



Disabled people in the labour market

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Introduction

Efforts to ensure the equality of chances for persons with longstanding illnesses or disability were first launched with the adoption of the European Social Charter in 1961¹. This international treaty, which has been revised several times, deals with social rights within the European Union in an especially comprehensive way. By including it in the Amsterdam Treaty² of 1997, the Charter became a milestone in the Union strategy to fight social exclusion. In order to be able to ensure equal chances in the labour market, it was first necessary to identify who were excluded from the world of work for any reason, to any degree and in any way, including the unemployed, disabled, members of the ethnic minorities and low income and disadvantaged groups, and then to introduce specific measures to (re)integrate them in the broadest possible way, and preferably in the open labour market.

An action plan was developed by the EU for the period 2003-2010 with the main goal to include the issues related to disability, health problems in the relevant community policies and to recommend measures in the key areas to enhance the economic and social integration of persons with various longstanding health problems. Just like the rest of the social policy areas, developing and implementing the specific measures was delegated to member state competence. As the definitions and criteria applicable in identifying disability and health problems are set by national legal provisions, and therefore vary across member states, it is extremely difficult to know the exact number and situation of such persons as well as to follow up on the process specified in the action plan. Indeed, this is only possible through standardized specifications and methodology.

The relevant Directorate General of the European Union requested Eurostat as early as at the turn of the millennium to collect data on the labour market integration of „disabled persons”³ at the union level. The first such survey was conducted in 2002 as part of the EU-LFS⁴ ad hoc programme. The need for fresh and comparable data was the main reason why a similar supplementary survey was attached to the Labour Force Survey in quarter 2, 2011.

The purpose of the survey was on the one hand to identify longstanding health problems, diseases, bodily or sensory or mental disabilities in the population aged 15 to 64 as well as the influence thereof on their doing work and on the other hand to find out about the measures taken or necessary to integrate disabled persons in the labour market. Essentially, the ad hoc module coordinated by Eurostat was designed to measure the practical implementation of ensuring the rights and equal chances for persons with disabilities or longstanding health problems and to find out to what extent the goals set in the action plan have been met.

¹ Torino, 18 October 1961

² Agreement concluded at the Conference of European Committee in Amsterdam in June 1997

³ In conformity with international recommendations regarding the ad hoc module, this study regards those as persons with limitations in work who are disadvantaged on the labour market due to their longstanding health problem, disease or other (physical, sensory or mental) limitations. Because of such limitations, be them congenital or caused by accident or disease, these persons are unable to perform tasks in the same way or to the same extent as similar – in terms of age, sex and education – persons without limitations generally are.

⁴ European Union Labour Force Survey.

Persons with health problems⁵, or other limitations⁶

In 2011 21.5 percent of persons aged 15 to 64, altogether 1,439,000 persons, of whom 669 thousand were men and 770 thousand were women, reported to have a longstanding health condition or disease lasting for at least six months. 13.6% of respondents, around 910 thousand persons, of whom 419 thousand were men and 491 thousand women, reported to have some kind of physical, sensory, mental or other limitation. However, it cannot be concluded from these data that over one third (35.1%) of the population in this age group suffer from a health related disorder. A great part of respondents reported to have both a health problem and a limitation. While some of them really have multiple disadvantages in terms of health, the majority have difficulties or limitations due to their main health problem.

A larger share of women than men reported to have both health problems and diseases and limitations. (2.4 percent more in the former and 1.8 percent more in the latter category.) Furthermore, a sharp difference by sex is found in certain health problems. 73.8% of persons with chronic anxiety and depression, and 72.8% of persons suffering from migraine are women; similarly, more women (60.3% in all) suffer from cancer and tumours and other progressive illnesses.

The probability of developing health problems and disorders grows proportionately with age. Over three fourths (76.4%) of respondents reporting a health problem and over four fifths (82.4%) with a physical, sensory, mental or other limitations were 45 years old or older. Nearly one fourth (24.2%) of persons aged 45-49, over one third (38.6%) of those aged 50–54, nearly half (48%) of the age group 55-59 and 60.0% of those aged 60-64 said they had some kind of health condition or limitation.

While the population in the Central Hungary region seems significantly healthier and less limited than the national average, an outstandingly large share of people in the regions disadvantaged from the labour market point of view (Southern Transdanubia and the eastern parts of the country) reported to have health problems. In Central Hungary, 17.3% of the age group 15–64 reported to suffer from a health problem or limitation (too), while 29.9% in Southern Transdanubia did so.

The health condition of 753 thousand people, over half of the 1,439,000 persons suffering from a longstanding health condition or disease, is determined by at least two kinds of health problems. The same health problems are on the top of the list both by frequency and severity.

The top diseases are the various cardiovascular problems: 9.6% (642 thousand) of persons aged 15–64 have a lighter or more severe heart, blood pressure or circulation problem. At the same time, every third person (479 thousand people) of all reporting a health condition mentioned their circulation problem as a severe disease. The second main category included the various back, neck rheumatism and arthritis: 4.8% (321 thousand people) of those aged 15–64 suffer from these problems while 15.2% of those with a health condition regard these kinds of problems the most serious. The third main group of problems includes diseases of the legs and feet and absence of limbs. 3.8% (253 thousand persons) of the surveyed population reported to have such a problem, and 10.3% of those with a health condition did so.

The question regarding limitations was designed to gather information about difficulties and problems in performing activities related to physical, sensory and mental disabilities. Four fifths (about 731 thousand people, 10.9 percent of the population aged 15–64) of the 910 thousand reporting to have such a problem said that their main limitation was related to movements. This is no surprise as a large share of the population is diagnosed with a disease of the organ of locomotion, and the incidence of this kind of diseases is growing due to stressful and exercise deficient life styles, sedentary jobs and improper posture. While earlier primarily elder generations were hit by these problems, nowadays an increasingly large number of young people suffer from the diseases

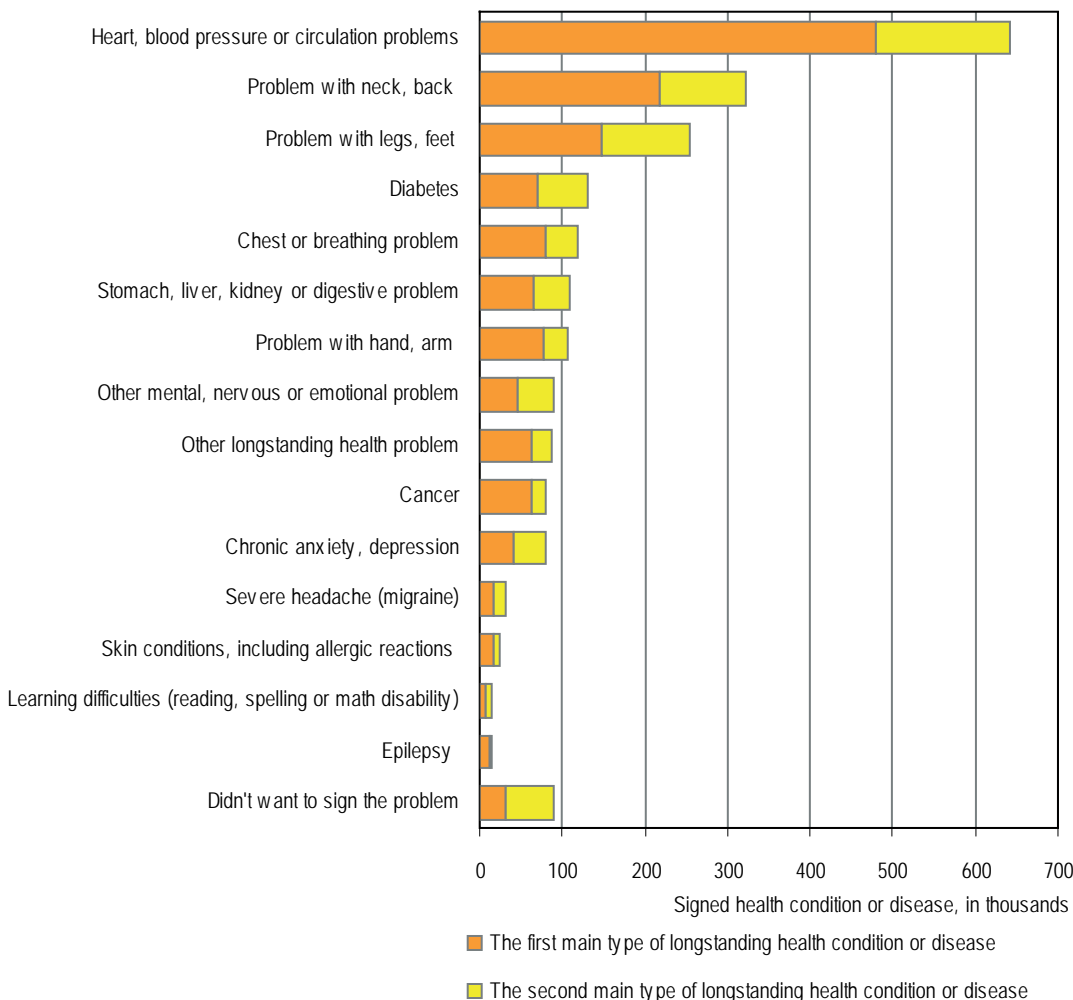
⁵ Persons with a health problem, disease or functional limitation that last for at least six months.

⁶ Persons with physical, sensory, mental or other limitations, or, in more severe cases, disability.

of the organs of locomotion due to sedentary, computerized work and lack of exercise. Nearly one third (33.0%) of those reporting a limitation regarded lifting and carrying as a problem, while nearly one fourth (23.6%) had problems with walking and climbing stairs, and nearly one fourth (23.6%) had difficulties with other movement related activities. In terms of barriers in everyday life, the share of mental disability and problems with communication and concentration is higher than that of sensory diseases. 10.9% of those with limitations reported mental capacity deficiency as their main problem; 6.4% said that their main problem was seeing even if wearing glasses, and 2.3% had hearing problems even if using a hearing aid.

Figure 1

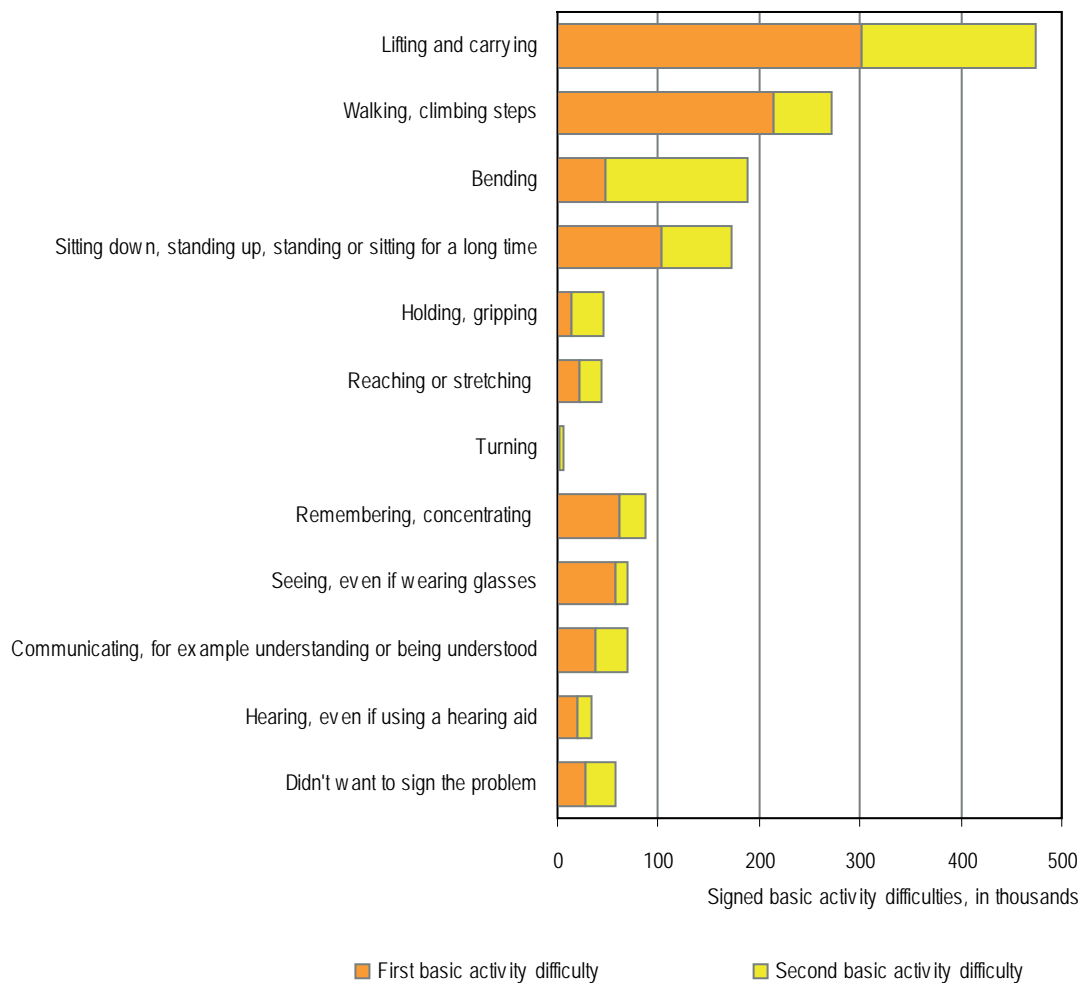
Incidence of longstanding health conditions and diseases



In the case of over two thirds of the 910 thousand persons (612 thousand) reporting to have a physical, sensory or mental limitation (at least) two different abilities or activities caused longstanding problems. Similarly to health conditions, the most frequent and most severe limitations were the same. The most important difficulties were lifting and carrying: 7.1% (474 thousand people) of those aged 15–64 had a permanent or periodically recurring problem of a certain degree with this kind of activities. At the same time, as many as every third (302 thousand) person reporting a problem with capabilities and activities said that lifting and carrying meant the greatest difficulty. The second most frequent difficulty was walking and climbing stairs which occurred in 4.1% (272 thousand persons) of the age group 15–64; at the same time 23.6% – again the second biggest share – of those reporting a difficulty considered this as their main problem.

Figure 2

Incidence of longstanding limitations and activities causing difficulties



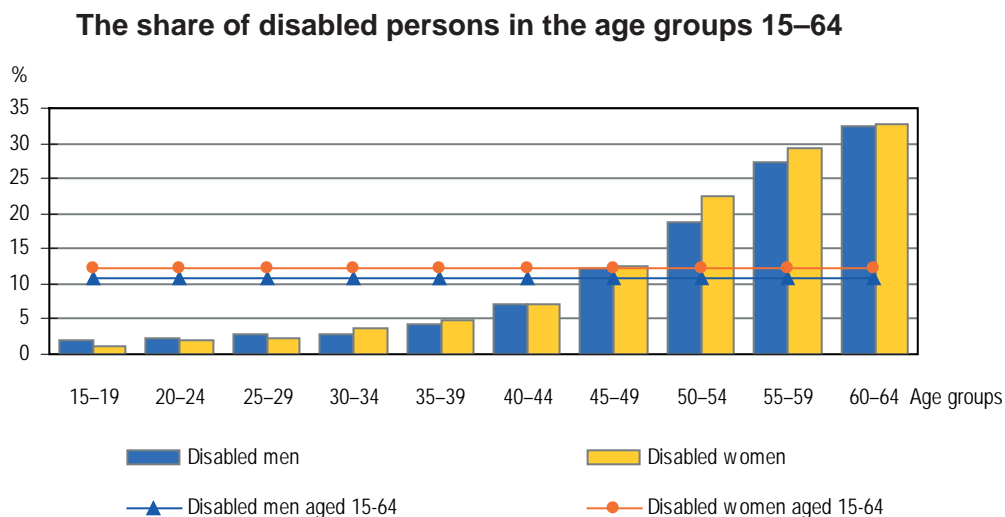
Characteristics of disabled persons

In 2011 52.1% of the 1,472,000 persons (685 thousand men and 787 thousand women) aged 15–64 with a longstanding health condition, disease or limitation, who lived in private households, reported to be limited in finding a job or in working because of their health problems. These altogether 767 thousand people (354 thousand men and 413 thousand women) can be regarded as **disabled persons**⁷ as their health condition is a restraint in their participation in the labour market.

With age, health problems and limitations, and hence limitations in work tend to occur more frequently. Over four fifths (621 thousand persons) of disabled persons are aged 45–64, and two thirds of them are 55–64 years old.

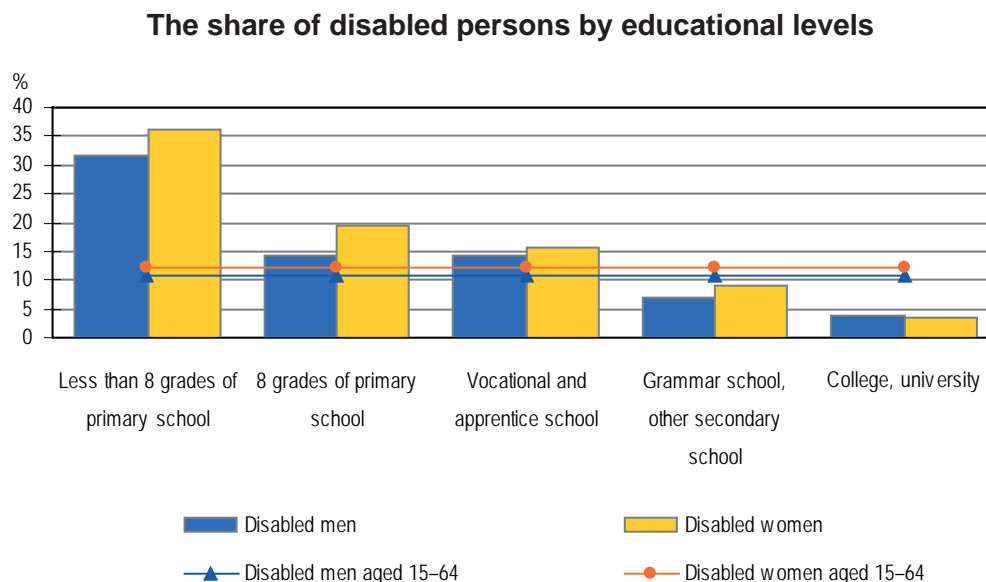
⁷ Disabled persons: persons with limitation in work caused by longstanding (for at least half a year long) health condition or disease, or/and difficulties in basic activities.

Figure 3



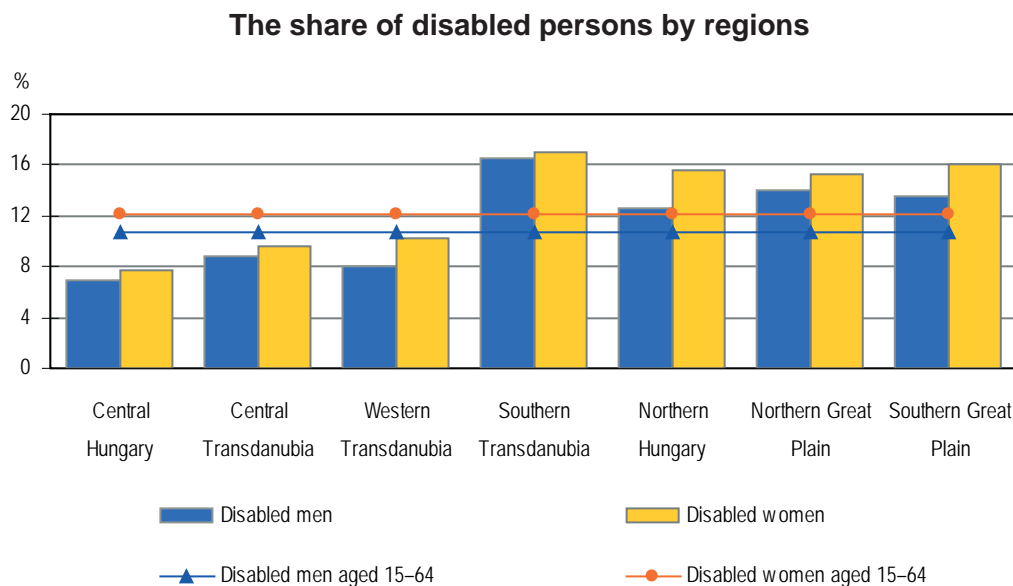
The low level of education is a serious drawback in the labour market. Nearly three fourths (71.1%) of those limited in work thus are in an especially difficult situation when wanting to find a job. 38.2% of them – which is over one and a half times as high as in the healthy population – have only primary education or less, and another third have vocational and apprentice school (24.8% of the population without limitations have this level of education). Hardly more than one fourth of disabled persons have a General Certificate of Education (secondary school final examination) or higher education (as opposed to 52.9% of those without limitations), and as few as every fifth of them have a higher education degree, and consequently a better labour market position (as opposed to every third in the non-limited population).

Figure 4



People in Central Hungary appear to be fairly healthy as a relatively low number of them reported any health problem or limitation; the share of disabled persons aged 15–64 is the lowest (7.3%) here in the country. In the eastern part of Hungary and in Southern Transdanubia the share of disabled persons is by 2 to 5 percentage points higher than the 11.5% national average. Their share is especially high in counties Tolna, Békés and Szabolcs-Szatmár-Bereg, where every fifth respondent said that their participation in the labour market was limited because of their health condition.

Figure 5



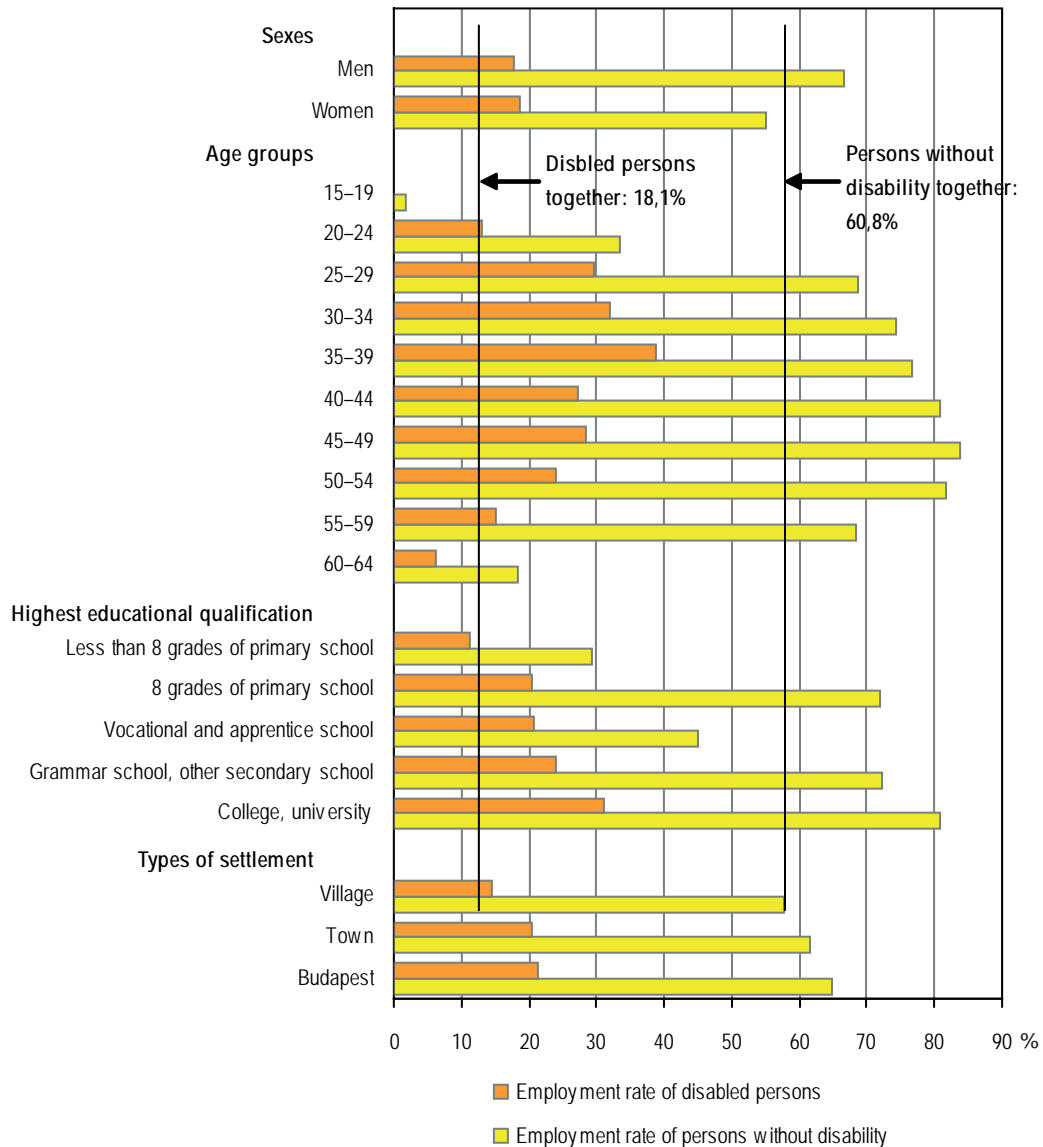
Data by type of settlement show that the incidence of diseases and the resulting limitations, i.e. the probability of limitations in work is higher in villages and lower in Budapest, while in towns it is proportionate with their share in the population. 34.8% of the population aged 15–64 live in villages and 17.3% in Budapest while the share of disabled persons is highly disproportionate: four times as many of them (40.4%) live in villages as in Budapest (11.1%).

The labour market situation of disabled persons

Economic activity indices of disabled persons are very bad, and these people seem to be severely underrepresented in the labour market. 185 thousand of the 797 thousand disabled persons aged 15–64 were economically active in the second quarter of 2011, with 139 thousand of them being employed and 46 thousand unemployed. Their activity rate was 24.1%, while that of persons without limitations was 67.8%. Their employment rate was 18.1% and their unemployment rate was 24.9% as opposed to 60.8% and 10.2% of the healthy population, respectively. At the same time, however, as disability is typical for those aged 45 or older, it is not surprising that the breakdown by age is very different from that of persons without limitations in all activity groups. On the whole, the employment rate of disabled persons is low. What was found, however, was that young disabled people are active job seekers and have a stronger will to (re)enter the labour market, thus are more likely to become unemployed; older people, however, tend to be realistic about their chances and having failed to find a job they give up seeking and accept to be out of the labour market, which often means the final and irreversible exclusion from the world of work.

A higher educational level does not seem to significantly improve the very low, 18.1% employment rate of disabled persons aged 15–64. The employment rate of disabled persons is much lower than that of the healthy population at all educational levels: the 31.0% employment rate of those with higher education, the best in the labour market, is hardly higher than the employment rate of the healthy population with not more than primary education (29.2%).

The employment rate in the population with and without limitations in work

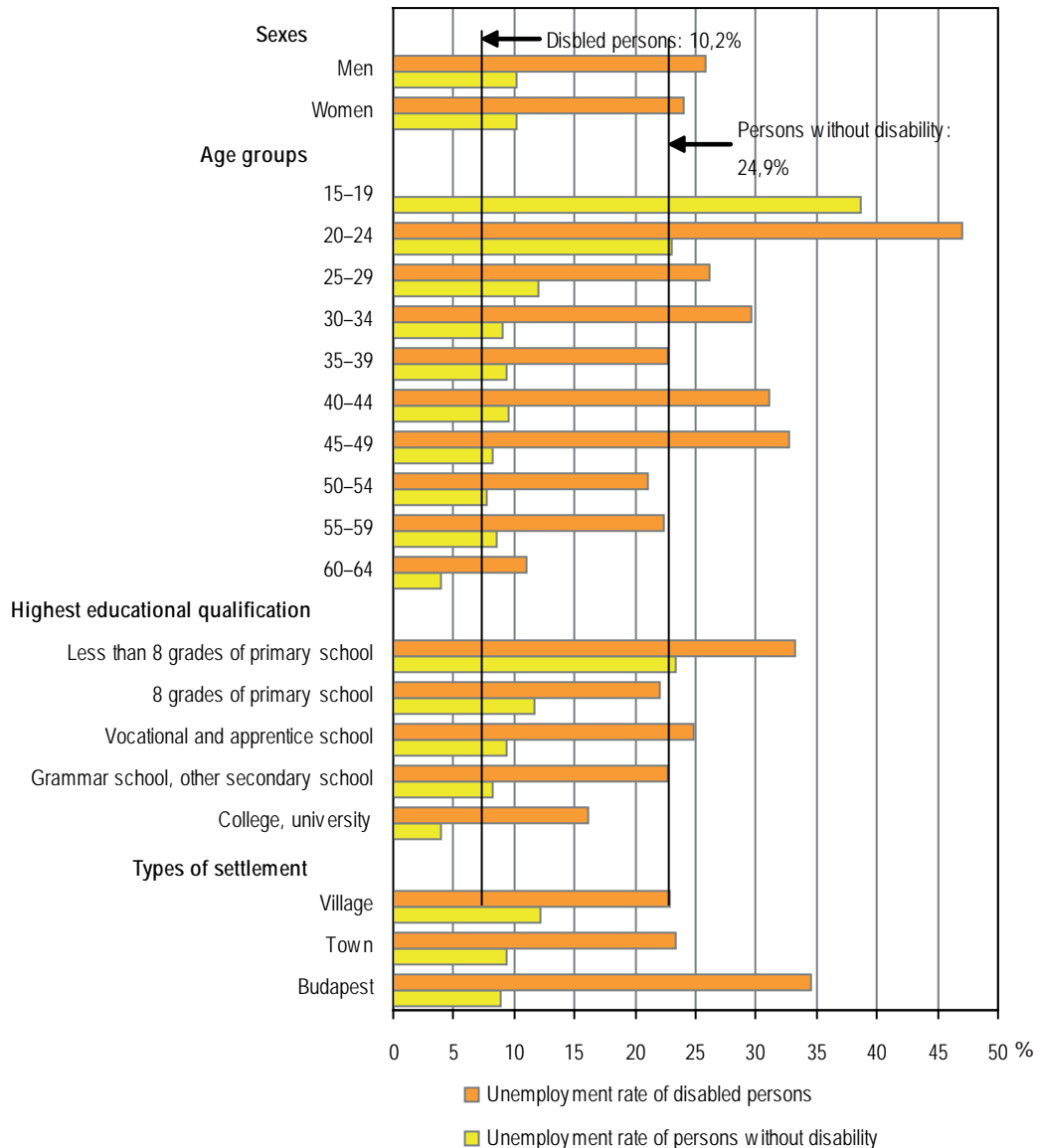


At the same time, the unemployment rate of disabled persons is invariably higher than that of the healthy population at all educational levels. Nonetheless, just as in the healthy population, the unemployment rate was significantly lower in higher educational levels and was naturally the lowest (16.2%) in case of those with tertiary education. (The unemployment rate of healthy persons with higher education was 3.9%). Over four fifths (83.3%) of disabled persons with an education not higher than the primary level, and over 60% of them with higher educational levels were inactive. Having only primary education considerably increases the chances of unemployment and inactivity for those with health problems and limitations in work while having secondary and higher education improves their employment situation very moderately.

The incidence of diseases, limitations and the resulting disability is significantly influenced by the labour market situation of the given area (region, county). People with a health condition and limitations, who regard their chances of finding a job uncertain or hopeless because of the local labour market situation, are more likely to rely on the small social payments for which they are eligible on account of their health condition. Not surprisingly, in these areas the inactivity rate of disabled persons is much higher than the average (75.9%), which is very high anyway (in county Nógrád it is higher by 5.5 percentage points and in Hajdú-Bihar by 4.6 percentage points).

Figure 7

The unemployment rate in the population with and without limitations in work

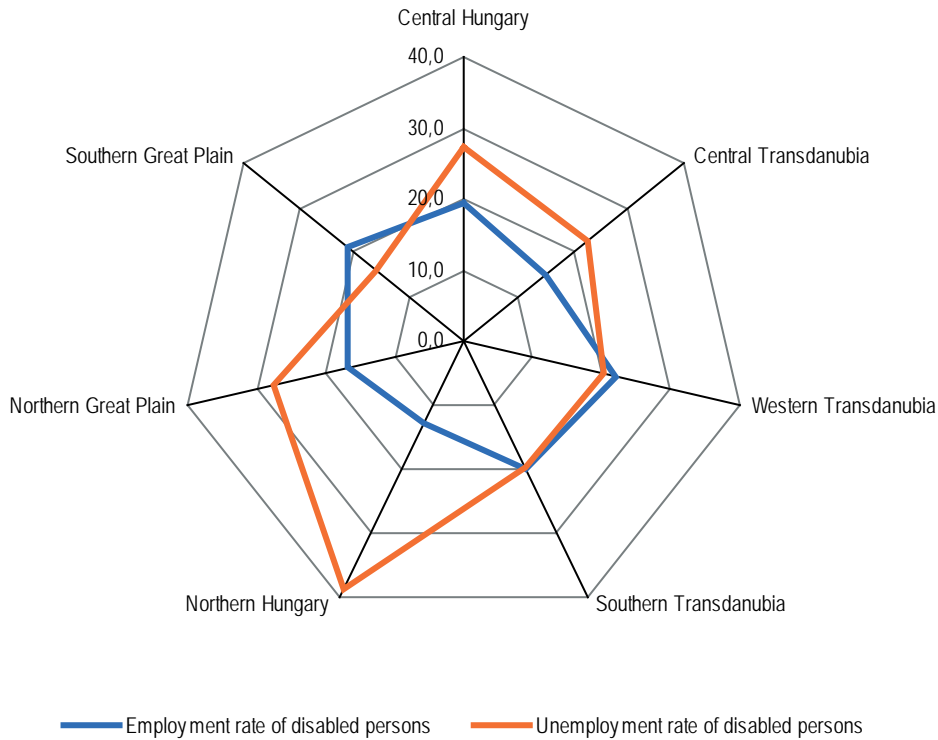


Disabled persons have a greater chance to (re)integrate in the labour market in regions with relatively more jobs. Their employment, however, is extremely low even in the better situated Western Transdanubia and Central Hungary: not more than one fifth of these persons can do income earning activities, while three times as many healthy persons can do so. The situation is the worst in Northern Hungary, where the employment rate of disabled persons is around 13%. In county Nógrád every tenth and in county Borsod-Abaúj-Zemplén every seventh or eighths of disabled persons can work.

Living in a village, town or the capital city is a crucial determinant of one's labour market chances. 64.8% of healthy people in Budapest are employed, which is 7.1 percentage points higher than in small towns and villages; only 21.2% of disabled persons are employed in Budapest, the biggest labour attracting centre. At the same time, the employment rate of disabled persons is 14.6% in villages. When seeking jobs, disabled persons tend to be the most disadvantaged in Budapest. While the unemployment rate, 8.8%, of the healthy population in Budapest is the lowest in the country, it is the highest, 34.5%, among disabled persons as opposed to 12.1% and 22.8%, respectively in villages. On the whole, however, the labour market situation of disabled persons living in villages is the worst, shown first of all in their inactivity rate: over four fifths (81,1%) of them are not present in the labour market either as employed or as active job seekers, i.e. they are supported by society, or their families. Nearly three fourths (73.4%) of disabled persons living in towns and over two thirds (67.6%) of them in Budapest are inactive.

Figure 8

The employment and unemployment rate of disabled persons by regions

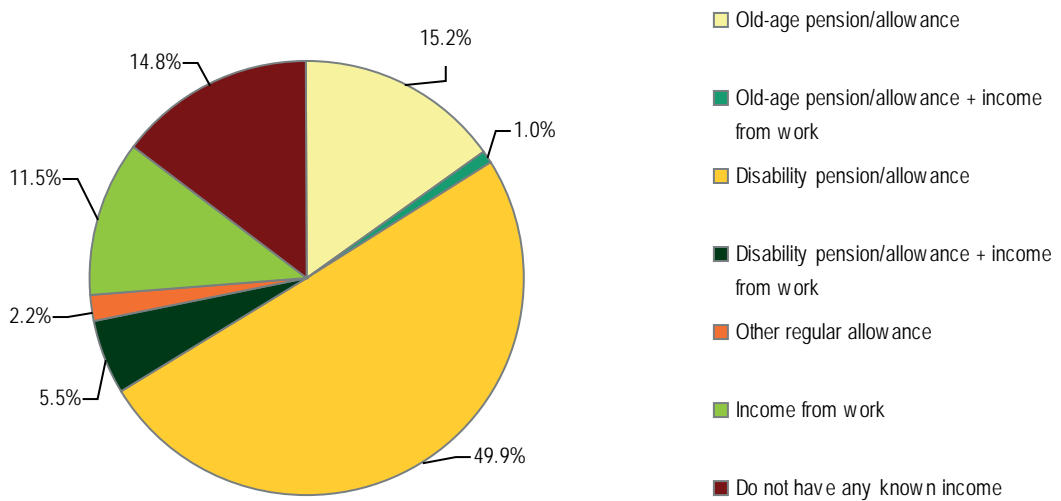


Income sources of disabled persons

Fewer than one fifth of disabled persons (139 thousand) aged 15–64 worked at the time of the interview. Nearly two thirds of them (63.3%) had only income from work. About 51 thousand, however, received social payments in addition to income from work, and 42 thousand of them received a disability pension or an allowance on account of their health condition.

Figure 9

Income sources of disabled persons



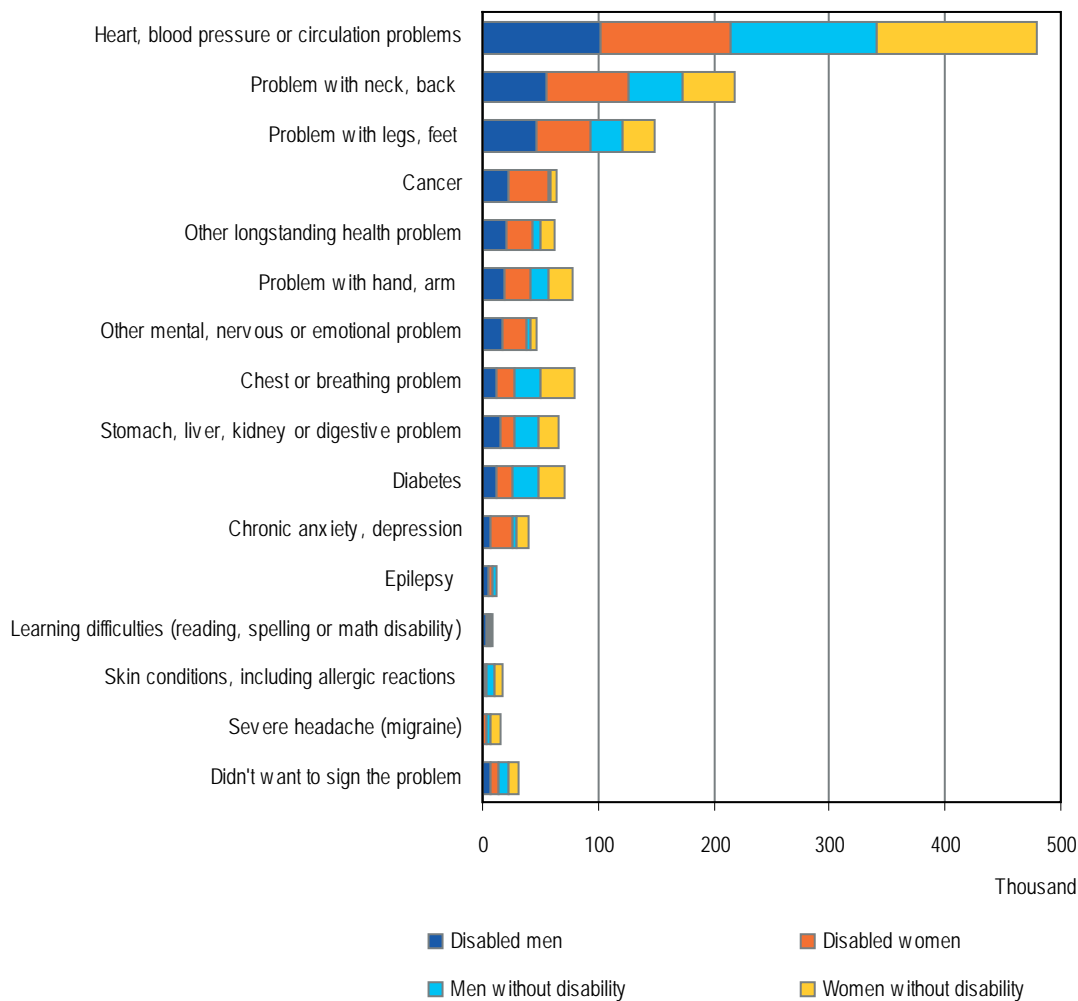
The primary source of income for the overwhelming majority (628 thousand) of non working disabled persons was social security and social payments. 60.9% of them (some 382 thousand persons) received a disability pension or allowance, 19% old age pension on own right or survivor’s pension, and another 2 to 3 percent some other regular allowance. While these payments usually are very small sums, they are still a secure income. As mentioned earlier, however, these payments fail to encourage labour market (re)integration. A significant part of disabled persons, 113 thousand persons do not have any known income. Their longstanding illness and limitations are probably not severe enough to make them eligible for any regular benefit, or do not meet the other criteria of eligibility. Apparently, they mostly live with their families and are supported by their families rather than by society.

Types of longstanding health condition and limitations

98.8% of the 767 thousand disabled persons, altogether 758 thousand persons (350 thousand men and 408 thousand women) reported to suffer from a health condition, disease or functional problem. In addition to, or in relation with a primary problem, the majority of these persons have a physical, sensory or mental disability as well.

Figure 10

Number of persons with a health problem by type of problem and by sex

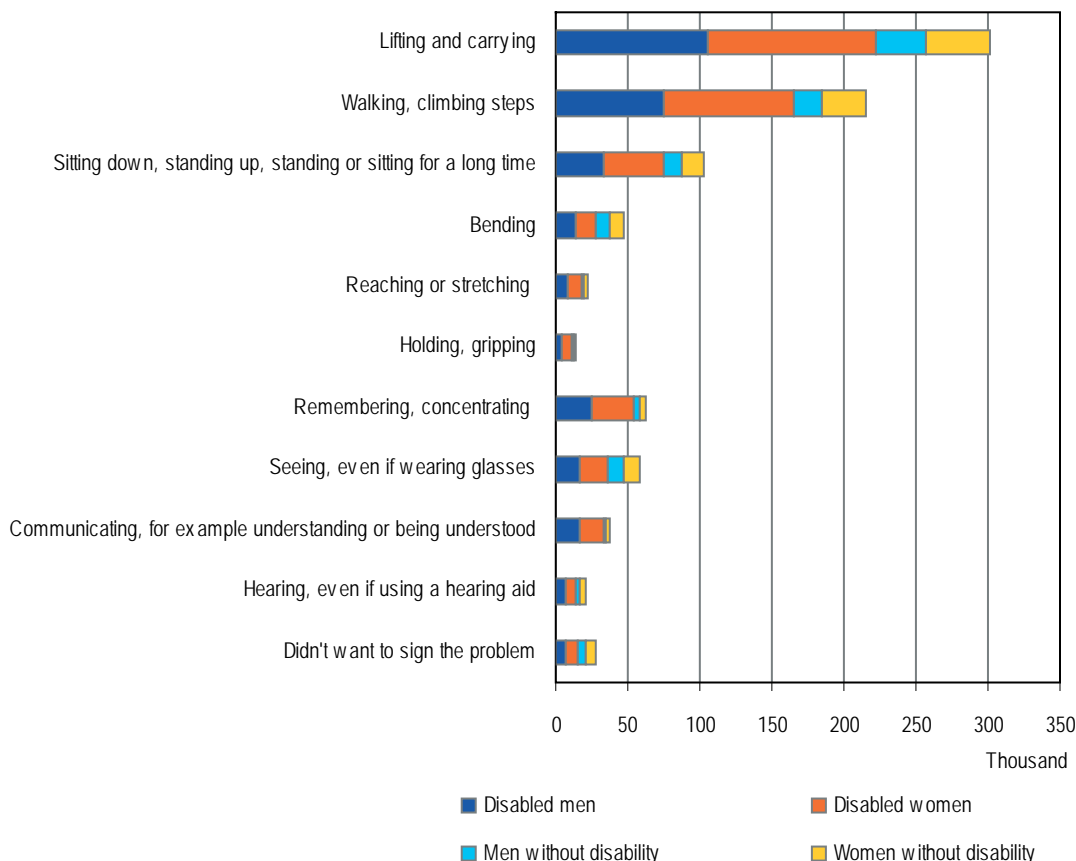


260 thousand of those suffering from a health problem reported a locomotion problem as the only or main problem (15.8% had a problem with their hands or arms, 35.8% with their feet and legs, and 48.4% with their back and neck). 214 thousand suffered from a cardiovascular problem, while 64 thousand from a nerve problem (40% had chronic anxiety and depression, 60% had other nervous, mental or emotional problems). 42 thousand reported cancer and tumours. Another 178 thousand reported various diseases or functional problems as the cause of their longstanding health conditions which on the whole made up less than 5% of all health problems.

The breakdown of 135 thousand employed persons reporting a longstanding health condition, disease or functional limitation (97.6% of all disabled persons) by type of disease is somewhat different from that of the entire population. Certain kinds of diseases, naturally not independently from the gravity of the disease, prevent less the person from working than others. In the employed population, those with a locomotion problem (41.9%), with chest or breathing problems (5.1%), with diabetes (4.7%) make up much larger shares than in the entire disabled population (34.4%, 3.7% and 3.4%). At the same time, patients of circulation diseases and of nervous problems make up a much smaller share (22.0% and 5.8%, as opposed to 28.3% and 8.5% of the total disabled population).

Figure 11

Number of persons with physical, sensory or mental limitations by type of problem and sex



In addition to longstanding health problems and functional diseases, other kinds of limitations and disabilities may cause limitations in work. Nevertheless, a very small percentage (1,1%, 8 thousand persons) of the total of disabled persons are limited in work exclusively because of such problems. The overwhelming majority of them – some 662 thousand persons – have other type of limitation, disability as a symptom or result of or in conjunction with their longstanding illness. Of the 670 thousand disabled persons (311 thousand men and 359 thousand women) suffering from longstanding basic activity difficulties, 79.8% reported locomotion problems (walking, sitting, stand-

ing, bending, lifting, carrying etc.) as the main barrier to work. For 8% problems with concentration, for 4.9% communication, for 5.3% seeing and for 2.0% hearing was the main cause of difficulty. Similarly to longstanding health conditions, the structure of disabled persons is different in the various activity groups according to the type of activity difficulties. Among employed persons, the share of those with concentration problems (3.8%) and communication problems (21%) was lower than the share among all disabled persons (8.0% and 4.9%, respectively).

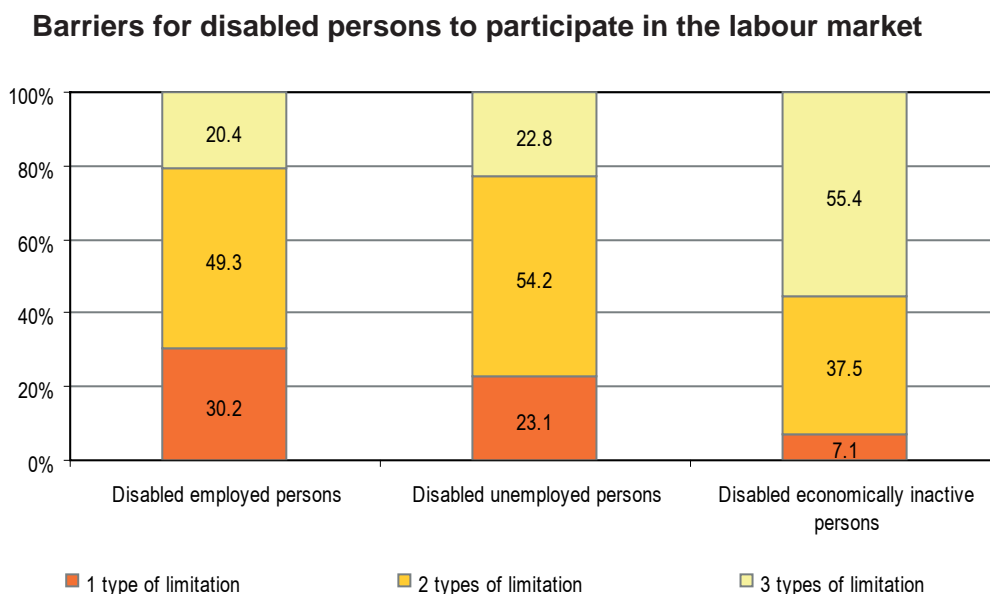
Barriers to participation in the labour market

What disabled persons have in common is that because of their longstanding health condition, disease, functional disability or other health related limitation they are unable to lead the same kind of life that healthy people with similar demographic characteristics do. They can become participants of or excluded from the labour market depending on the gravity of limitations in work, and on whether they can get the kind of assistance needed to be able to get employment and (re) integrate in the labour market.

12.3% of disabled persons with a longstanding health condition, disease or functional disability are prevented from working only by one of the main barriers: number of working hours, type of work, and transportation to and from work. 35.1% of them reported the number of hours of work as a barrier (i.e. can work only shorter hours, less intensively), while 62.4% said it was the type of work (i.e. cannot do certain types of physical or intellectual work). A very small percentage (2.5%) had problems that prevented them only from getting to workplace and home. 40.6% reported two kinds of barriers and 47.1% all three types. For the overwhelming majority (87.7%) of disabled persons it is not sufficient to handle one problem or remove one barrier but need complex solutions to be able to (re)integrate in the labour market.

The chances for disabled persons to get employment seem to be better if there are fewer barriers to handle. It would be expected that the majority of the disabled persons who find employment are those who face only one barrier. Nevertheless, as few of them as 30.2% (42 thousand people) belong to this category. (25.5% of them have problems with the type of work, 72.1% with the number of working hours and only 2.4% with transportation to and from workplace.) The largest share (49.3%) of employed disabled persons face two kinds of barriers, which are the number of working hours and type of work in almost all cases. One fifth of employed disabled persons face all three barriers.

Figure 12



Having several (two or three) barriers at the same time significantly increases the likelihood for disabled persons to become unemployed or inactive. Such persons often have severe and complex diseases and multiple health problems, and removing barriers is not possible at all or would require unaffordable complex action both on the part of the employer and the employee. 53.0% of the non-employed are hit by all three barriers while 38.7% by two barriers, and 8.3% of them face only one barrier. As for this latter group, by promoting the atypical forms of employment (part time, work from home, telework) and by ensuring special transportation means, some 100 thousand currently not employed disabled persons could be (re)integrated in the labour market, saving them from depending entirely on the social security payments and social benefits.

The situation of disabled persons at the workplace and their need for labour market rehabilitation

Obviously, in case of persons with longstanding health conditions, diseases, functional disabilities or other kinds of limitations and disabilities, a supportive and accepting workplace environment, special work conditions tailored to the persons' needs and condition would not only make it easier for them to carry out the work but are a prerequisite for being able to work at all.

To identify types of assistance, received by or necessary for disabled persons to be able to work is of utmost importance. Such an analysis would help see where we stand in the labour market (re)integration of persons disadvantaged from the health point of view, and identify the guidelines for action to (re) integrate the greatest number of them into the world of work. The international literature lists the following types of assistance:

- personal assistance;
- creating the appropriate physical environment, ensuring special arrangements and technical assistance;
- special working arrangements (such as sedentary jobs, teleworking, flexible working hours or less strenuous work).

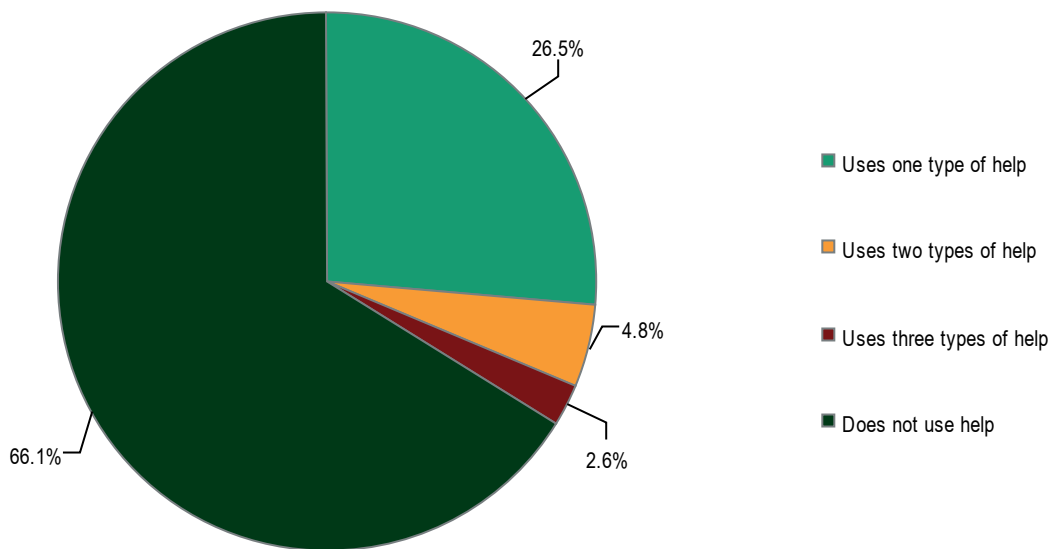
In principle, all persons with a health condition or disability have the right to assistance to be able to lead a full life. (This requirement is specified both in the regulation on the employment and social provisions for disabled persons and in the law on the rights and equal opportunities for the disabled.) The results of the survey, however, show that there is still a long way to go to reach these goals.

All disabled persons aged 15–64 were asked the questions about the various types of assistance, i.e. if they think assistance was necessary to be able to work better, more, or at all. The employed were asked if they received any kind of assistance at their workplaces. If yes, whether they get all the necessary assistance or they would need further kinds of help to be able to do more, better or other type of work. If they did not get any assistance, was it because they did not need any or they would but the employer could not/would not provide them.

One third of the 139 thousand disabled persons reported to need help with performing work and to have been helped more or less. While the listed types of help were of a complementary nature, 78.1% mentioned only one type. Another 14.3% received two types of help and only the remaining 7.6% needed all three types of help in order to perform an appropriate (in terms of their educational level, salary and other expectations) kind of work. On the whole, a somewhat larger share of employed men than women reported to have received help to perform work (35.5% vs. 32.3%) despite the fact that the share of men receiving only one type of help is lower than that of women. 5.6% of men and 4.2% of women were provided two types of help, while 4.3% and 1.2%, respectively, got three types of help. In summary a larger share of disabled men than women demand and receive complex help covering several areas.

Figure 13

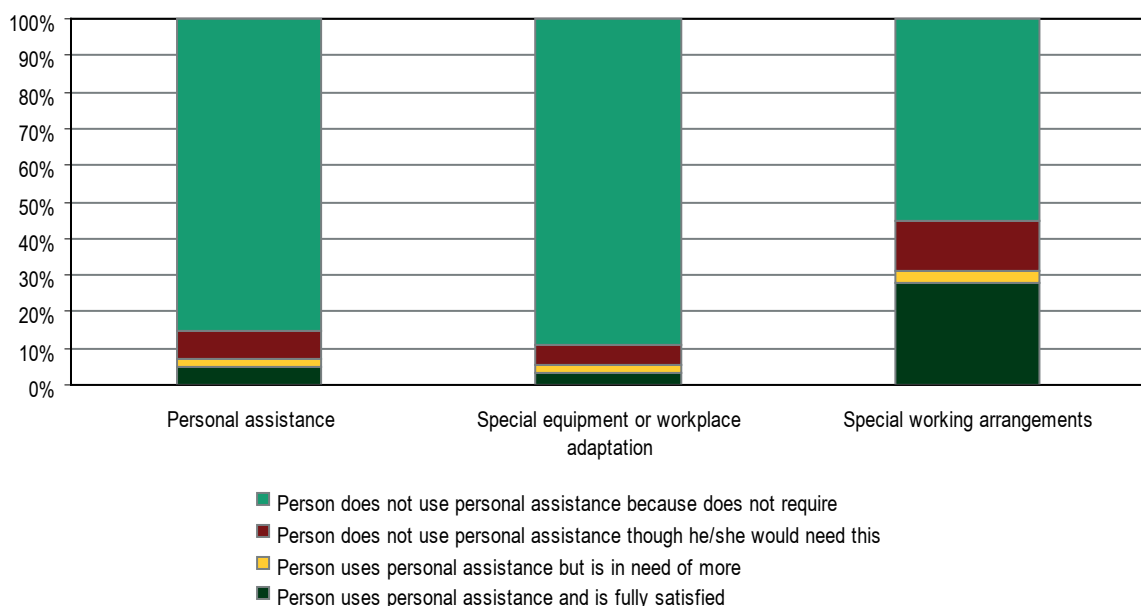
Disabled employed persons by number of helps



The largest share of employed disabled persons (both men and women) was given help in the area of work conditions (working schedule, working time, performance requirement). 90.1% of the around 43 thousand persons were satisfied with the way their employer met their special needs in organising work conditions, and only 9.9% said they would need more help. While they would have needed it, 19 thousand employed disabled persons were not provided any help in their work conditions. 21 thousand persons demanded human help to perform work, and nearly half of them actually got it, and over 10 thousand had to work without getting this kind of help. Disabled persons do not seem to really need technical assistance and special devices. For half of the 15 thousand persons the employer provided (fully or partially) this kind of assistance while the other half did not get the special equipment or technical assistance they would have needed.

Figure 14

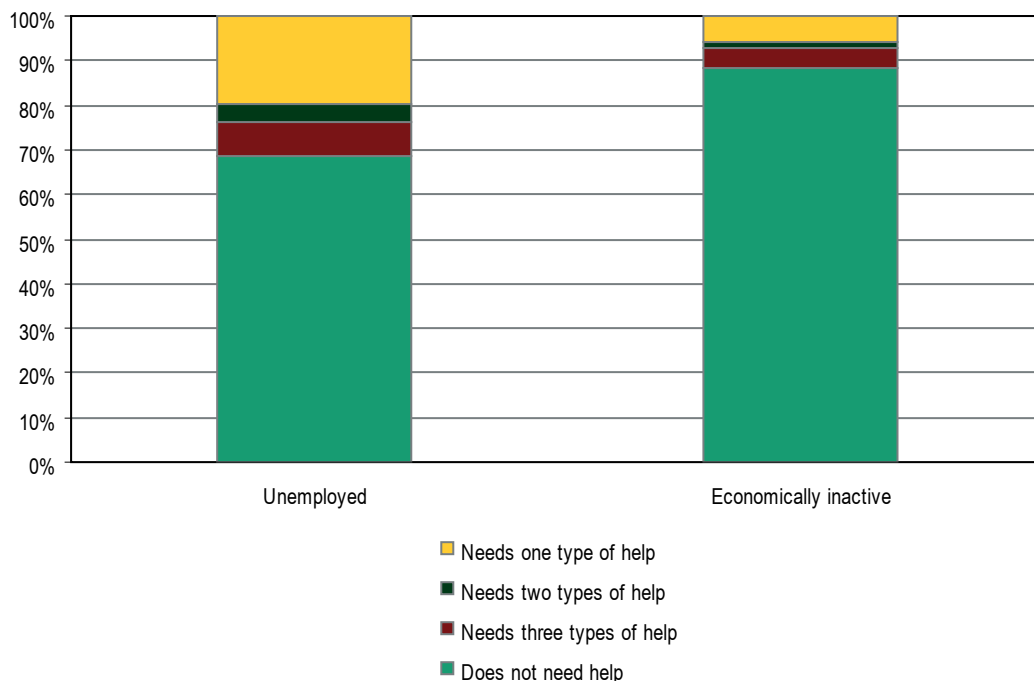
Disabled employed persons by types of help



The breakdown by type of settlement appears to be special: as opposed to the national average of 33.9%, 41.1% of disabled persons living in the capital city received one type or another of help at their workplaces while their share was 32.7% in cities and towns and 32.9% in villages.

Figure 15

Disabled not employed persons by number of helps needed



Nearly one third (31.3%) of the 46 thousand unemployed disabled persons think they would need some kind of help to be able to work. 19.6% of them would need one type of help while 4.3% would need two types of help. The biggest help for the unemployed too would be creating special working conditions: for 20.2% of them it would be a prerequisite to work and for 10.7% it would be important to get this kind of help, yet, given the chance, they would work even without it. Over two thirds of them, however, do not work not because of lack of help but for other reasons. Special devices and technical assistance would help as few as every tenth of them at most. 60% of them could work only with this kind of help and 40% could work without it even though help would be important.

The overwhelming majority of the 582 thousand inactive disabled persons deemed that they do not need any help, presumably as they cannot or do not want to work at all. Only 11.7% of them deemed that their health condition allowed to (re)integrate in the labour market with some kinds of assistance. However, slightly more than half of these 68 thousand persons would be able to work (again) only with complex (2–3 types) help. 84.1% of those needing special working conditions (63 thousand persons) could work only if they got advantage in respect of working schedule, working time, performance requirement, etc. By ensuring special equipment or technical assistance, 34 thousand inactive persons would be able to work, but 71.7% of them only if they received this kind of help. About 34 thousand inactive persons could be reintegrated into the world of work with personal assistance. For 70.5% of them, the lack of this kind of assistance would result in definite absence from the labour market, since 24–25 thousand persons reported to need personal assistance for performing work.

Figure 16

Disabled unemployed persons by types of help needed

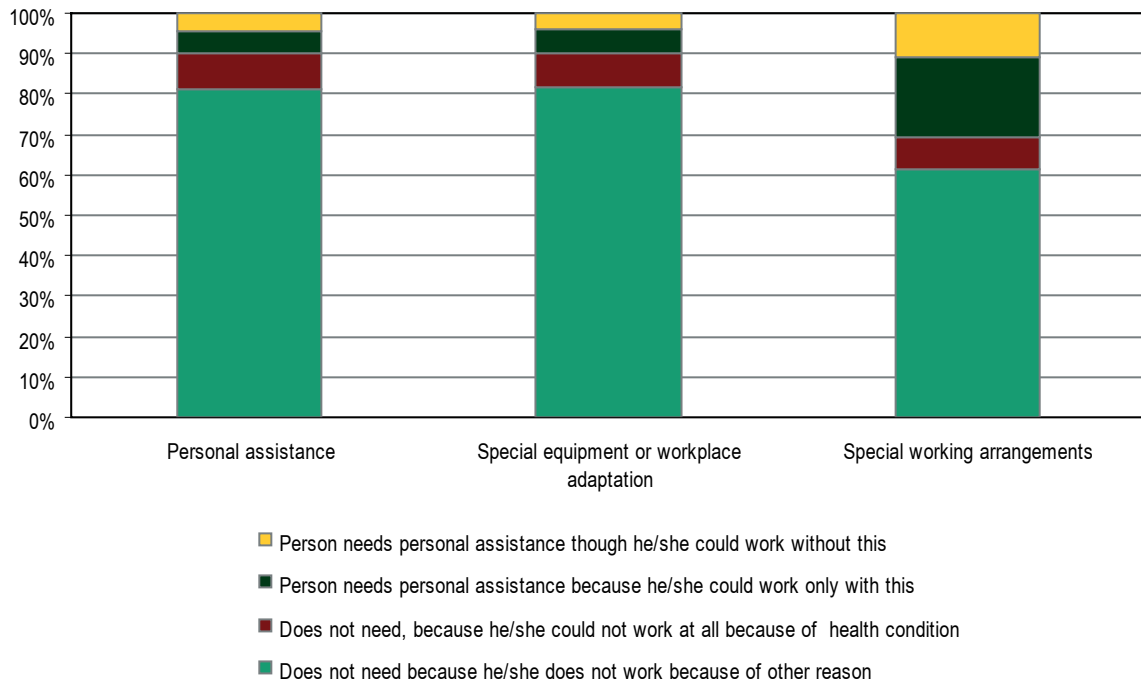
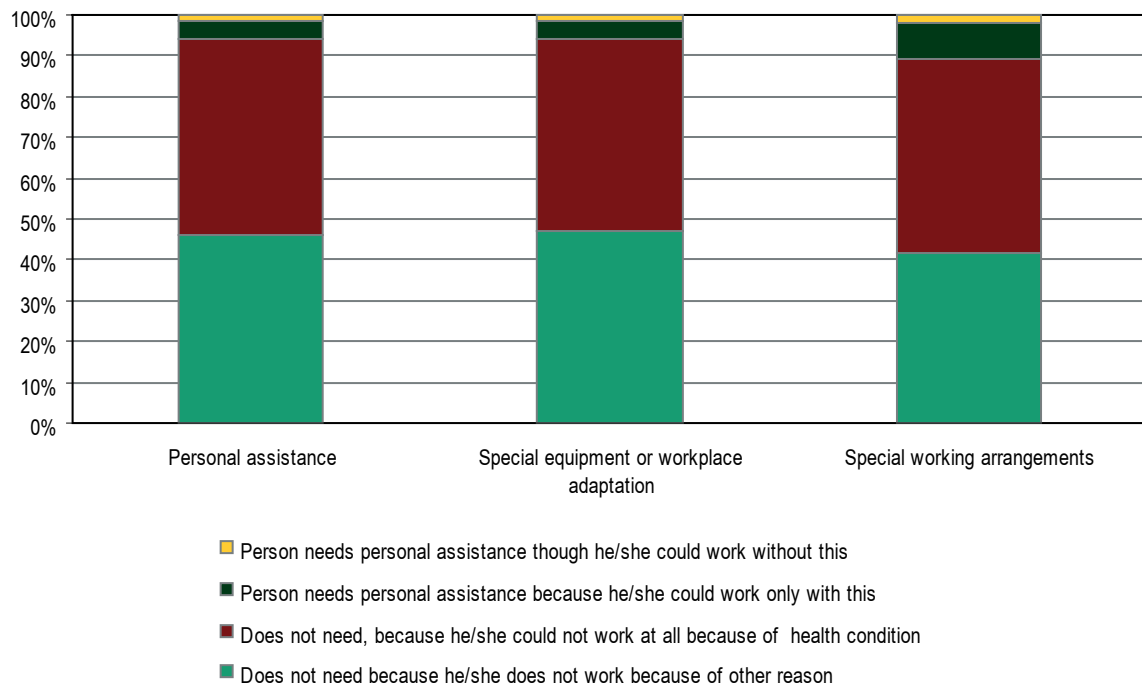


Figure 17

Disabled economically inactive persons by types of help needed



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On the whole, the labour market opportunities of disabled persons seem very scarce: out of ten as few as two worked. Employment is open mostly for those, whose longstanding disease or health condition or functional disability and other kinds of limitations do not pose much of a barrier to work. According to conservative estimates, with targeted measures, such as promoting atypical forms of employment and organising transportation, at least 100 thousand persons, who currently rely on the meagre social supports, would be able to lead a full and more meaningful life.

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