

## HC4.1. HOUSING OUTCOMES AMONG PEOPLE WITH DISABILITIES

### Definitions and methodology

This indicator presents the housing outcomes among people with disabilities. It focuses on the adult population with disabilities living outside institutions, drawing on data from the European Union Survey of Income and Living Conditions (EU-SILC) for European Union countries and on national population census and dedicated disability surveys for countries outside the European Union. These data are complemented by country responses to the 2021 OECD Questionnaire on Affordable and Social Housing (QuASH), as well as other country studies, as available.

There is no common statistical definition of disability, which renders cross-national comparison a challenge. Indeed, definitions of disability differ across countries (see Plouin et al., 2021). However, many national definitions rely, at least to some extent, on the Global Activity Limitation Indication (GALI), used by European statistical services, or the categorisation set out in the Washington Group on Disability Statistics, developed by the UN Statistical Commission and others in 2001:

- The Global Activity Limitation Indication (GALI) defines disability based on an individual's self-assessment of whether he or she is hampered in usual activities by “any ongoing physical or mental health problem, illness or disability.”
- The Washington Group on Disability Statistics assess disability along different areas of functioning, based on a series of questions. It includes an abridged set of questions (the Washington Group Short Set, WGSS) that covers six areas, as well as an extended version (the Washington Group Enhanced Short Set, WGESS), which covers additional areas of functioning.

Several features are central to the definitions used in this indicator:

- In all of the disability statistics reported in this indicator, disability is a self-reported condition.
- All statistics reported in this indicator are based on an “activity limitation” definition of disability – that is, an individual's ability to take part in everyday activities.
- In many countries, statistics can be disaggregated according to the severity of the reported disability. EU-SILC, for instance, divides the population with disabilities into those who have been “severely” limited in their activities, “limited but not severely” or “not at all”. Several countries also classify disability according to its severity.
- Some statistics are disaggregated by type of disability, enabling distinctions among physical, mental, intellectual, sensory and other types of impairments. EU-SILC data do not allow for classification by disability type; however, data based on the WGSS and WGESS do. Nevertheless, the categorisation of disability type varies widely from one country to another.

For further discussion, see the paragraph Data and comparability issues below and Plouin et al. (2021).

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The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

## Key findings

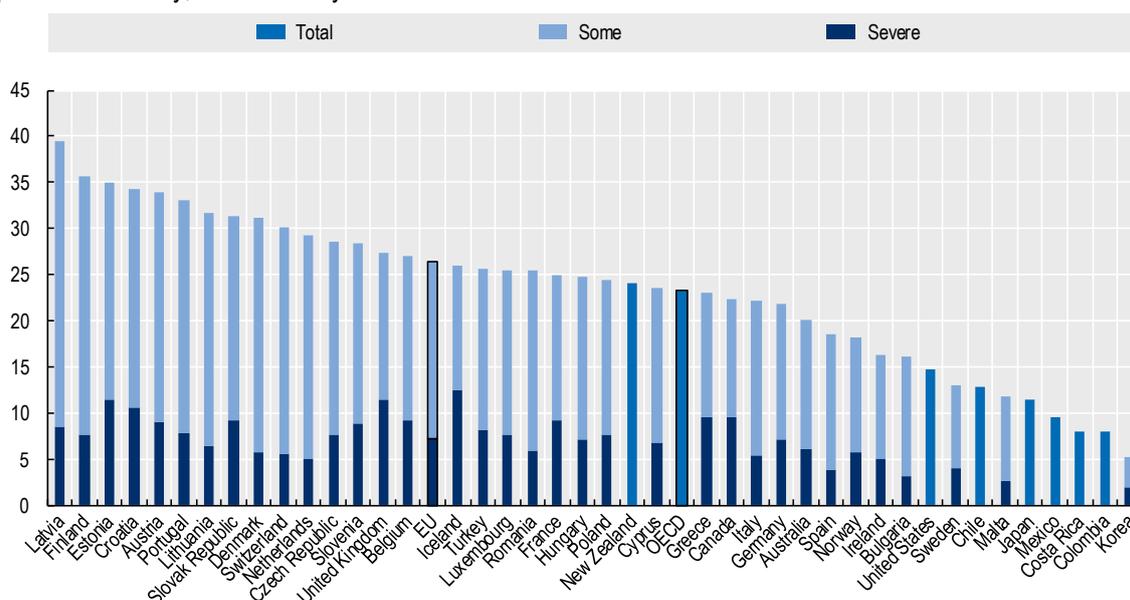
### ***Around one in four adults in OECD and EU countries report a disability that limits their participation in everyday activities***

In the OECD and the EU, around a quarter of adults aged 16 and over who live outside institutions reports a disability that limits their participation in usual activities (Figure HC4.1.1). There are wide differences in the size of the population with disabilities across countries, ranging from around 40% of the population in Latvia to less than 8% in Colombia.

On average, less than a third of people with disabilities report a severe limitation in their everyday activities, compared to around seven in ten people with disabilities who report moderate activity limitations (Figure HC.4.1.1). The share of people with disabilities reporting severe activity limitation is much larger in several countries, however: Iceland (48%), Canada (43%), the United Kingdom (42%) and Greece (41%). At the other end of the spectrum, the smallest shares of people with disabilities who report severe activity limitation are recorded in the Netherlands (17%), Switzerland (18%) and Denmark (19%). Further, the prevalence of disability increases with age; see Plouin et al. (2021).

**Figure HC4.1.1. Around one in four people report a disability in OECD and EU countries**

Percentage of adults who report to be limited or strongly limited in activities because of health problems, or who reported a disability, 2019 or last year available



Note: Data reported draw on EU-SILC for European countries, and on national surveys for non-EU countries; therefore they are not always fully comparable. For European countries: people with disabilities are defined as people reporting to be limited or strongly limited in activities because of health problems. For Australia, disability refers to "any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months". For Canada, the Canadian Survey on Disability (CSD) targets respondents who not only have a difficulty or impairment due to a long-term condition or health problem but also experience a limitation in their daily activities;

*Note by Turkey:* The information in this document with reference to "Cyprus" relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the "Cyprus issue";

*Note by all the European Union Member States of the OECD and the European Union:* The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

the CSD definition of disability includes anyone who reports being “sometimes”, “often” or “always” limited in their daily activities due to a long-term condition or health problem, as well as anyone who reported being “rarely” limited if they are also unable to do certain tasks or can only do them with a lot of difficulty. Data for Colombia refer to people who have difficulty in carrying out a few basic, universal activities in a scale of 1 to 4. Information is presented of person with disability according to the recommendation of the Washington Group, which identifies people with disabilities as those who report severity levels 1 or 2 in any of the activities. For Chile and Mexico, people with disabilities are defined as people who report either difficulties to 1) Walk, move, go up or down; 2) See, even wearing glasses; 3) Talk, communicate or converse; 4) Hear, even with hearing aid; 5) Dressing, bathing or eating; or 6) Pay attention or learn simple things. Otherwise, people without disabilities are defined as those who reported having no physical or mental difficulty. Data for Japan refer to people who report chronic restrictions in daily activities. For Korea, legally defined disabilities include the following: physical disability, brain lesion, visual impairment, hearing impairment, speech impairment, intellectual disability, autism, mental disability, kidney dysfunction, cardiac dysfunction, respiratory dysfunction, hepatic dysfunction, facial dysfunction, intestinal-urinary dysfunction and epilepsy (15 types in total). For New Zealand, disability is defined as any self-perceived limitation in activity resulting from a long-term condition or health problem lasting or expected to last 6 months or more and not completely eliminated by an assistive device; people are not considered to have a disability if an assistive device such as glasses or crutches eliminated their impairment. For the United States, people with disabilities are defined as any one reporting at least one of six disability types: hearing difficulty (deaf or having serious difficulty hearing); vision difficulty (blind or having serious difficulty seeing, even when wearing glasses); cognitive difficulty (because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions); ambulatory difficulty (having serious difficulty walking or climbing stairs); self-care difficulty (having difficulty bathing or dressing); or independent living difficulty (because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor’s office or shopping). Data for Costa Rica refer the adult population experiencing difficulties in carrying out basic activities of daily living; disability is defined as any self-perceived limitation in activity resulting from a long-term condition or health problem lasting or expected to last 6 months or more and not completely eliminated by an assistive device. Data for Australia and Canada refer to the population aged 15+; for EU countries, Chile, Mexico and the United States to the population aged 16+; for Costa Rica and Japan to population aged 18+; and for Colombia, Korea and New Zealand to the total population. For further discussion, see (Plouin et al., 2021<sup>[3]</sup>). OECD and EU averages refer to unweighted averages.

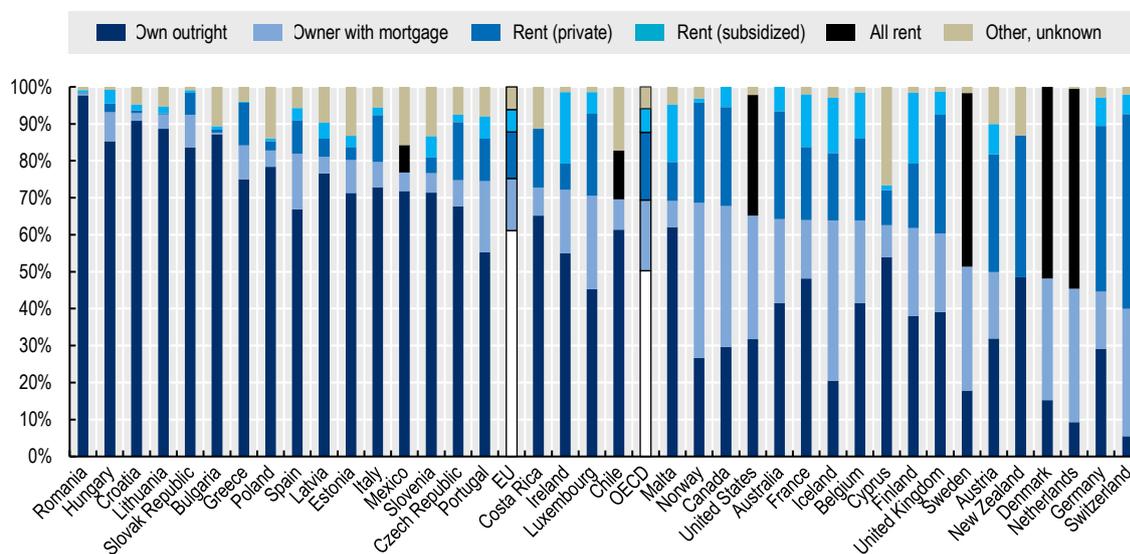
Source: OECD calculations based on EU-SILC for European countries, QuASH 2021 (Australia, Australian Bureau of Statistics (ABS 2018), Statistics Canada, Canadian Survey on Disability, 2017, Colombia Ministry of Health and Social protection (2019), Costa Rica National Survey on Disability (ENADIS 2018), Korea: Disability Survey 2017 (KIHASA), Statistics New Zealand (Disability Survey 2013), Chile (CASEN 2017), Mexico (ENIGH 2018), Japan (JHPS 2018), United States American Community Survey (ACS 2019).

### ***Most people with disabilities live in owner-occupied housing, on average***

As is the case for the population as a whole in OECD and EU countries, the majority of people with disabilities lives in owner-occupied housing in most countries (Figure HC4.1.2). The large share of seniors among the population with disabilities is one factor, given that older people are more likely to be outright homeowners than other age groups as they have had more time to pay off their mortgage. Moreover, given that the prevalence of disability increases with age, the impairments of some elderly homeowners with disabilities likely appeared later in life. Yet age is not the only factor. Because most tenure data are reported at the household level, it is not possible to determine whether it is the person with a disability who owns the dwelling, or whether s/he lives with the homeowner (who may be a partner, parent or child, or someone else). For further discussion, see Plouin et al. (2021).

**Figure HC4.1.2. Most people with disabilities live in owner-occupied housing, on average**

Share of the adult population with a disability in different tenure types, in percent<sup>1,2</sup>



Notes: See note in Figure HC4.1.1 for definitions and scope of disability. 1. Tenants renting at subsidised rent are lumped together with tenants renting at private rent in Chile, Denmark, Mexico, the Netherlands and the United States, and are not capturing the full extent of coverage in Sweden due to data limitations. Data for "Other, Unknown" category is not available for Australia and Canada. 2. Data are not fully comparable between EU and others countries.

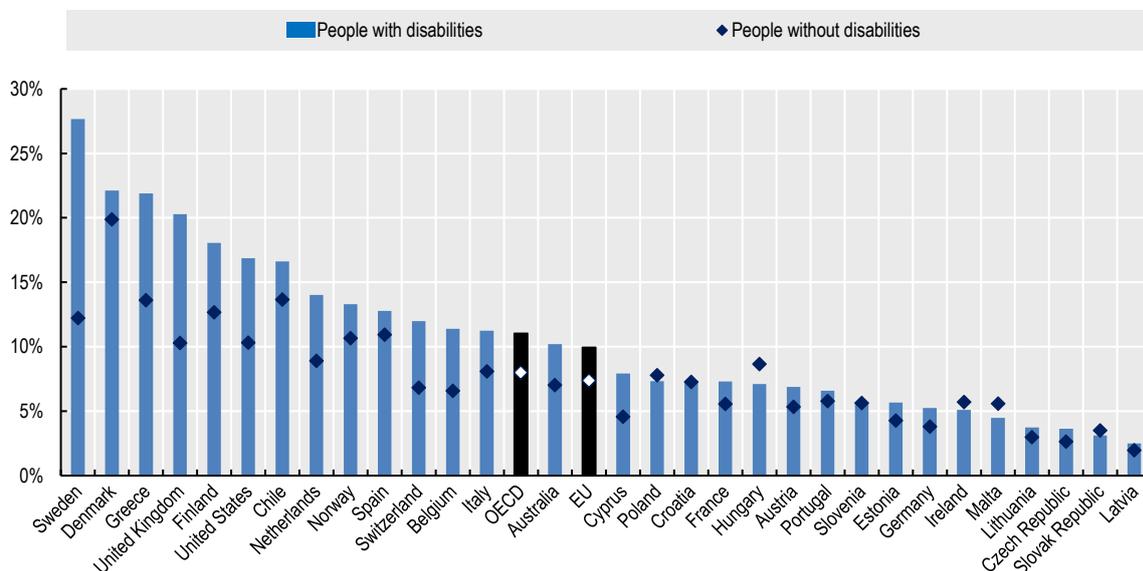
Source: OECD calculations based on EU-SILC for European countries, QuASH 2021 (Australia, Australian Bureau of Statistics (ABS 2018), Statistics Canada, Canadian Survey on Disability, 2017, Costa Rica (Conapdis-INEC 2018), Chile (CASEN 2017), Mexico (ENIGH 2018), United States American Community Survey (ACS 2019).

***People with disabilities are more likely to be overburdened by housing costs and face other financial difficulties***

People with disabilities are slightly more likely to be overburdened by housing costs and to face other financial difficulties, compared to people without disabilities. On average, around 11% of people with disabilities in the OECD spend over 40% of their disposable income on housing costs and are thus considered “overburdened” by housing costs, compared to around 9% of people without disabilities (Figure HC4.1.3.). Many people with disabilities also face other financial challenges (see Plouin et. al, (2021)). The higher overburden rate and greater likelihood of financial challenges is in part due to labour market barriers facing people with disabilities, which reduce their purchasing power and exacerbate affordability issues.

### Figure HC4.1.3. People with disabilities are more likely than people without disabilities to be overburdened by housing costs

Share of population spending more than 40% of disposable income on mortgage and rent, by disability status, in percent, 2019 or last year available



Note: See note to Figure HC4.1.1 for definitions and scope of disability.

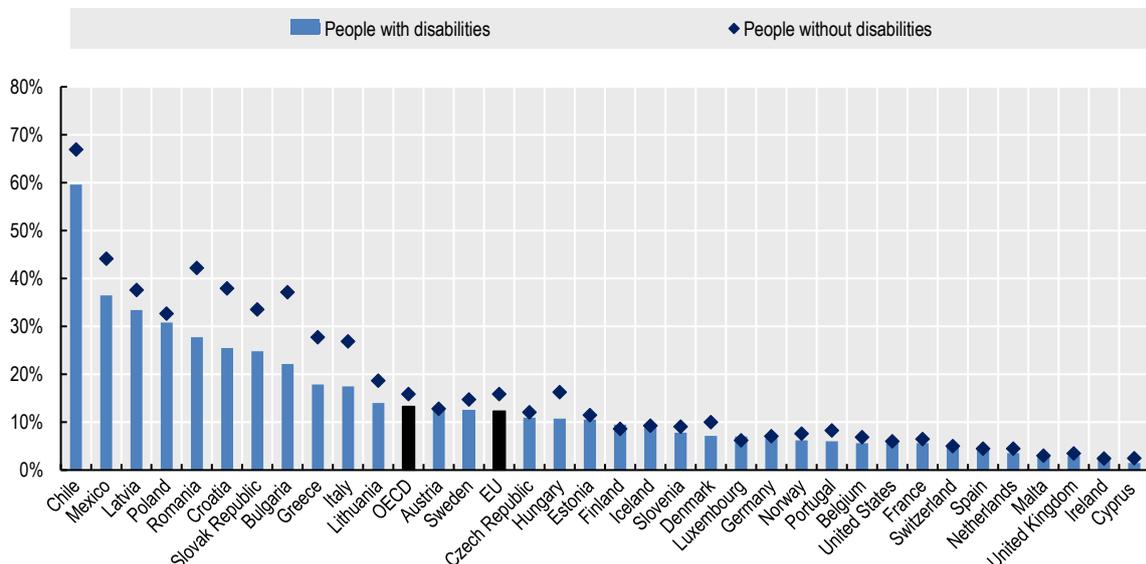
Source: OECD calculations based on EU-SILC for European countries, Australia (Household, Income and Labour Dynamics in Australia (HILDA 2019), Chile (CASEN 2017), United States American Community Survey (ACS 2019)

### **Overcrowding is slightly less prevalent among people with disabilities, as they are more likely to live alone**

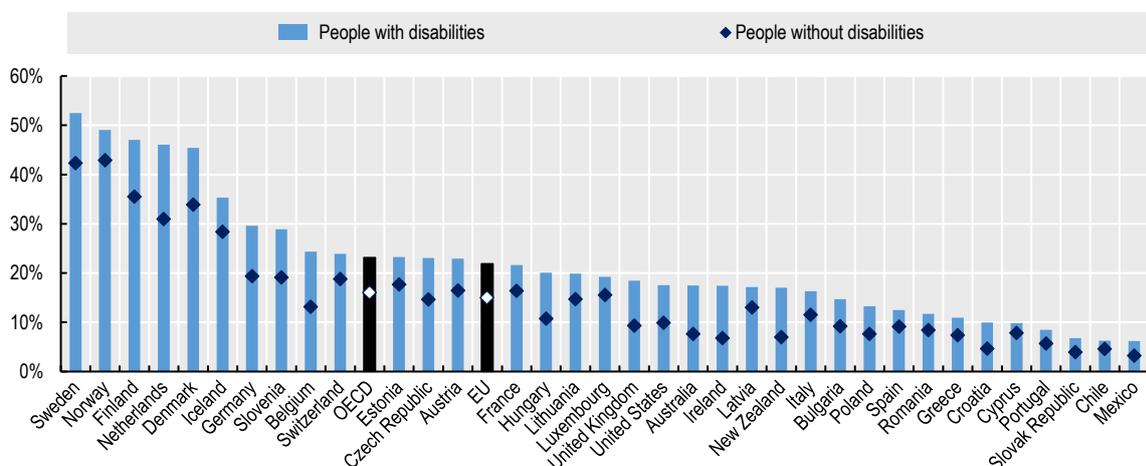
People with disabilities are slightly less likely than people without disabilities to live in overcrowded housing conditions (13% vs. 15%, on average; for definition of overcrowding, see indicator HC2.1 in the OECD Affordable Housing Database) (Figure HC4.1.4 – Panel A). However, people with disabilities are more likely to live alone. More than one in three people with disabilities live alone, compared to less than one in five people without a disability. This trend is not only driven by elderly with disabilities who live alone; it also holds among working-age people with disabilities ((Figure HC4.1.4 – Panel B). The large share of single-person households may put people with disabilities at a higher risk of social isolation and point to a potential gap in informal support from family members

**Figure HC4.1.4 People with disabilities are less likely than people without disabilities to live in overcrowded dwellings – but are more likely to live alone**

Panel A. Share of population living in overcrowded dwellings by disability status, in percent, 2019 or last year



Panel B. Percentage of population living in single person households among the working-age population (18-64), by disability status, in 2019 or last year available



Note: See note in Figure HC4.1.1 for definitions and scope of disability. 2. Results only shown if category composed of at least 100 observations. 3. Data for New Zealand refer to population aged 15 and over.  
 Source: OECD calculations based on EUSILC for European countries, Germany (Eurostat), Australia, Australian Bureau of Statistics (ABS 2018), Chile (CASEN 2017), Mexico (ENIGH 2018), Statistics New Zealand (Disability Survey: 2013), United States American Community Survey (ACS2019).

**The housing stock falls well short of meeting the needs of people with disabilities**

A number of adaptations to dwellings and the surrounding environment are necessary for people with diverse impairments. These can include various design features relating to a person’s mobility, as well as his or her overall well-being and possibility to function in the dwelling. Unfortunately, comprehensive, comparable cross-country data on the physical accessibility of the existing housing stock do not exist (see Plouin et al. (2021)).

Nonetheless, accessible housing goes well beyond physical adaptations to dwellings. In several OECD countries, small supported group settings integrate tailored services to support daily living. Moreover, housing support for people with disabilities also includes a range of formal and informal support services provided in the home and in the community to help with everyday activities and maintain social engagement. Such services are essential to ensure that people with disabilities, including seniors as they age, can live safely and independently at home, and avoid transitioning to more institutional settings. Home services may include, *inter alia*, support with self-care, mobility, cognitive or emotional tasks, health care, household chores, property maintenance, meal preparation or community transport services. For further discussion, see Plouin et al. (2021).

## Data and comparability issues

There is no common statistical definition of people with disabilities in all OECD and EU countries. Many national definitions rely, at least to some extent, on the Global Activity Limitation Indicator (GALI) or the categorisation set out in the Washington Group on Disability Statistics. In this indicator, data and information draw on the European Union Survey of Income and Living Conditions (EU-SILC) for European Union countries, which are based on the GALI approach, and on national population census and dedicated disability surveys for countries outside the European Union. These data are complemented by country responses to the 2021 OECD Questionnaire on Affordable and Social Housing (QuASH).

Moreover, comparative data on different types of disability are hard to come by. In many countries, multiple definitions of disability co-exist, depending on the purpose. Statistical definitions, which aim to assess the extent to which a person with a physical, mental, intellectual or sensory impairment is able to live independently and to participate in everyday life, tend to be more expansive than definitions of disability used to determine eligibility for social benefits, or those used in labour force surveys, which define disability relating to an individual's ability to work. The number of people who are considered to have a disability in official statistics is larger than the number of people who actually receive disability benefits. The more expansive, statistical approach is most relevant for this indicator, which focuses on housing and the possibility for a person with disabilities to live independently and engage in everyday activities.

Finally, official statistics on disability leave some people out. First, most statistical data on people with disabilities are limited to people living outside institutions. The exclusion of the institutionalised population in disability statistics represents a clear gap in understanding the full picture of housing conditions of people with disabilities. Data on the beneficiaries of long-term care can provide an imperfect estimate of the size of the institutionalised population in OECD countries (see OECD (2019), OECD Statistics on Long-Term Care Resources and Utilisation). Second, statistical data on disability are most often limited to the adult population over the age of 16 or 18. This represents another gap in the domain of housing, as people with disabilities of all ages may require specific adaptations and services in their dwelling and neighbourhoods.

### Sources and further reading

Eurostat (2021), *Disability statistics*, [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability\\_statistics](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics)

OECD (2019), *OECD Statistics on Long-term Care Resources and Utilisation*, [https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH\\_LTCR](https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LTCR).

OECD (2015), *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery*, OECD Publishing, Paris, <https://dx.doi.org/10.1787/9789264233775-en>.

Plouin, et al. (2021), “A crisis on the horizon: Ensuring affordable, accessible housing for people with disabilities”, *OECD Social, Employment and Migration Policies Working Papers*.