

European Strategy on Disability 2010-2020

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Monograph #6

Observatory of the Physical Disability

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The **Observatory of Physical Disability -ODF-** is a research center driven by the association Amputats Sant Jordi -federated entity to Cocemfe Catalonia- and with the technical collaboration of the Observatori del Tercer Sector, which aims to provide dynamic data about people with physical disabilities to promote the defense of their rights, in accordance with the provisions of Article 49 of the Spanish Constitution, the Law of the Unit and the United Nations Convention on the Rights of Persons with Disabilities and its optional protocol.

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Observatori del Tercer Sector

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Introduction

The European Union has developed an initiative called the Strategy on Disability 2010-2020, which strives to move towards a model of full citizenship and inclusiveness that values diversity for those with disabilities. The strategy includes a number of measures that guarantee the rights of persons with disabilities in all participating countries. Given the different rates of implementation of policies and recognizing the rights of those people, the Strategy includes measures both at the EU and national level.

Eurostat -The European Statistical Organization- has collected a series of data about the reality of people with disabilities in different European countries. The most recent data are from 2012 and provide a first glance into the state of affairs only two years after the start of the Strategy -in Spain it was precisely in 2012 when it was launched-. The main purpose of this monograph is to show the starting point -especially in the Spanish case- and also to provide data from neighboring countries. In the future, studies comparing the impact of the Strategy to data collected will be needed. This first analysis will identify strengths and weaknesses as well as common elements that can help define the course of action.

The European Strategy on Disability, as explained in the 1st chapter of this monograph, consists of 8 axes that are separated and synthesized into 3 groups, each one developed in a chapter. The data provided comes mainly from Eurostat but also from the OECD and other secondary sources -for more information see the data sheet at the end of the monograph-. Of all 27 countries participating in the analysis, 7 of them were chosen on the basis of specific criteria that guarantees an accurate representation of nearby states in economic, cultural and social terms. The countries that have been chosen are Germany, Denmark, Spain, France, Greece, Italy and Portugal.

Index

1. The Strategy	4
2. Accessibility and participation	8
3. Equality, education and occupation	15
4. Social protection and health	23
5. Conclusions	29
6. Data sheet.....	32

The Strategy

This first chapter summarizes the strategy and describes the general areas of its deployment. Knowing the strategy is the starting point in analyzing the degree of development of the different measures. It all contributes to the empowerment of people with disabilities and their full inclusion in the societies of different countries in Europe.

The European Strategy 2010 - 2020

In the European Union there are about 80 million people with disabilities. The existence of physical and social barriers may exclude full participation in different social and economic fields. One of Europe's responses to face this situation has been the creation of the European Strategy on Disability 2010-2020, which is the framework for action at the European and national levels to address situations of inequality. In a period of 10 years it is expected for member countries to adopt measures that would evolve economic, social and cultural rights of persons with disabilities.

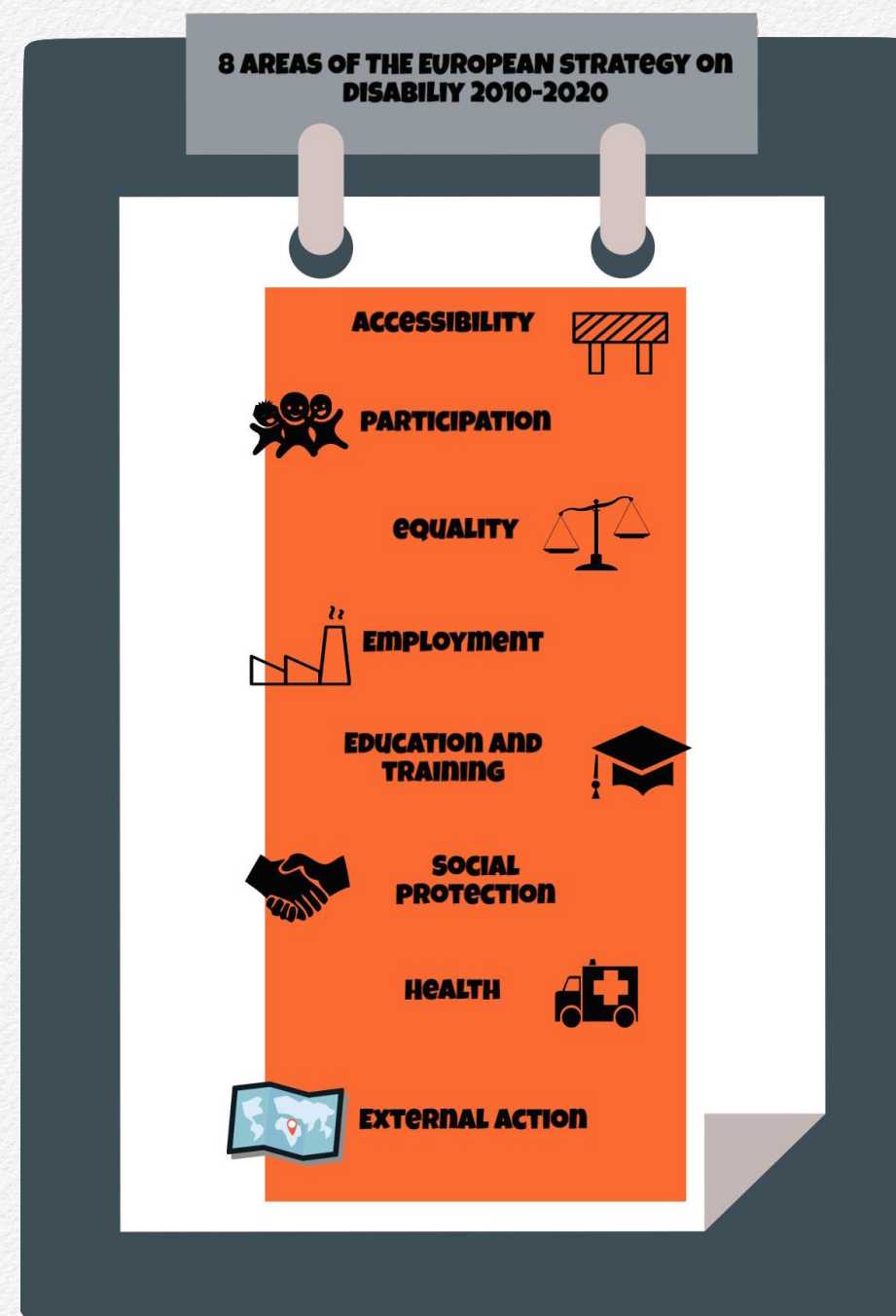
The strategy definition of the Convention on the Rights of Persons with Disabilities established by the UN understands disability as the interaction of physical, mental, intellectual or sensory impairments with environmental barriers that prevent the full and effective participation in society on the same level as other citizens.

Therefore, the strategy challenges European countries to become aware of the social dimension of disability and implement the necessary measures in each case to guarantee the rights of citizenship. To address the extraction of these barriers the Strategy provides two types of proposals: measures at the European Union level and actions at the national level.

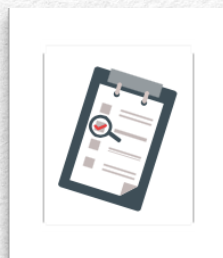
These measures are ultimately aimed for **empowering people with disabilities to enjoy all their rights and fully benefit from participation in the European economy and society.**



Economic, social and cultural rights -DESC- are reflected in the Convention of Human Rights of 1948 and are ratified by all European countries through the International Covenant of 1966.



The Main Elements of the Strategy



The measures proposed by the European Strategy on Disability 2010-2020 are divided into 8 areas: accessibility, participation, equality, employment, education and training, social protection, health and external action.

1 Accessibility

Accessibility is a prerequisite to participation in society and in the economy and, therefore, its purpose is to ensure access to the physical environment, transportation, technologies, information systems and communications.

2 Participation

The main purpose is the achievement of full participation of disabled people in a society and to do so we must overcome the administrative and attitudinal barriers and also provide quality services at the local level.

3 Equality

The actions framed within this area seek to promote equal opportunities and eradicate discrimination related to disability through EU legislation and develop an active policy against discrimination.

4 Employment

The strategy aims to increase the amount of people with disabilities who have received a salary from labour activities in a non-protected job

market and to promote their economic independence, foster their personal success and improve their protection against poverty.

5 Education and training

Promote education, lifelong learning, and inclusiveness for all students and also remove legal and organizational barriers to ensure access to education.

6 Social protection

These actions place a special emphasis on the promotion of decent living conditions for people with disabilities through the European Platform Against Poverty, which seeks to avoid isolation, social exclusion and poverty of the group.

7 Health

Equal opportunities in access to health services and facilities are one of the fields of the Strategy. Especially, it aims to provide equal access to specific services of high quality, as well as including preventive measures.

8 External action

The Strategy also promotes the rights of people with disabilities in the external action of the European Union emphasizing disability as part of human rights and working on a comprehensive framework of non-discrimination.

The instruments

Beyond the areas of action, the European Strategy on Disability includes 4 general instruments that must be used to achieve the 8 objectives. These are:

Awareness

This instrument aims to raise public awareness about anything regarding disability and inform persons with disabilities of their rights and how to exercise them.

Financial support

It aims to optimize the use of the financing instruments of the European Union to promote accessibility, non-discrimination and to increase visibility of financing options. This mechanism means that EU programs in policy areas affecting people with disabilities have to be eligible for funding and, on the other hand, that the instruments of EU funding must be applied in an accessible and non-discriminatory way.

Statistics, data collection and monitoring

The aim of this instrument is to provide regular statistics on disability issues to stay aware of the situation. Theoretically, it's desirable to streamline information on disability collected through surveys, make a specific survey on barriers to social integration of people with disabilities, and develop indicators to monitor the situation related to the objectives of the 2020 Strategy.

Mechanisms required by the Convention

There are two types of mechanisms envisaged in the European Convention depending on whether you include the Member States of the European Union or the institutions of the European Union. In these areas the coordination mechanisms and the monitoring progress of the Strategy on disabilities 2010-2020 are established.



The European Strategy on Disability 2010-2020 is the result of the combination of various treaties and conventions among which are the Charter of Fundamental Rights of the EU, the Treaty on the Functioning of the EU and the Europe 2020 framework.

Accessibility and participation



This chapter presents data on the perception of barriers by persons with disabilities in different European countries. This section highlights subjective perceptions about the difficulties of access to buildings, mobility, use of the Internet and are therefore a reflection of the limits of the environment.

Mobility and perceived barriers

As indicated in the World Report on Disability of the World Health Organization and the World Bank, the physical, social and attitudinal environments can create barriers or encourage participation. Accessibility is the starting point in building an inclusive society where everyone can enjoy their rights and benefit from participation in the economy and society on an equal level.

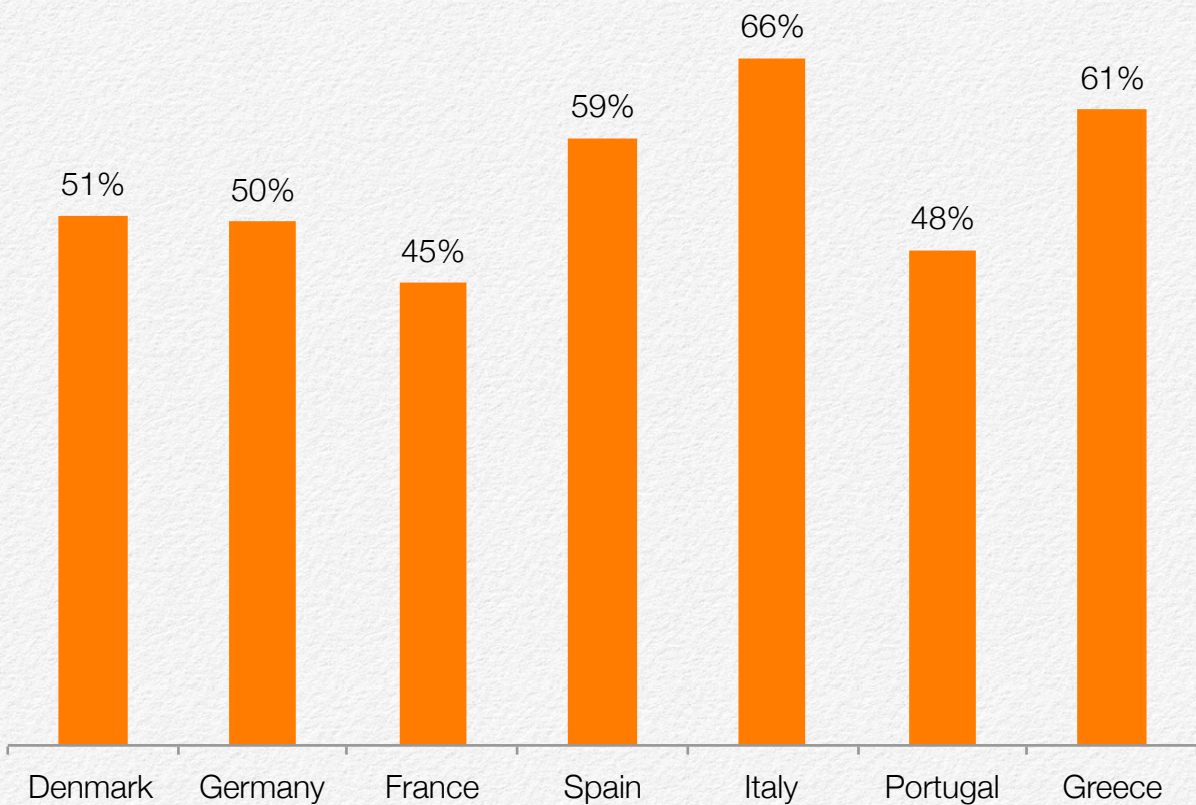
The different areas of accessibility are interconnected, so people cannot fully benefit from improved mobility in some specific areas if others remain inaccessible. This is known as chain accessibility.

Graphic 1 reflects the perception in a broad sense of mobility. Among the chosen European countries, France has the least amount of perceived barriers to mobility -45%-. On the other hand, Italy, Greece and Spain are the countries where there is a greater perception of barriers, with 66%, 61% and 59% respectively.

The perception of barriers to mobility among people with disabilities is, on average in Europe, at 53%. Meaning that 1 out of every 2 people with disabilities percieve barriers to mobility.



Graphic 1 Percentage of people with disabilities who perceive barriers to mobility by country. Source: Eurostat 2012

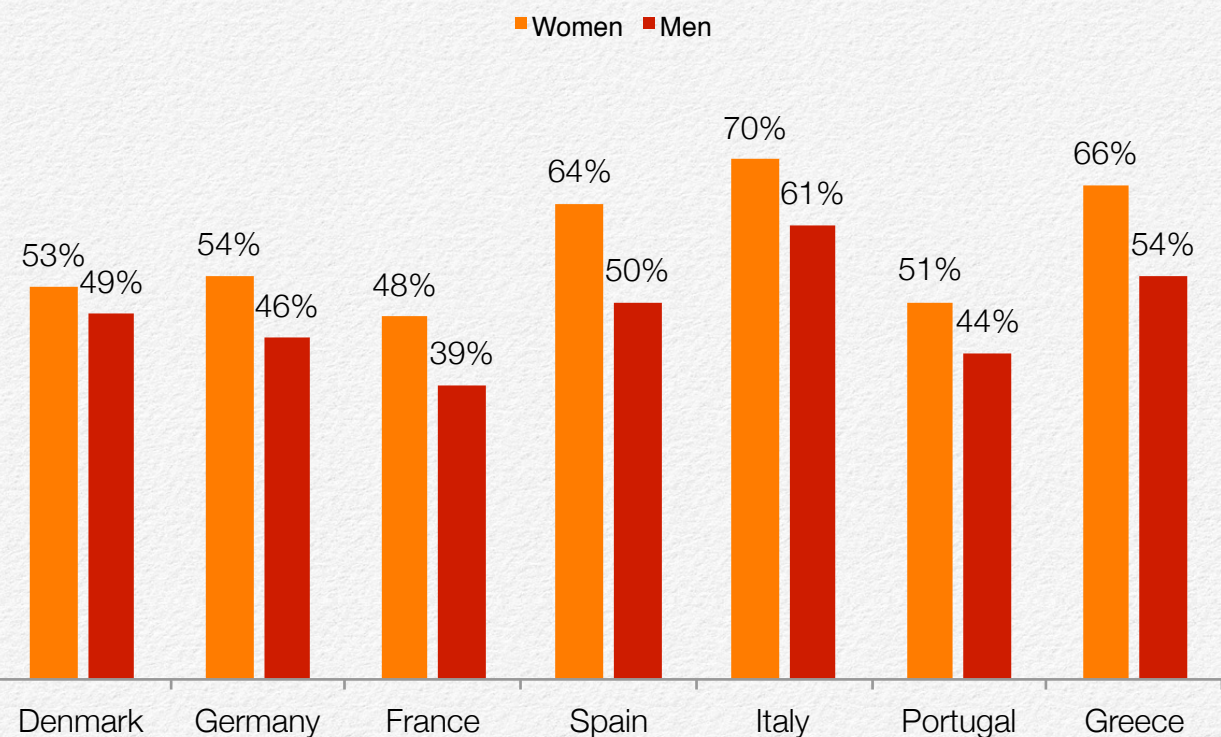


One of the factors that determines the perceived barriers is gender. Often the data show how women with disabilities suffer double discrimination; gender and disability. The cumulative effect some people may experience when gender, disability, or income level discrimination are combined can be devastating .

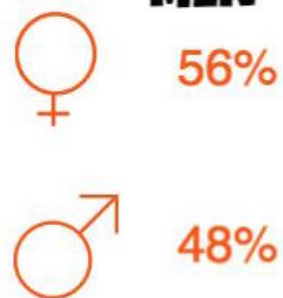
Figure 2 shows how in all areas studied, the perception of barriers to mobility is higher for women than for men. These differences are more pronounced in countries like Spain with 14% difference or Greece with a 12% difference. The country with the smallest percentage of difference was Denmark.

Mobility according to sociodemographic variables

Graphic 2 Percentage of women and men with disabilities who perceive barriers to mobility by country. Source: Eurostat 2012



PERCEPTION OF BARRIERS TO MOBILITY OF WOMEN AND MEN

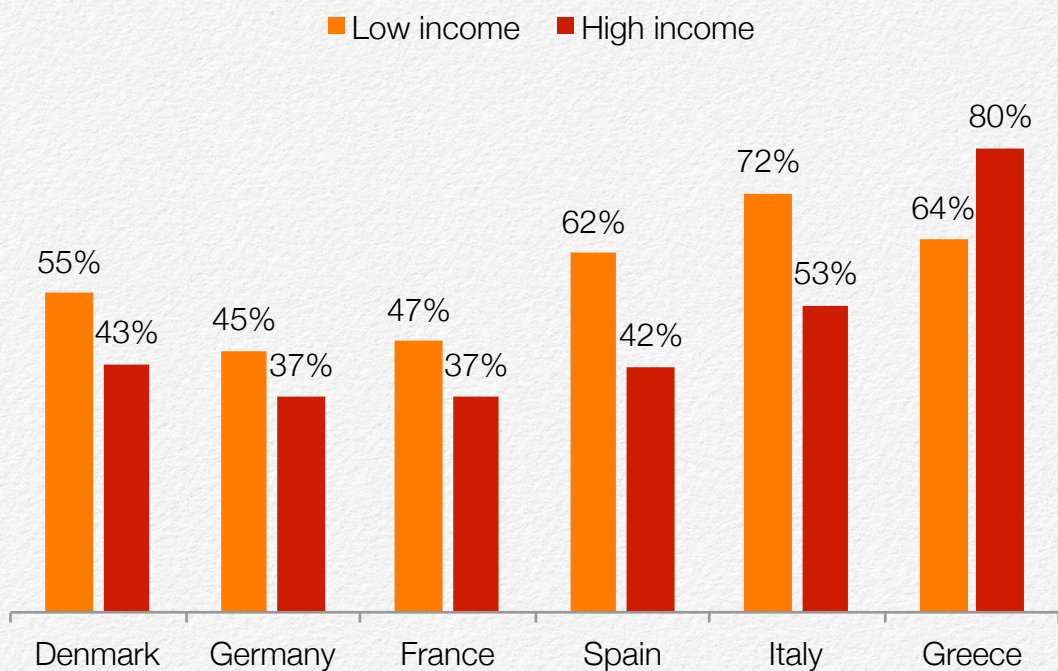


On average, women in Europe -UE27- perceive more barriers to mobility than men. There is exactly an 8% difference between men and women.

Another element of discrimination and inequality that seems to intervene in the perception of the barriers is the level of income. This is an element that determines access to resources and services. Income is interrelated with the access to the labor market, health services, the digital divide and ultimately the ease or difficulty in participation in society.

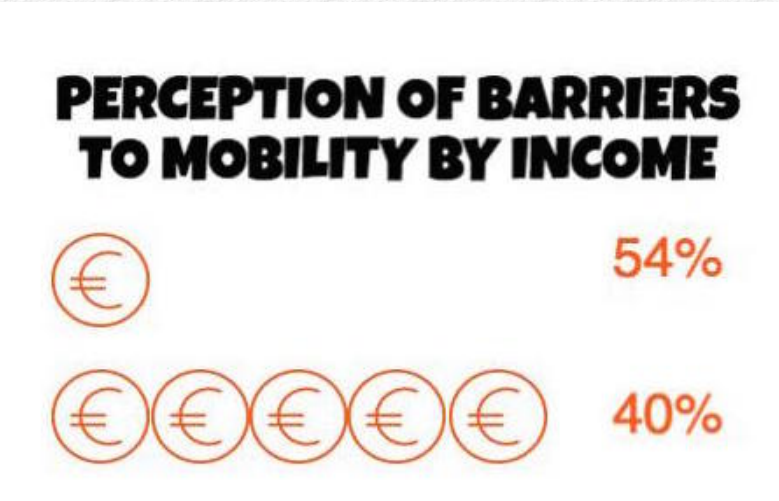
Figure 3 shows that in almost all cases studied, people with disabilities with a low level of income perceive more barriers to mobility than people with a higher level of income. The exception to this trend is in the Greek case where the percentage of people with high income perceive more barriers than people with low income.

Graphic 3 Percentage of people with disabilities according to the income level of perceived barriers to mobility by country. Font: Eurostat 2012



Mobility according to sociodemographic variables

Methodological note: Starting in the first quintile with the lowest income, the income values will increase until the 5th quintile which contains the highest income values. Quintiles are the result of dividing the whole population according to income value into 5 separate groups. This shows that 20% of the disabled population has a lower income and 20% with a higher income.



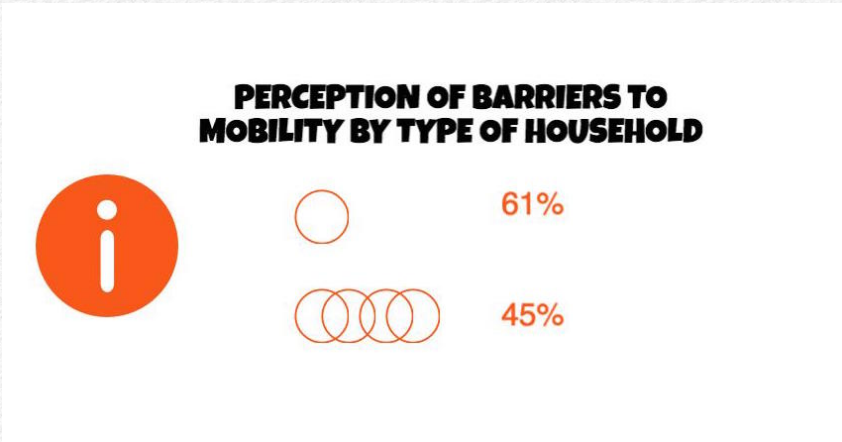
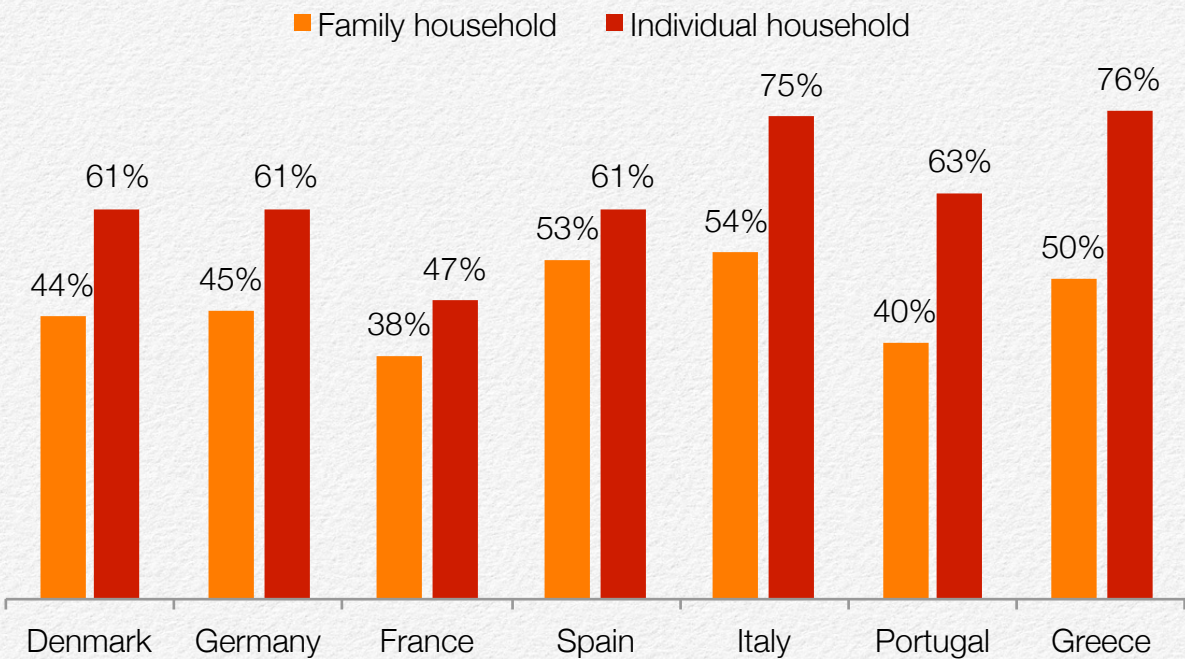
On average, people with low income in Europe -UE27- perceive more barriers to mobility than people with high income, as evidenced by a 14% difference.

The family structure and the type of household in which a person lives is an indicator of support and social ties. If one considers that this disability is a situation resulting from the barriers that society places; than the richer, integrated and open the environment is, the lower the effects of disability will be. In addition, it seems reasonable that the more people that form the direct environment, the more easy it will be for full participation and enjoyment of human rights.

Figure 4 shows as in all cases studied, having a family home is a factor that enhances the perceived barriers to mobility. On the opposite side, belonging to a single household is a factor that increases the perceived barriers. The states where there are more differences in the perception of barriers depending on the type of home are Greece and Portugal, with 26% and 23%.

On the other hand, cases where there are fewer differences founding are Spain and France.

Graphic 4 Percentage of people with disabilities by type of household who perceive barriers to mobility by country. Source: Eurostat 2012



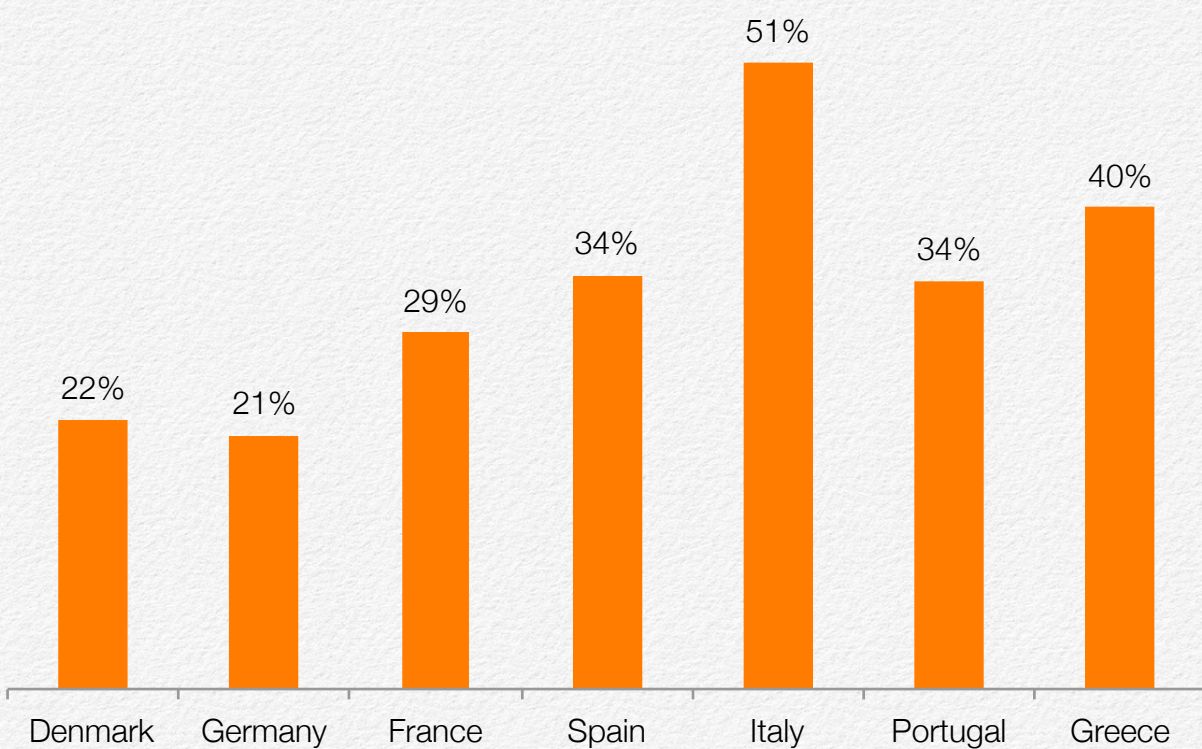
On average, people living alone in Europe -UE27- perceive more barriers to mobility than those living in family as shown by a 16% difference.

Transport and buildings

Transport is one of the elements that determines whether a territory, a city or an environment is accessible in terms of mobility. Providing access to transport for all people ensures equal opportunities when travelling and therefore ensures equal participation in the workplace, community life and culture.

Figure 5 shows the perception of barriers to transport by country. The results show that Italy is the country where more barriers are perceived as 51% of the people with disabilities perceive barriers in transport. The perception of barriers in the countries of the Mediterranean region exceeds 30%, while in countries such as Denmark and Germany it is around 20%.

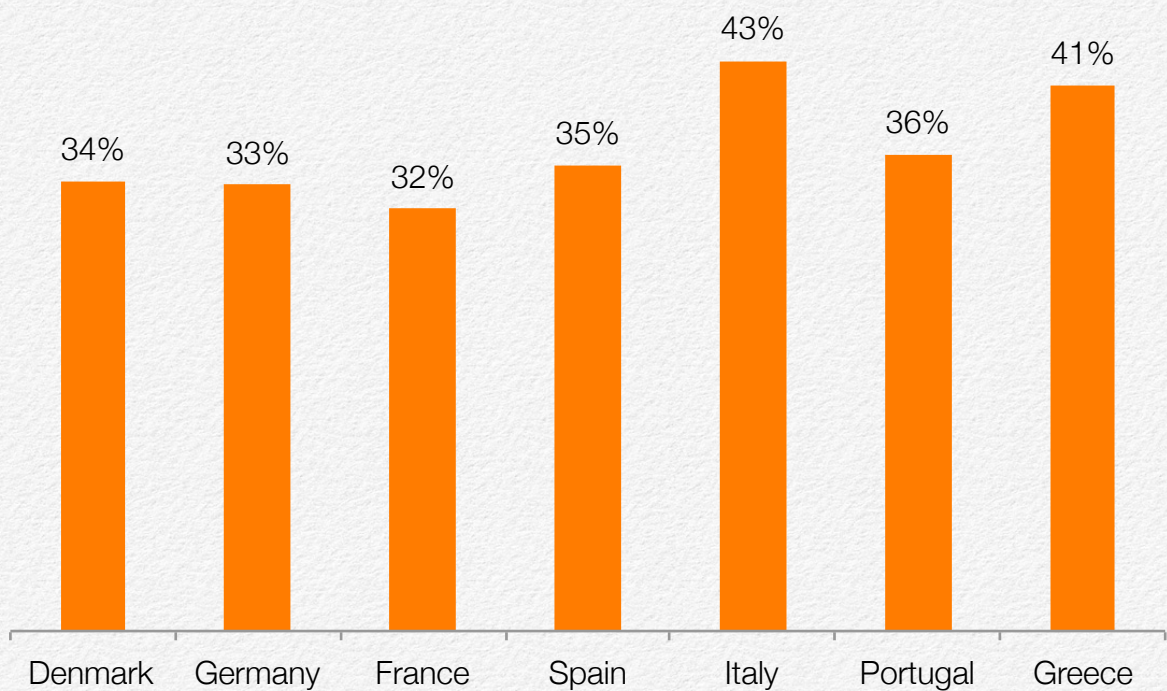
Graphic 5 Percentage of people with disabilities who perceive transportation barriers by country. Source: Eurostat 2012



32% of people with disabilities in Europe -UE27- perceive barriers to transportation, which can be public or private.

Inaccessible buildings create obstacles for people with mobility difficulties. Figure 6 shows the perception of barriers to access to buildings, where once again Italy and Greece are the territories with the more negative perception, with 43% and 41% respectively. The territories with lower levels are France, Germany and Denmark, while the European average is 37%. The differences between regions in this case are lower than in the case of barriers to mobility and transport.

Graphic 6 Percentage of people with disabilities who perceive barriers to access to buildings by country. Source: Eurostat 2012

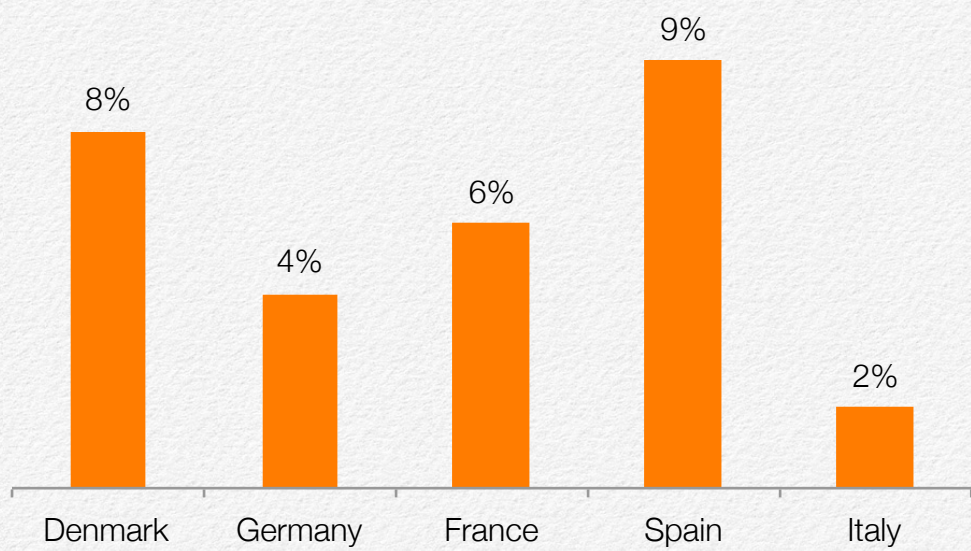


ICT access and leisure

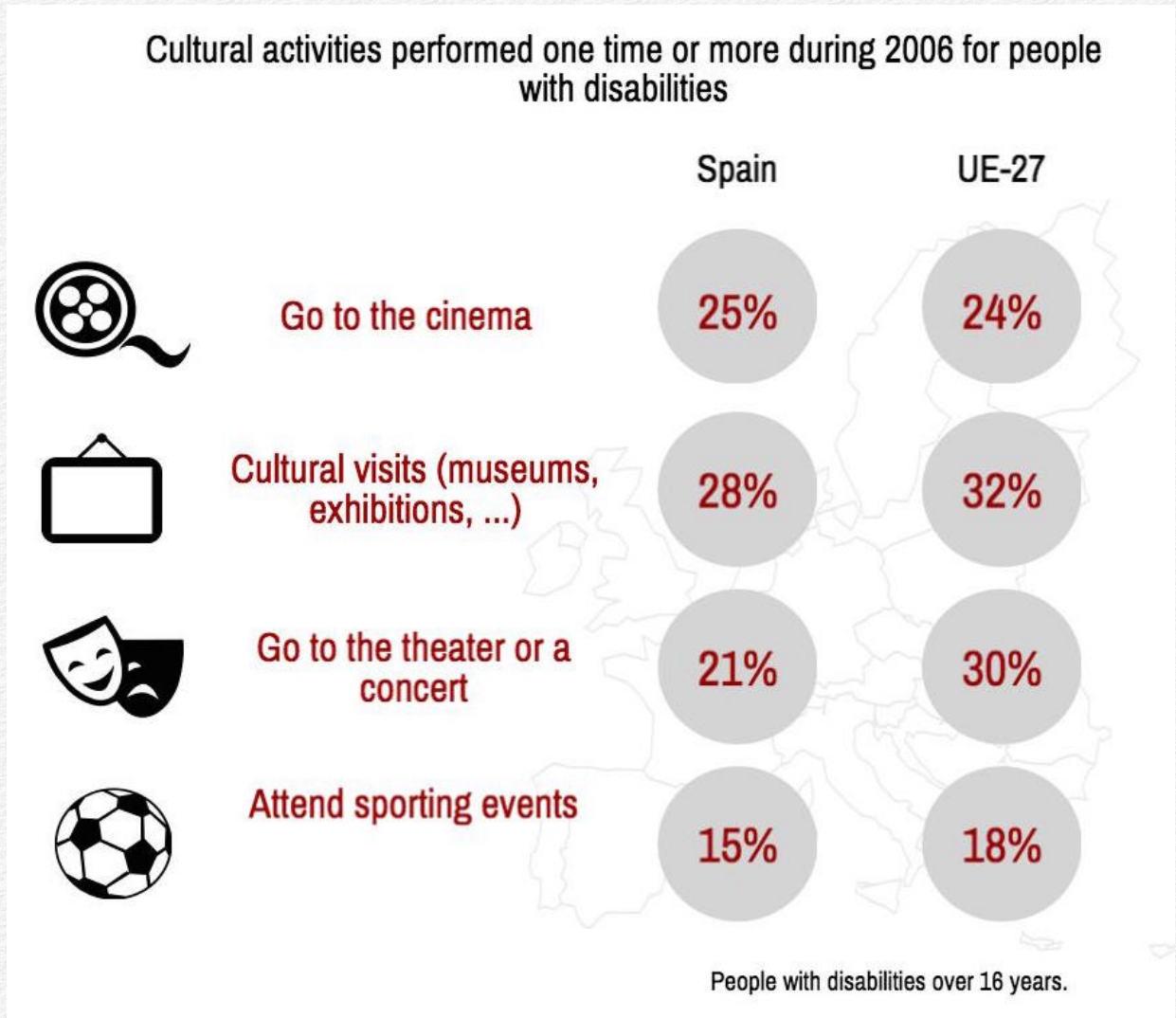
Certain people with disabilities face different levels of difficulty when attempting to gain access to information and communication technology ICT. This includes inaccess to technology both physical access to computers, connectivity or infrastructure and the geographical, economic, cultural and social factors that create barriers to social inclusion. The social impact of the digital divide is significant in an increasingly diverse environment where the use of ICT is and will be essential for social development.

Figure 7 shows the perceived barriers for people with disabilities when it comes to internet access. As noted, among the territories for which data are available -Greece and Portugal have no data-, Spain has the highest percentage of perceived barriers -9%- followed by Denmark -8%-. Countries with the lowest percentages were Italy and Germany whose results fall below the European average set at 5%

Graphic 7 Percentage of people with disabilities that face barriers to access to internet by country. Source: Eurostat 2012



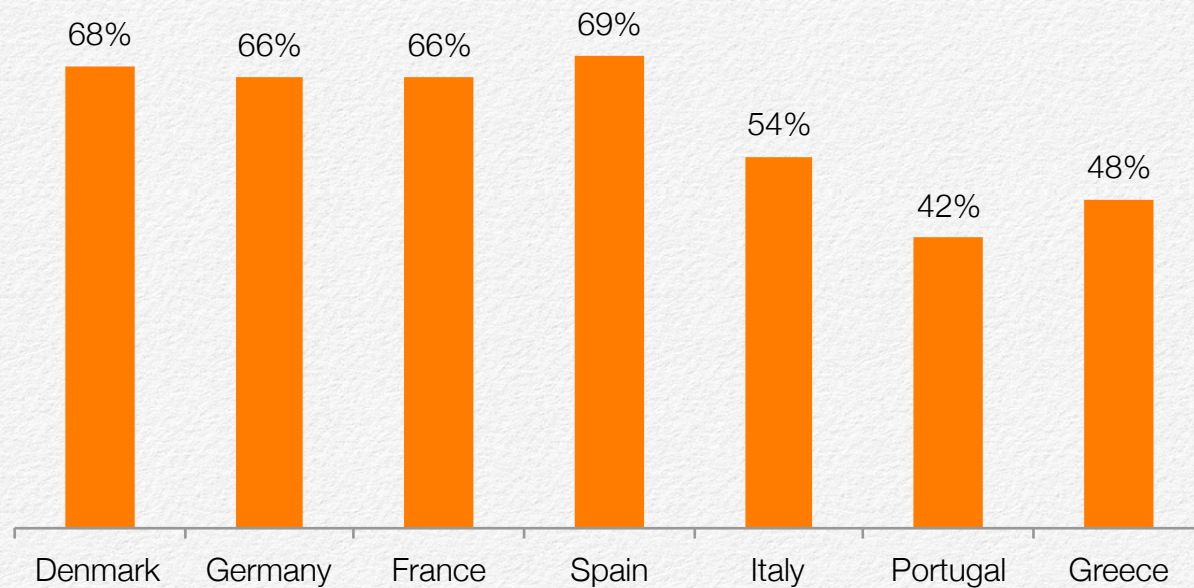
Leisure is a resource for personal, social, economic development and is an aspect involved in the quality of life of people, as indicated by the Charter for Leisure Education. However, as of now, the current characteristics of leisure time have exclusive elements for they do not always fulfill the conditions for the free and full participation of all people. In many cases, disability is still treated as an object of intervention by receiving programs. Unfortunately there are no current data available regarding the cultural activities of persons with disabilities. The first approximation of the most recent data available are from 2006.



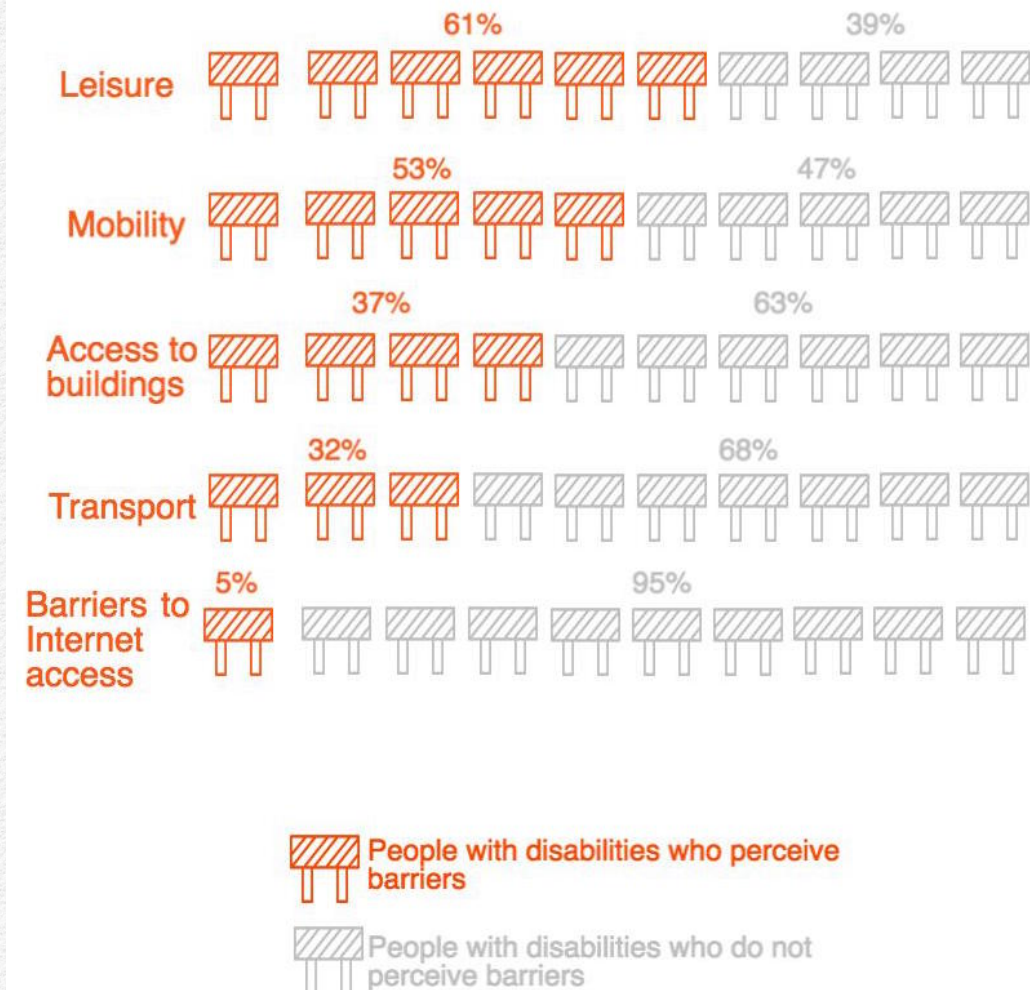
In summary

In other areas, there is more recent data on the perception of barriers to leisure. The territory with a higher percentage of people who perceive barriers to free time is Spain -69% -. The difference between countries like Denmark, Germany and France is virtually nonexistent. Instead, the territories situated below the European average -61% - are Portugal, Greece and Italy.

Graphic 8 Percentage of people with disabilities who face barriers to leisure by country. Source: Eurostat 2012



PERCEIVED BARRIERS FOR PEOPLE WITH DISABILITIES



The main barriers perceived by people with disabilities in Europe -UE27- primarily affects areas of leisure and mobility, and less access to buildings and transportation. There are factors involved in the perception of how barriers which include gender, income and type of household.

Equality, education and occupation



The European strategy on disability 2010-2020 aims to promote equal opportunities. Two of the main social areas that promote equal opportunities and economic independence are education and employment. This chapter analyzes the state of these two areas and levels of equality achieved so far.

Equality and discrimination

More than a half of the European citizens think that disability discrimination is widespread -according to the Eurobarometer Special n.317, 2009-. The information collected based on the opportunities of persons with disabilities show that equality is far from being a reality. Convention on the Rights of Persons with Disabilities of the UN reflects the equal and inalienable rights of persons the need to ensure that people with disabilities fully exercise their rights and freedoms, without discrimination and also recognise the need to protect and promote the human rights of persons with disabilities.

Discrimination against any person on the basis of disability is a violation of the dignity and values inherent to human beings. However as shown by the data on perceived barriers, 20% of people with disabilities in Europe -EU27- perceive barriers due to discrimination. Among the countries analysed, areas with the most perceived barriers of discrimination include Denmark with 24%, followed by France with 23% and Germany with 20%. At the bottom are Greece, Portugal and Italy.

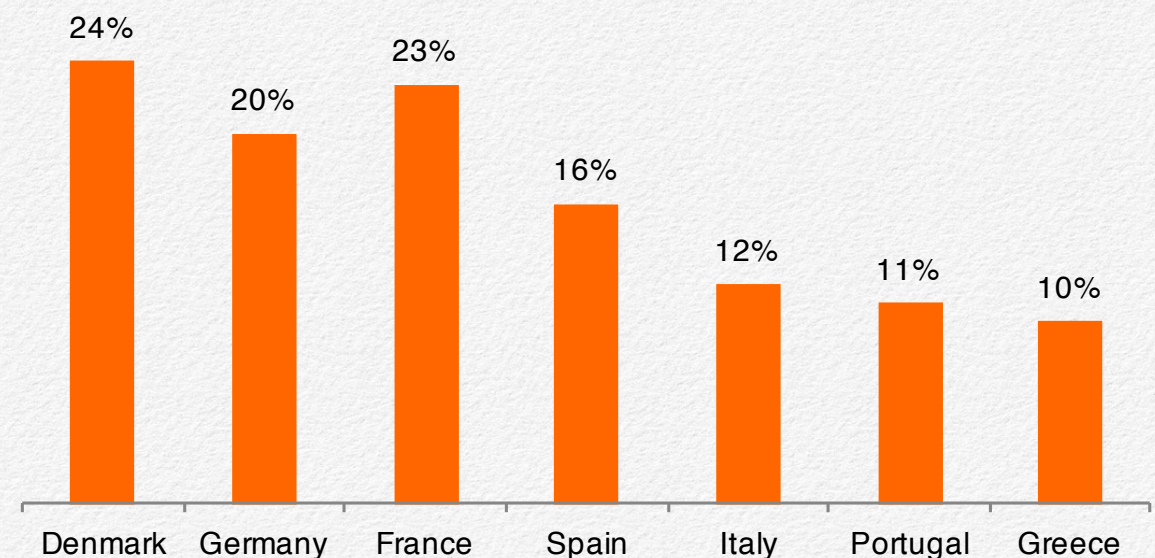
It seems we can establish a relationship between the perceived barrier and the degree of development of the welfare state in different countries analysed. Consequently, we can relate the perceived barriers to the citizenship rights and the situations of discrimination, with the basic services and the benefits considered as basics.



20% of the people with disabilities in Europe -EU27- perceive situations of discrimination.

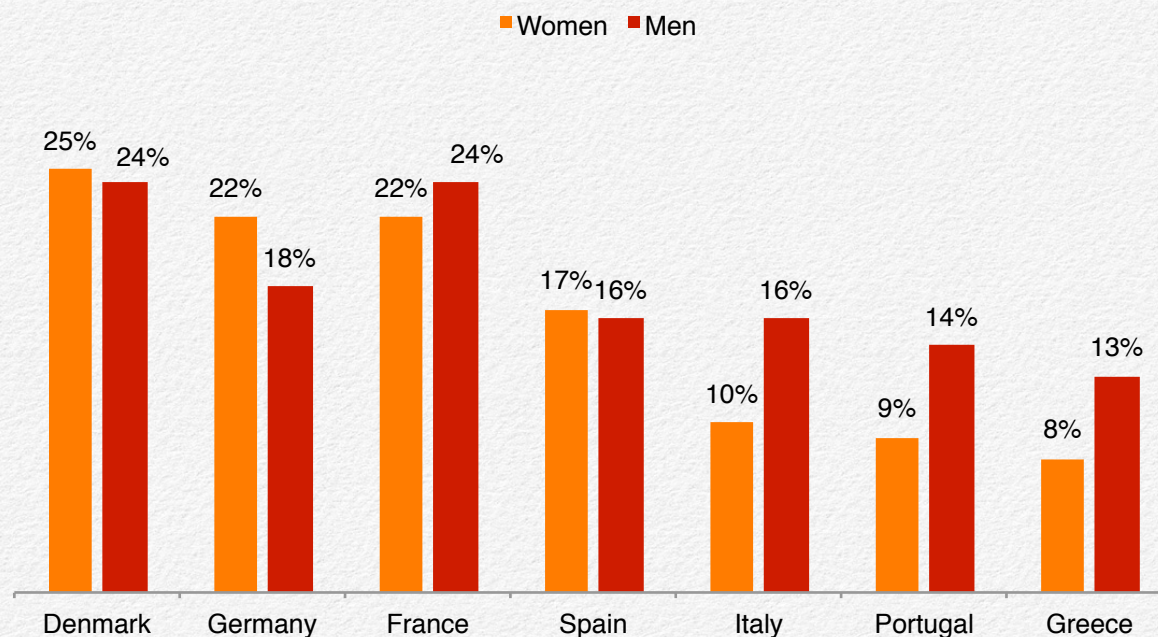
The sociologist Esping Andersen established three welfare state models. The first being, the Anglo-Saxon model which considers the market as a supplier of services. Secondly, the Scandinavian model where the State is the one who is responsible for the welfare of citizens. Finally, the continental model where the family shares the responsibility with the state. In the case of the Mediterranean countries the family role becomes even more prominent than in the rest of the continent.

Graphic 9 Percentage of people with disabilities who perceive discriminatory situations by country. Source: Eurostat 2012



Education and formation

Graphic 10 Percentage of women and men with disabilities that perceive discrimination by country. Source: Eurostat 2012



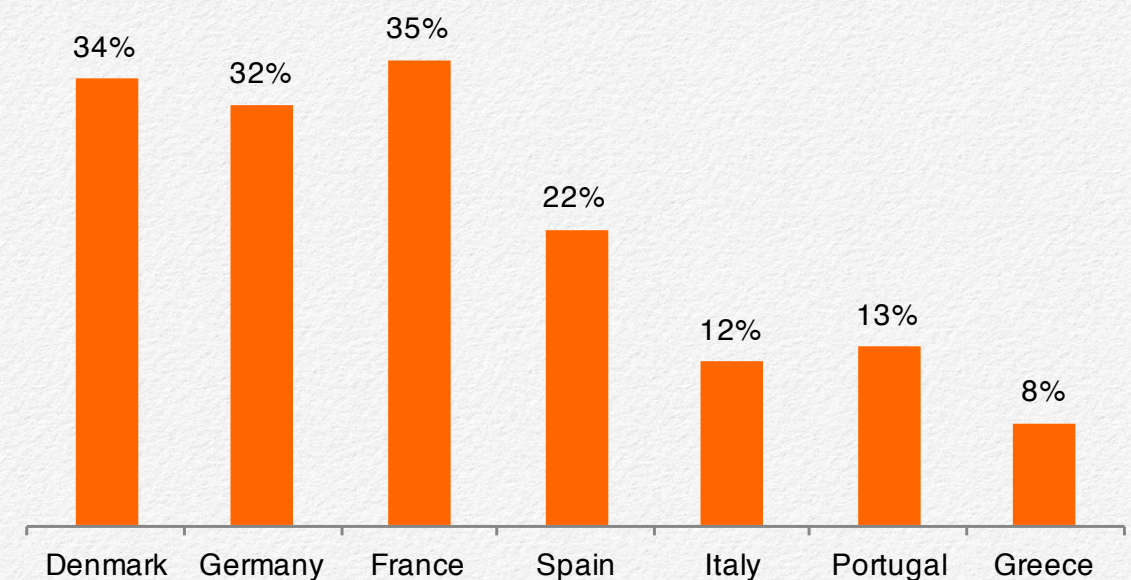
Similar to the perceived barriers, the gender variable shows different results, which can be interpreted by the degree of development of the welfare state in each country given the differences observed.

The analysis shows that in territories and countries of the Mediterranean region, men perceive more situations of discrimination than women. In the Spanish case this trend is reversed, although with little significant difference -from 1% - following the model of northern countries such as Germany and Denmark.

The educational field is in many cases the first step in building a differentiated and equal life trajectory. The European Strategy is committed to providing quality education and training that is also inclusive. This, as defined by the World Report on Disability, implies that children with disabilities have to share conventional classrooms with other children of their age. Inclusive education requires identification and removal of barriers to ensure participation and enjoyment of the learning experience.

Figure 11 shows the percentage of people with disabilities that perceived barriers in education and training by country. France, Denmark and Germany are the countries with the most barriers and Greece, Portugal and Italy are the countries with the least amount of barriers, while Spain remains in the middle at 22%.

Graphic 11 Percentage of people with disabilities who perceive education and training barriers by country. Source: Eurostat 2012



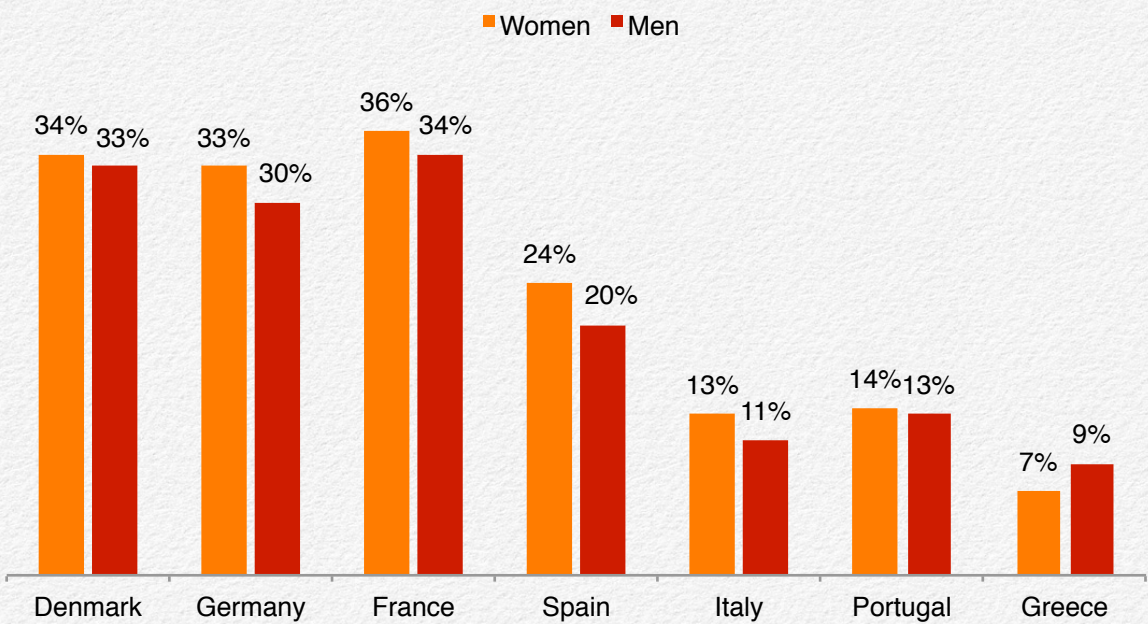
Barriers in education and training



According to UNESCO, inclusive education is based on the right to receive a quality education that meets basic learning needs and enriches lives. Their ultimate goal is to end all forms of discrimination ,promoting social cohesion, and develop the full potential of each person.

Overall, women perceive more barriers to education -except for the Greek case-. Among the territories where the perception of discrimination presents a larger difference between women and men is Spain with a 4% difference.

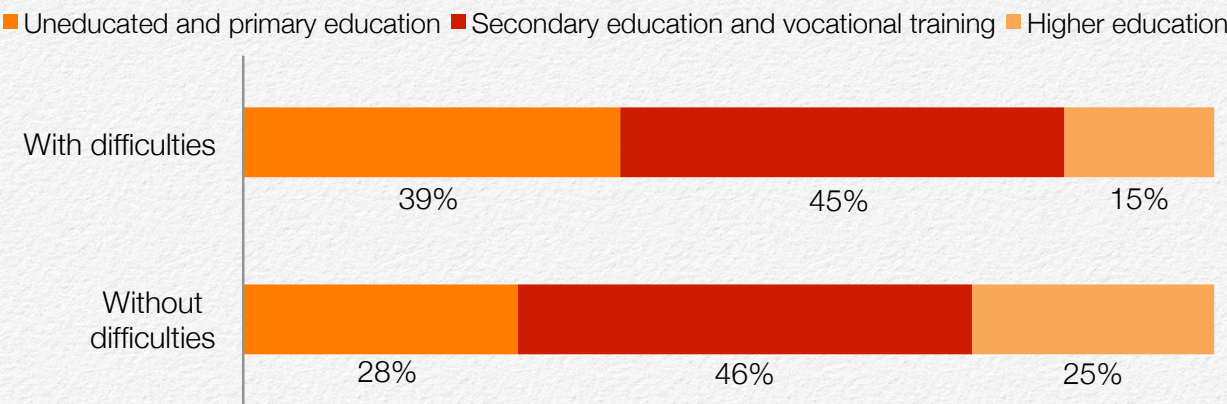
Graphic 12 Perceived barriers in education and training by gender by country. Source: Eurostat 2012



The self-perceived barriers can translate into lower levels of completed studies. In order to analyze this issue, data on people with and without difficulty in performing basic activities, but not on disability must be analyzed.

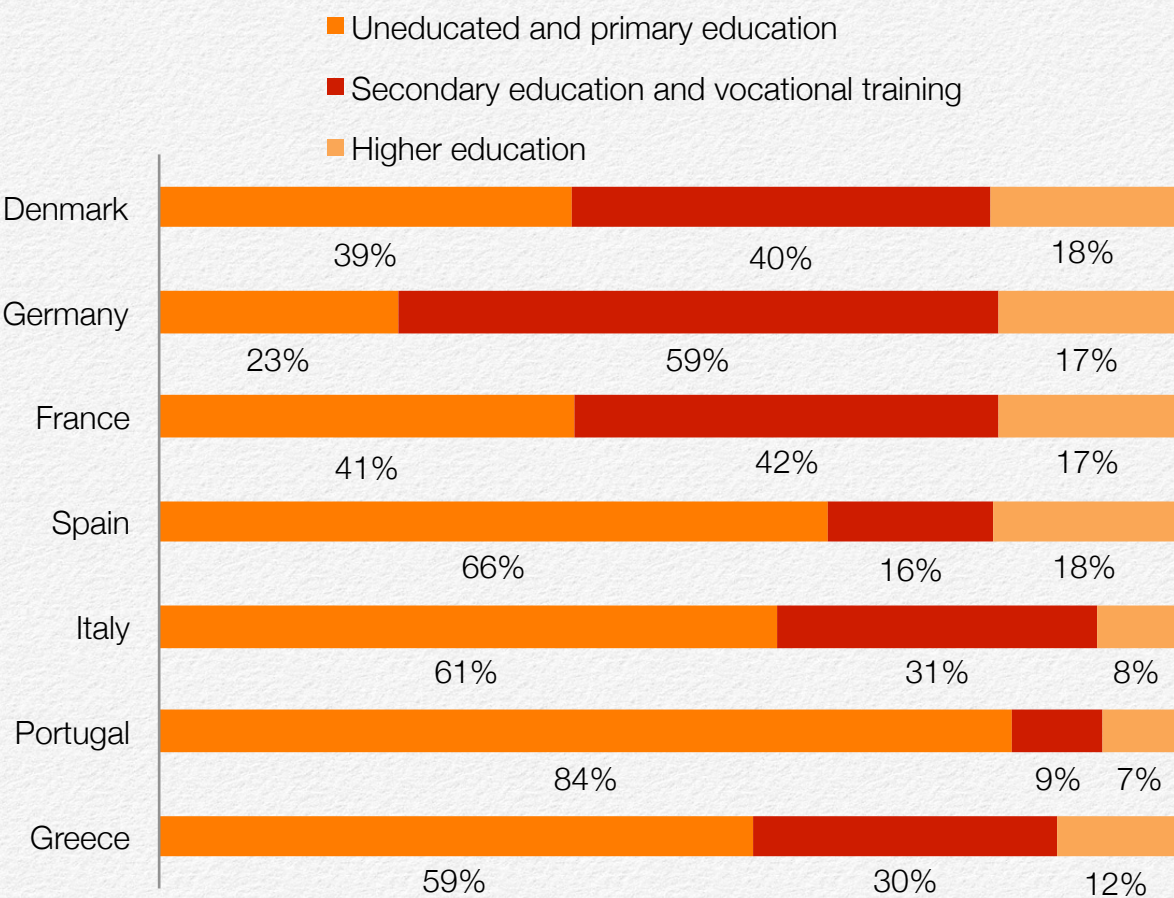
In Europe -UE28- people with difficulties have, on average, 10% less presence in higher education than people who have no difficulties. Figures are reversed in the case of primary studies. In general, these figures remain if countries are analyzed individually but with much more pronounced distances in the countries of the Mediterranean, rising to a 24% difference in levels "uneducated and primary education" in the case of Portugal.

Graphic 13 Education level of the population with and without difficulties in performing basic activities. Source: Eurostat 2011



Indicators in education and training

Graphic 14 Education level of population with difficulties in performing basic activities by country. Source: Eurostat 2011



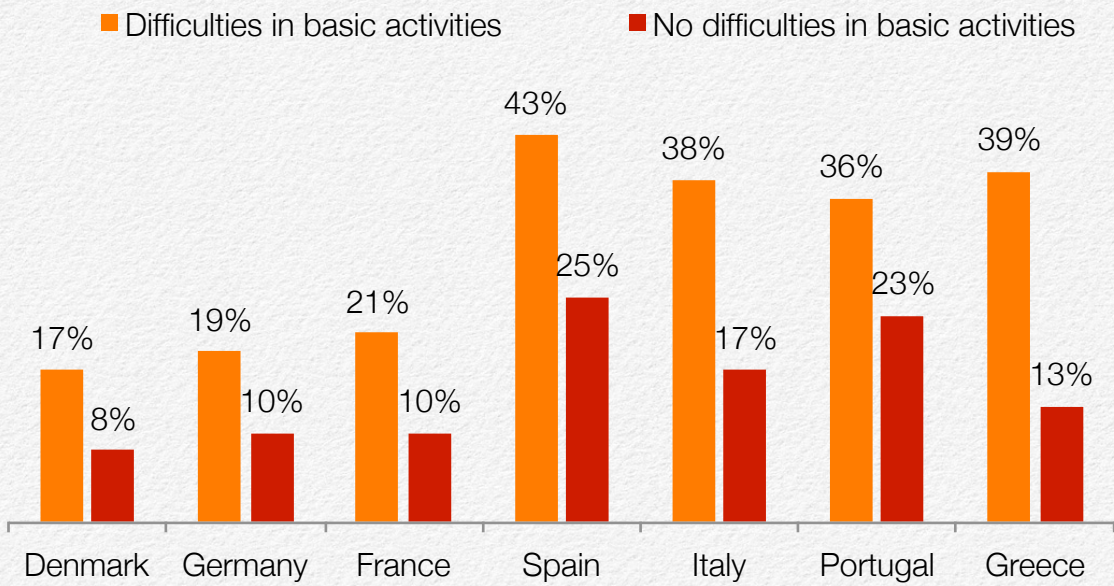
Methodological note: When collecting some indicators Eurostat uses the term people with difficulties in performing basic activities. Although this concept does not necessarily pertain to people with disabilities, it is the one used in this chapter due to the absence of more accurate data -except when talking about perception itself where it deals on people with disabilities-.

If dropout is analysed, the studies showed that those between 18 and 24 years with difficulties in performing activities had significantly higher rates of abandonment of educational studies. The comparison shows a 26% difference in the case of Greece and 21% in the Italian case, between young people with and without difficulties. On the other hand, among the countries that are below the European average -which is 13% difference- are Denmark and Germany, both with 9% difference.

+18%

The dropout rate in Spain is 18% higher among young people who have difficulty in performing basic activities. This is the highest rate in the European Union.

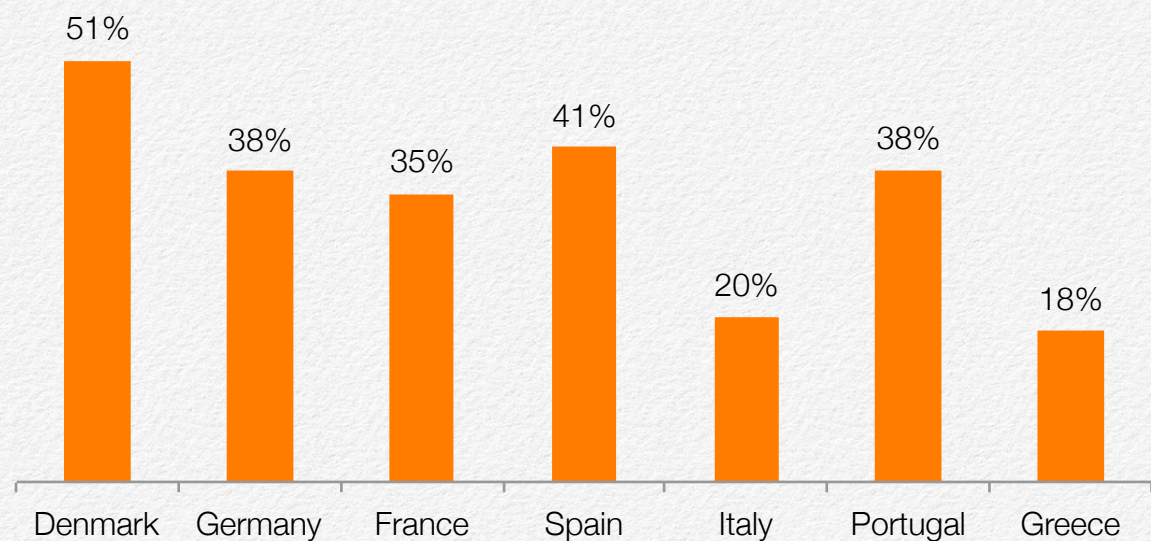
Graphic 15 Premature abandonment of education or training by level of difficulty in basic activities -18-24 years-. Source: Eurostat 2011



Barriers in employment

Employment is one of the areas of the European Strategy on Disability because access to the labor market is one of the main barriers people with disabilities encounter. The availability of quality work does not only ensure economic independence but also fosters self-realization and personal success. Moreover, the current socioeconomic context can provide protection against poverty. It is for all these reasons that the employment is central to achieving the full inclusion of people with disabilities and in breaking the links between disability and poverty.

Graphic 16 Percentage of people with disabilities who perceive employment barriers by country. Source: Eurostat 2012

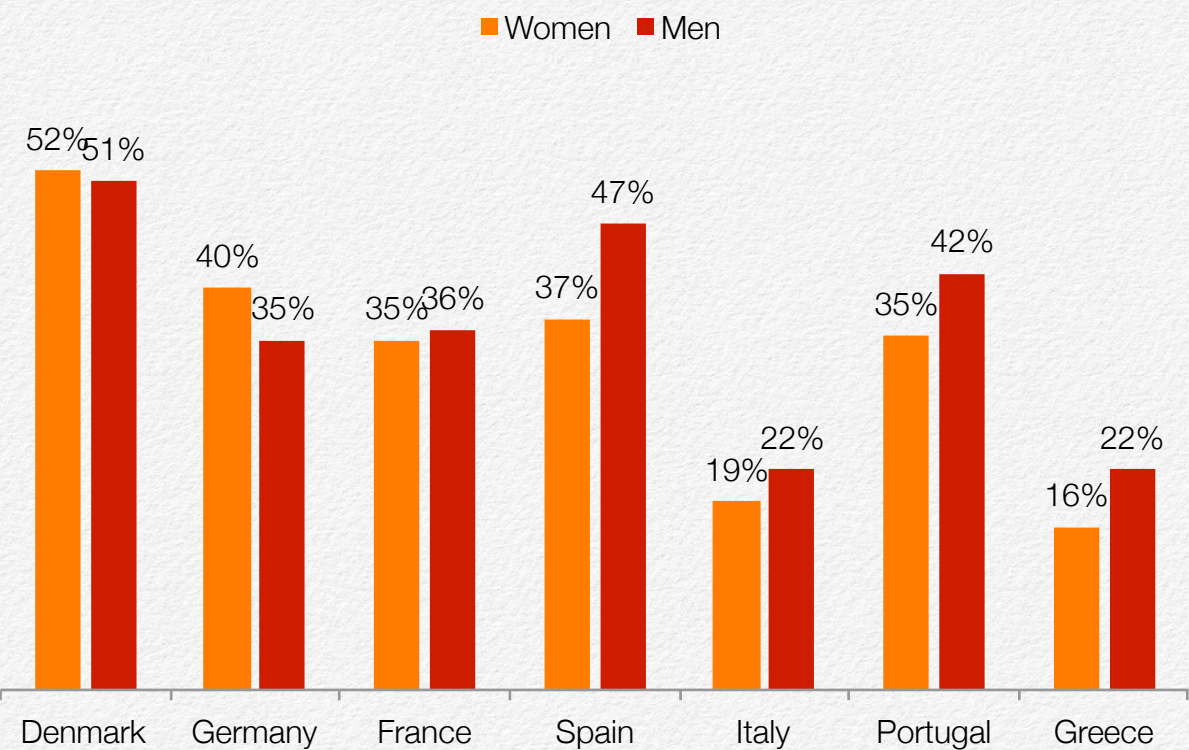


Barriers perceived by people with disabilities in employment vary between 51% and 18% for the countries analyzed. The territory with higher levels of perceived barriers is Denmark, where more than half of people with disabilities recognize some barrier followed by Spain with 41%.

In other cases, there are countries below the European average -located at 39% - which include Greece and Italy with 18% and 20% respectively.

The perception of barriers in the employment of women and men show differences mainly in the Mediterranean region with countries like Spain, Portugal or Greece. In these cases men perceive more barriers than women -up to 10% in the Spanish case-. However, in Denmark and France no significant differences between women and men are observed. In Germany women perceive more barriers in employment than men.

Graphic 17 Percentage of women and men with disabilities who perceive barriers in employment by country. Source: Eurostat 2012

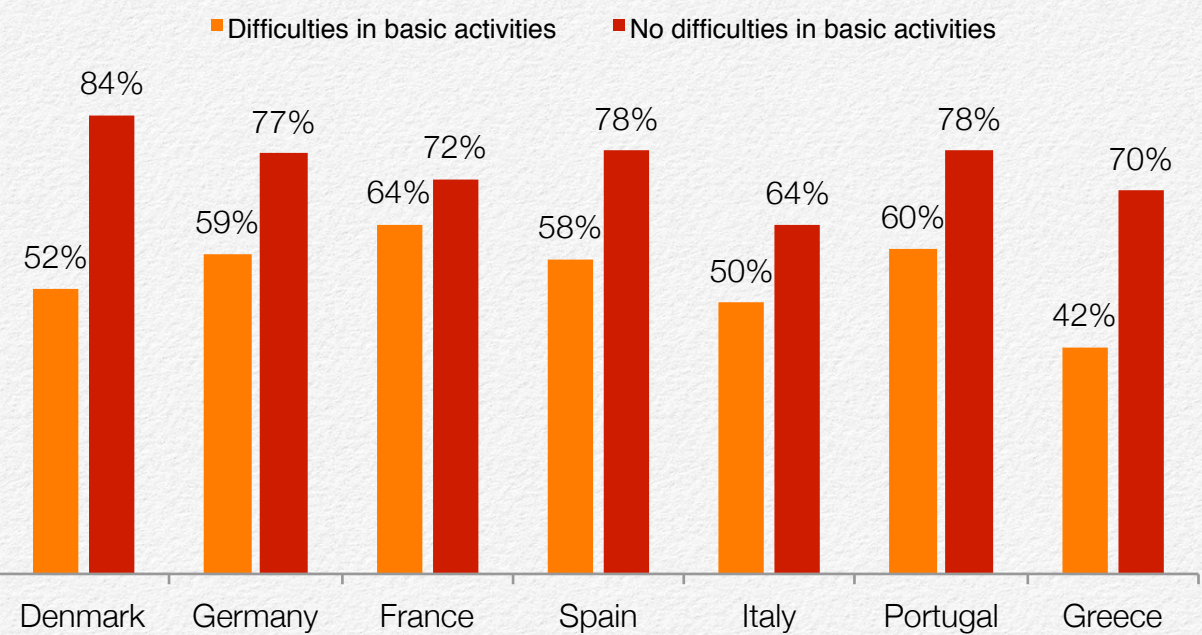


Employment indicators

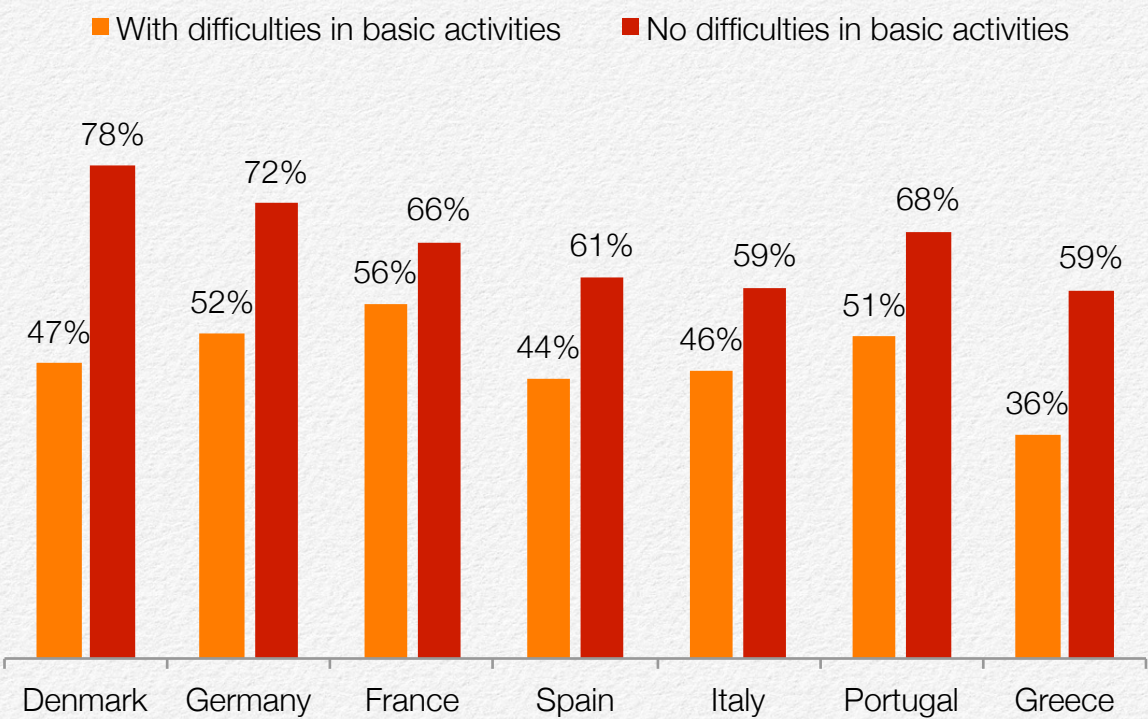
People with difficulties in performing basic activities recorded lower rates of activity and employment than the rest. The country analysis shows that in the case of Denmark the differences between the activity rates of people with and without difficulties amounts to 32%, followed by the Greek case with a 28% difference. The European average of difference is at 21%. Some states, such as France, have percentages well below average -8%- and are considered extreme cases, in comparison with the other countries considered in the report.

Although difficulties in basic activities are not synonymous with disability these results approach the two concepts because the rates of activity and employment refer to the population aged 16 to 65 years, excluding the elderly from the analysis.

Graphic 18 Activity rate of people with difficulties in performing basic activities by country. Source: Eurostat 2011



Graphic 19 Employment rate for people with difficulties in performing basic activities by country. Source: Eurostat 2011



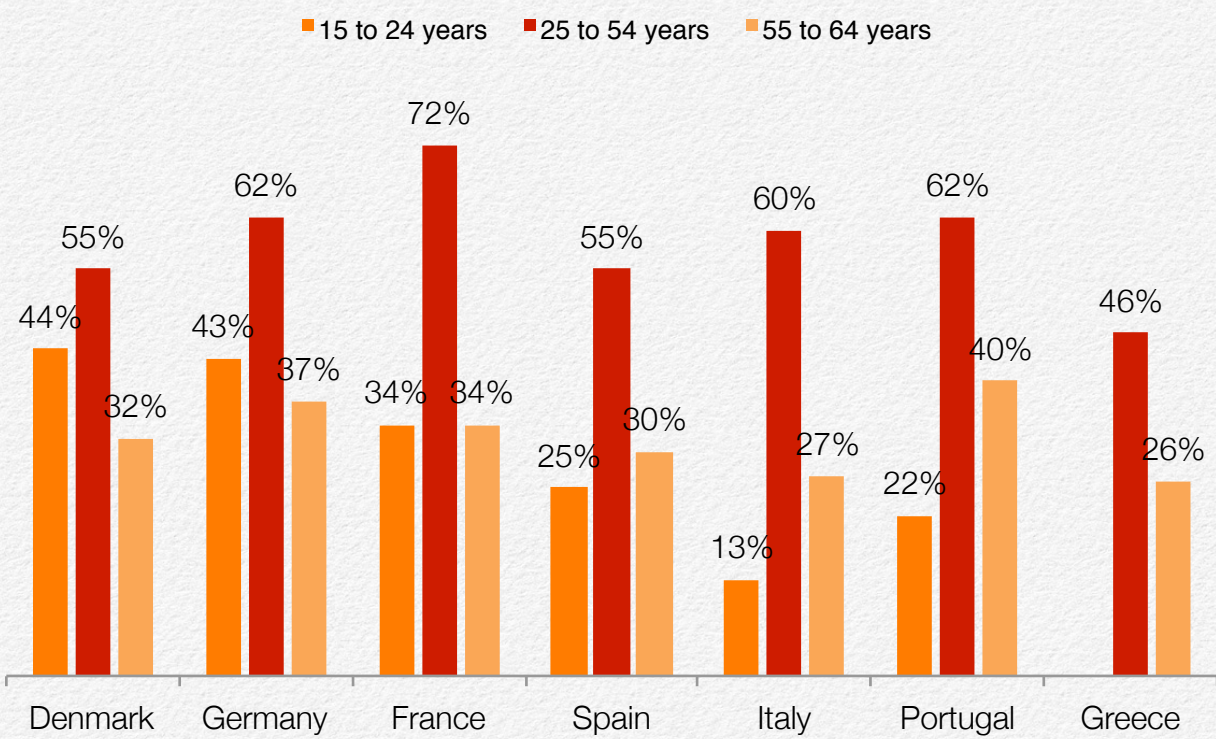
The activity rate refers to people who have a job or who are actively seeking one; while the employment rate refers to people who are currently working. The difference results in the unemployment rate.

The comparison between the two rates shows similar trends characterized by low participation of people with difficulties in performing activities. These low participation rates in the labor market are one of the major reasons why disability can lead to poverty.

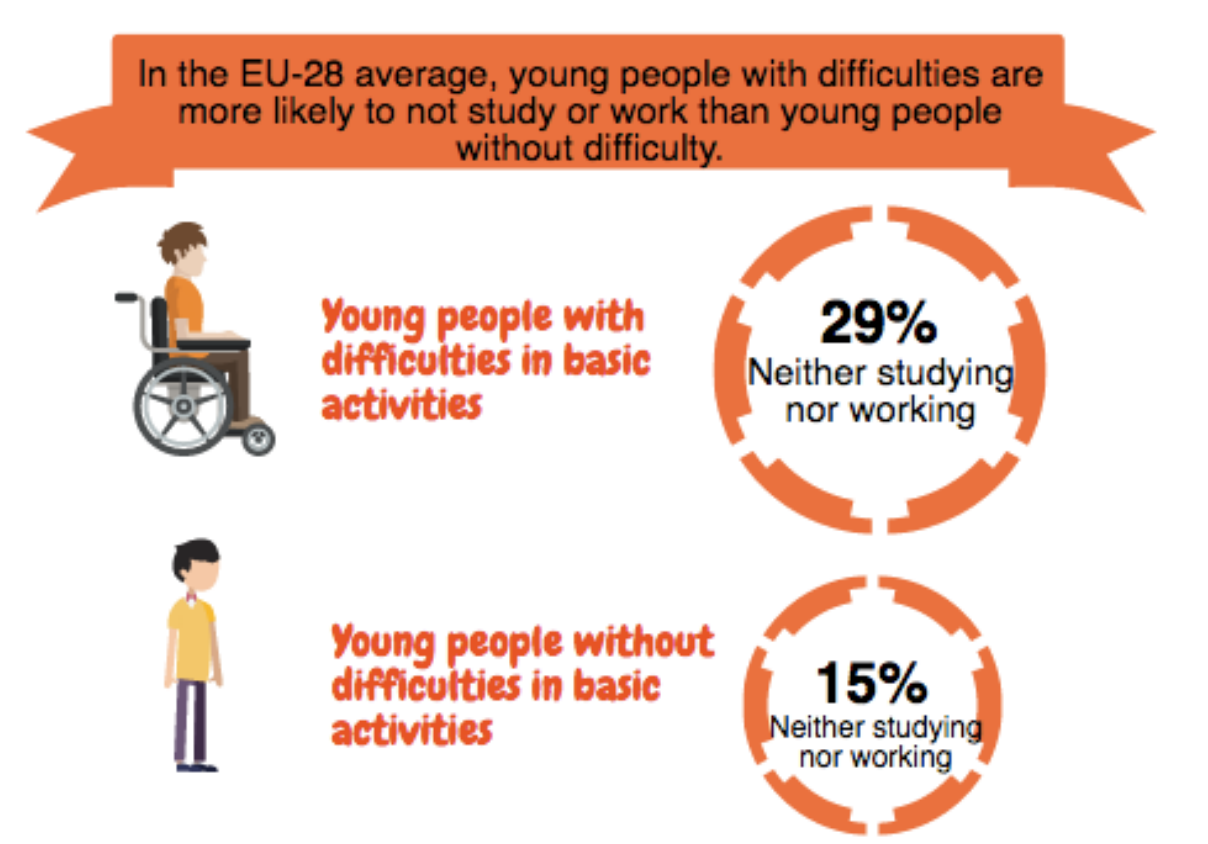
Age and occupation

Another type of discrimination is based on age and it affects both younger and older groups. This discrimination in combination with the discrimination related with disability and can lead to unequal opportunities. In this case the employment rate of people with difficulties in basic activities is analyzed based on the age. Observed in all the areas studied, the group that has a higher rate of employment is from 25 to 54 years. Then there are two groups of countries: those where young people are the least employed group, represented by Portugal, Italy and Spain; and those where the elderly are the least employed, formed by Denmark, Germany and Greece. The main differences are in Italy, where the difference between the group of 25 to 54 years and 15 to 54 years is 47% and in Portugal, where the difference is 40%.

Graphic 20 Employment rate by age groups of people with difficulties in performing basic activities by country. Source: Eurostat 2011



In summary



People with disabilities perceive barriers to access to education and the labor market which can lead to lower levels of education, lower activity rates and lower employment rates than the general population that is of working age.

Age and sex are two factors that in combination with disability can cause further damage and can lead to situations of discrimination and social exclusion.

Social protection and health

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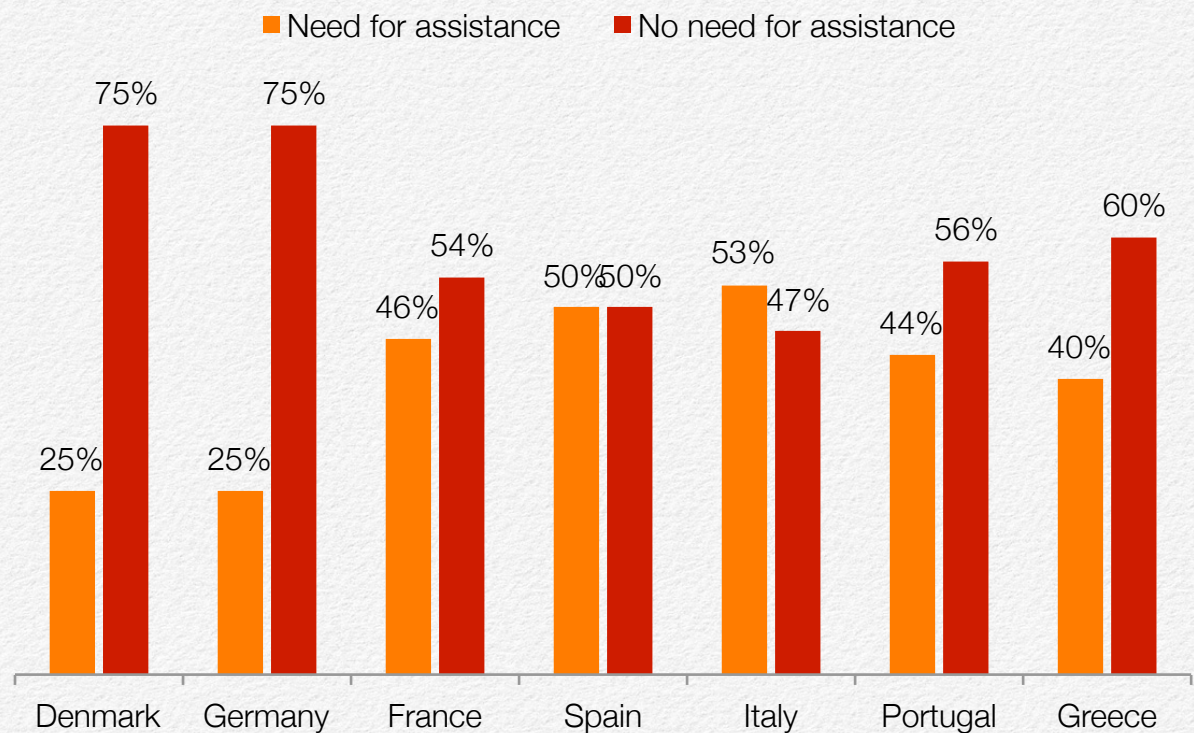
The lower participation of people with disabilities in the labor market can translate into higher levels of exclusion and poverty. To alter this reality, the member states of the European Union have developed a series of social protection systems which are analyzed in this chapter. The indicators of the health system are also studied.

Social protection

People with disabilities may have specific assistance needs which are defined and protected by the public administration. Eurostat considers the concept for need of assistance in their statistics and defines it as the need for specialized equipment and / or personal help.

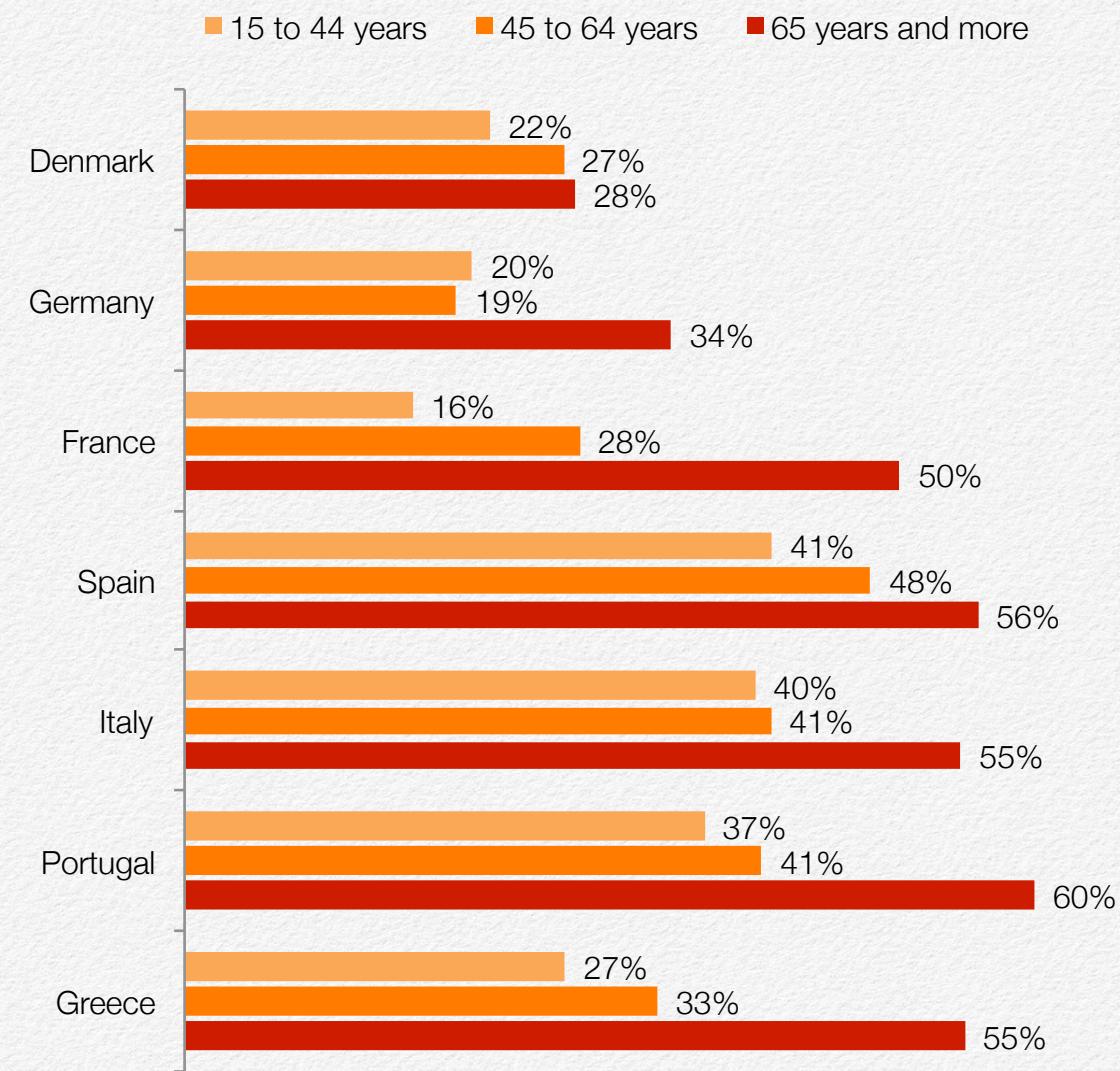
The analysis of countries shows that with the exception of Denmark and Germany, there is a tendency to a balance between people with disabilities who express needs for assistance and with those who do not have disabilities. Again, we find different welfare state models that can explain these results.

Graphic 21 Percentage of people with disabilities by need for assistance. Source: Eurostat 2012



Understandably, the need for assistance varies according to the age. This trend is reproduced in all of the areas studied. The biggest differences in the age are in Greece with a 34 percent difference and Portugal with a 28 percent difference. In comparison, in Denmark there are less differences by age.

Graphic 22 Percentage of people with disabilities by age group according to the need of assistance. Source: Eurostat 2012

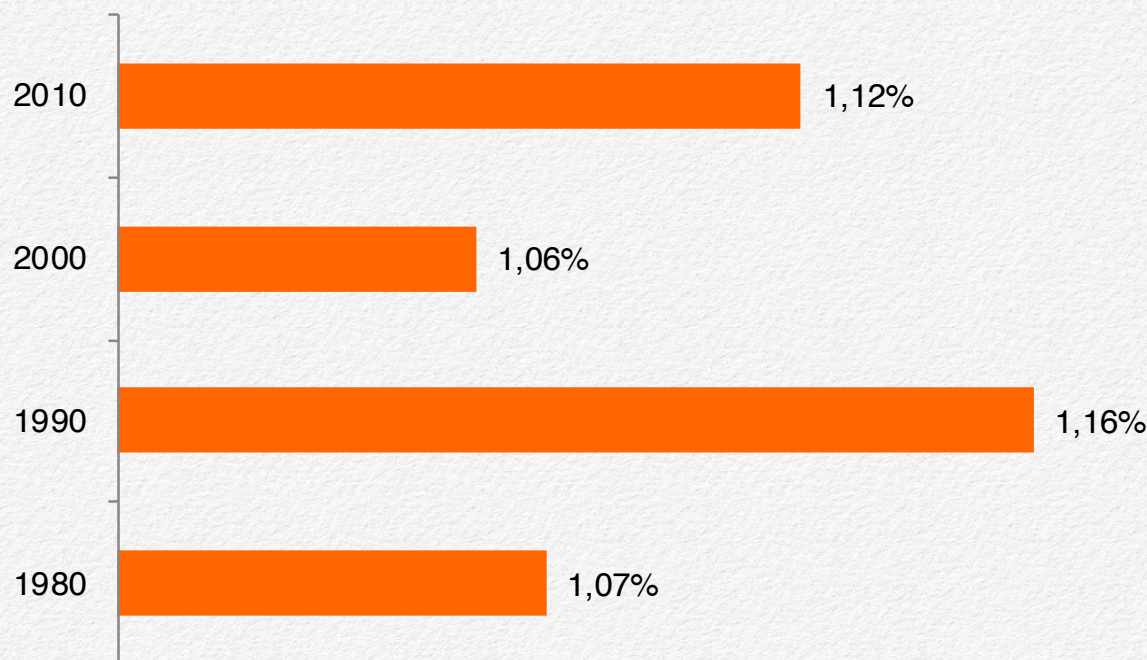


Risk of poverty

Social intervention in terms of monetary benefits which can be analyzed through the percentage of GDP that involve disability pensions. In the last 30 years, the OECD countries has on average increased by 0.05% of GDP.

An analysis based on decade shows that in 1990 the percentage of GDP spent on disability pensions increased but began to decrease again in 2000. This figure has increased in 2010 until 1,12% of GDP. However, spending in 2010 was still not as high as it was in 1990, when 1,16% of GDP was spent on disability pensions.

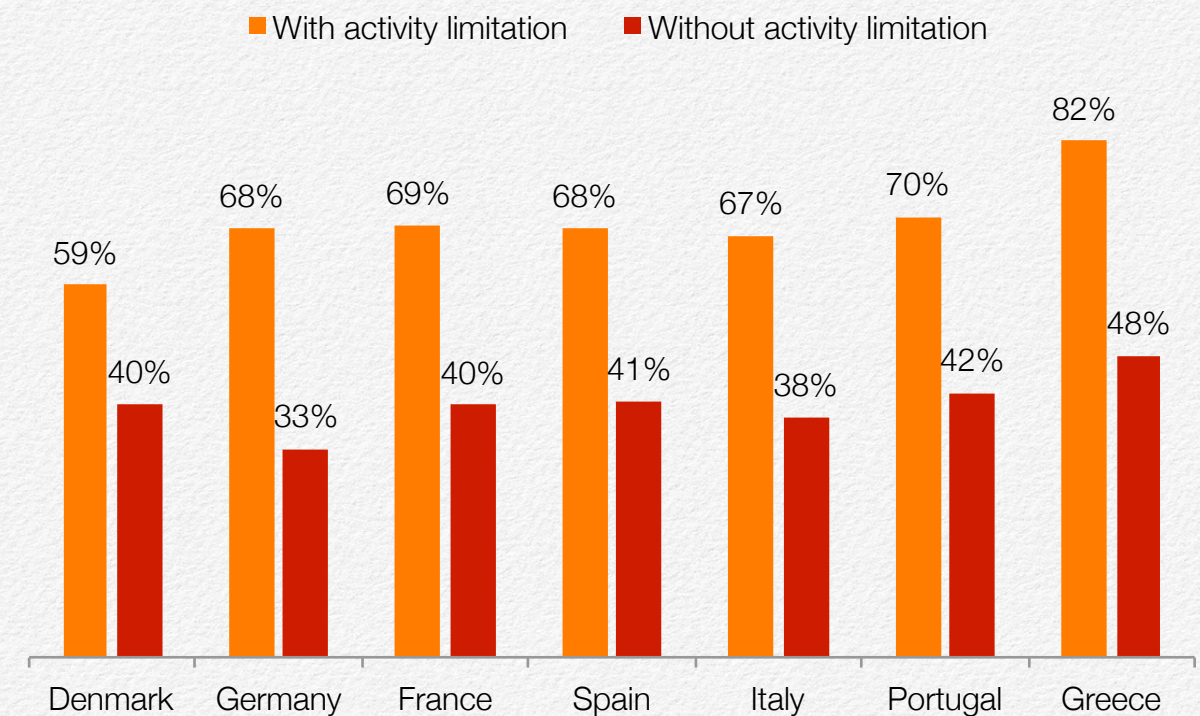
Graphic 23 Evolution of the percentage of GDP spent on disability pensions. Source: OECD



Without social security, disability can be a risk factor for poverty and social exclusion. Figure 24 shows the risk of poverty among people with and without activity limitation before social transfers; therefore inequality prior to the intervention of government.

According to the data, Greece is the country where the risk of poverty is higher for both groups. As for the gap between people with and without activity limitation, shows that the country with the greatest difference is Germany, with 35% difference. By contrast, Denmark is the country that has the smallest percent of difference at 19%.

Graphic 24 Percentage of people -16 and over- at risk of poverty before social transfers as activity limitation. Source: Eurostat, 2013

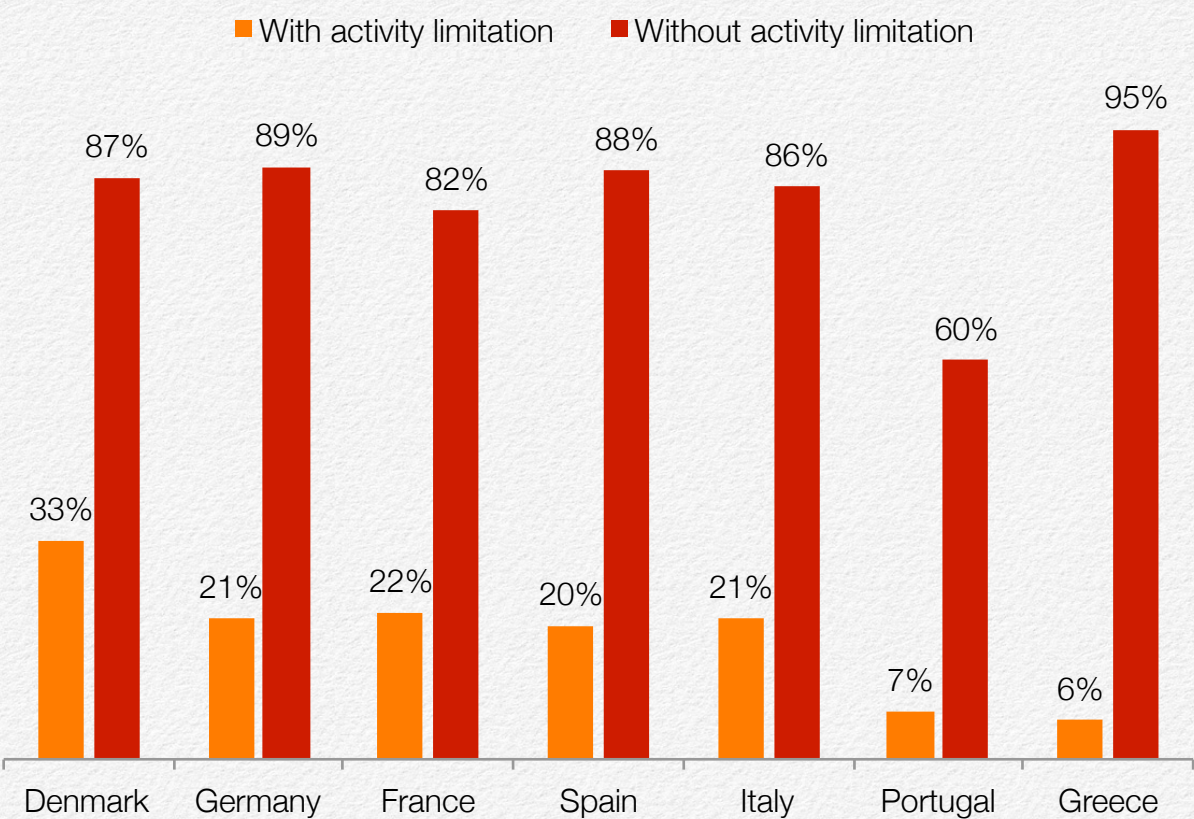


Health condition

The relationship between health and disability can be complex in the sense that there are factors associated with disability difficult to estimate. Therefore, the perception of each person is a good indicator of measurement, especially considering that health is not just the absence of disease.

The perception of health by people with and without activity limitation is different. In the case of people with limitations, they often have a health status that is worse than those without limitations. People without limitations mostly perceive their health as good or very good.

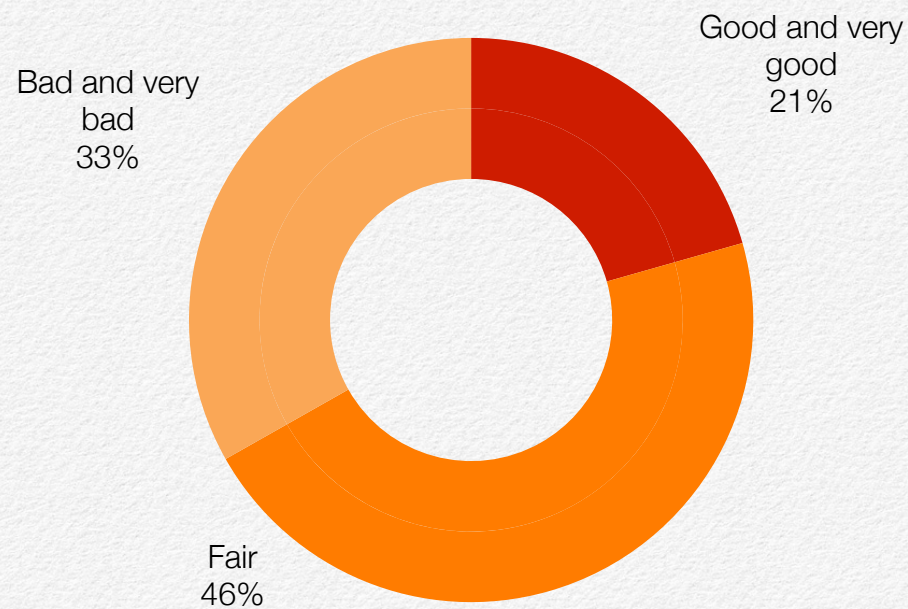
Graphic 25 Persons who perceive a good or very good health by limiting activity and by country. Source: Eurostat 2013



The analysis by country highlights differences as in the Greek case where only 6% of people with activity limitation believe their health is good or very good, and 95% of people without limitation believe their health is good or very good; an 89% difference. The biggest differences after Greece are located in Spain and Germany, both with a 68% difference between people with and without activity limitation. On the other hand, the more equal territory is Denmark.

At the European level -UE27-, almost half of people with activity limitation perceive that their health is fair, one-third perceived it as bad or very bad and only 21% perceive that their health is good or very good.

Graphic 26 Perception of health status of people with activity limitation of 16 years and more of the European Union -UE27-. Source: Eurostat 2013



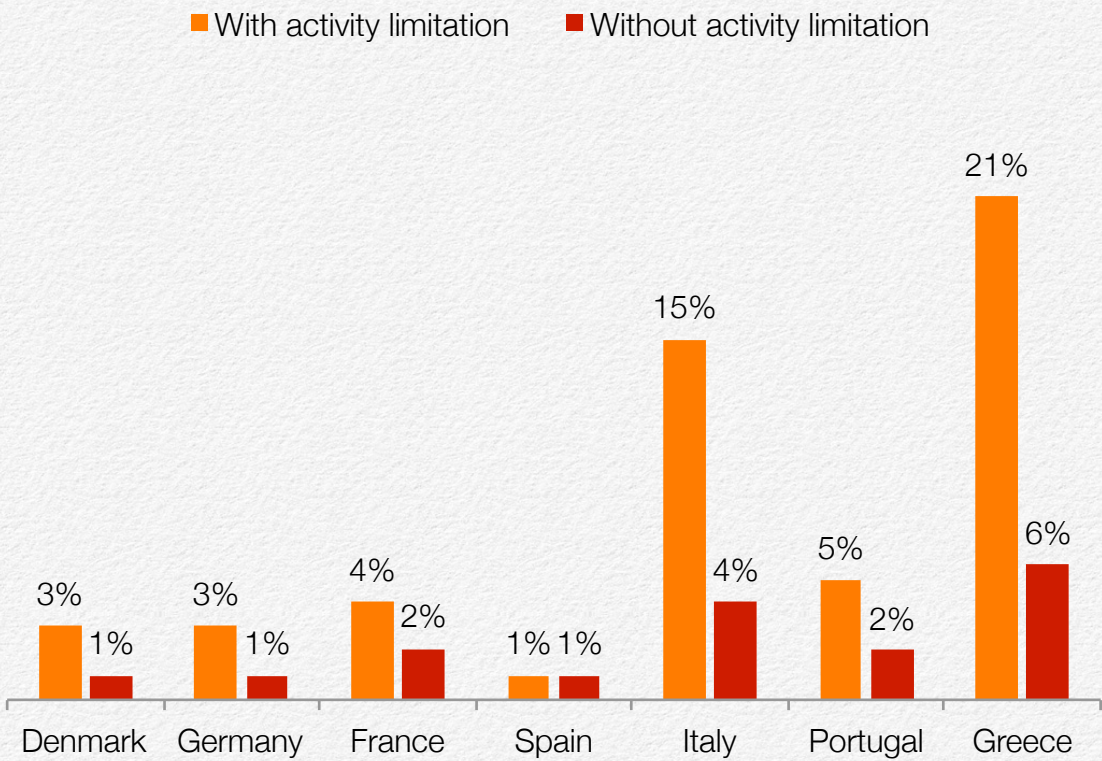
One aspect of the European Strategy on Disability 2010-2020 is increasing the accessibility to quality health care. A possible indicator of access to health services is the degree of satisfaction with medical care. The Eurostat collects data regarding the level of satisfaction based on three reasons: cost of medical services, distance of service and waiting list. It is necessary to clarify that the survey does not include these categories separately but provides a value that equal 3.

To synthesize information, the following chart analyzes only dissatisfaction in accessing the health system. This information is presented separately for those with and without activity limitations. The term "activity limitation" is broad, and as Europe's aging societies, it is logical to have a higher presence of women in this group since their life expectancy is higher.

In any case, the degree of dissatisfaction with the medical care of people with activity limitation no varies depending on gender -there are distances of 1% and 2% for all countries studied-. Differences are found between people with and without activity limitation. People with activity limitation show in almost all countries higher rates of dissatisfaction. The only exception is Spain where there is no difference in rate of dissatisfaction between groups.

Countries with more differences are Greece, with 15% and Italy with 11%. The territory with lower levels of dissatisfaction is Spain, where only 1% of people are dissatisfied with health care. These data may be surprising considering budget cuts that have hit the health system in recent years, but apparently dissatisfaction levels remain low, even more than in other countries like Germany, Denmark and France.

Graphic 27 Dissatisfaction for medical care of people with and without activity limitation -because it is too expensive, too far away or there is a wait list-. Source: Eurostat, 2013



The European survey that measures the satisfaction level of medical care is based on three factors: the cost of medical service, the distance of service and the waiting lists.



External action

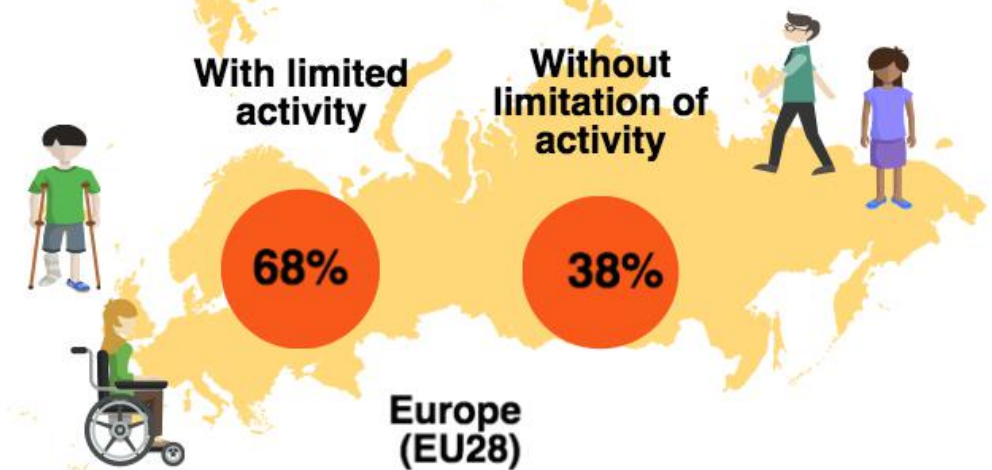
The last axis of the European Disability Strategy 2010-2020 refers to external action. According to the World Report on Disability in the world there are about 1,000 million people with disabilities.

80% of people living with disabilities in the world are found in underdeveloped rural areas. In these areas situations of poverty and exclusion intensify the elements of vulnerability and discrimination.

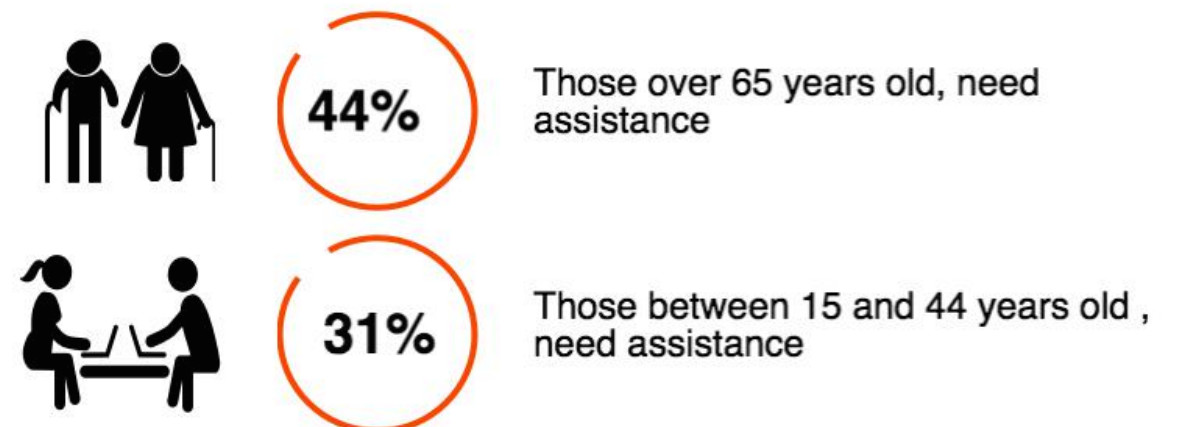
The lack of data regarding the expenditure made by the countries of the European Union makes it difficult to evaluate this axis of the Strategy.

Some actors like FIRAH claim that the development of inclusion does not receive adequate attention in the programs and point to a dissonance between policies and laws on the one hand, and the practices of the other.

People with limited activity have a higher risk of poverty before state intervention



As we grow older we need more assistance



(From people with disabilities of the EU27, 2012)

Conclusions



The conclusions drawn from this analysis are critical to encourage reflection and debate about the current situation of people with disabilities. It also challenges the will of all citizens to work together in order to build a more inclusive society and defend the rights of people with disabilities established by the UN Convention of 2006.

The European Disability Strategy 2010-2020 shows the will of the Member States of the European Union to move toward a society with equal opportunities for all people. To analyze the current state of the -physical and social- barriers and to understand the dimension of the challenges people face, different indicators in relation to the 8 areas of action have been analyzed and described by the Strategy.

One of the first conclusions drawn is that all policy areas reflect the inequality between people with and without disabilities. It is evident that the need to intervene on **MULTIPLE FACTORS OF DISCRIMINATION** affecting large areas of life such as accessibility , education and employment, health, etc. is increasingly large.

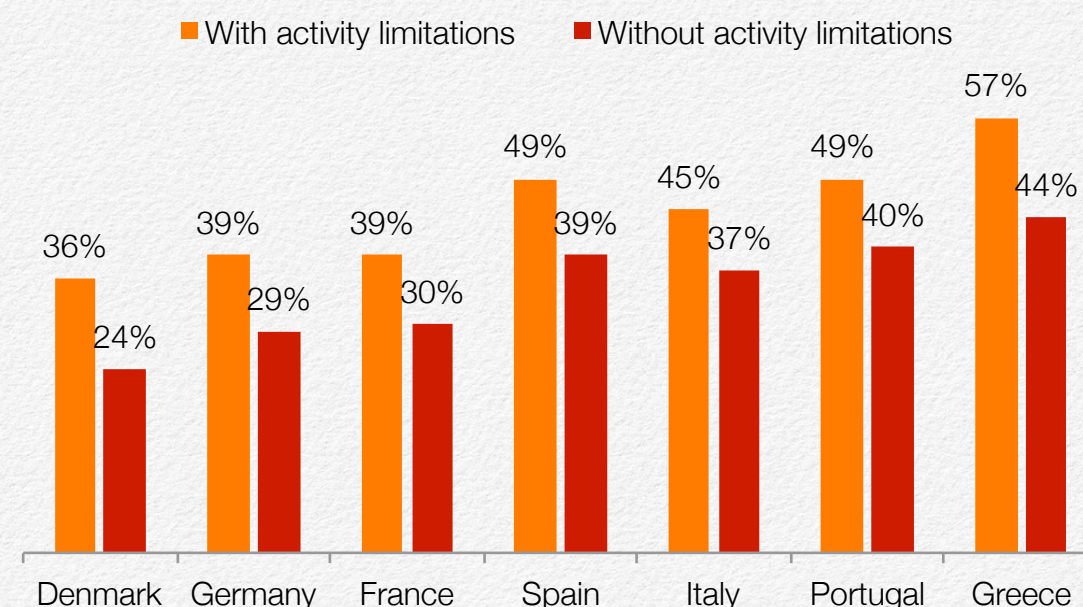
Inequalities vary depending on the country drawing trends that are repeated in different areas. For example, in Denmark in almost all of the studied areas, the existence of barriers is less than in other countries. The antithesis of these results is in Greece, which presents inequality figures above the European average, highlighting economic areas such as the risk of poverty and exclusion or the employment levels.

In each country, **MODELS OF WELFARE STATE** were analyzed and taken into account. With this comparison it could be said that countries with Scandinavian welfare state like Denmark generate fewer barriers and provide more opportunities that are closer to ensuring civil, social and economic rights.

On the other hand, the Continental Welfare State observed in countries like Germany and France, shows intermediate levels, lower than the previous model but above the Mediterranean when dealing with education, employment and risk of poverty. Finally, the countries of

southern Europe and the Mediterranean region such as Portugal, Italy, Greece and Spain, have higher levels of inequality on average in all areas analyzed. There are many obstacles related to the ability to meet basic needs and deal with unexpected expenses.

Graphic 28 Inability to face unexpected financial expenses by activity limitation and country. Source: Eurostat 2013



Variables such as sex, income level and type of household are discriminatory factors that accumulate to disability. The type of home can be understood as a direct and close support available to people with disabilities, non-institutionalized and based on trust relationships. Thus, this factor indicates the amount of support available to a person who feels the affects of inaccess to services and resources.

It is evident that **THE SOCIAL DIMENSION OF DISABILITY** and the **SOCIAL POLICIES** can reverse situations of discrimination and inequality. If the individual factor of disability was a decisive factor in the barriers there wouldn't be so big differences between countries being established, based on different models of welfare state. Nor by other factors such as gender, income level or type of household.

One of the consequences that is clear and directly linked with the European Strategy is the need to promote, in the countries of the Mediterranean region, a much stronger strategy or approach to the levels of the northern countries. This could have an impact on the socioeconomic crisis that has occurred in societies in southern Europe where the model 'familialist' has been in many cases the only guarantee of welfare of persons with disabilities.

But given the starting point of the Strategy regarding the barriers that people with disabilities face, deciding what goals are feasible to have completed by 2020, specially considering that same barriers stem from cultural structures and hegemonic practices is important.



The Spanish case

Taking into account the different indicators observed in the Spanish case is aligned with the welfare state model of the Mediterranean region. The data shows that there is a greater perception of barriers than northern countries and the rates of activity, the employment and the levels of studies corroborate this perception rate.

However, data regarding the dropout, the employment rate and the risk of poverty are particularly high and show deep gaps between people with and without disabilities. These distances would not have to take place in Europe in the XXI century, they pose challenges at the state level to address specific problems of our environment.

Data sheet



The data for this report comes mainly from Eurostat, the European institution conducting official statistics and compiles with data from local studies of member countries.

The framework document has been the European Strategy on Disability 2010-2020.

This monograph has been prepared based on data analyzed from:

*** Data and figures about disability. Eurostat.**

[Consult data](#)

*** Data and figures about disability benefits. OECD.**

[Consult data](#)

*** Data on indicators of inequality. INE.**

[Consult data](#)

The framework documents used in the preparation of this monograph have been:

*** European Disability Strategy 2010-2020**

[Consult document](#)

*** Convention on the Rights of Persons with Disabilities of the United Nations.** [Consult document](#)

*** World Report on Disability (2011). World Health Organization and World Bank.** [Consult document](#)

Other sources consulted:

Carta Internacional del Ocio. [Consult document](#)

Castro et al. (2012). “*La brecha digital en las personas con discapacidad*” in Cuaderno Red de Cátedras Telefónica. Cátedra Telefónica de la ULPGC, Universidad Las Palmas de Gran Canaria. [Consult document](#)

Corine Van Veen, S. (2014) “Development for all. Understanding disability inclusion in development organizations.-2014” in FIRAH. [Consult document](#)

Eurobarómetro Especial 317 (2009) “*Discrimination in EU in 2009*” European Commission. [Consult document](#)

European Parliament (2010) “*The mobility and Integration of People with Disabilities into the Labour Market*”. Policy Department. Economic and scientific policy. Employment and social affairs. [Consult document](#)

Madariaga (2009). “*Ocio y discapacidad: El reto de la inclusión.*” Instituto de Estudios de Ocio. [Consult document](#)

Leonardi M et al. (2009) “*MHADIE background document on disability prevalence across different diseases and EU countries*”. Measuring Health and Disability in Europe. Milan. Recovered from: Informe Mundial sobre Discapacidad. [Consult document](#)

Organización Panamericana de Salud (2002) “Promoción de la salud en las Américas”. Edition 2002, Volum 1. [Consult document](#)

Open file on inclusive education (2001) UNESCO. [Consult document](#)

The Observatory of Physical Disability -ODF- is a technical instrument at the service of people with disabilities and the rest of society for the collection, systematization, updating, generation and dissemination of information related to disability.

The ODF result of reflection arises under the First Forum of Functional Diversity Amputats Sant Jordi held in November 2012 in Barcelona. There is a debate among participating institutions on the importance of generating knowledge about physical disability to make visible a reality often unknown by society and, at the same time have tools to guarantee the rights of all people and improve the task of incidence that takes place in policies of NGOs.

The association [Amputats Sant Jordi —ASJ](#) gave the impetus to carry out the initiative and together with the [Observatorio del Tercer Sector](#), which assumes the technical part, the [Observatorio de la Discapacidad Física](#) is a now a reality today. ODF is an open organization with interest in this subject that wants to actively collaborate on projects. For several months, it has the support of [COCEMFE Cataluña](#), [COCEMFE Barcelona](#), [Fundación Bancaria 'la Caixa'](#) and the [Fundación Vodafone España](#).



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