide a comprehensive picture of the causes of disability in Europe since the data are de facto limited to people receiving disability-related benefits and do not cover the whole population of people living with disabilities.

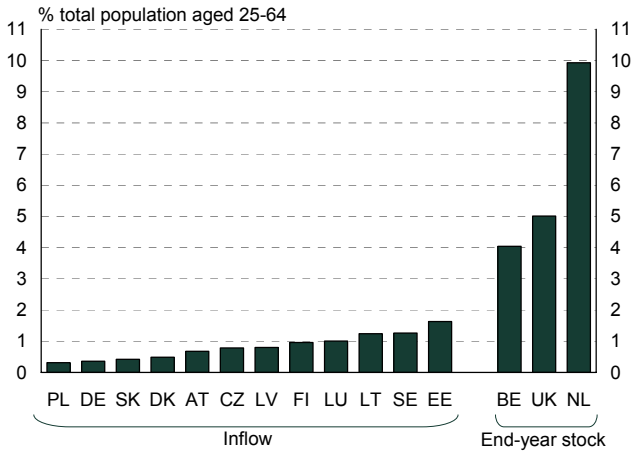
As shown in Chapter I, three major types of benefit paid to adults with disabilities can be distinguished: disability benefits, financial compensations for professional accidents/diseases and war pensions. Depending on the origin of the disability, the allowance is either under the responsibility of civil society, the employer, or the State. These benefits are accordingly managed by different institutions: social insurance/protection bodies for general disability benefits, specific funds for occupational accidents/diseases as well as for war pensions.

Based on the information available, this chapter is organised around the following broad causes of disability: ailments linked to natural factors (including genetic, hereditary or congenital factors), diseases/accidents linked to work and injuries contracted during armed conflicts. The broad objective is to examine the data available to inform the design of preventative measures in areas where public authorities can intervene to monitor and possibly influence the factors leading to disability.

1. ILLNESS

Data on illnesses are derived from the number of disability benefit recipients. These suggest that in 2005, new recipients of disability benefits represented between 0.3% and 1.6% of the total working-age population in Europe (Figure 4.1).

4.1 Share of people receiving Disability Pension due to a disease, 2005



Notes and sources: see Table 1 in annex.

It is assumed that people receive disability benefits because of a natural disease or an accident (domestic, traffic, etc). If the origin of the disability is linked to their job, they are assumed to be counted in the occupational diseases and accidents compensation data. Similarly, if it is linked to armed conflicts, they are assumed to be included in the war pension statistics. The application of this approach is viable in all Member States except Poland and Hungary. In the former country, no separate scheme exists to compensate people whose disability is related to their working environment. These people are therefore counted under the general Disability pension data. As a consequence, the share of new beneficiaries (0.3%) is slightly overestimated (people receiving a compensation for work disease/accident for the first time in 2005 represented less than 5% of the total new disability pension beneficiaries). In Hungary, the situation is similar: an accident-related disability pension – mostly awarded in case of a disability caused by work accidents or occupational diseases – is also integrated into the general Disability pension.

The basic assumption is however not completely valid since it is known that some individuals can receive disability benefits and compensation for work accident simultaneously. In this case, they are counted twice in the beneficiary statistics. Unfortunately, little information is available on the people concerned, but it is assumed that their number is relatively small and will not significantly affect the results.

A closer look at disability-benefit recipients by type of diseases highlights interesting features. Most countries provide a (complete or partial) breakdown of the total number of recipients according to the International Classification of Disease (ICD)[40]. It has to be stressed that the origins of disability and the nature of the disability are two different concepts. Indeed, a person may, for instance, suffer from blindness (nature of disability corresponding to the H54 code within the ICD classification) but the causes of this impairment can be various (from birth, domestic injury, accident at work, injury sustained during a war etc).

In the 15 countries for which relatively complete data are available, four broad categories of ailments accounted for 60 to 80% of people receiving disability benefits in 2005. These are, in decreasing order of importance: mental disorders (27½%), diseases of the musculoskeletal system and connective tissue (22%), diseases of the circulatory system (12%) and neoplasms (10½%). At the other end of the scale, the share of people receiving disability benefit due to a congenital abnormality (i.e. a problem they were born with, which can be either genetic or hereditary) was less than 1% (Table 1 in annex).

In Belgium, Germany, Finland and the UK, about a third of disability-benefit recipients suffered from mental or behavioural disorders – like schizophrenia or mental disorders due for example, to the excessive use of alcohol or drugs (Figure 4.2). The largest shares are observed in the Netherlands[41] and Sweden (38% and 36%, respectively).

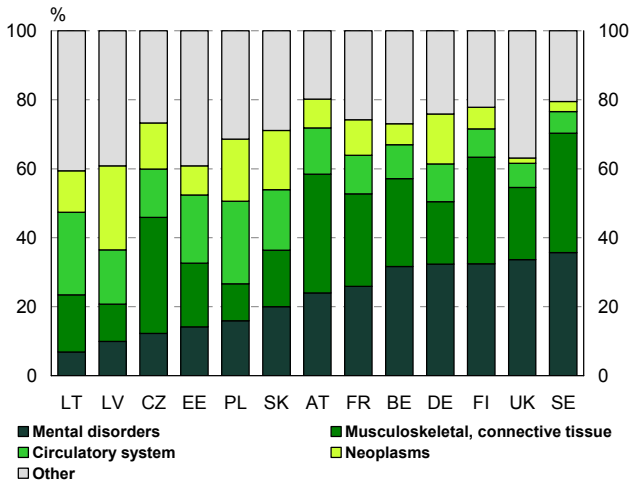
Diseases of the musculoskeletal system and connective tissue – such as arthritis or osteoporosis – seem to be particularly important among disability-benefit recipients in Luxembourg (42%), but also in the Czech Republic, Austria and Sweden (around 34%).

---

[40] *International Statistical Classification of Diseases and Related Health Problems developed by the WHO (see the following website for more details: http://www.who.int/classifications/apps/icd/icd10online)*

[41] *Netherlands does not appear in Figure 4.2 because data on Neoplasms and Other are not available.*

4.2 Disability Pension recipients by type of disease, 2005



Notes and sources: see Table 1 in annex.

In Lithuania and Poland, the leading cause of disability among disability-benefit recipients is disease of the circulatory system (both 24%) – like hyper-tension or strokes – as well as in Estonia (20%). Interestingly, the share related to this type of disease is generally larger in the new Member States than in the old ones.

So far as neoplasms – cancers and tumours in particular – are concerned, these are most important in Latvia, where they accounted for just over 24% of the total in 2005, being the primary cause of disability among disability benefit recipients, far ahead of the second cause (diseases of the circulatory system – 16%). The share of neoplasms is also relatively large in Slovakia and Poland (around 17-18%), but, on the other hand, very small in Sweden and the UK (below 3%).

Congenital malformations (i.e. abnormalities which are observed at or before birth) affected less than 1% of people receiving disability benefits in all the 11 countries for which data are available, except Lithuania and the UK where the share was 1½% in 2005.

A marked growth in mental diseases…

In recent years, an upward trend is evident in the proportion of disability pensioners suffering from mental or behavioural disorders in all countries except Finland (where the share declined slightly between 2004 and 2005 – Table 2 in annex). In Germany and Austria, the growth in share was more significant, increasing respectively by 14 percentage points and 8 percentage points between 2000 and 2005.

Concerning diseases of the musculoskeletal system and connective tissue, two opposite trends are observed in Estonia and the UK, while there was no marked change in the remaining countries. Hence in Estonia, the share of people suffering from this type of disease increased each year (by 0.3 - 2.4 percentage points) from 12% in 2000 to 18½% in 2005. On the contrary, in the UK, the corresponding proportion fell continuously (but at a slower pace) from 23½% in 2000 to 21% in 2005.

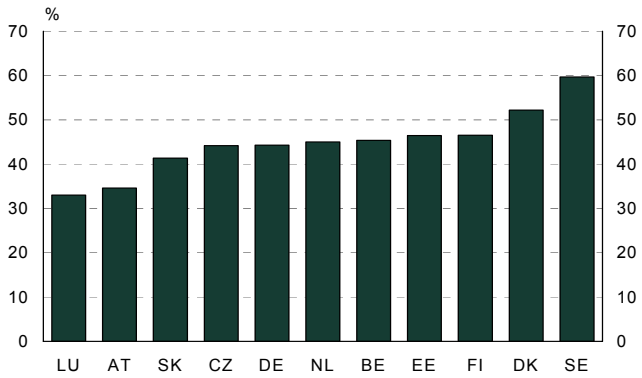
Fewer women suffering from diseases than men…

Among those receiving disability benefits because of a disease in 2005, women accounted for less than half in most countries (generally between 40 and 50%). In Luxembourg and Austria,

they accounted for only around a third of the total whereas in Sweden, women made up 60% of the total (Figure 4.3 and Table 3 in annex).

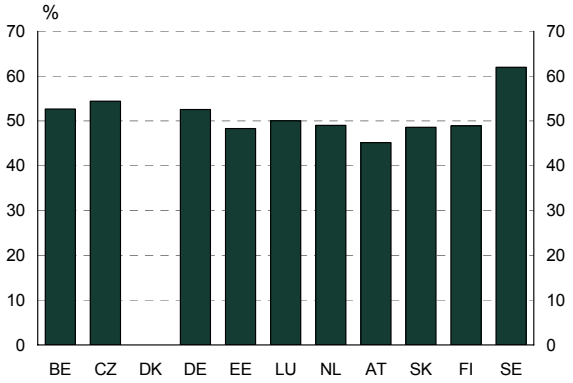
The proportion of women receiving disability pensions due to a mental disorder was around half in all the 10 countries where data are broken down by gender, except (again) in Sweden where it was some 62% in 2005 (Figure 4.3.a).

4.3 Share of women among Disability Pension recipients, 2005



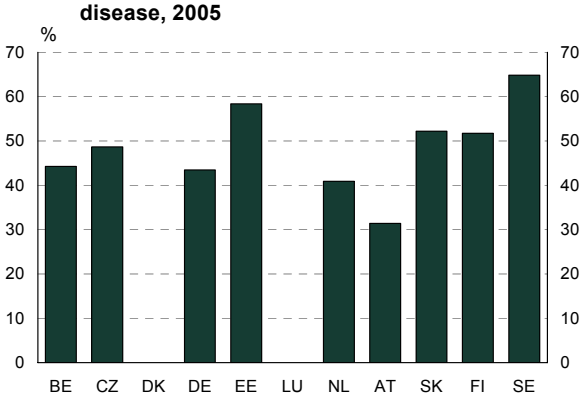
Sources and notes: see Table 1 in annex.

4.3.a Share of women receiving Disability Pension due to a mental disorder, 2005



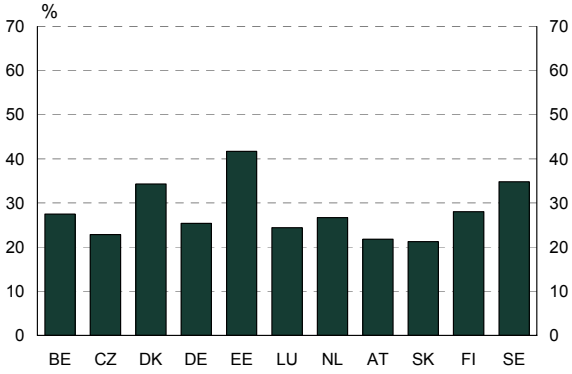
Sources and notes: see Table 1 in annex.

4.3.b Share of women receiving Disability Pension due to a musculoskeletal or connective tissue disease, 2005



Sources and notes: see Table 1 in annex.

4.3.c Share of women receiving Disability Pension due to a disease of the circulatory system, 2005

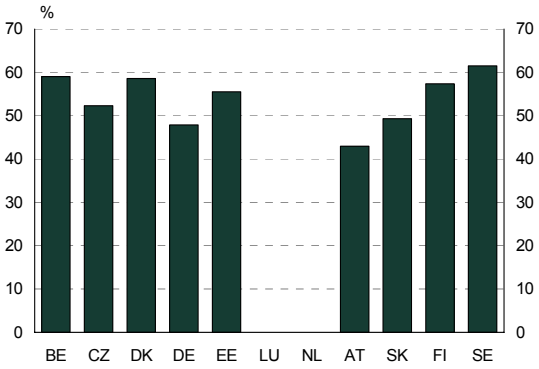


Sources and notes: see Table 1 in annex.

In all countries where data are available, less than 30% of pensioners suffering from a circulatory disease are female, except in Denmark and Sweden where the share is slightly larger (around 34-35%) and in Estonia where it is the highest (almost 42%) (Figure 4.3.c).

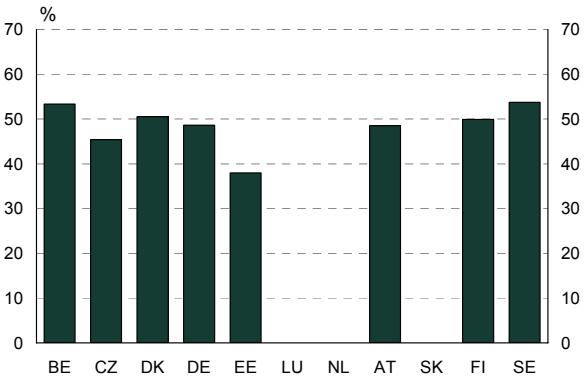
Data also show that disabled female pensioners suffering from a neoplasm are more numerous than men in Belgium, Czech Republic, Denmark, Estonia, Finland and Sweden. However, in Slovakia and Germany, their share is just under half and goes down to 43% in Austria (Figure 4.3.d).

4.3.d Share of women receiving Disability Pension due to neoplasms, 2005



Sources and notes: see Table 1 in annex.

4.3.e Share of women receiving Disability Pension due to a congenital disorder, 2005



Sources and notes: see Table 1 in annex.

2. ACCIDENTS AND DISEASES AT WORK

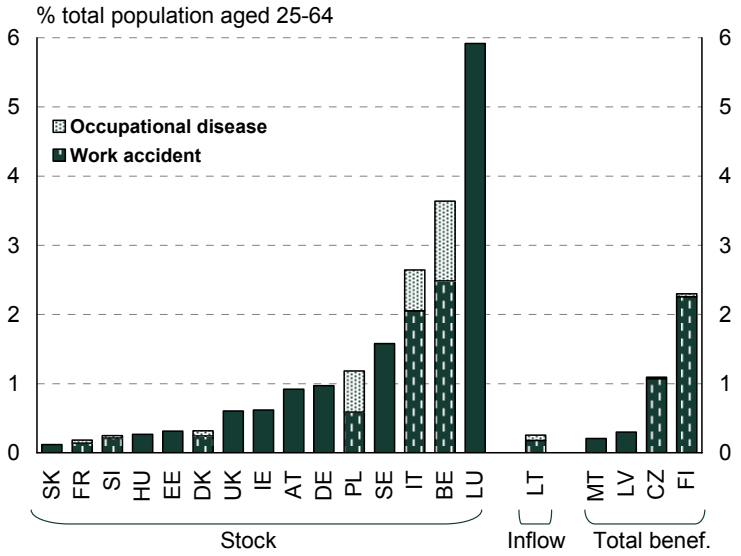
Disability can be due to natural factors, but people can also suffer from impairments as a result of their job. In this case, they receive a financial compensation for the loss of income due to their partial or total incapacity to work.

This type of compensation generally covers accidents at work (including accidents occurring on the way to and from work) as well as diseases contracted in the work place. Data presented here generally refer to permanent incapacity cases.

Public authorities can exert an influence on the occupational factors resulting in disability, for instance by increasing and improving the safety and security norms implemented at the workplace and by monitoring them more effectively, but also by improving general working conditions.

In 2005, the proportion of working-age population receiving compensation because their disability was related to their job ranged from 0.1% in Slovakia to almost 6% in Luxembourg (Figure 4.4).

4.4 Disabled people receiving a compensation for Occupational accident or disease, 2005



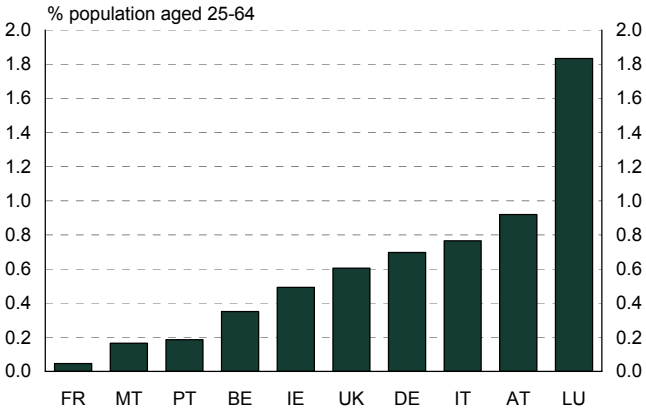
In countries where no distinction is possible between work accident and occupational disease, green dark bars show the total. Notes and sources: see Table 4 in annex.

The results show that the relative number of workers receiving a benefit following an accident at work is significantly larger than in case of a disease contracted at the work place, except in Poland where the figures are very similar.

The change in the relative number of beneficiaries over recent years differs markedly across Member States (Table 4 in annex). The proportion of people with disabilities receiving an occupational accident/disease benefit increased between 2000 and 2005 in Belgium, Estonia, Latvia, Lithuania and Luxembourg while the reverse was the case in Germany, Hungary, Malta, Poland, Slovakia, Sweden and the UK. On the other hand, the share was relatively stable in Ireland, France and Austria over the five years in question.

As already stressed in Chapter I on the number and characteristics of disability-benefit recipients, the majority of people compensated for work-related accidents or diseases have a low incapacity rate. Indeed, once the analysis is restricted to those with an incapacity rate of 20% or more, the number of people compensated for a work accident or an occupational disease in 2005 is reduced to less than 1% of the total population aged 25-64 in the 10 countries for which data are broken down by incapacity level, except in Luxembourg where the share was almost 2% (Figure 4.5 and Table 5 in annex). It should be noted that in France and in Italy, the figures are likely to be overestimated because data are only available for those with an incapacity level of more than 10% and 11%, respectively.

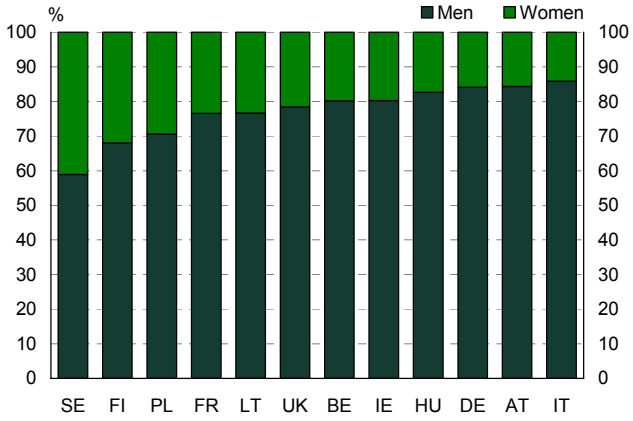
4.5 Disabled people receiving a compensation for Occupational accident or disease with an incapacity rate >20%, 2005



Note: FR: Data refer to 2004 and correspond to incapacity rate over 10%; PT: Data only refer to occupational diseases in 2000; IT: Data refer to 2006 and correspond to incapacity rate of over 11%. See also notes (and sources) in Tables 4 and 5 in annex.

The majority of the beneficiaries are men, the proportion ranging from 60% to 86% across the European Union. Over eight out of 10 beneficiaries are men in half of the countries. The share is as high as 84-86% in Germany, Austria and Italy whereas the smallest shares are observed in two Nordic countries – Sweden and Finland, at 59% and 68%, respectively (Figure 4.6 and Table 6 in annex).

4.6 Disabled people receiving a compensation for Occupational accident or disease by sex, 2005



Notes and sources: see Tables 4 and 6 in annex.

This marked gender disparity is not too surprising given that many more men than women tend to work in sectors of activity in which accidents are most likely – such as construction or heavy industry.

Table 7 in annex shows that in 2005, the majority of people receiving a compensation for an occupational accident or disease were working in industry, except in Finland where over 57% were employed in service activities. In Portugal and the UK, over 82% of those compensated were in industry, whereas the corresponding proportion is only around half this in Finland and Lithuania (respectively 41% and 45%). In the latter country, the proportion of beneficiaries employed in the primary sector (agriculture and fishing) is largest at 27% compared to less than 4% in Poland, Portugal and Finland.

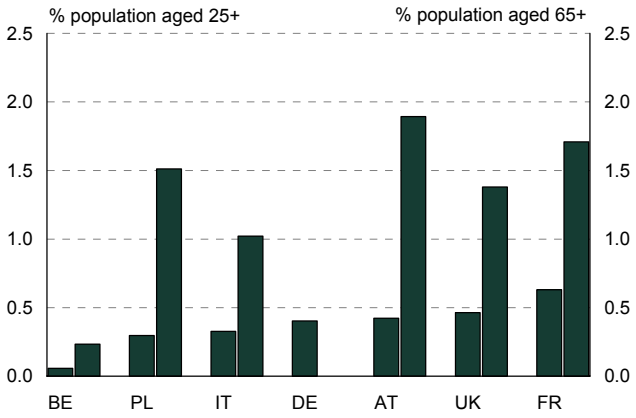
3. WAR INJURIES

War injuries are another cause of disability. Pensions in this regard are generally managed by a specific department within the general social protection scheme and are paid to compensate people injured during armed conflicts. In some countries (for instance Germany, Austria and France), injuries resulting from military service are also included. In Sweden however, a special benefit within the Work Injury Insurance is paid to those who are injured while doing military service but it does not cover war situations or civilians injured during wars.

Data are available for only 7 Member States, which does not mean that war pensions do not exist in the remaining parts of the European Union, only that the information is not readily available. It should be noted that only compensation paid to persons with disabilities is considered here and compensation to widowers and orphans (as indirect recipients) is excluded.

In 2005, less than ½% of the total population aged over 25 received a war pension in 6 countries, the share being slightly larger in the other country – France at 0.6% (Figure 4.7 and Table 8 in annex).

4.7 Share of people receiving War pensions, 2005



Left bar: % population aged 25+, right bar: % population aged 65+

It is assumed that all recipients in BE, AT and PL are aged over 65. For the other countries (except DE), data is broken down by age. Notes and sources: see Table 8 in annex.

The relative number of war pensioners is smallest in Belgium at under 0.1% of the population in this age group.

As expected, these shares increase when the analysis is confined to those of 65 and over. The proportion of people aged 65 and over receiving war pensions is higher than 1%, except in Belgium where it is only 0.2%. The largest shares are in Austria and France at almost 2% (probably because military invalidity pensions are also included in these countries).

4. NATIONAL AND EUROPEAN SURVEYS

Our analysis is based on administrative data collected from national registers. But national health surveys carried out in some Member States can also provide information on the different causes of disability even though such results very much rely on the degree of objectivity of the persons interviewed. For instance, in Belgium, according to the 2004 Health Survey conducted by telephone, the causes of disability among those affected are as follows: diseases (37%), congenital disorder (22%), domestic/road/sport accidents (10%), occupational diseases (9%), work accidents (16%), and other (6%). According to the

administrative data collected for 2005, the causes of disability for people receiving disability-related benefits are: diseases (52% – including congenital disorders and non-working-related accidents), occupational diseases (15%), work accidents (32%) and war injuries (1%). The figure of 52% for those whose disability is due to diseases (including congenital disorders, accidents) therefore corresponds to a figure of around 69% in the Health Survey. The difference between these figures lies partly in the fact that the denominator, or the people covered, is not the same but also in the significant difference between the two sources in the number of people affected by congenital disorders (22% according to the Health Survey as against only 0.35% of those receiving disability benefit because of a congenital disorder in 2005).

A special Labour Force Survey (LFS) ad hoc module carried out in 2002 on people with disabilities and long-term health problems provides a further point of comparison. In this survey, around 19% of those aged 16-64 in the EU reporting having a long-standing health problem or a disability indicated that back and neck problems were the cause, 13% heart, blood pressure or circulation problems, 11.5% problems with legs or feet and 9.5% mental, nervous or emotional problems[42]. Although these results cannot be directly compared with those obtained from administrative data because the LFS module focused on the different types of ailment rather than the causes as such (natural factors or accidents, work or war conflicts), it is interesting to note that the most frequent types of disease among disability-benefit recipients whose disability is due to a "general" disease are similar to those reported by the LFS module (i.e. mental disorder, diseases of the musculoskeletal system and circulatory diseases).

5. METHODOLOGICAL ISSUES

As already emphasised, compiling data on the origins of disability is not a straightforward task, especially as regards ensuring comparability of the results between countries. For this reason, it is important to take explicit account of the detailed footnotes below each table before analysing the data.

The results need to be interpreted with caution, keeping in mind the following methodological issues:

- The classification by type of disease does not systematically refer to the number of disability benefit recipients. In the case of Latvia, Lithuania and Luxembourg, therefore, data relate to new recognised cases of disability. It is assumed that in all these cases a financial allowance is paid.

- Given the double-counting problem which may arise between beneficiaries of the three broad allowances (general disability benefits, occupational compensation and war pensions), it is advisable to consider each cause of disability independently from the others.

- The minimum level of disability required to be eligible for a disability-related benefit varies from one country to another. Hence, someone suffering an accident at work will for instance receive specific compensation in one country but perhaps not in another, even though their incapacity level is the same.

- Some data relate to stocks (i.e. the total number receiving benefit at a point in time) or to total beneficiaries (i.e. the total number receiving benefit in a given year) while others relate to

[42] *See the report: "Men and women with disabilities in the EU: Statistical analysis of the LFS ad hoc module and the EU-SILC", by Applica, CESEP & Alphametrics, April 2007.*

inflows (i.e. the number receiving benefit for the first time over the course of a year). In terms of the breakdown within a specific dimension (for instance the classification of diseases or the gender dimension), it is assumed that the results obtained from the three different methods are comparable (there seems to be no compelling reason why they should not be).

The analysis can unfortunately not be produced for all Member States because of the lack of available data. In some countries, the requested information is indeed not published on the Internet and multiple attempts to obtain answers from the institution(s) responsible were unsuccessful. At the same time, population coverage is also limited because, as already emphasised above, data collected through national registers only cover recipients of disability-related benefits, and therefore an analysis of the origins of disability for the EU population as a whole is not possible at present nor is it likely to be feasible for the foreseeable future. Beside these limitations, data presented here are considered to be relatively reliable, since they are derived from administrative records, and sustainable as most available data series are updated on a yearly basis. As far as cross-country comparability is concerned, it would be significantly improved if all national administrations were to begin collecting and publishing both stock and flow data regularly. Nevertheless, because the administration of disability benefits varies across countries and the degree of disability which entitles someone to receipt of benefit differs, comparability across countries will always be an issue until there is some standardisation of social welfare systems in this area, which, of course, is not on the agenda at all at present.

ANNEXES

Table 1 People with disabilities receiving a disability pension by type of disease, 2005

	BE	CZ	DK	DE	EE	FR	LV	LT	LU	NL	AT	PL	SK	FI	SE	UK	EU
Nature of the data	*end-year*	*inflow*	*inflow*	*inflow*	*inflow*	-	*inflow*	*inflow*	*inflow*	*end-year*	*inflow*	*inflow*	*inflow*	*inflow*	*inflow*	*end-year*	-
Total number	**225,951**	**46,184**	**14,594**	**163,905**	**11,539**	**:**	**9,818**	**22,321**	**2,537**	**899,310**	**30,880**	**64,438**	**12,424**	**27,316**	**60,308**	**1,592,850**	**-**
Mental disorders	71,444	5,660	118	52,974	1,634	:	979	1,535	289	342,270	7,403	10,281	2,485	8,857	21,523	536,420	-
Diseases of musculoskeletal system & connective tissue	57,645	15,537	:	29,698	2,127	:	1,058	3,693	1,074	247,300	10,644	6,887	2,040	8,452	20,875	333,000	-
Diseases of the circulatory system	22,214	6,492	1,163	18,015	2,284	:	1,548	5,352	213	48,620	4,140	15,415	2,175	2,239	3,787	112,170	-
Neoplasms	13,715	6,144	1,098	23,681	980	:	2,389	2,683	:	:	2,574	11,616	2,134	1,702	1,744	23,900	-
Congenital disorder	1,514	218	97	779	108	:	:	339	0	:	101	:	:	248	201	23,170	-
Other	59,419	12,133	:	38,758	4,406	:	:	8,717	:	:	6,018	:	:	5,818	12,178	564,190	-
Percentage	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Mental disorders	31.6	12.3	0.8	32.3	14.2	25.9	10.0	6.9	11.4	38.1	24.0	16.0	20.0	32.4	35.7	33.7	27.6
Diseases of musculoskeletal system & connective tissue	25.5	33.6	:	18.1	18.4	26.8	10.8	16.5	42.3	27.5	34.5	10.7	16.4	30.9	34.6	20.9	21.7
Diseases of the circulatory system	9.8	14.1	8.0	11.0	19.8	11.2	15.8	24.0	8.4	5.4	13.4	23.9	17.5	8.2	6.3	7.0	11.8
Neoplasms	6.1	13.3	7.5	14.4	8.5	10.3	24.3	12.0	:	:	8.3	18.0	17.2	6.2	2.9	1.5	10.5
Congenital disorder	0.7	0.5	0.7	0.5	0.9	:	:	1.5	0.0	:	0.3	:	:	0.9	0.3	1.5	0.8
Other	26.3	26.3	:	23.6	38.2	:	:	39.1	:	:	19.5	:	:	21.3	20.2	35.4	27.6
Population share (% of 25-64)	**4.0**	**0.8**	**0.5**	**0.4**	**1.6**	**:**	**0.8**	**1.2**	**1.0**	**9.9**	**0.7**	**0.3**	**0.4**	**1.0**	**1.3**	**5.0**	**-**
Mental disorders	1.3	0.1	0.0	0.1	0.2	:	0.1	0.1	0.1	3.8	0.2	0.1	0.1	0.3	0.5	1.7	-
Diseases of musculoskeletal system & connective tissue	1.0	0.3	:	0.1	0.3	:	0.1	0.2	:	2.7	0.2	0.0	0.1	0.3	0.4	1.0	-
Diseases of the circulatory system	0.4	0.1	0.0	0.0	0.3	:	0.1	0.3	0.1	0.5	0.1	0.1	0.1	0.1	0.1	0.4	-
Neoplasms	0.2	0.1	0.0	0.1	0.1	:	0.2	0.1	:	:	0.1	0.1	0.1	0.1	0.0	0.1	-
Congenital disorder	0.0	0.0	0.0	0.0	0.0	:	:	0.0	:	:	0.0	:	:	0.0	0.0	0.1	-
Other	1.1	0.2	:	0.1	0.6	:	:	0.5	:	:	0.1	:	:	0.2	0.3	1.8	-

Notes & sources:

BE: Number of persons receiving an allowance for permanent invalidity (incapacity period >1 year) by type of disease (ICD-10). Data cover all age goups, but persons aged 65+ or <25 are a minority (respectively 0.4% and 0.2% of the total in 2005). Source: INAMI.

CZ: Newly granted Invalidity Benefits (partial + full invalidity) by type of disease (ICD-10). Data cover all age goups, but persons aged <25 or 65+ are a minority (respectively 4.53% and 0.006% of the total in 2005). Source: UZIS.

DK: Newly granted Anticipatory Pension Scheme. Mental disorder refers to "social diagnosis" and congenital disorder refers to "genetic pathologies". Data cover those aged <65. Source: Statistics Denmark.

DE: New pensions due to reduced working capacity by type of disease (ICD). Data cover those aged <65. Source: Deutsche Rentenversicherung.

EE: Number of persons declared Incapable for work for the first time by type of disease (ICD-10). Data cover all age goups, but persons aged 63+ are a minority (4.8% of the total in 2005) and those <25 account for 11.1%.
Source: Statistical Office of Estonia.

FR: Percentages refer to results of a study on Invalidity Pensions published by CNAM-TS in 2001. These data only cover pensions of 1st category (people assumed to be able to exercise a remunerated activity - mainly a part-time activity). They represent about 28% of all beneficiaries. Source: CNAM-TS.

LV: Number of new cases of disability, by diagnosis (partial ICD-10). Data cover those aged 16+. Those aged 60+ represent 17.6% of the total. Source: Central Statistical Bureau of Latvia.

LT: New cases of disability by type of disease (partial ICD). Only the total number was available for 2005. The breakdown by type of disease was estimated based on the 2004 and 2003 breakdowns. Congenital anomalies data for 2005 are estimated based on the 2004 and 2003 shares. Data cover disabled people of working-age. Source: Lithuanian Health Information Centre.

LU: Number of persons recognised as invalids (partial ICD-10). Data cover those aged <65. Source: STATEC.

NL: Disablement benefits by type of diagnosis (partial ICD-10). Data include partial disablement (<80%) + complete disablement (>80%), and cover those aged 15-64. Source: Statistics Netherlands (Statline - CBS)

AT: Number of new recipients of Pension insurance due to reduced working capability/incapacity to work (partial ICD-10). Data include those aged 65+ (in 2005, 47.1% of the total were aged <65).
Source: Hauptverband, Statistisches Handbuch der österreichischen Sozialversicherung 2006.

PL: First positive decisions following requests for Disability pensions resulting from an inability to work (FUS) (partial ICD-10). Data cover all age goups, but persons aged 65+ are a minority (3.4% of the total in 2005).
Data also cover those receiving a Disability pension because of a work accident/disease (no separate scheme exists for this type of compensation). Source: ZUS.

SK: Number of newly granted Disability Pensions by type of disease (partial ICD). Data refer to partial and full incapacity (reduced ability of <70% and >70%). Data cover those up to 62 year-old. Source: Social Insurance Company.

FI: New recipients of Disability Pensions resident in Finland, by main diagnosis (ICD-10). Data cover those aged 16-64. Source: Finnish Centre for Pensions (ETK).

SE: New Sickness/Activity Compensations by main diagnosis group (partial ICD-10). Data cover those aged 18-64. Source: Försäkringskassan (Swedish Social Insurance Agency).

UK: Incapacity Benefit and SDA recipients, by type of disease (ICD-10). Data cover 16+, but persons aged 65+ are a minority (0.001% of the total in 2006). Source: DWP.

Table 2 People with disabilities receiving a disability pension by type of disease, 2000-2005

	BE	CZ	DK	DE	EE	LT	LU	NL	AT	FI	SE	UK
Nature of the data	*end-year*	*inflow*	*inflow*	*inflow*	*inflow*	*inflow*	*inflow*	*end-year*	*inflow*	*inflow*	*inflow*	*end-year*
Total											*% population aged 25-64*	
2005	4.0	0.8	0.5	0.4	1.6	1.2	1.0	9.9	0.7	1.0	1.3	5.0
2004	4.0	0.9	0.5	0.4	1.5	1.2	1.1	10.6	0.7	1.0	1.5	5.2
2003	3.9	0.8	0.5	0.4	1.4	1.2	1.0	10.9	0.5	:	:	5.3
2002	3.8	0.8	0.6	0.4	1.3	1.1	0.7	11.0	0.5	:	:	5.3
2001	3.7	:	0.4	0.4	1.4	1.0	0.6	11.0	0.5	:	:	5.4
2000	3.7	:	0.5	0.5	1.2	1.0	0.7	10.8	0.8	:	:	5.5
Mental disorders									*% total number receiving a disability pension*			
2005	31.6	12.3	:	32.3	14.2	6.9	8.4	38.1	24.0	32.4	35.7	33.7
2004	31.2	11.8	:	31.1	13.0	6.5	6.9	37.3	23.3	33.3	32.9	32.8
2003	30.8	11.2	:	29.1	12.8	7.2	9.0	36.7	21.8	:	:	31.6
2002	30.3	11.1	:	28.3	11.6	:	8.8	36.0	21.9	:	:	30.2
2001	29.5	:	:	26.0	11.8	:	9.8	34.9	21.1	:	:	29.1
2000	28.8	:	:	18.2	12.7	:	7.7	33.3	16.2	:	:	28.0
Diseases of the musculoskeletal system & connective tissue									*% total number receiving a disability pension*			
2005	25.5	33.6	:	18.1	18.4	16.5	:	27.5	34.5	30.9	34.6	20.9
2004	25.5	35.9	:	18.7	17.4	16.9	:	28.2	37.1	30.2	36.9	21.5
2003	25.5	36.0	:	20.1	16.3	16.2	:	28.9	36.8	:	:	22.1
2002	25.4	34.6	:	22.1	15.9	:	:	29.2	35.2	:	:	22.9
2001	25.3	:	:	23.2	14.7	:	:	29.0	34.9	:	:	23.1
2000	25.3	:	:	17.1	12.3	:	:	28.7	44.6	:	:	23.4
Diseases of the circulatory system									*% total number receiving a disability pension*			
2005	9.8	14.1	8.0	11.0	19.8	24.0	8.4	5.4	13.4	8.2	6.3	7.0
2004	10.1	14.0	8.9	11.4	19.7	24.6	9.0	5.5	12.9	8.6	6.5	6.9
2003	10.5	14.2	8.6	12.3	21.5	23.3	10.6	5.5	12.5	:	:	7.3
2002	10.9	14.1	7.7	12.4	19.3	:	12.0	5.5	13.1	:	:	8.4
2001	11.5	:	9.4	12.2	20.2	:	10.6	5.5	12.8	:	:	8.9
2000	11.9	:	9.0	9.0	22.8	:	13.0	5.5	12.2	:	:	9.3
Neoplasms									*% total number receiving a disability pension*			
2005	6.1	13.3	7.5	14.4	8.5	12.0	:	:	8.3	6.2	2.9	1.5
2004	5.9	12.7	7.3	14.7	8.9	12.2	:	:	7.6	6.2	2.8	1.5
2003	5.8	12.2	6.9	14.6	8.6	11.9	:	:	8.9	:	:	1.4
2002	5.6	11.8	7.2	13.7	10.0	:	:	:	9.4	:	:	1.4
2001	5.6	:	9.0	12.6	10.3	:	:	:	9.3	:	:	1.4
2000	5.5	:	8.9	10.0	12.2	:	:	:	7.1	:	:	1.3
Congenital disorder									*% total number receiving a disability pension*			
2005	0.7	0.5	0.7	0.5	0.9	1.5	0.0	:	0.3	0.9	0.3	1.5
2004	0.7	0.5	0.6	0.5	0.9	1.5	0.1	:	0.4	0.8	0.3	1.4
2003	0.7	0.5	0.7	0.4	1.0	1.5	0.0	:	0.3	:	:	1.4
2002	0.7	0.5	0.7	0.4	1.1	1.7	0.2	:	0.3	:	:	1.3
2001	0.7	:	0.7	0.4	1.0	2.0	0.2	:	0.4	:	:	1.4
2000	0.7	:	0.9	0.2	1.0	2.2	0.2	:	0.4	:	:	1.4

Notes & sources: see Table 1.

Table 3 People with disabilities receiving a disability pension by type of disease and by sex, 2005

%	BE	CZ	DK	DE	EE	LU	NL	AT	SK	FI	SE
Nature of the data	*end-year*	*inflow*	*inflow*	*inflow*	*inflow*	*inflow*	*end-year*	*inflow*	*inflow*	*end-year*	*inflow*
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Men	54.6	55.8	47.8	55.7	53.6	67.0	55.0	65.4	58.6	53.5	40.4
Women	45.4	44.2	52.2	44.3	46.4	33.0	45.0	34.6	41.4	46.5	59.6
Mental disorders	100.0	100.0	:	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Men	47.4	45.6	:	47.4	51.7	50.0	51.0	54.8	51.4	51.1	38.0
Women	52.6	54.4	:	52.6	48.3	50.0	49.0	45.2	48.6	48.9	62.0
Diseases of the musculoskeletal system & connective tissue	100.0	100.0	:	100.0	100.0	:	100.0	100.0	100.0	100.0	100.0
Men	55.7	51.3	:	56.5	41.6	:	59.1	68.6	47.8	48.2	35.2
Women	44.3	48.7	:	43.5	58.4	:	40.9	31.4	52.2	51.8	64.8
Diseases of the circulatory system	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Men	72.5	77.2	65.7	74.6	58.3	75.6	73.3	78.2	78.8	72.0	65.2
Women	27.5	22.8	34.3	25.4	41.7	24.4	26.7	21.8	21.2	28.0	34.8
Neoplasms	100.0	100.0	100.0	100.0	100.0	:	:	100.0	100.0	100.0	100.0
Men	41.0	47.7	41.4	52.1	44.5	:	:	57.0	50.7	42.6	38.5
Women	59.0	52.3	58.6	47.9	55.5	:	:	43.0	49.3	57.4	61.5
Congenital disorder	100.0	100.0	100.0	100.0	100.0	0.0	:	100.0	:	100.0	100.0
Men	46.6	54.6	49.5	51.3	62.0	0.0	:	51.5	:	50.1	46.3
Women	53.4	45.4	50.5	48.7	38.0	0.0	:	48.5	:	49.9	53.7

Notes & sources: see Table 1.

Table 4 Number of people with disabilities receiving Occupational accident/disease pension, 2000-2005

Total number	BE	CZ	DK	DE	EE	IE	FR	IT	LV	LT	LU	HU	MT	AT	PL	PT	SI	SK	FI	SE
Nature of the data	*end-year*	*total*	*stock*	*stock*	*stock*	*end-year*	*end-year*	*end-year*	*total*	*inflow*	*end-year*	*start-year*	*total*	*end-year*	*end-year*	*end-year*	*end-year*	*stock*	*total*	*end-year*
2005																				
Total	203,395	64,508	9,537	441,658	2,216	13,383	59,543	864,316	3,674	4,599	14,943	15,040	459	41,901	242,200	:	2,827	3,509	65,241	75,483
Work accident	139,022	63,074	7,272	:	:	:	44,735	672,205	:	3,219	:	:	:	:	120,400	:	2,432	:	64,084	:
Occupational disease	64,373	1,434	2,265	:	:	:	14,808	192,111	:	1,380	:	:	:	:	121,800	:	395	:	1,157	:
2004																				
Total	196,717	72,827	7,574	460,914	1,745	13,077	59,543	:	2,921	3,514	14,564	15,737	563	40,895	247,800	:	:	4,460	60,342	79,056
Work accident	130,789	71,594	5,512	:	:	:	44,735	:	:	2,575	:	:	:	:	123,800	:	:	:	59,469	:
Occupational disease	65,928	1,233	2,062	:	:	:	14,808	:	:	939	:	:	:	:	124,000	:	:	:	873	:
2003																				
Total	193,507	69,282	10,225	479,896	1,646	12,719	59,551	:	2,159	3,355	14,607	15,916	599	40,594	251,200	:	:	10,607	61,376	82,439
Work accident	126,203	67,715	7,573	:	:	:	45,369	:	:	2,547	:	:	:	:	125,900	:	:	:	60,522	:
Occupational disease	67,304	1,567	2,652	:	:	:	14,182	:	:	808	:	:	:	:	125,300	:	:	:	854	:
2002																				
Total	187,668	:	7,921	495,384	1,553	12,440	58,583	:	1,527	3,292	13,634	16,367	608	40,286	259,500	:	:	11,028	64,168	83,671
Work accident	119,800	:	5,967	:	:	:	46,118	:	:	2,491	:	:	:	:	129,700	:	:	:	63,287	:
Occupational disease	67,868	1,600	1,954	:	:	:	12,465	:	:	801	:	:	:	:	129,800	:	:	:	881	:
2001																				
Total	181,885	:	8,435	508,593	1,386	12,091	51,507	:	1,121	:	13,348	16,307	570	40,369	264,700	:	:	12,841	65,272	93,800
Work accident	118,186	:	6,383	:	:	:	42,343	:	:	:	:	:	:	:	132,700	:	:	:	64,354	:
Occupational disease	63,699	1,677	2,052	:	:	:	9,164	:	:	570	:	:	:	:	132,000	:	:	:	918	:
2000																				
Total	176,753	:	8,568	:	1,111	11,753	:	:	556	:	12,638	16,860	479	40,906	267,900	:	:	13,025	64,912	90,170
Work accident	112,456	:	6,115	:	:	:	:	:	:	:	:	:	:	:	135,200	:	:	:	63,891	:
Occupational disease	64,297	1,751	2,453	:	:	:	:	:	:	572	:	:	:	:	132,700	19,411	:	:	1,021	:
Population share (% 25-64)																				
2005	3.64	1.09	0.32	0.97	0.31	0.62	0.18	2.64	0.30	0.26	5.92	0.27	0.21	0.92	1.18	:	0.25	0.12	2.30	1.58
2004	3.54	1.25	0.25	1.00	0.25	0.62	0.18	:	0.24	0.20	5.79	0.28	0.26	0.90	1.22	:	:	0.15	2.13	1.66
2003	3.49	1.20	0.34	1.04	0.23	0.62	0.19	:	0.17	0.19	5.85	0.29	0.28	0.90	1.25	:	:	0.37	2.17	1.74
2002	3.40	:	0.27	1.07	0.22	0.62	0.18	:	0.12	0.18	5.51	0.30	0.29	0.89	1.30	:	:	0.39	2.27	1.77
2001	3.32	:	0.29	1.09	0.19	0.62	0.16	:	0.09	:	5.46	0.30	0.28	0.90	1.34	:	:	0.46	2.32	2.00
2000	3.23	:	0.29	:	0.15	0.62	:	:	0.04	:	5.25	0.31	0.24	0.92	1.35	:	:	0.47	2.32	1.93

Notes & sources:

BE: Work accident allowance (perm. incapacity) + Work accident annuities + Occup. disease allowance (perm. incapacity; data only cover the private sector). Sources: Fonds des accidents du travail, Fonds des maladies professionnelles.

CZ: Total number of recipients of Compensation due to occupational accident/disease during the year. Source: Czech Statistical Office.

DK: Accidents at work/Occupational diseases giving rise to a compensation. Source: Statistics Denmark.

DE: Work accident/illness pensions (<65) + Occupational accidents/diseases in the public sector (incl. 65+). Sources: Hauptverband der gewerblichen Berufsgenossenschaften; Bundesverband der Unfallkassen.

EE: Compensation for Occupational accidents/diseases. Source: Ministry of Social Affairs.

IE: Disablement Pensions + Occupational Injury Benefits. Source: Department of Social and Family Affairs (DSFA).

FR: Work Accidents with permanent incapacity + Occupational diseases with permanent incapacity. 2005 data in fact refer to year 2004. Sources: Caisse nationale de l'assurance maladie des travailleurs salariés; DARES.

IT: Benefits for Work-related accidents/diseases. Data only relate to direct recipients (victims) in 2006. Data for previous years are available but include survivor's benefit (direct + indirect). Sources: ISTAT, Inail.

LV: Annual number of people receiving an Indemnity against loss of working capacity due to Occupational accidents/diseases. Source: Ministry of Welfare.

LT: Compensatory wages after Work accidents + New cases of Occupational diseases. Data include temporary and permanent incapacity (no breakdown available). Source: Statistics Lithuania.

LU: Number of annuities paid for Occupational accidents/diseases. Source: Ministère de la sécurité sociale.

HU: Number of Accident Annuities recipients (January). These annuities cover persons whose working capacity is reduced by >15% as a result of an occupational accident/disease but who is not eligible to accident-related disability pension (awarded in case disability caused mostly by work accidents or occupational diseases; figures are included in the Disability pension data). Source: Central Administration of National Pension Insurance (ONYF).

MT: Number of registered beneficiaries of Injury Grants (incapacity rate: 1-19%) and Injury Pensions (incapacity rate: 20-89%). Source: Ministry for the Family and Social Solidarity.

AT: Accidents Insurance Pensions. Data relate to persons aged <60. Source: Hauptverband, Statistisches Handbuch der österreichischen Sozialversicherung.

PL: Disability pensions resulting from Occup. accidents/diseases paid by FUS (data incl. in Disability pension data as no separate scheme exists for this type of compensation). Sources: ZUS (Social insurance institute); GUS (Central Statistical Office).

PT: Beneficiaries of a Pension due to an Occupational disease (permanent incapacity). Data only available for year 2000. Source: Instituto de Seguranca Social.

SI: Number of workers with disabilities. Source: Pension and Disability Insurance Institute.

SK: Compensated Industrial Injuries and Occupational Diseases. Source: Statistical Office of the Slovak Republic.

FI: Total number of paid cases of Occupational accidents/diseases each year (persons aged <65; excl. entrepreneurs & farmers). Data only include cases where lost calendar days are >4 (see Table 5). A change in the Finnish public medical care relating to system in year 2005 limits comparability of information to earlier years. Because of this change, the number of cases in 2005 is +/- 10% bigger compared to earlier years. Source: TVL.

SE: Recipients of Work Injury Annuities (LAF+YFL). Data refer to persons aged <65. Source: Försäkringskassan (Swedish Social Insurance Agency).

UK: Industrial Injuries Disablement Benefit (IIDB) and Reduced Working Earnings Allowance (REA) in payment. Data refer to persons aged <65. Source: Department for Works and Pensions.

Table 5 Number of people with disabilities receiving Occupational accident/disease pension by incapacity rate, 2005

Total number	BE	DE	IE	FR	IT	LU	MT	AT	PT	UK
Nature of the data	*end-year*	*stock*	*end-year*	*end-year*	*end-year*	*end-year*	*total*	*end-year*	*end-year*	*end-year*
<20%	183,763	18,641	1,835	44,380	613,950	10,312	98	0	8,721	0
20-50%	14,874	281,821	9,247	15,163	214,112	3,939	361	37,211	6,641	192,120
50-100%	4,758	35,085	1,393		36,254	692		4,690	4,049	
Percentage										
<20%	90.3	5.6	14.7	74.5	71.0	69.0	21.4	0.0	44.9	0.0
20-50%	7.3	84.0	74.1	25.5	24.8	26.4	78.6	88.8	34.2	100.0
50-100%	2.3	10.5	11.2		4.2	4.6		11.2	20.9	
with IR >20% (share of pop. aged 25-64)	0.4	0.7	0.5	0.0	0.8	1.8	0.2	0.9	0.2	0.6

Notes & sources: see also Table 4.

"IR": incapacity rate.

BE: Work accidents: 20-50% in fact covers incapacity rate of 20-66%, and 50-100% covers incapacity rate of over 66%.

CZ: Breakdown not available, but minimum incapacity level required: 33%.

DK: Breakdown not available, but minimum incapacity level required: 15%.

DE: Data only refer to Work accident/illness pensions (<65 years); pensions provided in the public sector are not covered here.

EE: Breakdown not available, but minimum incapacity level required: 10%.

IE: Data only refer to Disablement Pensions.

FR: Data refer to year 2004 and correspond to incapacity rate below and over 10%.

IT: Data refer to year 2006 and correspond to incapacity rate of 11-33%, 34-66% and 67% and over.

LV: Breakdown not available, but minimum incapacity level required: 10%.

LT: Breakdown not available, no minimum incapacity level required.

HU: Breakdown not available, but minimum incapacity level required: 15%.

MT: Number of registered beneficiaries of Injury Grants (incapacity rate: 1-19%) and Injury Pensions (incapacity rate: 20-89%).

AT: Minimum incapacity level required: 20%.

PL: Minimum incapacity level required: to be partially incapable of work (PIW).

PT: Data refer to year 2000. No minimum incapacity level required.

SK: Breakdown not available, but minimum incapacity level required: 10%.

FI: Fatal cases (186), permanent incapacity (216) and data according to the number of calendar days lost: 181-360 days (1,227), 91-180 days (1,974), 31-90 days (8,367), 4-30 days (53,366).

SE: Breakdown not available, but minimum incapacity level required: 6.67% (1/15).

UK: IIDB applies for those assessed by a doctor to have at least 20% disability.

Table 6 People with disabilities receiving Occupational accident/disease pension by sex, 2005

	BE	DE	IE	FR	IT	LT	HU	AT	PL	PT	FI	SE	UK
Nature of the data	*end-year*	*stock*	*end-year*	*end-year*	*end-year*	*inflow*	*start-year*	*end-year*	*end-year*	*end-year*	*total*	*end-year*	*end-year*
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	:	100.0	100.0	100.0
Men	80.2	84.1	80.3	76.6	85.9	76.7	82.7	84.4	70.6	:	68.0	58.9	78.4
Women	19.8	15.9	19.7	23.4	14.1	23.3	17.3	15.6	29.4	:	32.0	41.1	21.6
Work accidents	100.0	:	:	100.0	100.0	100.0	:	:	:	:	100.0	:	:
Men	74.0	:	:	79.6	83.9	73.1	:	:	:	:	68.2	:	:
Women	26.0	:	:	20.4	16.1	26.9	:	:	:	:	31.8	:	:
Occupational diseases	100.0	:	:	100.0	100.0	100.0	:	:	:	100.0	100.0	:	:
Men	93.5	:	:	66.4	92.9	85.1	:	:	:	86.5	57.3	:	:
Women	6.5	:	:	33.6	7.1	14.9	:	:	:	13.5	42.7	:	:

Notes & sources: see also Table 4.

DE: Data by sex only refer to Work accident/illness pensions (<65 years). Data for the public sector are therefore not included in this table.
FR: Data by sex correspond to year 2003 and only refer to victims with an incapacity rate >10%.

IT: Data only relate to direct recipients (victims of accidents/diseases) in 2006.

LT: Data on Compensatory wage after work accidents are estimated based on the gender structure of the number of accidents at work.

HU: Data by sex refer to year 2006.

PT: Data only correspond to occupational diseases and refer to year 2000.

SE: Data by sex refer to year 2006.

Table 7 Number of people with disabilities receiving Work accident/disease pension by broad sectors, 2005

Total number	**CZ**	**IT**	**LT**	**PL**	**PT**	**SK**	**FI**	**UK**
Nature of the data	*end-year*	*end-year*	*inflow*	*inflow*	*inflow*	*stock*	*total*	*inflow*
Agriculture + fishing	4,945	164,752	1,243	105	8	296	984	0
Industry	37,309	699,564	2,066	1,596	1,282	2,479	26,842	3,645
Services	19,696		1,238	1,069	152	734	37,318	240
Other	1,354	0	52	0	72	0	97	510
Percentage								
Agriculture + fishing	7.8	19.1	27.0	3.8	0.5	8.4	1.5	0.0
Industry	58.9	80.9	44.9	57.6	84.7	70.6	41.1	82.9
Services	31.1		26.9	38.6	10.0	20.9	57.2	5.5
Other	2.1	0.0	1.1	0.0	4.8	0.0	0.1	11.6

Notes & sources: see also Table 4.

CZ: Data only refer to Occupational accidents.

IT: Data refer to year 2006 and correspond to those in agriculture and in industry/services/public administration.

LT: Data for Work accidents are estimated based on the NACE structure of the number of accidents at work.

PL: Data refer to new pensions for Occupational accidents/diseases.

PT: Data refer to year 2005 and correspond to new cases of Occupational accidents with permanent incapacity.

UK: Data refer to Industrial Injury - first diagnosed prescribed diseases (all assessments resulting in payment in the quarter).

Table 8 Number of people receiving a War pension, 2005

Total number	BE	DE	FR	IT	AT	PL	UK
Nature of the data	*Stock*	*End-year*	*End-year*	*Stock*	*January*	*Stock*	*1st quarter*
Beneficiaries aged 25+	4,185	245,141	269,138	144,626	24,827	75,900	191,750
Beneficiaries aged 65+	4,185	:	173,160	116,317	24,827	75,900	132,630
Population share							
% 25+	0.06	0.40	0.63	0.33	0.42	0.30	0.46
% 65+	0.23	:	1.71	1.02	1.89	1.51	1.38

Notes & sources:

BE: Number of invalids due to different wars (1914-18,1940-45, Congo). It is therefore very likely that all of them are aged over 65.
Source: Ministry of Social Security (Department of War Victims).

DE: Under the term "victims of war", several groups of persons are included: Rents for damaged persons according to the law on maintenance for victims of war; Rents for damaged persons resulting from military service; Rents for damaged persons according to the law of compensations for victims of violence; Rents for damaged persons according to the law of infection protection; Rents for damaged persons according to the law on help for prisoners of law; Rents for damaged persons according to the second law for correction of injustice related to the former regime in Eastern Germany; Rents for damaged persons resulting from alternative civilian service and Rents for damaged persons according to the first law for correction of injustice related to the former regime in Eastern Germany.
Source: Bundesministerium für Arbeits und Soziales.

FR: Beneficiaries of military invalidity and war pensions. Source: Ministère de l'économie, des finances et de l'industrie (service des pensions).

IT: Total number of war pension recipients. Since available data on war pensioners include survivors, only men have been taken into account in this table, assuming that most women would receive these pensions as widows rather than as a direct beneficiaries. The share might therefore be slightly underestimated. Source: ISTAT.

AT: Pensions for victims of war, pensions related to Army provision, pensions for victims of fight for a free and democratic Austria between 1933-1945. Source: Statistik Austria, Federal Ministry for Social Affairs and Consumer Protection.

PL: Number of victims receiving War invalidity pension. Source: Zakład Ubezpieczeń Społecznych (ZUS, Social Insurance Institute).

UK: War Disablement Pensions. Source: Defence Analytical Services Agency (DASA), Ministry of Defence.

CHAPTER V > ACCESS TO SERVICES AND INDEPENDENT LIVING

Services which help people with disabilities to lead independent lives can take several forms: rehabilitation programmes (for everyday life or for employment), provision of special health assistance, assistance with housing and transport and long-term care. Special attention is given to benefits which help increasing the autonomy of people with disabilities. It should be noted that those with disabilities aged 65 and over are included in this section.

Based on the information available, this chapter highlights specific examples of measures and is organised around the following services: care services for people with disabilities (institutional care, home care, personal budgets and allowances to carers) and other services for people with disabilities (services for children, work rehabilitation, transport and housing services).

1. TRADITIONAL LONG-TERM CARE SERVICES

Long-term care is composed of a range of services for persons who are dependent on help for basic activities of daily living over an extended period of time. Such activities include bathing, dressing, eating, getting in and out of bed or of a chair, moving around. This type of care is often provided in combination with rehabilitation and basic medical services.

Among the services helping people with disabilities to lead independent lives, the long-term care services are those which affect the greatest number. The choice for these people is often limited to institutional care or home care. The general tendency however is to support deinstitutionalisation and home maintenance for people with disabilities. In Sweden for instance, deinstitutionalisation has been implemented since the 1970's. In Finland, there were twice as many people with disabilities receiving home help services as people with disabilities registered in institutional care in 2000. In Spain, home maintenance for people with disabilities is explained by the primacy granted to the family, as well as the low level of institutions' equipment. In this country, home care thus depends on the family situation and dependency level; and assistance for elderly people living alone (*Ayuda a domicilio*, *Teleasistencia*) is often a means of preventing isolation. The Greek government also took measures in order to take people with intellectual and psychological disabilities out of psychiatric hospitals or other closed institutions.

As a result, the number of those receiving care at home is larger than the number of those receiving institutional care (Table 1).

Table 1 Number of people with disabilities in long-term stays, day-care institutions, and those receiving care at home in 2005

	Long-term stays	Day-care	Home care (benefit in kind)
Denmark	:	:	206,886
Estonia	:	:	5,696
France	88,550*	12,960*	711,988***
Cyprus	3,069	:	:
Lithuania	:	:	4,238
Malta	:	384**	:
Hungary	15,687**	2,765	:
Netherlands	60,700*	17,149*	230,957***
Finland	:	:	76,602

*Notes: * 2004;** 2003;***estimated % population 65+ receiving home help (incl. significant long-term help): see "Feasibility Study – Comparable Statistics in the Area of Care of Dependent Adults in the European Union" (Working papers and studies, European Commission, Theme 3, Population and social conditions, 2003) where the estimated shares have been applied to the 2005 population data.*
CY: number of clients in homes for disabled and elderly.
HU: number of residents in residential social institutions.

Sources:

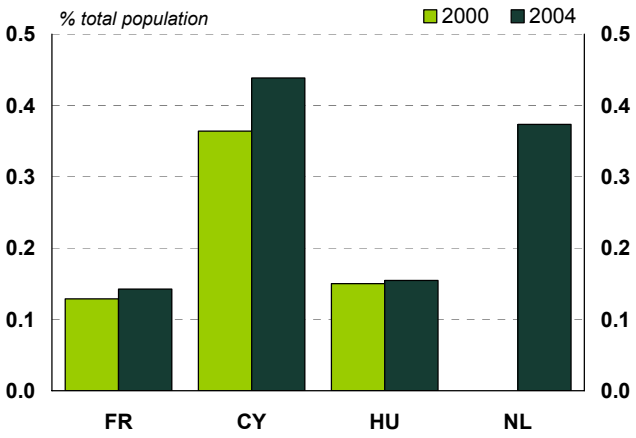
DK	Statistical office.
EE	Ministry of social affairs.
FR	INSEE Annuaire statistique.
CY	Social Welfare Services.
LT	Ministry of social security and labour.
MT	Ministry of Family and Social Solidarity.
HU	Central Statistical Office.
NL	CTG/Zaio.
FI	STAKES.

Institutional care: the development of daily-care stays

Institutions represent the traditional means of care and accommodation for people with disabilities, who are in general distributed between institutions for elderly, institutions for people with mental disorders and institutions for children with disabilities. Establishments providing long-term stays for people with disabilities are managed traditionally by the State in a certain number of countries, but the supply for private service and institutional care managed at the local level has increased in recent years (especially for short-term stays). For instance, in the Netherlands, nursing homes and other providers of institutional care are mainly independent non-profit organizations. In Cyprus, nearly 94% of elderly and people with disabilities lived in private institutions with long-term stays or in locally managed institutions in 2005 (compared to 91% in 2000). Furthermore, in Hungary, around 71% of day-care institutions and 94% of centres for elderly people were managed at the local level in 2004. Malta represents however a particular case, where *Adult day services for people with disabilities* are community-based programmes provided by the Ministry for Social Policy.

Though the number of people with disabilities living in long-term stay institutions is relatively high in France and the Netherlands (see Table 1 in annex), the share among the whole population was the highest in Cyprus (4.3‰ – Figure 5.1).

5.1 People with disabilities living in institutions (long-term stay), 2000-2004



HU: Data refer to 2000 and 2003.

Notes and sources: see annexes.

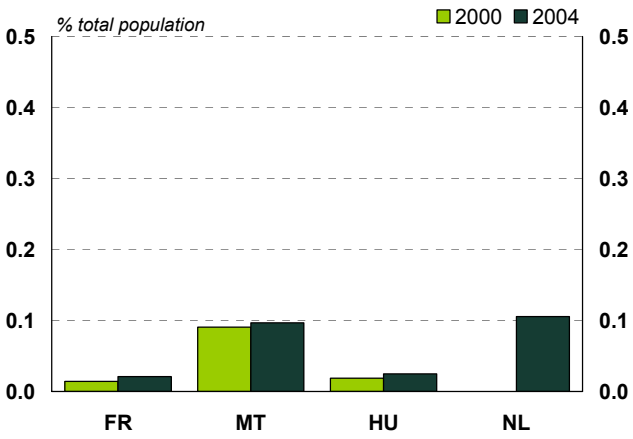
Especially for people with mental disorders

Institutions with long-term stays generally accommodate people with the most severe disabilities as well as children and adults with mental disorders. In France, approximately 70% of children with disabilities registered in institutions in 2002 were suffering from mental disorders; only 7% had physical disabilities. Moreover, 92% of people registered in institutions with long-term stays in the Netherlands were mentally disabled in 2004; in Poland, 21.5% of patients with disabilities of Stationary social assistance establishments were registered in institutions for people with chronically mental disease in 2005, 18% were in establishments for adults with intellectual disability and around 10% were in establishments for children and young people with intellectual disability.

In Finland, the main emphasis of care for those with mental disability has shifted to services arranged in the community, with less use being made of institutional care. The 16 Finnish districts provide the services needed by people with mental incapacity: housing services, day activities and leisure activities, family care and residential care. As a result, the number of people with mental incapacity registered in institutions decreased between 2000 and 2005, while the number of clients with mental disability benefiting from housing services with 24-hour assistance increased by 45.5% during the same period (and the number of those benefiting from housing services with part-time assistance increased by nearly 7%).

Short-term stays, in particular daily care services, registered increasing success in recent years. Again, the largest numbers of people benefiting from these services are in France and the Netherlands (see Table 2 in annex), but these services in general relate to a small share of the whole national population (less than 1‰, Figure 5.2). Nevertheless, these institutions cannot accommodate all clients (there was for instance a shortage of 55 places in Hungary in 2005 – 77 in 2004).

5.2 People with disabilities registered in day-care institutions, 2000-2004

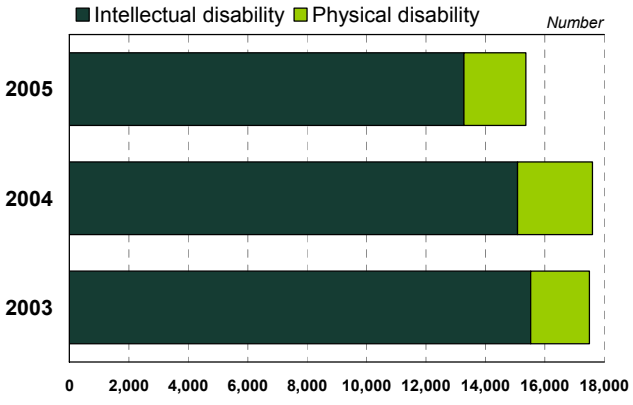


MT: Data refer to 2001 and 2003.
Notes and sources: see annexes.

In Hungary, elderly people and people with disabilities living alone are the main users of day-care institutions, but the supply for children with disabilities increased in recent years: the number of places increased by around 95% and the number of children registered by 93% between 2000 and 2003. In the Netherlands, the main users of day-care services were elderly people with intellectual disability (nearly 68% in 2004) and children with mental disabilities (approximately 20%).

Despite quality problems in long-term care institutions (inadequate housing, poor social relationship, lack of privacy, and inadequate treatment of depression, inadequate use of chemical and physical restraints) mainly because of lack of skilled personnel[43], waiting lists can exist. In the Netherlands however, the number of people on waiting list for care services for people with disabilities was reduced between 2003 and 2005 by around 12% (Figure 5.3). In 2005, 86.5% of them were people with mental disability (89% in 2003).

5.3 Number of people on waiting lists for care services in the Netherlands, 2003-2005



Notes and sources: see annexes.

[43] *"Long-term Care for Older People", OECD, 2005*

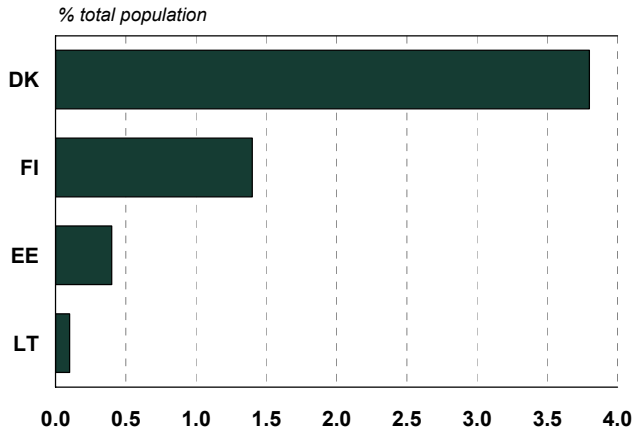
Home care services and cash benefits

Home care services can be provided in kind or in cash; elderly people and people with severe disability are the main beneficiaries. For instance, in Denmark, 54% of clients were 80 years old and over in 2005 while people aged less than 65 represented only 14%; almost 81% had retirement age in Lithuania; in Estonia, disabled adults having an appointed caregiver were mainly aged 65+ (72%) and had either a severe disability (66%) or a profound disability (33%).

Most schemes aiming to maintain more severely disabled older people at home in fact rely heavily on informal carers to be successful and the number of hours of care carried out increases with age. In Denmark, those benefiting from more than two hours of home care per week are the most numerous. In 2005, 48% of those receiving permanent home help during more than 2 hours per week were aged over 80 years and 64% of clients benefiting from more than 20 hours per week assistance were aged over 80 years.

Home care services are often organised at local level. In Finland, 1.4% of the total population (Figure 5.4) were regularly receiving home care services provided by municipalities, joint municipal boards and private service providers in 2005 (+ 7.5% since 2003)[44]. These services included home help services and home nursing, which are combined in a number of municipalities. 40% of clients had more than 20 visits a month and 71% were aged over 75 years old.

5.4 Recipients of home care services, 2005



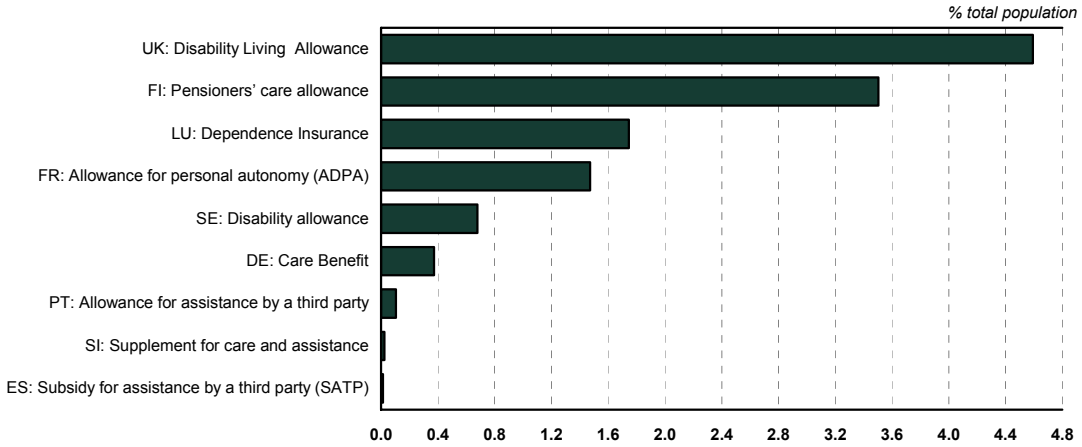
Notes and sources: see annexes

In Estonia, home care and semi-stationary care are provided by local government. In Greece, the special programme *Home Help* is under development in 751 municipalities and covers about 80% of local authorities. This programme is expected to cover people with disabilities and elderly people in island areas where there is a lack of infrastructure. In Poland, home help services are under the responsibility of local government. Older people are entitled to apply for help from the *Fund for the Rehabilitation of the Disabled People*, which provides a limited range of equipment to help people manage at home, but recipients are required to make a contribution to the cost of these services.

[44] *Stakes : http://www.stakes.fi/EN/tilastot/statisticsbytopic/socialservices/homecare.htm*

People in need of home care can receive allowances in several countries in place of benefits in kind or a combination with them (see annexes). The highest numbers of home care benefit recipients are observed in Germany, France and UK (see Table 4 in annex), but in relation to population, the largest shares are in the UK (45.9‰) and Finland (35‰) (Figure 5.5).

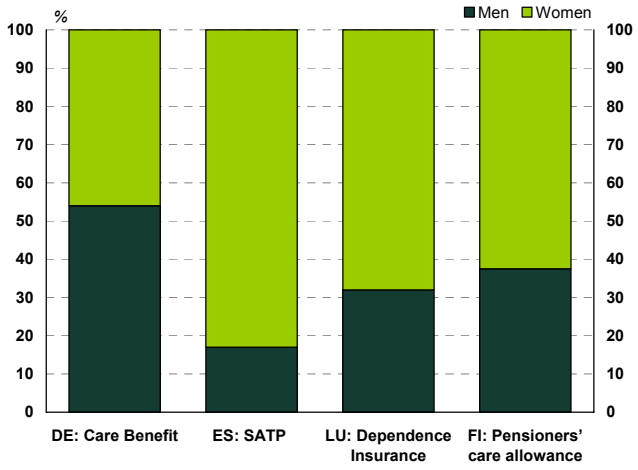
5.5 Recipients of home care benefits, 2005



Notes and sources: see annexes.

In Germany, the number of people in need of long-term care at home and stationary care (including private care insurance) increased by around 4.5% between 2001 and 2005 while the number of *Care benefit (Empfänger von Pflegegeld)* recipients aged less than 65 years old decreased by more than 5% over this period. The receivers are mainly men (54% – Figure 5.6).

5.6 Recipients of home care benefits by gender, 2005



Notes and sources: see annexes.

In Spain, home nursing to elderly is provided by the health service free of charge at the point of delivery. Other services are provided by local government and are subject to a means-test. The number and type of services therefore differ between regions and municipalities. Public home help to elderly is usually managed by municipalities through "social care centres" and most elderly at home continue to rely mainly on informal care. The LISMI Social Integration Law for the Disabled provides a series of economic and technical benefits: guaranteed minimum income subsidy (SGIM), grant for assistance by a third person (SATP), subsidy for mobility and reimbursement of transportation costs (SMGT) as well as medical assistance

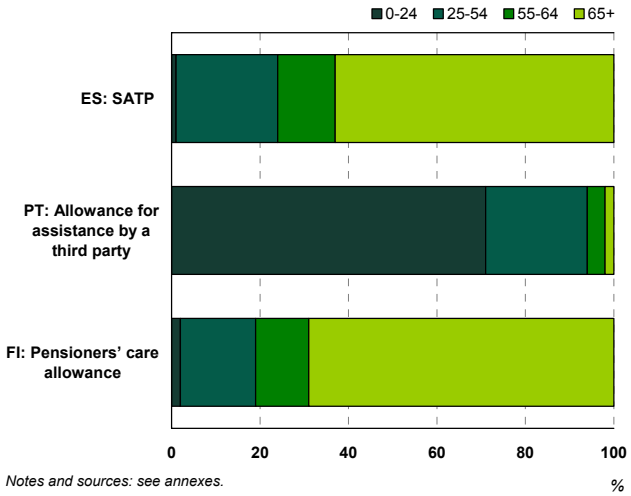
and medicinal benefit (ASPF). The number of recipients of the *Subsidy for assistance by a third party (Subsido por Ayuda de Tercera Persona – SATP)* declined by nearly 60% between 2000 and 2005[45]. Among people receiving this grant in 2005, 83% were women and nearly 27% were aged 80 and over. Furthermore, the number of beneficiaries of the *Medical assistance ASPF* also decreased between 2000 and 2006.

In France, the *Allowance for personal autonomy* (*Allocation départementale personnalisée d'autonomie – ADPA*) replaced the *Compensatory allowance for third person* (*Allocation compensatrice pour tierce personne – ACTP*) for people less than 60 years old since January 2002 and the number of recipients increased by 53.5% between 2002 and 2005. Those aged 60 and over have several allowances at their disposal: the *Personal independence allowance* (*Allocation personnalisée d'autonomie – APA*) which is allowed to severely or moderately dependent people, whether living at home or in nursing homes, the *Compensatory allowance for third person* (*Allocation compensatrice pour tierce personne – ACTP*) and the *Special Dependency allowance (Prestation spécifique dépendance – PSD)* (see annexes). In 2003, 6% of people aged 60 and over received allowances to improve their autonomy. Among them, 96.5% received the APA while nearly 3% received the ACTP.

In Luxembourg, a universal long-term care insurance programme (A*ssurance dépendance*) was introduced in June 1998 as part of the health care insurance and the number of recipients increased by nearly 79% between 2001 and 2005. In 2005, 68% of receivers were women.

In Portugal, the *Allowance for assistance by a third party (Subsídio por assistência de terceira pessoa)* is a monthly financial support provided to those with disabilities who need the support of a third party (for at least 6 hours per day) in order to take care of their basic needs. The average number of recipients increased by around 8% between 2000 and 2005. Among them, 71% were less than 24 years old, 26.5% were aged 7-13 and around 9% were 31-40 years old (Figure 5.7). Nevertheless this allowance only concerns 1‰ of national population, while the *Long-term care supplement (Complemento por Dependência)* affects around 20.4‰. This is explained by the fact that this monthly supplement is paid to invalidity old-age or survivor pensioners.

5.7 Recipients of home care benefits by age group, 2005



Notes and sources: see annexes.

[45] *This subsidy is maintained to people previously entitled, but otherwise, it is not allowed according to the legislative decree 1/1994; which explains the decrease of the number of recipients.*

In Slovenia, the *Supplement for Care and Assistance (Dodatek za tujo nego in pomoč)* is granted to people with disabilities for help by a third party; pensioners are the main recipients.

In Slovakia, the benefits are organized at regional level and are provided as a combination of benefits in kind and cash benefits. Cash benefits are mainly divided in two specific allowances: *Attendance service benefit (Príspevok za opatrovanie)* and *Personal assistance benefit (Príspevok na osobnú asistenciu)*.

In Finland, the *Pensioners' care allowance (Eläkkeensaajan hoitotuki)* is intended to make it possible for pension recipients with an illness or disability to live at home, as well as to promote home care and to reimburse pension recipients for extra costs caused by illness or disability. The number of recipients increased by nearly 11% between 2002 and 2005. At the end of 2005, 62.5% of recipients were women and 51.5% of women receiving this allowance were aged 75-90. Only 2% of recipients were aged less than 24.

In Sweden, the *Disability allowance (Handikappersättning)* is paid to people suffering from reduced functional ability over a significant period of time and thus need help in order to cope with activities of daily living. Between 2000 and 2005, the number of recipients increased by 4.7%.

In the UK, the *Disability Living Allowance (DLA)* was introduced in 2002 and provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people. DLA has two components which can be paid together or on their own: the care and the mobility components (see annexes). Between 2002 and 2005, the number of DLA recipients increased by nearly 11%. In 2005, 31.5% received the care component at the middle rate, 26.5% at the lower rate and 22% at the higher rate. Moreover 60% received the mobility component at the higher rate and 26.5% at the lower rate.

2. MEETING REQUIREMENT BETTER?

Personal budgets

In the large majority of countries, personal budgets do not exist. In Member States where they are implemented, personal budgets are a means of tailoring support to the needs of individual recipients and are managed at the local level. Recipients receive a cash payment and can manage it as they wish in order to meet their needs. In the standard model, the personal budget enables recipients to replace the voluntary assistance of their family and friends by self-managed assistance purchased on the market. The ideal model supposes that users freely select their personal assistants. Assistance has to be very flexible and available day and night. The standard model also postulates the existence of a market where there is an abundant supply of assistance of the appropriate kind. Generally, personal assistants have a contract of employment with a local authority, an association or a co-operative of users which provides training but leaves users to determine the specific support provided.

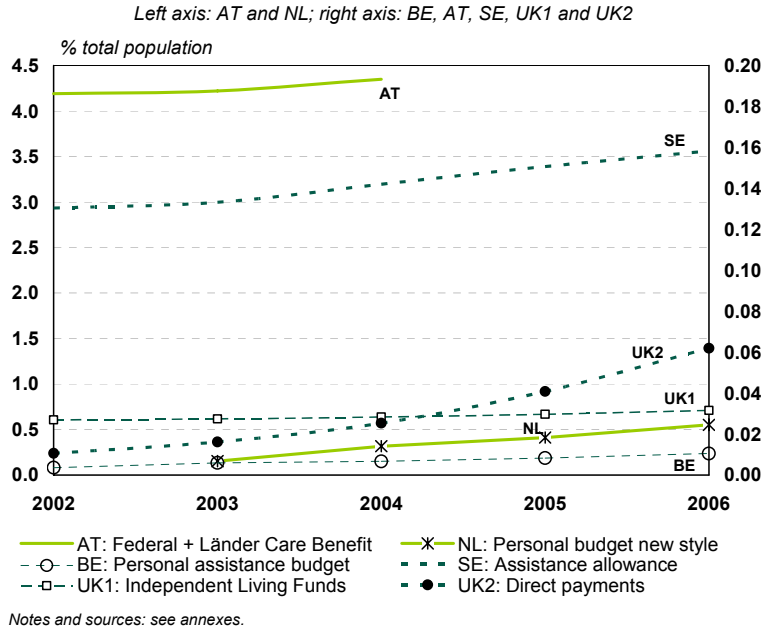
In Denmark, those with mental disabilities are ineligible to receive a personal budget whereas in other countries they can do so. For example, in the Netherlands, 25% of new recipients of *Personal budget new style* between July 2004 and July 2005 suffered from psychiatric and intellectual deficiencies. However, reports in Sweden and the Netherlands suggest that returning to the service in kind could be more effective and more useful for the people

concerned[46]. In the UK, where it is necessary to be willing and able to receive *Direct Payments*, around 7.5% suffered from mental disabilities between April 2005 and March 2006.

In general, countries maintain flexibility of choice between traditional home care and personal budget scheme. But opting for a personal budget can imply a reduction in financial support. In Germany, various kind of *Persönliches budget* have been implemented by regions, but the amount envisaged for personal budgets is only half compared to the value of services in kind[47]. This seems to be due to the transfer of responsibility to local level, although the State sometimes limits disparities. In Sweden and the UK, there is a division of responsibility between the State and municipalities for providing both finance and assistance; i.e. the local schemes are supplemented by a national scheme together with additional finance for those most severely disabled (in both countries) and the most neediest (the UK). In Italy, the *Indennità di accompagnamento* provides the same amount wherever users live within the country[48].

Various personal budget schemes exist in different countries (see annexes).The number of recipients increased between 2002 and 2006 (Figure 5.8), with the proportion of the population in receipt of budget being largest in Austria (43.5‰).

5.8 Recipients of personal budgets, 2002-2006



Notes and sources: see annexes.

In Belgium (Flemish Community), the *PAB* (*Persoonlijk Assistentie Budget*) was introduced in 1990. This cash benefit is paid by the Flemish Agency for People with Disabilities and the number of recipients increased threefold between 2002 and 2006 (see Table 8 in annex). This growth however seems to have been accompanied by a number of problems: insufficient information, lack of experience of municipalities, administrative complexity, and an inadequate

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[46] Samoy E., Waterplas L.: "L'allocation personnalisée: le cas de la Suède, du Royaume-Uni, des Pays-Bas et de la Belgique", RFAS n°2-2005

[47] Cohu S., Lequet-Slama D. & Velche D.: "La prise en charge des personnes handicapées en Allemagne, Espagne, Pays-Bas et Suède", Etudes et Résultats n°506, DREES, 2006

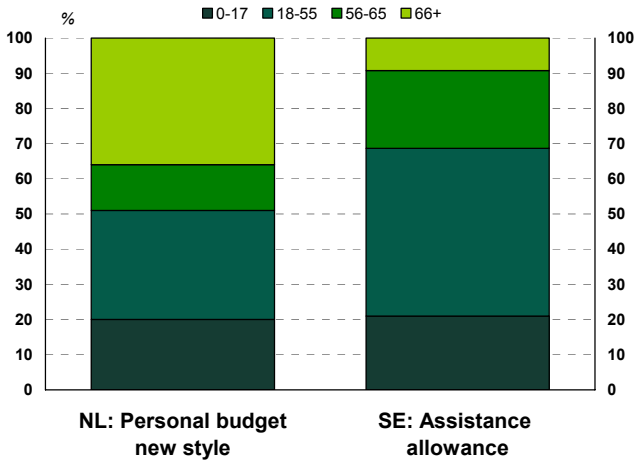
[48] In 2003, 1,504,640 persons received the Indennita di accompagnamento. Among them, 63% were women and almost 70% were aged 64 and over.

number of places created[49]. Waiting lists have appeared and grown in a number of cases in spite of an improvement of the situation in 2002. The number of people waiting was almost 4 times larger than the number of recipients in 2001, and the number of those on waiting list doubled between 2005 and 2006. In response, the Flemish government applied priority rules to support the most severely impaired.

In Austria, the long-term care benefit was introduced in 1993. Long-term care is provided at seven different levels according to the need. Depending on the kind of entitlement, the financial responsibility lies either with the Federal Government *(Bundespflegegeld)* or the nine Länder *(Pflegegeld der Länder)* (see annexes). Between 2002 and 2004, the number of recipients increased by nearly 5%. In December 2004, 83% obtained this help from the Federal state (*Federal care benefit*). It should also be noted that care benefits paid by the Länder are more evenly distributed across age groups. For instance, in December 2005, approximately 21% of recipients of Care benefits from the Länder were under 20 as against only 0.2% of recipients of the Federal care benefit.

In the Netherlands, five different schemes (help and care at home, intellectual deficiency, mental health, intensive care at home and physical disability) were implemented in 2000, but the reform of 1 April 2003 replaced all schemes by a general one, the *Personal Budget New Style (Persoonsgebonden budget nieuwe stijl)*. At the end of 2002, those with disabilities mainly received the allowance for nursing and care, whereas one year later, it was the new style Personal budget[50]. Indeed, the number of recipients of this scheme increased by four times between 2003 and 2006. In 2005, around half were aged under 55 and 36% were over 66 (Figure 5.9).

5.9 Recipients of personal budget by age group, 2005



Notes and sources: see annexes.

In Sweden, the right to personal budget was introduced in 1993. In practice, the scheme is aimed at people most severely impaired. The *Assistance allowance (Assistansersättning)* is designed to give people with severe disabilities funding to employ a personal assistant. For

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[49] Samoy E., Waterplas L.: "L'allocation personnalisée: le cas de la Suède, du Royaume-Uni, des Pays-Bas et de la Belgique", RFAS n°2-2005

[50] At the end of 2002, 72% of recipients received the allowance for nursing and care, almost 23% the allowance for intellectual deficiency and only 5% the allowance for mental health. At the end of 2003, almost 39% benefited from the allowance for nursing and care, almost 17.5% from the allowance for intellectual deficiency, 3.7% from the allowance for mental health and around 39% from the Personal budget new style.

the assistance allowance to be granted, individuals must be in need of help in their daily lives for more than 20 hours a week. Between 2002 and 2006, the number of recipients increased by around 23%. In 2006, almost 53% of recipients were men, around 28% were aged less than 25 and about 40% were aged 50-65.

The first scheme implemented in the UK was the *Independent Living Funds (ILF)* financed by the State. The ILF were set up as a national resource aimed at providing financial support to those with disabilities to enable them to choose to live in the community rather than in residential care. Between 2002 and 2006, the number of ILF recipients increased by 19.5% in England. Decentralization has on the other hand led to the development of local schemes. Under the *Community Care (Direct Payments) Act* of 1996, local authorities can provide cash benefits to people with disabilities. People mentally impaired can receive this benefit, but in practice their share is relatively small. Less than 1‰ of total population received *Direct Payments* from the local councils between April 2005 and March 2006. Among them, 75.5% were physically disabled.

Although the objective of personal budget schemes is to ensure more autonomy for those with disabilities through tailored personal service, several problems have appeared in recent years, such as long waiting lists, personnel shortages and limited choice of assistants, high cost of schemes, a lack of information, and disparities between local areas. Moreover, according to several studies[51], the scheme does not encourage a sufficient social integration of people with disabilities.

Table 2 below summarises the benefits in kind and cash benefits received by people with disability in need of long-term care. Cash benefits presented here also include personal budgets. Benefits in kind are mainly calculated on the basis of the percentages estimated in the *"Feasibility Study – Comparable Statistics in the Area of Care of Dependent Adults in the European Union"*. It is assumed that the share of people receiving home care has remained the same since then. It should also be noted that some people receiving cash benefits may also be among the benefit in kind recipients.

[51] *Samoy E., Waterplas L.: "L'allocation personnalisée: le cas de la Suède, du Royaume-Uni, des Pays-Bas et de la Belgique", RFAS n°2-2005*
Brozek D.: "The Austrian Long-term Care Insurance", Vienna Personal Assistance Cooperative, 2004

Table 2 Number of recipients of cash benefits and benefits in kind, 2005

	Cash benefit	Benefits in kind
	All ages	Mainly 65+
BE	860	89,000*
DK	:	206,886***
DE	307,119	755,000*
EE	:	5,696***
IE	:	18,000*
ES	5,596	145,000*
FR	920,952	711,000*
IT	:	337,000*
LT	:	4,238***
LU	7,943	4,000*
NL	67,228	230,000*
AT	354,024**	66,000*
PT	11,154	18,000*
SI	479	:
FI	183,469	76.602***
SE	74,677	124,000*
UK	2,799,921	481,000*

*Notes : *: Estimated % population 65+ receiving home care: see "Feasibility Study – Comparable Statistics in the Area of Care of Dependent Adults in the European Union" (Working papers and studies, European Commission, Theme 3, Population and social conditions, 2003). The estimated shares have been applied to the 2005 population data.*

*** 2004 data; ***all ages.*

Sources:

BE	Vlaams Agentschap voor Personen met een Handicap.
DK	Statistical Office.
DE	Statistisches Bundesamt, Pflegestatistik.
EE	Ministry of social affairs.
ES	Ministry of Labour and Social Affairs, IMSERSO.
FR	Ministry of Health, DREES.
LT	Ministry of social security and labour.
LU	Ministry of Social Security.
NL	Health Care Insurance Board.
AT	Hauptverband and Statistik.
PT	Institute of Social Security.
SI	Pension and Disability Insurance Institute.
FI	Social Insurance Institution and STAKES.
SE	Social insurance agency.
UK	Department for Work and Pensions, Independent Living Funds and Department of Health.

Allowances to carers

Carers of people with disabilities are mostly friends or members of the family. The involvement of the family is still relatively strong in Southern European countries though changes in family structures push towards other systems. More and more mentally or physically impaired persons indeed employ private or communal carers.

Carers are mainly women. In 2005, they represented 72% of appointed carers of adults with disabilities in Estonia, 66% of recipients of the Finnish *Special Care Allowance*, and around 81% of recipients of the Irish *Carer's Allowance*.

Allowances to carers are largely granted to parents who stopped working to care for one or several children with disabilities. These allowances compensate for a fall in incomes and are generally not means-tested. Schemes are diverse and depend on the age of children (see annexes). With the exception of Czech Republic and Finland, the number of recipients increased between 2000 and 2005 (Table 3). Nevertheless, these schemes remain marginal.

Table 3 Recipients of allowances to carers, 2000-2005

	2000	2001	2002	2003	2004	2005
CZ: Parental benefit	:	4,817	3,187	1,421	1,395	1,384
EE: Caregiver's allowance	:	26,841	29,658	32,492	34,804	:
IE : Carer's allowance	16,478	18,785	20,395	21,316	23,030	24,970
IE : Carer's benefit	50	425	615	639	679	867
PL: Care Benefit	69,500	70,800	74,100	65,900	65,900	71,200
FI: Special care allowance	7,971	7,791	8,091	7,865	7,743	6,754
SE: Childcare allowance	32,541	33,350	34,471	38,682	41,391	42,482

Note : PL: average monthly number of paid allowance in December each year.

Sources : EE: Ministry of Social Affairs; IE: Department of Social and Family Affairs; PL: Social Insurance Institute; FI: Social Insurance Institution; SE: Social Insurance Agency.

In the Czech Republic, the *Parental benefit (Rodičovský příspěvek)* is paid to parents providing full-time care for at least one child suffering from a long-term incapacity up to the age of 7. Between 2001 and 2005, the number of recipients declined by nearly 71%.

In Estonia, the *Caregiver's Allowance (Hooldajatoetus)* is paid monthly directly to the carer according to the age of those with disabilities and the degree of disability. It is provided by the State to disabled children up until the age of 18 and by local municipalities afterwards. Between 2001 and 2004, the number of recipients increased by around 29.5%. Parents caring for children with severe disabilities are the main recipients and this has become more so over time (they accounted for 59.5% of recipients in 2001 and nearly 68.5% in 2004).

In France, the *Parental attendance allowance* (*Allocation de présence parentale*) is given to any person who stops working or works fewer hours when their child suffers from serious illness, accident or disability requiring constant supervision. The number of recipients more than doubled between 2001 and 2005.

In Poland, parents who stop working due to taking care of a child with high degree of disability can be entitled to the *Care Benefit (Świadczenie pielęgnacyjne*). The average monthly number of allowances paid increased by nearly 2.5% between 2000 and 2005.

In Finland, the *Special care allowance (Erityishoitoraha)* is payable to parents who take part in treatment or rehabilitation arranged for their children, but it is not paid to those receiving unemployment benefit. Between 2000 and 2005, the number of recipients fell by 15.3%.

In Sweden, the *Childcare allowance (Vårdbidrag)* is granted to parents taking care of a seriously ill or disabled child under 19. Between 2000 and 2005, the number of recipients increased by 30.5%. In 2006, nearly 55% of these were aged 12 and over, and boys accounted around 62%.

In Ireland, several parallel schemes to support carers are in force. The *Carer's allowance* is a payment made to insured persons leaving the workforce temporarily to care for someone in need of full-time care. Between 2000 and 2005, the number of recipients increased by 51.5%. Carers can also receive the *Carer's Benefit* (see annexes), but it should be noted that the number of recipients is small even if it increased by over 17 times between 2000 and 2005. In addition, an annual payment (the *Respite Care Grant*) is available for carers aged 16 and over looking after people in need of full-time care.

Allowances can also be provided to carers of older people. In Sweden, for instance, informal care of the elderly is provided through "respite and relief" services, support and educational groups for carers and economic support, and a paid care leave is available if care is given to

a relative or family member who is terminally ill. In the UK, *Carer's Allowance* (a cash benefit) is provided to support carers of elderly people. Until 2002, Carer's allowance was available only to carers below the age of 65, but eligibility was then extended to those over this age. This mainly benefits carers with limited entitlement to state pension.

The situation of carers varies across Europe and the difficulties linked to this profession (low wages, uneven schedules, temporary contracts, lack of a clear legal framework, stress and professional exhaustion) help to explain the shortage of supply[52]. Nevertheless, the general situation of carers has improved over the past five years in a number of countries as a result of new legislation and new rights – such as, the statutory right for carer to receive an assessment of their need for services in addition to services for older people, entitlement to a retirement pension for those who stopped working to care for someone, payments to carers to compensate for employment income foregone due to caring.

3. OTHER SERVICES FOR PEOPLE WITH DISABILITIES

Services for children with disabilities

Allowances are provided in several countries to cover additional costs due to children having disabilities and for rehabilitation. In Estonia, the C*hild with disability allowance (Puudegalapse toetus)* is paid out monthly to children with disabilities up to the age of 16; it covers 3.9‰ of the national population. In Finland, the *Child Disability Allowance (Lapsen hoitotuki)* is provided to children with disabilities until their 16th birthday at different rates and covers around 7‰ of the population. Among these, nearly 42.5% were aged under 6, around 27% were aged 7-10 and almost 31% were aged 11-15.

Services for children with disabilities are in fact essentially composed of special education allowances which are granted to students with disabilities not working who need assistance for attending courses (see annexes).

In France, the *Special education grant* (*Allocation d'éducation spéciale*) is provided for children aged under 20 with a permanent disability. Between 2000 and 2005, the number of families receiving this grant rose by 29% (Table 4).

Table 4 Number of recipients of services for children, 2000-2005

	2000	2001	2002	2003	2004	2005
EE: Child with disability allowance	4,409	4,722	4,923	5,125	5,302	5,357
EE: Education allowance	15	32	27	31	27	16
FR: Special education grant	101,979	106,890	108,979	114,388	120,779	131,573
PT: Special education allowance	10,796	12,061	13,509	13,461	12,887	6,193
FI: Child Disability Allowance	:	:	:	:	:	37,793
UK: Disabled students' Allowance	29,500	38,000	47,500	:	64,300	67,500

Notes: FR: number of families receiving the allowance/ data for 31 Dec.; PT: data for Dec.; UK: data for academic year (England and Wales).
Sources: EE: Ministry of Social Affairs; FR: DREES; PT: Institute of Social Security; FI: Social Insurance Institute; UK: Department for Children, Schools and Families.

[52] *In Estonia, for instance, the number of carers was inferior to the number of adults with disabilities in care in 2005.*

In Portugal, the *Special education allowance (Subsídio de educação especial)* is a monthly allowance which can be paid to children with disabilities aged under 24. After an increasing rise between 2000 and 2002, the number of recipients decreased up to 2005. Around 66% of recipients were boys, nearly 62% were aged 7-13 and 23% were aged 2-6.

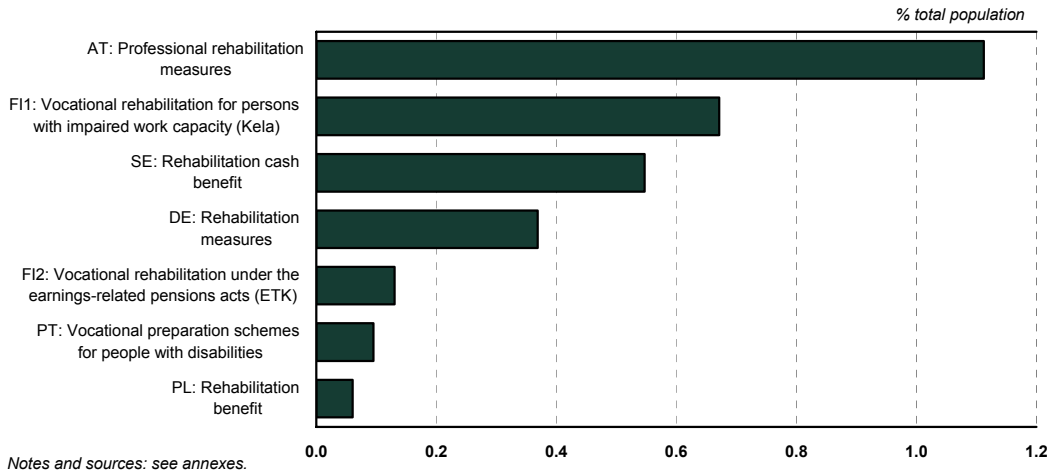
Only in the UK is there specific provision for students in Higher Education in the form of the *Disabled students' allowance*. The number of recipients more than doubled between 2001 and 2006.

Work rehabilitation

In addition to quota schemes and sheltered employment, some countries have implemented work rehabilitation services for people with disabilities (see annexes). A number of schemes focus on young people while others are aimed at people aged 55 and over in order to avoid early retirement. Work rehabilitation services are generally individualized with a follow-up of recipients and sometimes accompanied by medical rehabilitation measures.

In Germany, *Medical rehabilitation (Medizinische und sonstige Leistungen zur Rehabilitation in der gesetzlichen Rentenversicherung)* is provided to those insured of employable age with considerably reduced working capability. The Federal Employment Agency also provides *Rehabilitation measures (primary and re-integration) (Teilhabe behinderter Menschen am Arbeitsleben – Rehabilitanden (Erst- und Wiedereingliederung))* to people with disabilities of employable age (see annexes). Between 2000 and 2006, the number of recipients declined by nearly 50%. In 2005, almost 4% of the population benefited from these measures (Figure 5.10). Almost 64% of recipients were men (Figure 5.11) and 63% were aged under 25 years old (Figure 5.12). Furthermore, more than half of recipients (54.5%) benefited from primary integration.

5.10 Recipients of work rehabilitation services, 2005



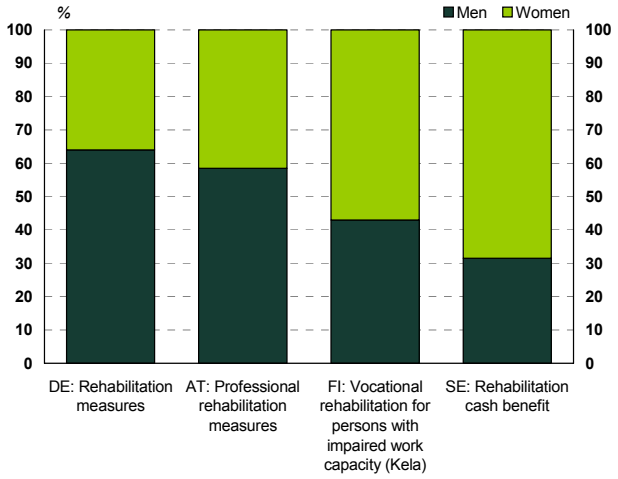
Notes and sources: see annexes.

Until mid-1980s, the labour market support for people with disabilities in Austria focused largely on people with physical disabilities. Towards the end of the 1980s and in the 1990s, efforts were made to include people with mental health problems, intellectually impaired people and people with multiple disabilities[53]. Accordingly, a range of services for people with

[53] Peer Review Arbeitsassistenz: "Support for the integration of Disabled People into the Labour Market", Austria, Jan. 2001.

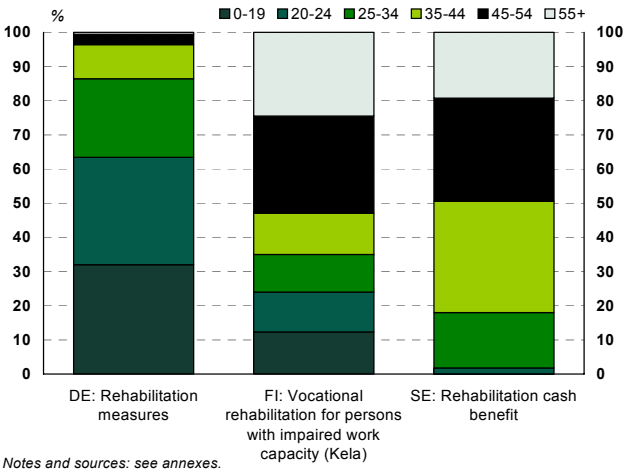
disabilities is now provided. The Labour market office (Arbeitsmarktservice) applies an extended concept of disability (see annexes), and measures of professional rehabilitation and employment *(Genehmigte Förderfälle des Arbeitsmarktservices für behinderte Personen)* are available. Those of working age are the main beneficiaries and the number of people supported aged under 65 increased by nearly 63% between 2001 and 2006. Over this period, men were the main recipients of professional rehabilitation measures. In 2006, they represented around 58.5% of the total. Most recipients (around 79% in 2006) participated in qualification measures, nearly 13% benefited from assistance measures and only 8% from employment measures. In order to achieve a target of helping those with disabilities into work, the Bundessozialamt provided a range of supporting measures called *Individual promotions for disabled employees* (*Individualförderungen von behinderten Arbeitnehmern)* which include subsidies to wage costs, apprenticeship and education allowances, subsidies for carers, and a mobility subsidy since 2003. Between 2003 and 2005, the number of recipients increased by around 86%. In addition, the Federal Social Office supports projects which are meant to increase the opportunities for people with disabilities in the labour market *(Teilnehmer an Projektförderungen des Bundessozialamts für behinderte Personen)*. Between 2003 and 2005, the number of recipients increased by around 44.5%.

5.11 Recipients of work rehabilitation services by gender, 2005



Notes and sources: see annexes.

5.12 Recipients of work rehabilitation services by age group, 2005



Notes and sources: see annexes.

In Poland, three different work rehabilitation schemes are in force. The *Rehabilitation benefit (Świadczenie rehabilitacyjne)* is paid for a maximum of 12 months to people who are temporarily incapable of doing their previous job but who have a chance to regain their capacity to work after rehabilitation. Between 2000 and 2005, the average monthly number of recipients increased by 23.5%[54]. *Rehabilitation stays (Turnusy rehabilitacyjne)* are also provided to those with disabilities, and are aimed at improving their psychological and physical condition as well as helping them to develop social skills. In addition, active support for vocational and social rehabilitation is provided through the *Occupational therapy workshops (WTZ, Warsztaty Terapii Zajęciowej)*. These establishments organise a variety of practical and professional workshops and many kinds of therapies.

[54] *Due to a new act (approved in February 2005), which does not allow to extend sick leave beyond 182 days, more people are now entitled to this scheme. This is particularly the case for women suffering from diseases connected with pregnancy: nearly one third of first positive decisions following requests in 2005 concerned this public.*

In Portugal, *Vocational preparation schemes for people with disabilities (Formação profissional para pessoas deficientes)* are organised to provide young people with disabilities aged over 12 with the skills required to obtain vocational qualifications. Between 2000 and 2005, the number of beneficiaries increased by nearly 51%.

In Finland, two national schemes exist for the work rehabilitation of people with disabilities. The *Vocational rehabilitation under the earnings-related pension acts (ETK) (Ammatillinen kuntoutus)* may be provided to employees and self-employed who have a diagnosed illness, disability or injury which threatens to cause incapacity for work if vocational rehabilitation is considered feasible. These schemes include counselling, rehabilitation studies as well as other training or guidance connected to a job or occupation which helps improving the ability to work. Between 2000 and 2005, the number of recipients increased by nearly 42%. For those with impaired working capacity, the Social Insurance Institution (Kela) can provide vocational training and basic education (*Vocational rehabilitation for persons with impaired work capacity, Ammatillinen kuntoutus)*. More than half of the recipients were women and more than half were also aged 45 and over. Kela can also provide *Medical rehabilitation for people with severe disabilities (Vaikeavammaisten lääkinnällinen kuntoutus)* and reimburse the costs of other rehabilitation services with funds specially allocated for this purpose in the State budget (*Discretionary rehabilitation services, Muu ammatillinen ja lääkinnällinen kuntoutus)*.

In Sweden, trial work experience, work training, assessment by the Labour Market Institute (AMI) and further education courses represent examples of programmes provided for vocational rehabilitation. In this regard, a person with long-term sickness or disability may receive the Rehabilitation cash benefit at various rates in order to compensate for loss of income. Between 2000 and 2004, the number of recipients increased by 21%. Around 68% were women and 63% were aged 35-54. In addition, the Swedish Social Insurance Agency provides allowances for aids to work and for travel to and from work instead of sickness cash benefit. Some municipalities, such as for instance Vallentuna, provide an additional allowance (*KAM*) for people with disabilities participating in active labour market measures organised by municipalities.

Transport and housing

Transport and housing services for people with disabilities are generally provided by local authorities. As a result, various different schemes are in place, which can lead to disparities among those with disabilities[55]. Compiling data on these schemes is also a complex task.

Public transport remains inaccessible for people with disabilities in most countries. Sweden seems more advanced even if, according to some municipalities, improvements are still necessary[56]. In general, there have been few improvements in most countries in recent years, except in major towns. Allowances are payable in several countries, mainly for the purchase

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[55] For instance in France, urban transport for people with disabilities is under the responsibility of municipalities and Departements. A comparison of two close Departments located in the Parisian area (Essone and Seine-et-Marne) reveals great disparity. While Essone provides free access to Parisian public transport and taxi-cheques (annual amount equal to 250 euros), Seine-et-Marne set up a special transport service for people with disabilities called Transdom 77 (in 2005, 850 persons used Transdom 77 and the annual number of trips by user averaged 45).

[56] Cohu S., Lequet-Slama D. & Velche D.: "La prise en charge des personnes handicapées en Allemagne, Espagne, Pays-Bas et Suède", Etudes et Résultats n°506, DREES, 2006

or modification of a motor vehicle[57]. They are often means-tested and consist of one-off payments for people with severe disabilities and for people with disabilities in employment.

In Spain, people with disabilities can receive the *Subsidy for mobility and reimbursement of transportation costs (Subsidio de Movilidad y Compensación por Gastos de Transporte SMGT)* but the number of recipients significantly declined between 2000 and 2006.

In Hungary, people with severe disability can receive the *Transport allowance*. In 2005, around 2.4% of the population received it (55% were aged over 62). Other allowances on transportation remain marginal: 0.2% of the national population received an allowance to purchase a private car and only 346 people received a financial support to convert a private car in 2005.

In Austria, free motorway passes are available for people with disabilities *(Gratis-Autobahnvignette für behinderte Personen)*; their number increasing by 75% between 2000 and 2006.

In Finland, municipalities arrange transport services for people with severe disability who cannot use public transport and, if necessary, an assistant is provided to accompany those concerned. The number of people receiving this kind of services increased by around 21.5% between 2000 and 2005.

As regards housing, allowances are also mainly provided by municipalities. Schemes are much less common than for transport and in general few people with disabilities are entitled to such allowances.

In the Czech Republic, the *Allowance for flat modification* is provided to people with severe disabilities. In 2002, almost 15% of recipients were children. The number of adult recipients increased by 43% between 2000 and 2005.

In Cyprus, the *Social benefit scheme for the improvement of housing conditions* is available to families wanting to adapt their homes in order to make it possible for elderly persons or people with disabilities to live there. The scheme however remains marginal with only 19 persons in 2002 and even less three years later (5).

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[57] For example, in the Czech Republic, the Allowance for motor vehicle operation is the most granted and the number of adult recipients increased from 137,364 in 2000 to 217,068 in 2005. In Sweden, the Car allowance (Bilstöd) for the purchase of a car may be granted every 7th year. It can also be granted for adapting a vehicle and in certain cases for driving lessons. The number of recipients slightly increased from 2,126 in 2000 to 2,553 in 2005.

Some additional but marginal services have been created

In Malta, the *Handyman Service* is provided to all senior citizens (older adults and people with special needs) to continue living as independently as possible in their own home. It covers a range of jobs from electricity repairs to plumbing, carpentry and the transportation of items. The number of recipients increased by 7% between 2000 and 2003.

In Finland, people whose hearing is severely impaired, who are blind or who suffer speech impediments are entitled to *free interpretation services (Vaikevammaisten tulkkipalvelut)* arranged by their municipality. Interpretation services are provided in sign language or using new technology. Those who are deaf and blind are entitled to 360 hours of interpretation a year and others to 180 hours. The number of recipients increased by 12% between 2000 and 2005.

4. METHODOLOGICAL ISSUES

Data analysed in the context of this study come from national administrative registers, which ensures data reliability. They have been mainly obtained from National Statistical Offices, National Social Insurance Agencies as well as regional bodies for the period 2000-2005.

However, it should be kept in mind that several factors limit data analysis. The services in question are various and often provided at local level, and relevant information is available for few countries. While information and data on services provided at national level have been relatively easy to locate, few data seem to be available on local schemes. As a result, data are lacking for several countries, disaggregation by age and gender is often problematic, and the sections of this chapter are unequal in terms of coverage.

Furthermore, definitions adopted for disability and access to specific allowances vary over time and across the European Union according to national legislation, which limits comparability. Indeed, in some Member States, the level of disability is clearly defined (for instance according to a specific rate of incapacity to work), while the classification is less precise in other countries. Moreover, services and related benefits can be available to all or can be restricted to a group of persons depending on their level of disability and/or age.

It should also be noted that access to services varies according to where a person lives, the distance to the relevant services and the ease or difficulty of getting to them as well as the travel costs.

ANNEXES

Table 1 Number of people with disabilities living in institutions (long-term stay), 2000-05

	2000	2001	2002	2003	2004	2005
France	77,945	79,015	81,340	84,155	88,550	:
Cyprus	2,514	2,235	2,246	2,794	3,202	3,069
Hungary	15,346	15,439	15,828	15,687	:	:
Netherlands	:	:	:	:	60,700	:

Notes: CY: number of clients in homes for disabled and elderly; HU: number of residents in residential social institutions.
Sources: FR: INSEE Annuaire statistique; CY: Social Welfare Services; HU: Central Statistical Office; NL: CTG/Zaio.

Table 2 Number of people with disabilities registered in day-care institutions, 2000-05

	2000	2001	2002	2003	2004	2005
France	8,520	9,565	10,575	11,670	12,960	:
Malta	:	355	371	384	:	:
Hungary	1,899	2,076	2,299	2,481	2,498	2,765
Netherlands	:	:	:	:	17,149	:

Sources: FR: INSEE Annuaire statistique; MT: Ministry of Family and Social Solidarity; HU: Central Statistical Office; NL: CTG/Zaio.

Table 3 Number of people in waiting lists for care services in the Netherlands, by kind of disability, 2003-05

	2003			2004			2005		
	Physical	Intellectual	Total	Physical	Intellectual	Total	Physical	Intellectual	Total
with a stay	848	8,694	9,542	1008	7,993	9,001	924	7,132	8,056
without a stay	1,124	6,831	7,955	1,513	7,088	8,601	1,158	6,146	7,304
Total	1,972	15,525	17,497	2,521	15,081	17,602	2,082	13,278	15,360

Note: Data refer to 1st January each year.

Table 4 Total number of recipients of home care services, 2000-2005

	2000	2001	2002	2003	2004	2005
DE: Care Benefit	:	324,176	:	316,618	:	307,119
ES: SATP (subsidy for assistance by a third party)	13,966	11,634	9,581	7,987	6,727	5,596
FR: ADPA (Allowance for personal autonomy)	:	:	600,311	764,701	854,482	920,952
LU: Dependent Insurance	:	4,444	6,217	6,703	7,134	7,943
PT: Allowance for assistance by a third party	10,346	10,888	11,008	11,294	11,873	11,154
SI: Supplement for care and assistance	657	446	405	422	482	479
FI: Pensioners' care allowance	:	:	164,961	169,231	175,395	183,469
SE: Disability allowance	58,368	59,174	60,664	61,135	61,188	61,101
UK: Disability Living Allowance	:	:	2,488,490	2,601,880	2,696,280	2,757,640

Notes: DE: people 65+ are not included; ES: received the first day of each month/data for Navarra and Bask Country are not included; FR: data for 31 December/ 60+ not included; LU: data for 30 June/ 65+ included; PT: annual average; UK: data for November.
Sources: DE: Statistisches Bundesamt, Pflegestatistik; ES: Ministry of Labour and Social Affairs, IMSERSO; FR: Ministry of Health, DREES; LU: Ministry of Social Security; PT: Institute of Social Security; SI: Pension and Disability Insurance Institute; FI: Social Insurance Institution; SE: Social insurance agency; UK: Department for Work and Pensions.

Table 5 Recipients of home care services by gender, 2005

Number	Men	Women	Total
DE: Care Benefit	6,301	4,811	11,112
ES: SATP	770	3,733	4,503
LU: Dependent Insurance	2,528	5,415	7,943
FI: Pensioners' care allowance	69,018	114,451	183,469
%			
DE: Care Benefit	54.0	46.0	100.0
ES: SATP	17.0	83.0	100.0
LU: Dependent Insurance	32.0	68.0	100.0
FI: Pensioners' care	37.5	62.5	100.0

Notes: DE: people over 65 years old are not included; ES: received the first day of each month/ data for Navarra and Bask Country are not included; LU: data for 30 June/ 65+ included.

Sources: DE: Statistisches Bundesamt, Pflegestatistik; ES: Ministry of Labour and Social Affairs, IMSERSO; LU: Ministry of Social Security; FI: Social Insurance Institution.

Table 6 Recipients of home care services by age group, 2005

Number	0-24	25-54	55-64	65+	Total
ES: SATP	30	1,043	571	2,859	4,503
PT: Allowance for assistance by a third party	8,364	2,649	486	285	11,783
FI: Pensioners' care allowance	3,013	31,707	22,654	126,095	183,469
%					
ES: SATP	1.0	23.0	13.0	63.0	100.0
PT: Allowance for assistance by a third party	71.0	23.0	4.0	2.0	100.0
FI: Pensioners' care	2.0	17.0	12.0	69.0	100.0

Notes: ES: received the first day of each month/ data for Navarra and Bask Country are not included; PT: annual average/ data for 2006/ age groups: 0-24, 25-50, 51-60, 60+; FI: data for end-year.

Sources: ES: Ministry of Labour and Social Affairs, IMSERSO; PT: Institute of Social Security; FI: Social Insurance Institution.

Table 7 Number of recipients of personal budgets, 2002-2006

	2002	2003	2004	2005	2006
BE: Personal assistance budget (PAB)	367	608	694	860	1,100
AT: Federal Care Benefit + Care Benefit from	338,151	341,948	354,024	:	:
NL: Personal budget new style	:	24,574	51,432	67,228	90,000
SE: Assistance allowance	11,616	11,910	12,751	13,576	14,319
UK: Independent Living Funds	15,944	16,279	16,941	17,781	19,046
UK: Direct payments	6,300	9,600	15,100	24,500	37,400

Notes: NL: the new scheme started in 2003 and existed alongside the old scheme between 2003 and 2005. The old scheme ended on 31 Dec.2005, which explains the large increase in recipients in 2006. Data for 2006 are estimated; UK: data for December (ILF) & data from 1 April to 31 March (Direct payments).

Sources: BE: Vlaams Agentschap voor Personen met een Handicap; AT: Hauptverband and Statistik; NL: Health Care Insurance Board; SE: Social Insurance Agency; UK: Independent Living Funds and Department of Health.

Table 8 Number of people on PAB waiting lists in Belgium

Flemish community	Total number
2001	539
2002	279
2003	362
2004	394
2005	461
2006	926

Source: Vlaams Agentschap voor Personen met een Handicap.

Table 9 Recipients of personal budget by age group, 2005

Age groups	NL: Personal budget new style	SE: Assistance allowance
0-18	13,446	2,846
18-55	20,841	6,473
56-65	8,740	3,004
66+	24,202	1,253
Total	67,228	13,576

Notes : NL: data for 1 July 2005; SE: age groups 0-19, 20-54,55-64, 65+.

Sources : NL: Health Care Insurance Board; SE: Social Insurance Agency .

Table 10 Number of recipients of work rehabilitation services, 2000-2006

	2000	2001	2002	2003	2004	2005	2006
DE: Rehabilitation measures	545,901	497,944	411,290	396,305	340,553	304,447	295,324
AT: Professional rehabilitation measures	:	71,313	72,530	78,945	82,369	91,266	116,117
PL: Rehabilitation benefit	18,782	16,488	17,620	18,861	18,585	23,198	:
PT: Vocational preparation schemes for people with disabilities	6,653	6,822	7,615	9,706	9,665	10,034	:
FI: Vocational rehabilitation under the earnings-related pensions acts (ETK)	4,822	4,863	4,969	5,548	6,257	6,834	:
FI: Vocational rehabilitation for persons with impaired work capacity (Kela)	:	:	:	:	:	35,172	:
SE: Rehabilitation cash benefit	46,226	47,499	49,710	52,746	56,065	49,298	:

Notes: DE: year average in 2006; AT: Persons aged less than 65 years old; PT: number of new entrants; PL: average each year.

Sources: DE: Federal Employment Agency; AT: Labour Market Service; PL: Social insurance institute and Central statistical office; FI: Social Insurance Institution and Centre for Pensions; SE: Social Insurance Agency; Eurostat LMP database.

Table 11 Recipients of work rehabilitation services by gender, 2005

Number	Men	Women	Total
DE: Rehabilitation measures	188,169	107,155	295,324
AT: Professional rehabilitation measures	68,087	48,030	116,117
FI: Vocational rehabilitation for persons with impaired work capacity (Kela)	15,261	19,911	35,172
SE: Rehabilitation cash benefit	15,559	33,739	49,298
%			
DE: Rehabilitation measures	64.0	36.0	100.0
AT: Professional rehabilitation measures	58.5	41.5	100.0
FI: Vocational rehabilitation for persons with impaired work capacity (Kela)	43.0	57.0	100.0
SE: Rehabilitation cash benefit	31.5	68.5	100.0

Notes: DE and AT: data for 2006 (based on year average); AT: Persons aged less than 65 years old.

Sources: DE: Federal Employment Agency; AT: Labour Market Service; FI: Social Insurance Institution; SE: Social Insurance Agency.

Table 12 Recipients of work rehabilitation services by age group, 2005

Number	0-19	20-24	25-34	35-44	45-54	55+	Total
DE: Rehabilitation measures	94,172	92,842	67,506	29,825	9,065	1,914	295,324
FI: Vocational rehabilitation for persons with impaired work capacity (Kela)	4,129	4,113	3,878	4,264	9,986	8,610	35,172
SE: Rehabilitation cash benefit	9	920	7,972	16,013	14,910	9,474	49,298
%							
DE: Rehabilitation measures	32.0	31.4	23.0	10.0	3.0	0.6	100.0
FI: Vocational rehabilitation for persons with impaired work capacity (Kela)	12.3	11.7	11.0	12.1	28.4	24.5	100.0
SE: Rehabilitation cash benefit		1.8	16.2	32.5	30.2	19.3	100.0

Note: DE: data for 2006 (based on year average).

Sources: DE: Federal Employment Agency; FI: Social Insurance Institution; SE: Social Insurance Agency.

HOME CARE SERVICES		Eligibility conditions
DE	Care benefit	To insured people. No age limitation. Degree I : daily period of time of at least 90 minutes, thereof more than 45 minutes of basic care. Degree II : daily period of time of at least 3 hours, thereof more than 2 hours of basic care. Degree III : daily period of time of at least 5 hours, thereof more than 4 hours of basic care.
ES	SATP	Paid to people previouly entitled; otherwise, this grant is not allowed anymore, according to the legislative decree 1/1994. Personal income <70% of minimum wage; to be aged 18 or over, degree of disability >75%, to need the assistance of another person for the accomplishment of the most essential activities of daily living, and not to be admitted in an institution.
FR	ADPA	Replaced the ACTP (for those <60) from 1 Jan. 2002. Allowed to those aged 16-60 who have a permanent disability >80% and who require the assistance of another person for one or more essential activities of life. Paid with rate from 40% to 80%.
	APA	To people aged 60+ who are unable to cope with the consequences of the lack/loss of independence and need help to carry out the essential activities of life or whose conditions require regular attendance. This allowance is for severely or moderately dependent people, whether living at home or in nursing homes.
	ACTP	To people aged 60+. To compensate the additional expenses related to the employment of a person at the residence of a person with disabilities or the supplementary expenses generated by the fact that the carer cannot exercised another remunerated activity.
	PSD	Minimum disability level = 80%. In need of assistance by a third person in order to accomplish the activities of daily living.
LU	Dependence insurance	To persons insured of the health insurance with no age limitation. Need for assistance and care must represent at least 3.5 hours/week and the state of dependence must >6 months. The number of hours of care is assessed in a continuous scale. For home care, consumers can choose between benefits in kind or in cash or a combination of both.
PT	Allowance for assistance by a third party	To children with disabilities entitled to the Child Benefit Supplement or the Monthly Life annuity who need the support of a third party (at least 6 hours per day) in order to satisfy their basic needs. Adult disabled people can also benefit from this allowance. Not cumulable with the Special education allowance. Possibility to cumulate with the Invalidity pension or the Long-term care Supplement.
	Long-term care supplement	To invalidity old-age or survivor pensioners who need permanent attendance by a third person.
SI	Supplement for care and assistance	To people with disabilities who are incapable of performing basic life functions and for whom a constant help is required. Between 20-30% of national average net personal income per employee if a person needs assistance of another person in performing all of his basic life functions; and between 10-20% of this basis if help of another person is required in performing a majority of basic life functions.
SK	Attendance service benefit Personal assistance benefit	To people aged 6-65 years (for persons 65+ only if they are employed) with functional defect at least = 50% of physical, sensory or mental ability or with negative health status.
FI	Pensioner's care allowance	To persons aged 65+ (or <65 if they receive a full disability pension, rehabilitation subsidy, individual early retirement pension, special assistance for immigrants, or earnings-related old-age pension paid to <65 as a follow-up to disability pension). The care allowance cannot be paid to persons receiving a pension based on partial disability, part-time pension or statutory helplessness or injury supplement on account of the same illness or injury. Depending on the degree of assistance/supervision needed and on the amount of extra costs, the pensioners' care allowance is paid according to the lower, higher or special payment category.
SE	Disability allowance	The functional capacity of the person must "for a considerable time-period have been reduced to the extent that the person a) needs time-consuming help from another person in his/her daily activities; b) in order to be in gainful employment needs continuous help from another person, or; c) has considerable extra living-costs". Disability allowance may be granted from the age of 19 and the disability must have arisen before the person reached the age of 65. Disability allowance can be granted to a person irrespective of whether she/he has a capacity for work. There are 3 compensation levels: 36, 53 and 69% of the base amount per year, depending on the assistance required and the size of the additional costs.
UK	Disability living allowance (DLA)	Awarded for a fixed or indefinite period. No age limitation but those who are aged 65+ when they first claim allowance receive the Attendance Allowance instead. Furthermore, the care component can be paid for a child once its three months old and the mobility component is payable for children over the age of 5. Children <16 qualify for the care component or the lower rate mobility component only if their needs are substantially in excess of those of a child of the same age in normal health. They cannot qualify for the lower rate care component through the "cooking test" route. Children <3 cannot qualify for the higher-rate mobility component; children <5 cannot qualify for the lower-rate mobility component. The care component is for persons with disabilities who have need help with personal care for at least 3 months and are likely to go on needing that help for at least a further 6 months; it is paid at 3 rates: higher rate, middle rate and lower rate. The mobility component is for people who have had walking difficulties for at least 3 months and are likely to continue to have those difficulties for at least a further 6 months; it is paid at 2 rates: higher and lower rate.

PERSONAL BUDGET		Eligibility conditions
BE	PAB (Flemish community)	Every person with a handicap registered at the VAPH can apply for a PAB. The PAB cannot be used for material devices or changes to the house, interpreters for the deaf, medical or paramedical therapies, assistance with regard to content at school or at work, budget assistance, assistance in the hospital, revalidation centres and old people's homes/care homes, psychological help.
AT	Federal care benefit	Depending on the kind of entitlement, the financial responsibility lies either with the Federal Government or the Länder. If a person receives a pension from the Federal social security system, the relevant assurance is responsible. If it is not the case (e.g. for children with disabilities, employees with disabilities or those receiving social care benefit), it is the relevant authority of the Länder that is responsible. No means-tested. People 65+ included.
	Care benefit from Länder	Organized in 7 levels according to the need of care (the classification depends on the amount of hours/month). Degrees 1-4: amount of time for the caring need, min 50 hours/month for degree 1. Degrees 5-7: in addition to the amount of time, an additional quality criterion is required.
NL	Personal budget new style	The reform of 1 April 2003 replaced all schemes by the Personal Budget New Style (Persoonsgebonden budget nieuwe stijl). Evaluation and attribution by the regional health office.
SE	Assistance allowance	Individuals must be in need of help for their daily living for more than 20 hours/week. Not granted after the age of 65, but people who received the allowance previously may retain it even after their 65th birthday. There are 3 disability categories: Cat 1 corresponds to persons with learning disabilities, autism or autismlike conditions. Cat 2: adults suffering from permanent and significant cognitive disabilities as a result of external trauma or physical illness. Cat 3: persons with other permanent physical or mental disabilities not obviously the result of normal ageing, if they are substantial and cause considerable difficulties in their day-to-day life. Granted in the form of a certain number of assistant hours that the individual may use over a given period of time.
UK	ILF	To be eligible people must be aged 16-65. No means-tested. ILF is divided in the Independent Living (Extension) Fund which is closed to new applications and administers the payments to clients of the original ILF (prior to April 1993) and the Independent Living (1993) Fund which is open to applications from severely disabled people who meet its eligibility criteria and are permanent residents of the UK.
	Direct payments	From April 2003 every local council must offer people who need help to stay in their own home money instead of arranging services for them. People aged 16+. No means-tested.
ALLOWANCES TO CARERS		
CZ	Parental benefit	To parents providing full-time care for at least one child suffering from a long-term incapacity up to the age of 7. The child cannot be placed in a kindergarten or in a creche. No means-test. It can be cumulated with other family allowances.
EE	Caregiver's allowance	Paid monthly directly to carer according to age and level of disability. It is provided by the State to children with disabilities till the age of 18 and by local municipalities to persons with disabilities after the age of 18.
IE	Carer's allowance	To insured persons with low income who leave the workforce temporarily to care for a person in need of full-time care and attention.
	Carer's benefit	To insured person who leave the workforce to care for a person in need of full-time care and attention. It can be taken for a total period of 65 weeks for each person being cared for. To be eligible, the carer must be 16-66 years old, and has been in employment for at least 8 weeks in the previous 26 weeks before becoming a carer. Furthermore, the carer must not be engaged in employment or self-employment outside the home for more than 10 hours/week.
FR	Parental attendance allowance	To someone who stops working or works fewer hours when the child for which they are responsible is the victim of a serious illness, accident or disability requiring constant supervision or substantial care. Entitlement for a period of 4 months, which can be renewed twice in a year.
PL	Care benefit	To a parent who resigns from employment due to taking care of a disabled child with high degree of disability. Means-tested.
FI	Special care allowance	To parents who take part in treatment or rehabilitation arranged for their child either in a hospital, in a hospital outpatient clinic, in the form of a rehabilitation / adaptation training course or in the case of a severe illness, at home (in connection with treatment at a hospital or outpatient clinic). The principal qualifying condition is that the recipient cannot carry out his/her regular work and is not paid during the leave of absence. It is generally paid for up to 60 workdays/child. It is not paid to persons receiving unemployment allowance or labour market subsidy.
SE	Childcare allowance	To parents who take care of a seriously ill or disabled child, with a two-fold objective: compensate the work of caring and attending performed by the parent, and compensate additional costs resulting from the child's illness or disability. The age limit is 19. No means-test. Granted according to 4 different levels (1/4, ½, 1/3 and full care allowance).

	SERVICES FOR CHILDREN WITH DISABILITIES	Eligibility conditions
EE	Child with disability allowance	To children with disabilities up to the age of 16 for the compensation of additional costs that are caused by the disability and for the activities foreseen by the rehabilitation plan.
	Education allowance	To not working disabled students, who are studying in secondary school, vocational establishment or higher educational establishment and who have additional costs that are connected with their studies.
FR	Special education grant	To children aged <20 with a permanent disability. The child's disability must be at least 80% or between 50-80% if the child is in an establishment or receives care or is educated at home and this is considered special education. No means-tested. Children are classed in 3 groups: children who need continuous aid from a third person; children who need non-continuous aid from a third person; and children or adolescents with a particularly severe disability requiring continuous care of a highly technical nature to remain in their family environment.
PT	Special education allowance	To children with disabilities aged <24 who are attending courses in special education schools (agreed by the Ministry of Education), need an individual support, can enter the regular education system, are attending regular day-care centres/kindergarten. The amount of this allowance depends on the family income.
FI	Child disability allowance	To compensate additional expenses linked to special arrangements for children with disabilities or chronically ill who are aged <16 and live in Finland. The allowance is paid without regard to the parents' or the child's income or assets. Lower rate: for a child who needs treatment and rehabilitation for at least 6 months, placing the family under additional financial or other strain. Higher rate: if the treatment and rehabilitation of the child imposes a considerable strain. Special rate: if the treatment and rehabilitation of a child imposes an extreme strain on the family (for children with extremely severe disabilities, including children with severe sensory handicaps, children with severe mental handicaps and children with multiple severe handicaps).
UK	Disabled students' allowance (DSA)	To students with disabilities in higher education with a disability, mental health condition or specific learning difficulty. No age restriction. No means-tested. 4 DSA categories: special equipment allowance, non-medical helpers allowance, general expenditure allowance, travel allowance.
WORK REHABILITATION		
DE	Medical rehabilitation	To insured persons of employable age with considerable endangering or reduction of working capability.
	Rehabilitation measures (primary and re-integration)	Provided by the Federal Employment Agency to people with disabilities of working age. Primary integration: durable integration of young disabled or young persons threatened by disability in the general labour market. Re-integration measures: for adult disabled or adult persons threatened by disability, who are not able to continue their learned profession or the previous occupation due to a health damage or the consequences of disability.
IE	Rehabilitation maintenance allowance	Weekly allowance payable to persons with disabilities who are undergoing training in a recognized training facility.
AT	Professional rehabilitation	Extended concept of disability applied by the Labour market office: apart from favoured people with disabilities and disabled according to the disability laws of the Länder, also persons with physical, psychic, mental or intellectual constraints (independent of the degree of the disability), which are documented by a medical certificate or otherwise made plausible, are defined as disabled. The supporting measures include: employment (integration assistance for enterprises, socio-economic enterprises, not-for-profit employment projects), qualification (education measures, support of apprenticeships, allowance for the coverage of the maintenance of the unemployed), assistance (consulting and care facilities, assistance for setting up own business).
	Individual promotions	To employees with disabilities of working age and with a degree of disability of minimum 30%.
	Supported projects	To people with disabilities of working age and with a degree of disability of minimum 30%.
PL	Rehabilitation benefit	To persons who are temporary incapable to do their previous work, but who have a chance to regain their capability after rehabilitation. Paid for a maximum of 12 months. Means-tested.
	Rehabilitation stays	To everyone with at least a partial incapacity to work.
	Occupational therapy workshops	A person must hold a medical certificate to qualify for the WTZs and have at least a partial incapacity to work.
PT	Vocational preparation schemes	To provide young people with disabilities aged 12+ the competences required to get vocational qualifications in order to get and keep a job as well as to progress in the regular labour market.
FI	Voc. rehabilitation under the earnings-related pension acts	To employees and self-employed persons who have a diagnosed illness, handicap or injury which threatens to cause incapacity for work. Rehabilitation within the earnings-related pension scheme is always vocational rehabilitation, such as counselling, rehabilitation studies as well as other training or guidance connected to a job or occupation which support maintenance of work ability.
	Voc. rehabilitation for persons with impaired work capacity	Clients must have an illness, defect or injury that significantly reduces their working and earnings capacity. Vocational training can consist of basic vocational training, retraining, or further vocational training.
	Medical rehabilitation for persons with severe disabilities	Clients may not be in institutional care and must be receiving either higher-rate or special child disability allowance, higher-rate or special disability allowance, disability pension and higher-rate or special pensioners' care allowance at the same time or instead of the pensioners' care allowance, a special disability allowance while the client's national pension is suspended. Intensive and individualized out- or inpatient rehabilitation services which go beyond curative treatment and form a necessary part of efforts aimed at maintaining or improving the client's work and functional capacity.
	Discretionary rehabilitation services	To people with disabilities and people 65+. Some examples of discretionary rehabilitation services: treatment in a rehabilitation centre or courses arranged by rehabilitation centres or other institutions, with the aim of improving the participant's work capacity and functioning.
SE	Rehabilitation cash benefit	To people with long-term sickness or disability aged <65. Rehabilitation cash benefit is payable at 100, 75, 50 or 25% of the full rate. Full rehabilitation cash benefit is 80% of the income qualifying for sickness cash benefit.

Source: MISSOC; National insurance agencies; National labour market offices.