Organisation for Economic Co-operation and Development

DELSA/ELSA/WD/SEM(2021)8

Unclassified English - Or. English

DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS COMMITTEE

A crisis on the horizon. Ensuring affordable, accessible housing for people with disabilities

Working paper

This draft working paper is to support the policy brief with the same name. The paper contains more data/charts regarding housing outcomes for people with disabilities, a detailed discussion of definitions and more detail on the policy measures across countries.

JEL codes:
I38: Health, Education, and Welfare / Welfare, Well-Being, and Poverty / Government Policy - Provision and Effects of Welfare Programs.
H53: Public Economics / National Government Expenditures and Related Policies / Government Expenditures and Welfare Programs.
R21: Urban, Rural, Regional, Real Estate, and Transportation Economics / Household Analysis / Urban, Rural, Regional, Real Estate, and Transportation Economics: Housing Demand.
R31: Urban, Rural, Regional, Real Estate, and Transportation Economics / Real Estate Markets, Spatial Production Analysis, and Firm Location / Housing Supply and Markets.

Key words:
Housing Affordability, Disability, Accessibility, Public investment

Marissa Plouin
Willem Adema
Pauline Fron
Paul-Marie Roth

OECD Social, Employment and Migration Working Papers

www.oecd.org/els/workingpapers

OECD Working Papers should not be reported as representing the official views of the OECD or of its member countries. The opinions expressed and arguments employed are those of the author(s).

Working Papers describe preliminary results or research in progress by the author(s) and are published to stimulate discussion on a broad range of issues on which the OECD works. Comments on Working Papers are welcomed, and may be sent to els.contact@oecd.org.

This series is designed to make available to a wider readership selected labour market, social policy and migration studies prepared for use within the OECD. Authorship is usually collective, but principal writers are named. The papers are generally available only in their original language – English or French – with a summary in the other.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

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.

A crisis on the horizon. Ensuring affordable, accessible housing for people with disabilities

Acknowledgments

This paper was prepared by the Housing Team from the OECD Directorate for Employment, Labour, and Social Affairs (ELS) under the senior leadership of Stefano Scarpetta (Director of ELS), Mark Pearson (Deputy Director of ELS), and Monika Queisser (Senior Counsellor, Head of the OECD Social Policy Division). The remaining mistakes are the responsibility of the authors.

A number of individuals provided extremely helpful comments in the development of this paper and the dedicated section on this topic that was developed for the 2021 OECD Questionnaire on Affordable and Social Housing (QuASH). In this regard, the authors wish to warmly thank Harry Beatty, Ian Copeman, TJ Courtney, Brhanu Derbew, Thomas Golem, Kja Isaacson, T. Linden, Catherine Penney, Paula Rice, Abdou Saouab, Tara Servais-McRae, Teresa Souza, Ashley Staton, Kurt Usowski, Ilan Wiesel and Danna Zabrovksy; Olga Martinez de Briones and Inmaculada Placencia Porrero from the European Commission; and Monika Queisser, Chris Prinz, Boris Cournède and Maxime Ladaique from the OECD.

The paper is a companion to the policy brief with the same name, which was developed with support from the European Union, and contributes to the OECD horizontal project on housing.

Abstract

This paper discusses housing challenges facing people with disabilities in OECD and EU countries, and policy supports to make housing more affordable, accessible and adapted to their needs. 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), household surveys, national population census and disability surveys, and country responses to the 2021 OECD Questionnaire on Affordable and Social Housing. The paper summarises housing outcomes; discusses policy supports to ensure that people with disabilities can be safely, affordably and independently housed; and outlines actions for policy makers.

Ce document aborde les défis du logement auxquels sont confrontées les personnes en situation de handicap dans les pays de l'OCDE et de l'UE, ainsi que les aides politiques pour rendre le logement plus abordable, accessible et adapté à leurs besoins. Il se focalise sur la population adulte en situation de handicap vivant en dehors des institutions, en s'appuyant sur les données de l'Enquête de l'Union européenne sur le revenu et les conditions de vie (EU-SILC), les enquêtes auprès des ménages, les recensements nationaux de la population, et les enquêtes nationales sur le handicap, et les réponses des pays au Questionnaire 2021 de l'OCDE sur le logement social et abordable (QuASH). Ce document résume les résultats en matière de logement; discute les politiques publiques qui assurent aux personnes handicapées qu'elles peuvent être logées de manière sûre, abordable et indépendante; et décrit les actions à l'intention des décideurs.

Table of contents

OECD Social, Employment and Migration Working Papers 2
Acknowledgments 3
Abstract 4
1. Introduction and main findings 7
2. How many people report a disability in the OECD and EU? 9
3. What is the housing situation of people with disabilities? 17
4. What type of housing support is available for people with disabilities? 28
5. How can governments improve housing support to people with disabilities? 34

Annex A. Defining and measuring disability in OECD and EU countries. 46

Tables

Table 1. Types of housing-related supports provided to people with disabilities 30
Table 2. Minimum levels of accessibility in the building stock apply to only a portion of dwellings: Selected country examples 33

Table A.1. Statistical definitions of disability across countries 47

Figures

Figure 1. Around one in four people report a moderate or severe level of disability in OECD and EU countries 14
Figure 2. The prevalence of disability increases with age, but its severity does not 15
Figure 3. The prevalence and severity of disabilities decreases with income – especially among the working-age population 16
Figure 4. By 2050, one quarter of the OECD population will be over 65 years old 20
Figure 5. Most people with disabilities live in owner-occupied housing, on average 21
Figure 6. People with disabilities are more likely than the rest of the population to be overburdened by housing costs 23
Figure 7. People with disabilities are slightly less likely than people without disabilities to live in overcrowded dwellings 25
Figure 8. Among the working-age population, people with disabilities are more likely to live alone compared to people without disabilities 26

Boxes

Box 1. What do we mean by people with disabilities? 10
Box 2. Estimating the number of people with disabilities living in institutions, drawing on long-term care data 11
Box 3. What is “accessible” housing? 18
Box 4. Balancing affordability and accessibility objectives for housing for people with disabilities 24
Box 5. The COVID-19 pandemic brought both familiar and new housing challenges for people with disabilities 27

Box 6. Improving the evidence base on the prevalence, welfare and living conditions of people with disabilities through regular disability surveys in Korea 35
Box 7. Tools and guidelines to help providers improve housing support for people with disabilities in Ireland 36
Box 8. Developing public registers of accessible housing for people with disabilities in Japan, Norway, the United Kingdom and the United States 37
Box 9. Financial support in Germany for housing renovation and adaptation in order to stay as long as possible 40
Box 10. Ensuring the accessibility of both the housing stock and the broader community in Japan 41

1. Introduction and main findings

1. For people with disabilities, the ability to live in housing that is accessible and suited to their needs can provide a solid foundation for their economic security, health, well-being and independence. Recent decades have seen growing international consensus to enable people with disabilities to choose where, how and with whom they live. The United Nations Convention on the Rights of Persons with Disabilities, adopted in 2006, established that people with disabilities should be able to enjoy all human rights and fundamental freedoms, and that adaptations should be made to enable people with disabilities to fully exercise their rights – including in the housing market. Goal 11 of the Sustainable Development Goals emphasises the need for stronger inclusion of people with disabilities in all spaces of public and private life, while the 2018 UN Flagship Report on Disability and Sustainable Development Goals highlighted the housing situation of people with disabilities as a key challenge for the next decade. In sum, there is clear international support to promote greater independence and choice in the housing market for people with disabilities.

2. Yet across OECD and EU countries, people with disabilities continue to struggle to access affordable, accessible housing. First, there is a lack of accessible housing solutions that enable people with disabilities to live safely and independently in private dwellings, and insufficient attention to specific design features that can make housing accessible and liveable for people with a broad range of needs. These include, for instance, mobility-related features in and around the dwelling for people with reduced mobility, or those with sensory (sight, hearing) impairments, such as no-step entries, guardrails, ramps or open floorplans. For people with intellectual, cognitive or sensory disabilities, attention to lighting and sounds, the incorporation of tactile design features as well as household features that are generally easy to manipulate and operate in and around the dwelling are especially important. In addition, people with more complex needs often require additional support services to ensure that they can live safely and independently at home, but it can be a challenge to identify their needs, to secure quality services, and to pay for such support.

3. Beyond a shortage of suitable, accessible housing, many people with disabilities also face considerable financial and informational barriers in the housing market. Housing costs are the biggest household spending item and have been growing for most households (OECD, 2021[1]). Moreover, people with disabilities are more likely to have a low income (especially, but not only if their impairment prevents them from working), making it harder to afford housing and related services that meet their needs, or to pay for necessary dwelling adaptations. Physical and financial barriers are compounded by informational barriers: it is often difficult for people with disabilities to find suitable housing because up-to-date information on the available stock of housing options and related services is not readily available. Even when suitable housing exists, it is not necessarily inhabited by people who require such amenities (see Box 3).

4. The challenge is not minor and is expected to grow in the coming years. At present, around one in four people aged 16 and over in the OECD and EU report living with some form of disability that limits their participation in everyday activities, the vast majority of whom are seniors. The population with disabilities will continue to grow in the coming years, as population ageing accelerates and chronic disease affects more and more people. By 2050, around 28% of the OECD population will be over 65 years old, compared to just over 18% today (OECD, 2020[2]). In light of the widespread preference to remain at home for as long as possible – or to “age in place” – major adaptations will be required to the dwelling stock to meet households’ changing needs.

5. This paper intentionally takes a broad view of people with disabilities. This corresponds to growing international consensus, as well as national statistical approaches, that defines disability beyond a purely medical or impairments-based approach, to also incorporate the social and environmental factors that affect an individual's ability to participate in everyday activities (Section 2). This paper 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), household surveys, national population census and dedicated disability surveys, as well as country responses to the 2021 OECD Questionnaire on Affordable and Social Housing (QuASH). It covers people with different *types* of impairments (e.g. physical, mental, intellectual, sensory and/or psychosocial), different *severity levels* of impairment (from moderate to severe limitations in everyday activities), and, data permitting, *adults of all ages* who report a disability (from young adults to the elderly). As a result, the population covered in this paper, as well as their needs for housing support and related services, is highly heterogeneous.

6. For some people with disabilities, mainstream housing policy supports, such as social housing or housing allowances, can be sufficient to overcome housing market barriers, provided that they are accessible. However, mainstream supports are not always enough. Evidence suggests that social housing is not always accessible or suited to the needs of people with disabilities, while housing allowances can fall (well) short of making housing affordable for people with disabilities who cannot work and/or who have a low income. The provision of financial support, such as grants and loans, to enable people to modify their dwellings is necessary for many people with a range of physical, mental, intellectual or sensory disabilities, as well as for ageing households to enable them to age in place. Meanwhile, people with more complex needs may require housing-related services (e.g. to prepare food, to get dressed) that enable them to live safely and independently.

7. There is thus still a long way to go to ensure that people with disabilities and their families are able to access affordable housing solutions that are adapted to their needs. The issue warrants much more attention to fill persistent data, knowledge and funding gaps. Policy actions could include:

- Improving the evidence base on people with disabilities, their housing needs and the extent to which current public supports meet their needs (e.g. regular housing surveys of people with disabilities that compare outcomes with people without disabilities).
- Developing tools to better match available accessible housing and supports to people who need them (e.g. public registers of accessible housing in various countries).
- Strengthening the accessibility standards that apply to new residential construction and considering minimum accessibility requirements to renovations that exceed a certain size or cost threshold, as well as those that benefit from public financial support.
- Providing financial incentives, as well as direct financial support, such as loans and income-tested grants, to make the existing housing stock more accessible and suited to the diverse needs of people with disabilities (e.g. Germany's Barrier Reduction Investment grants and loans).
- Pursuing integrated approaches to housing and support needs that span different policy domains, including, *inter alia*, health, transport, long-term care and the labour market.
- Ensuring that people with disabilities benefit from increased investments in accessible, affordable and social housing.

8. While progress has been made to broaden our understanding of disability, significant data and knowledge gaps remain. A cross-national assessment of the extent of disability in OECD and EU countries is challenged by differences in prevailing definitions, as well as widespread and persistent data limitations (Section 2). In view of the prevailing data gaps, future OECD work in this area could further explore the affordability-accessibility nexus and analysis to identify best practice, for instance, through expert consultations and as part of country reviews on affordable housing.

9. This paper is organised into five sections. *Section 1* presents the main findings of the paper. *Section 2* reports the prevalence of disability in OECD and EU countries and outlines some of the methodological limitations in our understanding of disability. *Section 3* summarises the primary housing outcomes of people with disabilities, relating to housing accessibility, affordability and living arrangements. *Section 4* discusses existing policy supports in OECD and EU countries to enable people with disabilities to be safely, affordably and independently housed. *Section 5* proposes a series of recommended actions for policy makers to improve housing outcomes for people with disabilities.

2. How many people report a disability in the OECD and EU?

2.1. Understanding the extent of disability is hampered by definitional differences and persistent data gaps

10. Assessing the extent of disability in OECD and EU countries is a challenge, due in part to differing definitions of disability across countries in addition to widespread and persistent data limitations (Box 1 and Annex A). This paper 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[1] and on household surveys, national population censuses 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)[2] and other country studies, as available.

Box 1. What do we mean by people with disabilities?

Absent a common statistical definition of disability, several international approaches co-exist

The United Nations (UN) and the World Health Organization (WHO) have adopted relatively expansive definitions of people with disabilities, which incorporate the social and environmental factors that affect an individual's ability to participate in everyday activities, in addition to medical or physical conditions. To assess disability and produce comparative disability statistics, the UN and the EU have proposed different approaches:

- The Washington Group on Disability Statistics, developed by the UN Statistical Commission and others in 2001, is based on a series of questions that aim to assess disability along different areas of functioning. 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.
- The Global Activity Limitation Indication (GALI), which is used by European statistical services, including in EU-SILC, 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."

Nevertheless, there is no common statistical definition of people with disabilities. The concept of disability has evolved over the past decades from a strictly medical definition to include a social and environmental dimension (Statistics Canada, 2018[3]). Many definitions in OECD and EU countries rely, at least to some extent, on the GALI or the categorisation set out in the Washington Group on Disability Statistics.

There are several common features to the definitions of disability used in this paper

While the absence of a common statistical definition of disability renders cross-national comparison a challenge, several features are central to the definitions used in this paper:

- In all of the disability statistics reported in this paper, disability is a self-reported condition.
- All statistics reported in this paper 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, sensory, cognitive 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.
- In many countries, multiple definitions of disability co-exist, depending on the purpose. Statistical definitions 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 capacity to work.

For a more information about the definitions of people with disabilities, please refer to Annex A.

Note: (i) An exception is some data on the population with disabilities in Denmark, which includes people living in institutions.
Source: (Landes, Turk and Wong, 2021[4]; Landes et al., 2020[5])

11. Nevertheless, 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, as the challenges are distinct from those living in independent housing. This has been evident during the course of the COVID-19 pandemic, as people living in institutions and large health care facilities faced heightened risks of infection and mortality from the virus (see Box 5 later in this paper) (Landes, Turk and Wong, 2021[4]; Landes et al., 2020[5]). Data on the beneficiaries of long-term care can provide an imperfect estimate of the size of the institutionalised population in OECD countries (Box 2).

Box 2. Estimating the number of people with disabilities living in institutions, drawing on long-term care data

Because household surveys do not cover people living in institutionalised settings, data on long-term care recipients can provide an imperfect estimate of the share of people who are not in a position to live independently. However, it is not possible to ascertain from long-term care data the number of people living in institutions who also report a disability. EU-SILC data for Europe suggest that around three-quarters of households with a member in need of long-term care has a disability.

Today, the OECD population living in institutions outside hospitals accounts for over 6 million people in the 32 countries for which data are available – representing less than 1%, on average, of the total population across countries (OECD, 2019[6]).

Despite the avowed political shift away from institutional settings, the increasing number of elderly people have led to an increase in the institutionalised population in some countries. Seniors aged 65 and over make up around 86% of the total institutionalised population, representing around 4% of all seniors aged 65 and over. Moreover, the majority (57%) of seniors living in institutions are over age 80, representing around 11% of all seniors aged 80 and over. Meanwhile, working-age adults (aged 18 to 64) make up around 12% of the total institutionalised population, on average. In 18 countries for which data are available, around 21 000 children under age 18 live in institutions (including but not limited to children with disabilities), representing less than 0.5% of the total institutionalised population.

There are important limitations to data on long-term care services, however. They are difficult to collect in many countries, and the definition of "institution" varies from one country to another. In addition, data for some countries refers only to people receiving publicly funded care, while other countries include people who are paying for their own care (OECD, 2019[7]).

The upcoming OECD project, "Beyond Applause: Better pay, work conditions and societal recognition in care services in ageing societies" aims to address the challenges facing both the workers and the recipients of long-term care, in a context of population ageing. It builds on a wealth of OECD work on ageing and caring for the elderly, notably the 2020 OECD report, *Who Cares? Attracting and Retaining Care Workers for the Elderly* (OECD, 2020[8]).

Source: (OECD, 2019[7]; OECD, 2019[6]; OECD, 2020[8])

12. Second, statistical data on disability are most often limited to the adult population over the age of 16 or 18. Certainly, the focus on the adult population with disabilities poses fewer limits to policy makers from an employment perspective, yet represents a clear gap in the domain of housing, as people with disabilities of all ages may require adaptations and services in their dwelling and neighbourhoods. As reported below, several countries provide data on the number of children with disabilities in the 2021 OECD QuASH, although the figures are difficult to compare due to differences in the ages reported.

2.2. One in four adults report a disability on average, representing a highly heterogeneous population

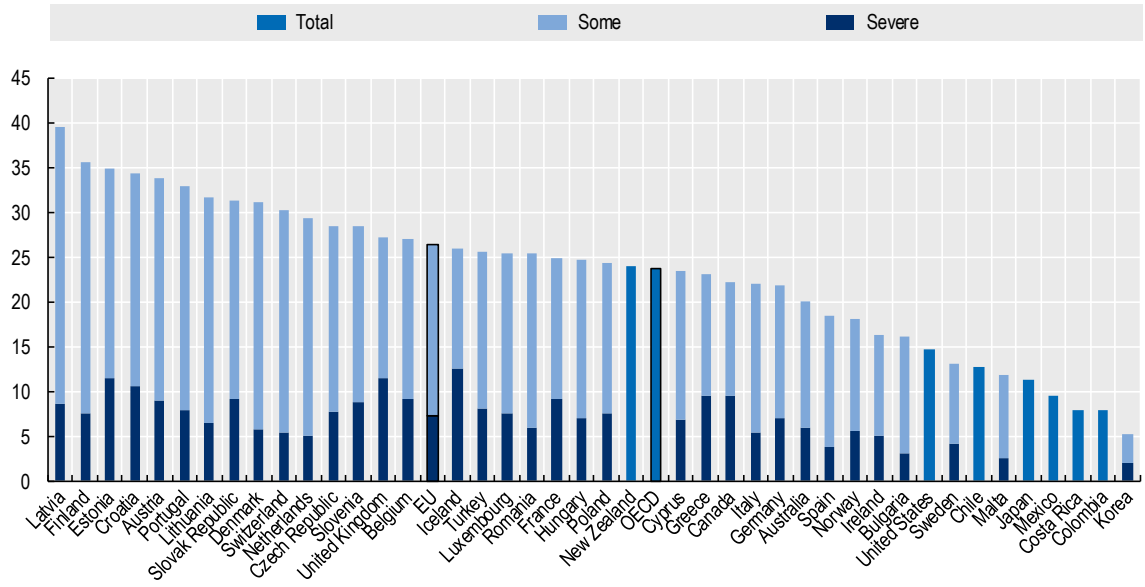
13. Despite definitional differences and data limitations, comparative cross-national data on people with disabilities suggest that:

- **In the OECD and the EU**, **around one in four people aged 16 and over, who live outside institutions (Figure 1), reports a disability that limits their participation in usual activities**. However, there are significant 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, Costa Rica and Korea. With the exception of Costa Rica, in most countries for which data are available, children tend to represent between 4-8% of the total population with disabilities.
- **People with disabilities are a highly heterogeneous population**. The term disability can cover a wide range of impairments, relating to mobility, sight and hearing, intellectual, cognitive and/or psychosocial disabilities, among others. Comparative data on different types of disability are hard to come by, however. Based on country responses to the OECD QuASH, eleven countries currently report data on disability by different types, yet the categories differ. For instance, the United States disaggregates disabilities into six different types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty and independent living difficulty. Korea's regular survey of people with disabilities reports impairments along 15 categories (OECD, 2020[9]).
- **In all countries that report disability by type, physical and/or sensory impairments are the most prevalent**, comprising around two-thirds of all impairments reported, on average. Cognitive, intellectual and psychosocial impairments tend to represent a smaller share of the total (around 22% on average), while other impairments make up about 12% of the total, on average. These numbers should nevertheless be interpreted with considerable caution, given that the most common type of disability – physical and sensory impairments – may simply be more likely to be measured.
- **On average, fewer than a third of people with disabilities report severe limitation in their everyday activities**, compared to around seven out of ten people with disabilities who report moderate activity limitations. The share of people with disabilities reporting severe activity limitation is much larger, however, in 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%).
- **While the prevalence of disability increases with age, its severity remains roughly similar among adults of all ages**. The prevalence of disability almost triples between the working-age and senior populations: nearly half of the population aged 65 years and older reports a disability, compared to less than 18% of the working-age population (Figure 2). However, the severity of disability does *not* seem to dramatically increase with age: 28% of the working-age population with a disability report severe activity limitation, compared to 32% of seniors. Even so, given the much larger share of seniors with disabilities, in absolute terms, there are many more elderly people with disabilities with severe activity limitation relative to those of working age.

- **The prevalence and severity of disability decreases with income, especially among the working-age population**. Drawing on data from European countries, around one-third of people in the lowest income quintile report a disability, compared to around a quarter of people in the third quintile and one-sixth of people in the top quintile (Figure 3, Panel A). People with disabilities in the bottom income quintile are also more likely to report severe activity limitations relative to those in the top quintile: around 36% of people with disabilities in the bottom quintile report severe activity limitation, compared to 23% of people with disabilities in the top income quintile. Outside Europe, people in the bottom quintile are around twice as likely to report a disability as those in the top quintile in Chile (14% vs 7%) and Mexico (10% vs 6%), and three times as likely in the United States (21% vs 7%).
- **There are differences, however, when comparing outcomes among the working-age and elderly populations**. Among the working-age population, income appears to play a role in both the prevalence and severity of disability: working-age people in the bottom quintile are more than twice as likely to report a disability than those in the top quintile, and nearly two times as likely to report severe activity limitation due to their disability (Figure 3, Panel B). Meanwhile, seniors in the bottom quintile are still more likely to report a disability than seniors in the top quintile (55% compared to 38%, respectively), yet income is less of a factor in the severity of disability (Figure 3, Panel C). Just over one-third of seniors with disabilities in both the bottom and third income quintiles report severe activity limitation, compared to around 28% of seniors with disabilities in the top quintile.

Figure 1. Around one in four people report a moderate or severe level of 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 latest 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 Canada 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; 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 with disabilities are defined as those who reported having no physical or mental difficulty. Data for Japan in this survey 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

---

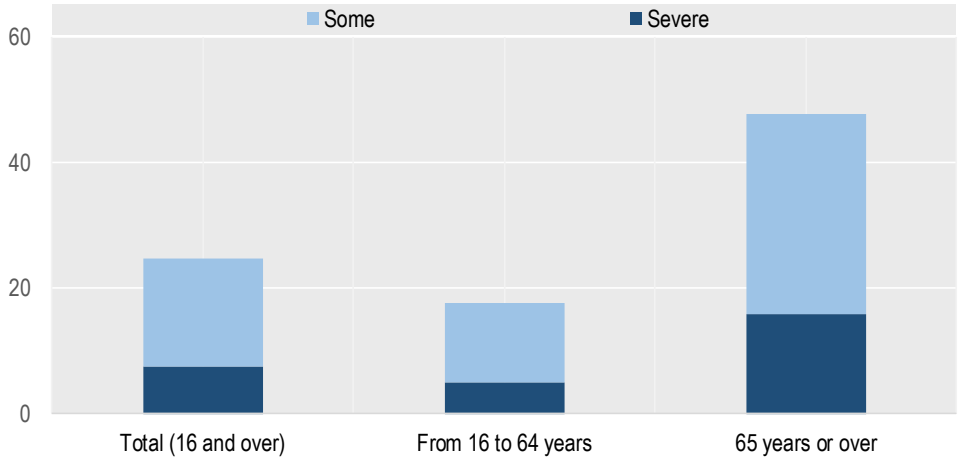
Note by Turkey: The information in this document with reference to “Cyprus” relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and 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.

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. OECD and EU averages refer to unweighted averages. The present publication presents time series which end before the United Kingdom's withdrawal from the European Union on 1 February 2020. The EU aggregate presented here therefore refers to the EU including the UK. In future publications, as soon as the time series presented extend to periods beyond the UK withdrawal (February 2020 for monthly, Q1 2020 for quarterly, 2020 for annual data), the "European Union" aggregate will change to reflect the new EU country composition.

Source: OECD calculations based on EU-SILC for European countries, QuASH 2021 (Australia, Australian Bureau of Statistics (ABS 2018),Statistics Canada, Canada 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 (ACS2019).

Figure 2. The prevalence of disability increases with age, but its severity does not

Percentage of adults aged 16 and over who report being limited in their daily activities because of health problems by level of limitation and by age group, EU average, 2019

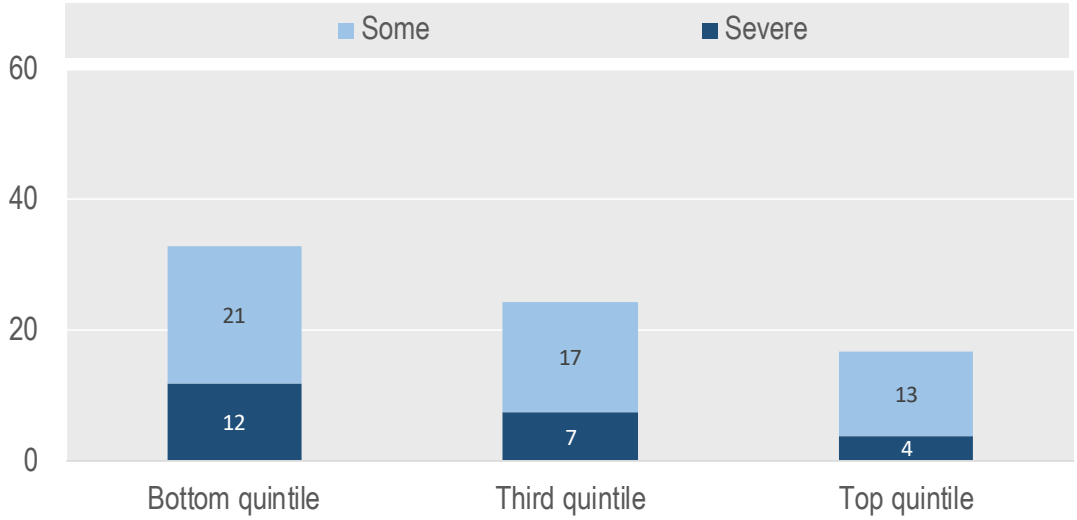


Note: The present publication presents time series which end before the United Kingdom's withdrawal from the European Union on 1 February 2020. The EU aggregate presented here therefore refers to the EU including the UK. In future publications, as soon as the time series presented extend to periods beyond the UK withdrawal (February 2020 for monthly, Q1 2020 for quarterly, 2020 for annual data), the "European Union" aggregate will change to reflect the new EU country composition.
Source: Eurostat (2019), EU-SILC

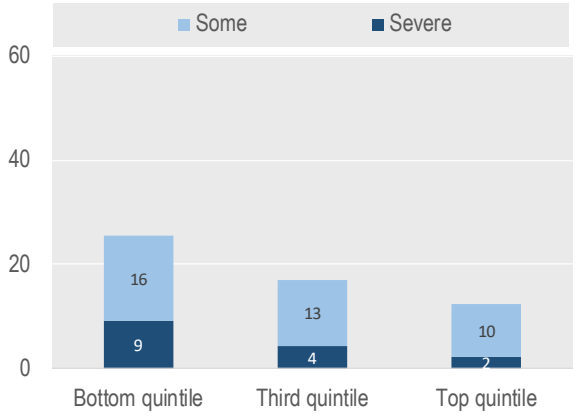
Figure 3. The prevalence and severity of disabilities decreases with income – especially among the working-age population

Percentage of people reporting to have some or severe activity limitation because of health problem by income, EU28 countries, 2019

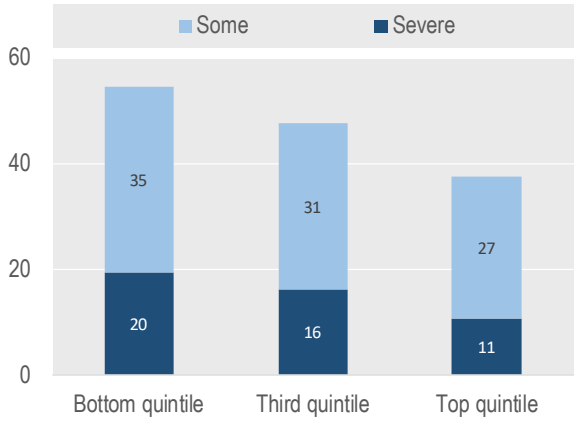
Panel A. Total population, 16 years and over



Panel B. Working-age population, 16-64 years old



Panel C. Senior population, 65 years and over



Note: Data refer to EU-28 countries. The present publication presents time series which end before the United Kingdom's withdrawal from the European Union on 1 February 2020. The EU aggregate presented here therefore refers to the EU including the UK. In future publications, as soon as the time series presented extend to periods beyond the UK withdrawal (February 2020 for monthly, Q1 2020 for quarterly, 2020 for annual data), the "European Union" aggregate will change to reflect the new EU country composition.
Source : Eurostat (2019), EU-SILC

3. What is the housing situation of people with disabilities?

3.1. The housing stock falls well short of meeting the needs of people with disabilities – a challenge which is likely to worsen in time as the population ages

14. The heterogeneity of the population with disabilities, in terms of the type and severity of impairment, means that there is no "one-size-fits-all" housing solution. It also makes it difficult to comprehensively assess the suitability of the existing housing stock, given the wide range of features that can make housing and the surrounding environment liveable for people with very different impairments. Several challenges stand out: a lack of dwellings that are accessible to people with disabilities, including people with reduced mobility and other impairments; a shortage of alternative living arrangements that meet the needs of people with diverse needs; and the general challenge of providing integrated housing-related and community services to people with more complex needs. A comprehensive assessment of the accessibility of the stock is hampered by persistent data gaps.

3.1.1. There is a shortage of accessible housing for people with disabilities, including people with reduced mobility, who need specific physical adaptations, though data are patchy.

15. 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. For instance, for people with reduced mobility or those with sensory (sight, hearing) impairments, the physical characteristics of dwellings and the surrounding environment can render them impracticable without specific design adaptations, such as no-step entries, guardrails and open floor plans that facilitate movement. As people age and are more likely to develop multiple impairments, they can face increasing difficulty to climb stairs, get into the shower or use kitchen counters (Vespa, Engelberg and He, 2020[10]). Meanwhile, for people with intellectual, cognitive or sensory impairments, specific attention to the management of light and sound (well-lit spaces, sound-reducing windows), tactile design features, as well as the ease of use of various household objects (doorknobs, cords, light fixtures, heating systems) within the home are especially important. Such features can be fairly easily accommodated in the design phase of the dwelling, but in many cases are not regularly considered.

16. Unfortunately, comprehensive, comparable cross-country data on the accessibility of the existing housing stock do not exist. This is due, in part, to definitional differences in what constitutes an "accessible" dwelling (Box 3), distinctions between voluntary standards and legal obligations, as well as the absence of regular, up-to-date housing accessibility assessments. A handful of countries have conducted an accessibility assessment in recent years, reporting data on the approximate share of dwellings that meet at least some physical accessibility or barrier-free features, though the coverage varies widely:

- According to Sweden's National Board of Housing, Building and Planning's housing market survey for 2020, more than half of municipalities report a deficit in suitable housing for people with disabilities (OECD 2021 QuASH).
- Less than half of multi-family buildings in Austria – which make up roughly 46% of the total dwelling stock (OECD, 2021[11]) – are equipped with elevators, making them potentially wheelchair accessible (OECD 2021 QuASH).
- Less than 10% of the housing stock in the Slovak Republic had reduced barriers in 2011, compared to around 1.5% of the housing stock in Germany in 2019 (OECD 2021 QuASH).
- An Australian survey found that nearly three-quarters of households with a member with a disability lived in housing that did not meet, or only partially met, their needs (Wiesel, 2020[12]).

- A recent assessment in the United States on "ageing accessibility", which focused on mobility-related features, found that while most dwellings had at least one ageing-accessible feature, only about 10% were "ageing-ready", in having a step-free entryway, a bedroom and bathroom on the ground floor, and at least one bathroom accessibility feature (Vespa, Engelberg and He, 2020[10]).

17. In light of these country-specific assessments, it is safe to assume that a minority of the existing housing stock is accessible and adapted to the needs of people with reduced mobility. Comprehensive, cross-country data on the extent of other disability-sensitive design features in the housing stock (relating to lighting, sound or tactility) do not exist.

Box 3. What is "accessible" housing?

There is no universal definition of what constitutes an "accessible" dwelling. The main principles of accessibility can be summarised as construction and design that facilitates i) easy entry and exit from the dwelling; ii) easy navigation and functionality within and around the home; and iii) relatively easy and cost-effective solutions to adapt the housing to changing needs of residents over time (Wiesel, 2020[12]). Various approaches reflect the degrees to which housing can be considered liveable for and adapted to the needs of people with different types and severity of disability; the universal design approach reflects the broadest conception of designing for people with a range of needs, including people with disabilities:

- *Wheelchair-accessible housing* refers to housing that enables wheelchair-bound individuals' full mobility to access and move around within the dwelling. This means that inside the dwelling, bathrooms, kitchens and bedrooms must be sufficiently large to facilitate the 360-degree turn of a wheelchair, and adaptations are required in kitchens to ensure that appliances and workspaces are accessible to wheelchair users. This also means that access to the dwelling is wheelchair-accessible, for instance via a step-free entryway or ramp.
- *Universal design*: Universal design takes a broader approach to design and aims to ensure that housing and all other aspects and activities of everyday life are accessible to people of a wide range of characteristics, including age, height and type of disability. Universal design is so named because its features aim to make housing, products and public spaces more usable, safe and comfortable for everyone, including children, families, seniors and people with disabilities. Universal design covers all features of barrier-free design, in addition to others, such as automatic faucets or lever door handles (instead of knobs), as well as attention to lighting, sound and tactile design features.

Throughout this paper, "accessible housing" should be understood in the broadest sense, following the universal design approach. This includes adaptations to facilitate the movement of people with reduced mobility, in addition to other design features that enable people with a wide range of physical, cognitive, sensory and other impairments to live safely and independently in private dwellings.

3.1.2. Alternative housing and living arrangements may be suitable options for some people with disabilities

18. 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. In the United States, for instance, small group settings designed for people with autism and Asperger's are being piloted, driven largely by the parents of children with mental and intellectual disabilities, in response to the absence of suitable housing opportunities in the private market. Such communities differ in their size and scope, but may offer, in addition to independent housing in a small community environment, life skills

training and educational activities, in addition to other integrated services and supports. There may also be other communal facilities, including art, sports and recreational spaces, group kitchens, a library or even farms.

19. While there is an intentional focus on the collective aspect of such living arrangements, these environments nonetheless represent a departure from formal institutional settings, as they aim to enable people with a range of needs and capabilities to live independently, facilitate social interactions and engage with the broader community. Innovative approaches to develop smaller, community-based housing have also emerged in France and the United Kingdom. However, such opportunities are not widely available (less than 1 000 such units, including those in the planning stages, existed in the United States in 2019 (Bernick, 2019[13])), nor are they always affordable.

3.1.3. The provision of household services is essential to help some people with disabilities live safely and independently at home, whilst maintaining connections to the community.

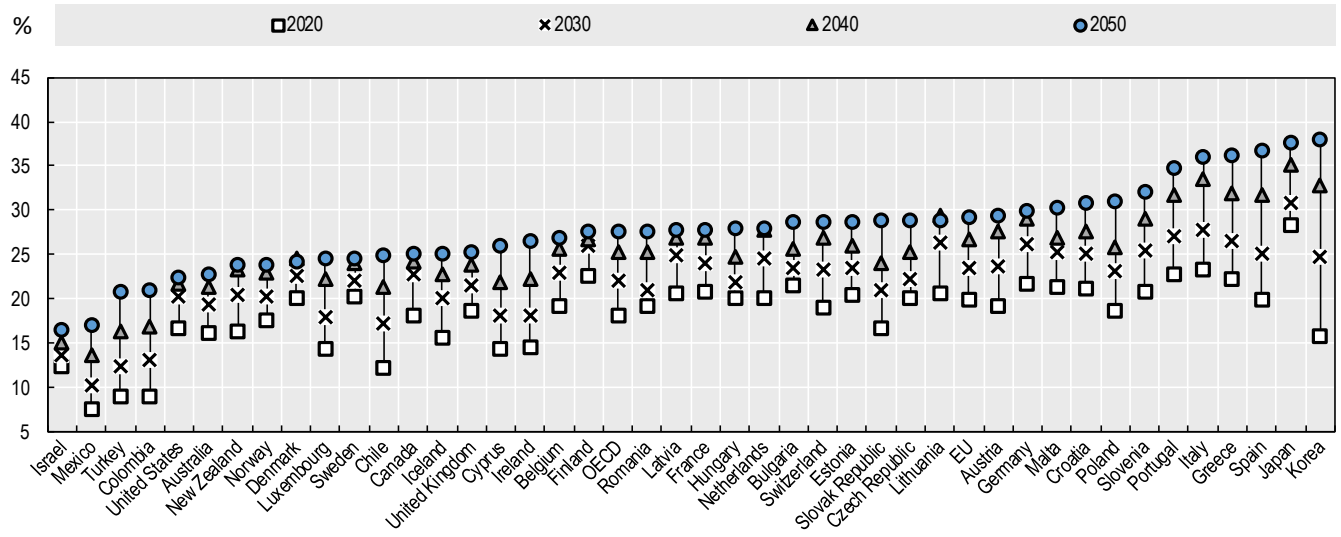
20. Moreover, as discussed further in Section 4, housing support for people with disabilities also includes a range of formal and informal support services provided in the home and in the community to help with everyday activities and maintain social engagement. Such services are essential to ensure 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. In many countries, additional services (such as day centres) are offered outside the home, in order to provide people with disabilities opportunities to build and maintain social networks and engage with the community. The types of support needs vary depending on the type and severity of the disability. Nonetheless, it can be a challenge to reach this population (for instance, especially those living in rural areas), to secure the diverse range of quality services required, and to pay for such support.

3.1.4. Demand for accessible housing will grow in the future

21. The demand for accessible housing and related support services that are accessible to people with a range of impairments will increase in future. The share of people with disabilities will grow, as population ageing accelerates and chronic disease affects more people. By 2050, around 28% of the OECD population will be over 65 years old, on average, compared to just over 18% today (Figure 4). In six countries – Korea, Japan, Spain, Greece, Italy and Portugal – seniors will make up at least a third of the total population. In 18 countries, the share of seniors is projected to grow by more than 50% – meaning that the scale of adaptations to housing and public spaces will be significant in a relatively short period (OECD, 2019[7]). It is imperative that policy makers anticipate the diverse challenges that will emerge in the coming decades.

Figure 4. By 2050, one quarter of the OECD population will be over 65 years old

Percentage of population aged 65+ (per 100 total population)



Note: The present publication presents time series which end before the United Kingdom's withdrawal from the European Union on 1 February 2020. The EU aggregate presented here therefore refers to the EU including the UK. In future publications, as soon as the time series presented extend to periods beyond the UK withdrawal (February 2020 for monthly, Q1 2020 for quarterly, 2020 for annual data), the "European Union" aggregate will change to reflect the new EU country composition.
Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition. Medium fertility variant, 2020-2100.

3.2. In most countries, the majority of people with disabilities live in owner-occupied housing, yet data limitations hamper a more complete understanding of housing tenure

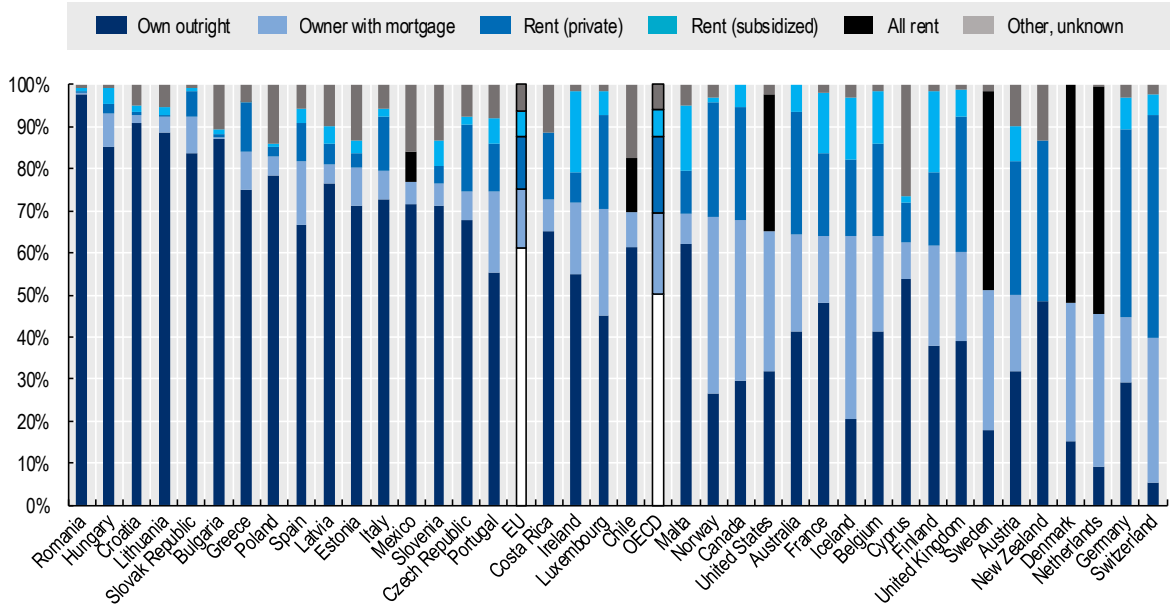
22. As is the case for the population as a whole in OECD and EU countries, the vast majority of people with disabilities live in owner-occupied housing in most – but not all – countries (Figure 5). The large share of seniors among the population with disabilities is one factor, given that older people 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.

23. 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). Country studies report that some people with disabilities continue to live at home with ageing parents well into adulthood, due in part to the shortage of affordable alternatives that are adapted to their needs. Data from the United Kingdom, for instance, which assess housing tenure at the individual, rather than household, level find that people with disabilities are less likely to own their home than people without disabilities of the same age, and that adults with disabilities (aged 25 to 54 years old) are more likely to live with their parents (Office for National Statistics (United Kingdom), 2019[14]). Efforts to collect data on housing tenure at individual level in other countries would help to fill these data gaps.

24. The type of disability may have some bearing on tenure arrangements, but few cross-country data exist. Ireland, for instance, found that people with psychological or emotional disabilities are less likely to be homeowners than people with other types of disabilities (OECD, 2020[15]). In the U.K., people with disabilities with severe or specific learning difficulties were least likely to own their own home; they were much more likely to live with their parents (Office for National Statistics (United Kingdom), 2019[14]).

Figure 5. Most people with disabilities live in owner-occupied housing, on average

Share of adults with disabilities in different tenure types, in percent, 2019 or last year available



Notes: See note to Figure 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, Canada Survey on Disability, 2017, Costa Rica (Conapdis-INEC 2018))), Chile (CASEN 2017), Mexico (ENIGH 2018), United States American Community Survey (ACS2019)).

25. While owner-occupied housing is the most common form of tenure among people with disabilities in most countries, other forms of tenure bring additional challenges. Australia, Germany, New Zealand, Switzerland, the United Kingdom and the United States report a large share of people with disabilities in the private rental market. Renters with disabilities can face dual affordability and accessibility challenges: not only have rent prices risen considerably in recent years (OECD, 2021[1]), major accessibility improvements can be harder to introduce to rental dwellings.

26. Moreover, standard tenure collection methods and classifications do not fully capture the range of living situations among people with disabilities. First, as mentioned above, tenure data, because they are generally collected at household level, cannot provide insights into the potential barriers faced by people with disabilities to become homeowners. Second, alternative housing and living environments designed to support people with different types and different levels of severity of disability have been developed in many countries; these include supportive housing or group homes. There is no standard definition for these types of living arrangements across countries, and there is considerable diversity in their size, operation and approach. Data on the share of people with disabilities living in supported housing and group homes are rare, and can be hard to disentangle from data on people living in institutional settings (see Box 2).

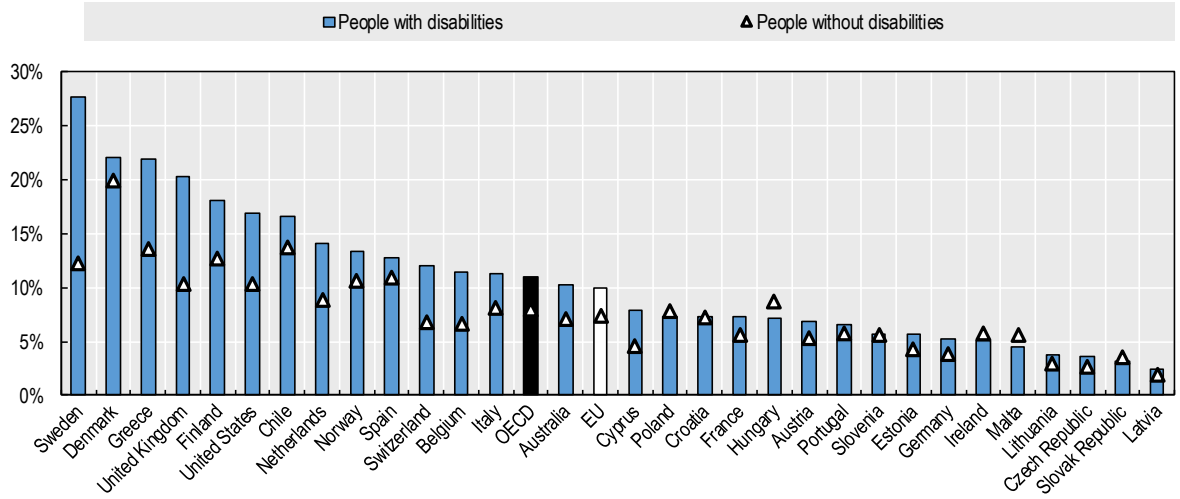
3.3. People with disabilities are more likely to be overburdened by housing costs and face other financial difficulties

27. People with disabilities are slightly more likely to be overburdened by housing costs and to face other financial difficulties, compared to people without disabilities. This is not surprising, given that people in the bottom quintile of the income distribution are most likely to report a disability. 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 8% of people without disabilities (Figure 6, Panel A). The difference in the overburden rate between the population with disabilities and the population without disabilities is much larger, however, in Sweden, Greece and the United Kingdom, where there is at least a ten percentage-point difference. On the contrary, in Iceland, Hungary and Ireland, people with disabilities are slightly less likely than the population without disabilities to be overburdened by housing costs. The higher overburden rate among the population with disabilities is in part due to barriers in the labour market, which reduces their purchasing power and exacerbates affordability issues.

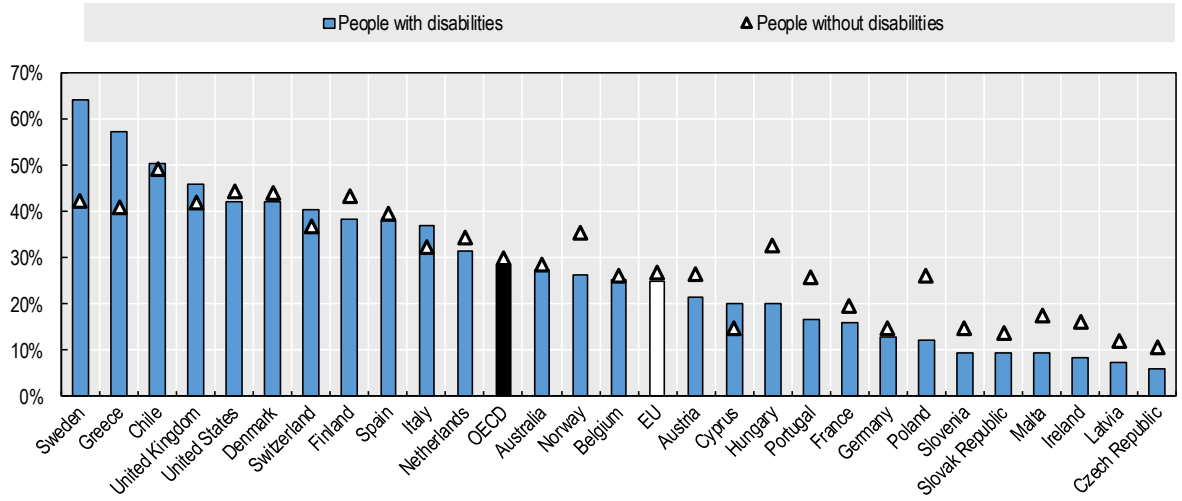
28. The key role of income supports for low-income people with disabilities becomes evident when looking at the overburden rate among people in the bottom quintile (Figure 6, Panel B). Among people in the bottom quintile, on average, there is little difference in the overburden rate among people with and without disabilities. Further, in a number of countries, people without disabilities in the bottom quintile record higher rates of overcrowding than people with disabilities.

Figure 6. People with disabilities are more likely than the rest of the population to be overburdened by housing costs

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



Panel B. Share of population in the bottom quintile of the income distribution 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 1 for definitions and scope of disability. Results only shown if category composed of at least 100 observations. The present publication presents time series which end before the United Kingdom's withdrawal from the European Union on 1 February 2020. The EU aggregate presented here therefore refers to the EU including the UK. In future publications, as soon as the time series presented extend to periods beyond the UK withdrawal (February 2020 for monthly, Q1 2020 for quarterly, 2020 for annual data), the "European Union" aggregate will change to reflect the new EU country composition.
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 (ACS2019)

29. People with disabilities also tend to be more likely than people without disabilities to face other financial difficulties. In the EU, around 13% of people with disabilities report great difficulty in making ends meet – almost double the share of people without disabilities (7%). People with disabilities are almost twice as likely as those without to report an inability to face unexpected financial expenses (27% compared to 15%). People with disabilities are also at a higher risk of poverty (28%), compared to the population without disabilities (18%) – the threshold is set at 60% of the national median equivalised disposable income after social transfers (Eurostat, 2021[16]). In Canada, people with disabilities are more likely than the rest of the population to be living in "core housing need" – meaning that their housing does not meet a minimum set of standards in terms of adequacy, suitability or affordability (Canada Mortgage and Housing Corporation, 2018[17]). Balancing the accessibility and affordability objectives to provide housing that is adapted to the needs of people with disabilities is a major challenge for policy makers (Box 4).

Box 4. Balancing affordability and accessibility objectives for housing for people with disabilities

Developing housing solutions and services that are both accessible and suited to the needs of people with disabilities, as well as affordable to a population that tends to face greater financial hardships, is a major challenge for policy makers. This challenge has multiple dimensions.

First, in most countries, there is simply not enough affordable housing overall (see (OECD, 2021[1])). Waiting lists for social housing are long, and even when people with disabilities are considered priority cases – as is the case in 19 countries (see indicator PH4.3 in the OECD Affordable Housing Database) – they may still wait years for suitable housing. The scale of the housing shortage for people with disabilities cannot be understated. For instance, in early 2021 the French government announced a EUR 90 million commitment to accelerate the development of adequate housing solutions in France for the more than 6 000 French adults with significant disabilities who receive public support to cover the costs of housing and support services that they receive across the border in Belgium (OECD, 2020[18]; OECD, 2020[19]; OECD, 2020[20]).

Second, adaptations to existing dwellings require additional financial resources – which, depending on the scale of the adaptation – can make them out of reach for very low-income households, particularly if such interventions are not fully covered by public supports. While not all types of housing adaptations require expensive investments (installing grab bars, handrails or ramps, adding tactile design features or improving lighting or sound management may be feasible at limited costs, for instance), the costs for families of people with disabilities to ensure suitable housing for a family member with limited or no income can be extremely high over a lifetime. In the United States, for instance, tax-free savings accounts in commercial banks have been introduced to encourage families of children with disabilities to begin saving early to pay for suitable housing when their child turns 22 years old, when a range of public supports expire, signifying a major policy support gap (OECD, 2020[21]).

3.4. People with some forms of disability are overrepresented among the homeless, though data are sparse

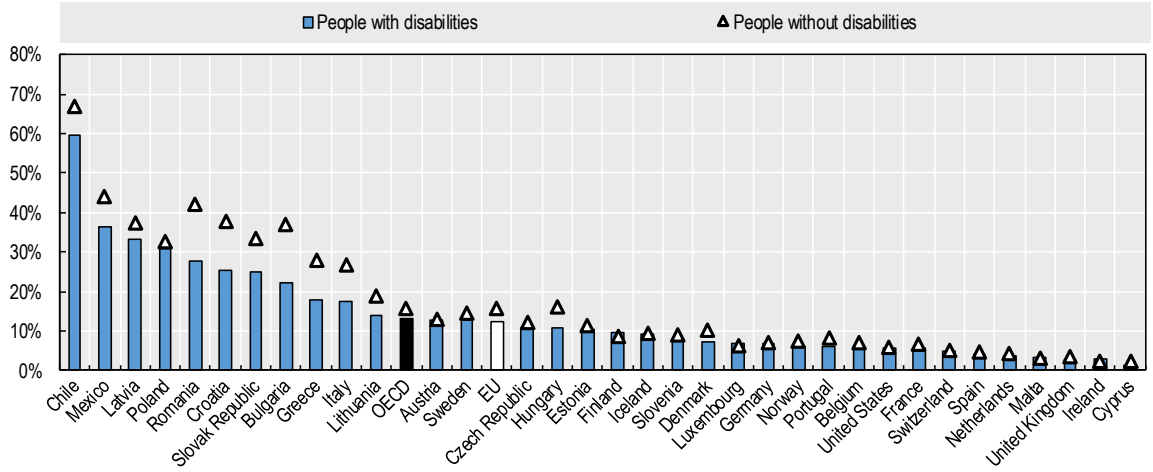
30. Cross-national data on homelessness among people with disabilities are sparse. However, some countries report that people with some forms of disability are overrepresented among the homeless population. In Denmark, for instance, around one-quarter of homeless people surveyed in 2019 reported a physical illness or disability, while nearly 60% reported a mental illness[3] (OECD, 2021 QuASH). Poland reported that more than a third of the homeless population suffered from a disability in 2018, compared to around a quarter of the homeless population in the United States in 2019, and around 21% in Estonia. Smaller shares were reported in England (15%), Norway (6%), Australia (2%) and Japan (2%) (OECD, 2021 QuASH).

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

31. People with disabilities are slightly less likely than people without disabilities to live in overcrowded housing conditions.[4] On average across the OECD, around 13% of people with disabilities live in overcrowded conditions, compared to 16% of the rest of the population (Figure 7). Yet the OECD average masks wide differences across countries: nearly 60% of the population with disabilities lives in overcrowded housing conditions in Chile, compared to over 30% in Mexico, Latvia and Poland. On the other hand, in around half of OECD and EU countries, fewer than 10% of people with disabilities live in overcrowded conditions.

Figure 7. People with disabilities are slightly less likely than people without disabilities to live in overcrowded dwellings

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

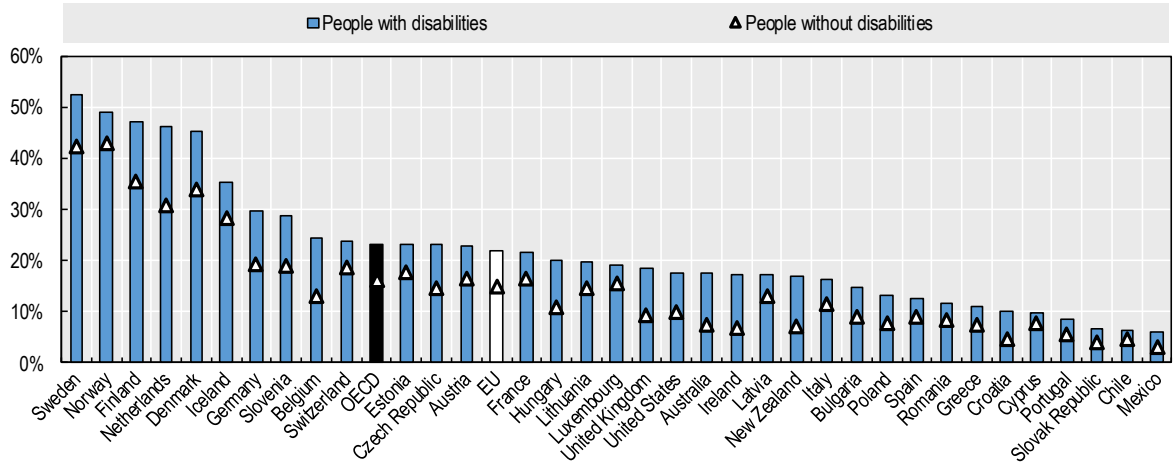


Note: See note to Figure 1 for definitions and scope of disability. Results only shown if category composed of at least 100 observations. The present publication presents time series which end before the United Kingdom's withdrawal from the European Union on 1 February 2020. The EU aggregate presented here therefore refers to the EU including the UK. In future publications, as soon as the time series presented extend to periods beyond the UK withdrawal (February 2020 for monthly, Q1 2020 for quarterly, 2020 for annual data), the "European Union" aggregate will change to reflect the new EU country composition.
Source: OECD calculations based on EU-SILC for European countries, Germany (Eurostat), Chile (CASEN 2017), Mexico (ENIGH 2018), United States American Community Survey (ACS2019)

32. However, people with disabilities are more likely to be living alone than people without disabilities, and are thus at a higher risk of social isolation (Figure 8). Indeed, 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 the elderly with disabilities who live alone: it also holds among working-age people with disabilities. There are important cross-country differences. In northern European countries, around half of the population with disabilities lives alone: around 50% in Sweden, Norway, Finland and Denmark – twice the OECD average. Meanwhile, fewer than 10% of people with disabilities live alone in Portugal, the Slovak Republic, Mexico and Chile. 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; such risks became an even bigger concern during the COVID-19 pandemic (Box 5). More research is needed to understand how different forms living arrangements contribute to the well-being of individuals with disabilities.

Figure 8. Among the working-age population, people with disabilities are more likely to live alone compared to people without disabilities

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



Note: See note to Figure 1 for definitions and scope of disability. Results only shown if category composed of at least 100 observations. The present publication presents time series which end before the United Kingdom's withdrawal from the European Union on 1 February 2020. The EU aggregate presented here therefore refers to the EU including the UK. In future publications, as soon as the time series presented extend to periods beyond the UK withdrawal (February 2020 for monthly, Q1 2020 for quarterly, 2020 for annual data), the "European Union" aggregate will change to reflect the new EU country composition.

Source: OECD calculations based on EU-SILC for European countries, Germany (Eurostat), Australia, Australian Bureau of Statistics (ABS 2018), Chile (CASEN 2017), Mexico (ENIGH 2018), Japan (JHPS 2018), the United States American Community Survey (ACS2019).

Box 5. The COVID-19 pandemic brought both familiar and new housing challenges for people with disabilities

For people with disabilities, the COVID-19 pandemic and the associated lockdown measures brought familiar and new challenges. Staying at home was not altogether unfamiliar for some people with disabilities, who face daily obstacles that prevent them from enjoying unrestricted mobility within their communities. Nonetheless, depending on their living situation, people with disabilities faced other obstacles. People living in institutions risked higher infection and mortality rates from COVID-19, while people living alone risked social isolation and an interruption in essential support services.

People with disabilities living in independent housing: Evidence from Canada

People with disabilities living in independent dwellings faced diverse challenges relating to their living arrangements during the COVID-19 pandemic. First, they were deemed at heightened risk of contracting COVID-19 and of developing more severe cases of the disease. The reason is twofold: many rely on outside caregivers or support to help with their daily lives, and many suffer from underlying health conditions. In addition, some people with disabilities may have faced challenges in accessing their usual support services, if their usual day centres were closed or if their caregivers were unable to provide their typical support services. Second, the extended lockdown periods could also contribute to social isolation, in light of the large numbers of people with disabilities living alone; in Canada, for instance, almost one-fifth of people with disabilities (1.3 million people) lived alone. Moreover, Canadian authorities reported that people with disabilities are also less likely to use the internet, which may have made it harder to stay informed and connected during the pandemic. Nevertheless, the pandemic also underscored the limited accessibility of the Internet (including online-based services) for people with disabilities.

People with disabilities living in institutional settings: Evidence from the United States

People living in institutions or collective housing were at a higher risk of contracting the virus. Evidence from the United States, for instance, found that people with intellectual and developmental disability in New York state were more than four times more likely to contract COVID-19 than the general population (Landes et al., 2020[5]). People in congregated settings were also nearly twice as likely to die from the virus as the general population; similar disparities were registered in at least four other states of the United States (Landes et al., 2020[5]; Landes, Turk and Wong, 2021[4]).

Specific measures to support people with disabilities during the COVID-19 pandemic

In addition to the emergency housing measures introduced by governments at the outset of the pandemic to provide general support to households, several countries launched specific housing supports for people with disabilities. Australia and Ireland developed plans to identify and reach out to people with disabilities in need; “Community Call” in Ireland aimed to ensure that people with disabilities were receiving adequate care by calling people directly and sharing information with responsible agencies. In Canada, people with disabilities were eligible to receive additional financial support, aligned with the severity of their disability (2021 OECD QuASH).

Source: (Landes et al., 2020[5]; Landes, Turk and Wong, 2021[4]); 2021 OECD QuASH

4. What type of housing support is available for people with disabilities?

4.1. National frameworks outlining the rights, legal protections and benefits for people with disabilities exist in most countries

33. The vast majority of OECD and EU countries have introduced national frameworks that outline the rights, formal legal protections and/or benefits afforded to people with disabilities. These include, *inter alia*, Brazil's *Statute for People with Disabilities*, Chile's *Law on Equal Opportunities and Social Inclusion of People with Disabilities*, Costa Rica's *Law 7600 on Equal Opportunities for People with Disabilities*, England's *Equality Act 2010*, Estonia's *Social Welfare Act*, Korea's *Act on the Welfare of People with Disabilities*, Lithuania's *Law on Social Integration of Persons with Disabilities*, Turkey's *Law on Disabled People*, and the United States' *Fair Housing Act*.

34. In most countries, legal frameworks cover the full range of rights and responsibilities relating to people with disabilities. In the United States, there is a dedicated national legal framework that focuses on the rights of people with disabilities in the housing market. National frameworks may also mandate periodical surveys to assess the prevalence, living conditions, and welfare and housing needs of people with disabilities, as in the case of Korea. They may also lay out the support services for which people with disabilities may be eligible, as well as the responsibilities of public authorities to provide such services. Indeed, local and/or regional authorities are responsible for providing housing support and services to people with disabilities, for instance, in Australia, Brazil, Chile, the Czech Republic, Denmark, Estonia, Japan and Lithuania, among others. Ireland is the only country to produce a *National Housing Strategy for People with a Disability,* which provides a comprehensive overview of the housing situation of people with disabilities and sets out a vision and series of strategic objectives to improve housing outcomes among the population with disabilities. A comprehensive assessment of the suitability of such frameworks is beyond the scope of this paper.

4.2. Most OECD and EU governments provide housing support to people with disabilities

35. The diversity in terms of the type and severity of disabilities calls for a range of policy and support solutions. Concretely, this implies that – depending on the impairment – many different types of living environments, adaptations to housing and the surrounding environment and support services are needed. For some people with disabilities, mainstream housing policy supports, such as social housing or housing allowances, can be sufficient to overcome many housing market barriers. However, mainstream supports are not always enough. Such supports are not in sufficient supply or provide sufficient levels of support, nor are mainstream supports such as social housing systematically made accessible to people with disabilities.

36. Country responses to the 2021 OECD QuASH suggest that indeed a wide range of housing supports for people with disabilities are provided (Table 1):

- A large share of public spending to support the housing needs of people with disabilities comes in the form of **financial support for housing-related costs** allocated to individuals and/or households (23 countries). This can take the form of tax relief, grants or loans to cover the costs of accessibility upgrades to private dwellings, for instance, as well as additional financial support to cover rent that goes above and beyond income-tested cash allowances for housing that are available to a broader range of eligible households in most countries (see indicators PH 3.2 and 3.3 in the OECD Affordable Housing Database).
- In 20 countries, **housing-related services** – either at home or in the community – are provided to help people with disabilities live independently. These include services to facilitate everyday life, as well as specific supports introduced in response to the COVID-19 pandemic (see Box 5).

- The **direct provision of housing to people with disabilities** is available in 20 countries; priority access to social housing for people with disabilities is by far the most common form of housing.
- In 18 countries, public authorities provide **housing information, expertise and advice to people with disabilities and their families**. These include accessibility guidelines and advice about low-cost improvements to make dwellings more livable and accessible, as well as public registers of available accessible housing in the community, in order to improve matching between households in need and available housing opportunities.

37. Nevertheless, it can be difficult to devise housing policies and services that meet the needs of people with disabilities, given the range of types and levels of severity of impairments, as well as individual preferences. In addition to housing support, people with disabilities may also require co-ordinated health, educational and employment assistance. Meanwhile, people with significant support needs may require much more intensive services, which can be challenging to co-ordinate across providers. Further, depending on the country, while the national authorities may set out a general framework and guidelines to support people with disabilities, local and regional governments that are responsible for providing housing and related services may lack the financial resources and/or technical capacity to deliver them.

Table 1. Types of housing-related supports provided to people with disabilities

Drawing on country responses to the OECD Questionnaire on Affordable and Social Housing (QuASH)

Type of housing support	Number of countries	Examples of support measures
Financial support for housing (e.g. tax relief, grants and loans for adaptations to dwellings; financial support to develop housing adapted to the needs of people with disabilities; one-time financial support in response to the COVID-19 pandemic)	23	• ***Australia***: Financial support for simple, minor and complex home modifications; specialist disability accommodation (SDA) solutions for eligible people with very high support needs; one-time payments to registered service providers to help cover unexpected costs related to the COVID-19 pandemic • ***Canada***: Financial support for seniors in First Nations communities (on-reserve) for home adaptations; funding to help modify housing in communities (on-reserve) to accommodate the needs of persons with disabilities; one-time tax-free payments to support people with disabilities • ***Costa Rica***: National Financial System for Housing and the Mortgage Bank for Housing • ***Czech Republic***: One-off grant to support home adaptations • ***England (United Kingdom)***: Reductions to council tax bills • ***Japan***: Financial support to cover housing costs for low-income people with disabilities; other financial supports are available from municipalities to install assistive equipment; tax credits to support home renovations for the elderly and people with disabilities • ***New Zealand***: Housing modification funding for people with disabilities • ***Norway***: Grants and loans to cover part of new adapted housing • ***Sweden***: A housing supplement for people with disabilities to help cover housing costs
Provision of housing-related and neighbourhood services (e.g. services to facilitate everyday life; specific supports during the COVID-19 pandemic; etc.)	20	• ***Czech* Republic**: The Social Services Act ensures the provision of services to people with disabilities by regional authorities • ***England (United Kingdom)***: Tailored support services during the COVID-19 pandemic; regular COVID-19 testing for staff and residents in supported living facilities; guidelines for service providers who support the elderly and people with disabilities • ***Greece***: Provision of domestic assistance • ***Ireland***: Launch of the "Community call" initiative during the COVID-19 pandemic under which local authorities and other state agencies ensured that medical needs of people with disabilities, seniors and other vulnerable populations were met • ***Japan***: Comprehensive assistance for everyday activities (bathing, cooking, cleaning, washing) for people with disabilities living at home • ***Latvia***: Municipalities provide services for activities outside the home • ***Turkey***: Local governments are responsible for providing services to people with disabilities
Direct provision of housing (e.g. priority allocation of social housing units to people with disabilities; required share of some new developments reserved for people with disabilities; etc.)	20	• ***Australia, Austria, Bulgaria, Colombia, Czech Republic, Denmark, Estonia, Finland, France, Iceland, Ireland, Japan, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Portugal, Slovenia, United Kingdom, United States***: People with disabilities are considered priority cases in the allocation of social housing units • ***Israel***: Supported housing provides two levels of housing services, depending on needs • ***Italy***: Additional EUR 90 million to support independent housing and services for people with disabilities, as part of the COVID-19 recovery plan of July 2020 • ***Turkey***: 5% of the total number of housing units in a project are reserved for people with disabilities • ***United States***: Section 802 and Section 811 programmes to subsidise rental housing that is adapted to the needs of low-income seniors (Section 802) and people with disabilities (Section 811); as part of the CARES Act, USD 77 million was allocated to support additional housing choice vouchers for people with disabilities under the Section 811 programme
Housing information, expertise and advice (e.g. housing expertise or advice to people with disabilities; development of guidelines for accessible, adapted housing; public registries of accessible, adapted housing for people with disabilities	18	• ***Australia***: "Livable Housing Design Guidelines" and "SDA Design Standard"; non-government accessible housing online platforms • ***Denmark***: Municipalities provide advice on available social services, including housing • ***Estonis:*** Local authorities help identify housing solutions for people with disabilities • ***Lithuania***: services to adapt housing and the living environment • ***Norway, Scotland (United Kingdom), United States***: public authorities operate online public registries of accessible housing/buildings for people with disabilities

Source: Country responses to 2021 OECD QuASH, 2019 OECD QuASH (for issues relating to direct provision of housing)

4.3. Coordinating supports for a highly heterogeneous population, along with data, skills and knowledge gaps, remain among the major challenges for policy makers

38. Nevertheless, policy makers face a number of challenges to effectively meet these diverse housing needs. Country responses to the 2021 OECD QuASH identify the following common difficulties:

- *Meeting complex housing needs, especially where affordable housing is in short supply:* Devising and delivering housing policies and services that meet such a diverse range of housing and support needs – particularly in the context of a shortage of affordable and social housing (OECD, 2021[1]) – makes it even harder to ensure access to accessible housing. The social housing stock is not necessarily adapted to the needs of people with disabilities. In some countries, small municipalities in particular face difficulties to accommodate specialised needs (Section 5.2).
- *Data, skills and knowledge gaps*: Building the evidence base on people with disabilities and their housing needs remains a major hurdle for policy makers (Section 5.1). Skills gaps in the construction industry to implement accessibility standards, as well as knowledge of cost-effective solutions for accessible housing are a barrier to expanding the supply (Section 5.4).
- *Reaching people who qualify for public support and matching suitable housing with those who need it*: Identifying and reaching people with disabilities who are eligible for public supports is a common challenge, particularly people living in rural areas. Indeed, even when potential beneficiaries of public support services have been identified, it is not always straightforward to reach them (OECD, 2020[22]). There is a limited supply of accessible housing, and information on the accessible housing stock is not readily available. This makes it even harder to match available, suitable housing to the people who need it (Section 5.2).
- *Providing an integrated response to support people with disabilities*: Co-ordinating housing supports with other policy areas, such as transport, employment, long-term care and other social services, and across different levels of government, in order to ensure that people with disabilities have the opportunity to live independently and be fully integrated into society (Section 5.5). Depending on the country, while the national authorities set out a general framework and guidelines to support people with disabilities, local and regional governments that are responsible for providing housing and related services may lack the financial resources and/or technical capacity to deliver them.

4.4. Accessibility policies exist in most countries, yet fail to cover the majority of the housing stock

39. Accessibility policies, defined in different ways (see Box 3), are in place in the building sector in the vast majority of countries, although the coverage and stringency of such policies vary considerably (Table 2). Given the absence of comparable cross-national data, Table 2 does not make the distinction between voluntary accessibility minimums and legally binding accessibility requirements. In terms of the coverage of the building stock, Sweden has one of the more expansive approaches to accessibility, requiring that all buildings (with the exception of holiday homes of no more than two dwellings and some work premises) meet minimum accessibility requirements; accessibility in new or renovated dwellings is assessed at the building permit stage. In many countries, however, accessibility requirements only apply to new construction – or, in rare cases, to significant renovation projects of existing dwellings (such as France). In addition, they are applicable to only a portion of the residential stock – such as multi-family dwellings (in some cases, with a minimum number of units) and/or dwellings that have been financed or are managed by public authorities. Some countries require that a minimum level of accessibility be met in all public buildings; others mandate a minimum level of accessibility in all public buildings and spaces. There remain considerable gaps in the accessibility of public space, including public transport networks, across OECD and EU countries. As a result, the current approach fails to deliver a significant stock of accessible housing.

Table 2. Minimum levels of accessibility in the building stock apply to only a portion of dwellings: Selected country examples

Country	Level(s) of government that set(s) accessibility policy	Mandatory?	Types of buildings to which a minimum level of accessibility applies
Australia	National, regional	Depends on local/regional government policies	Regulations at national and regional levels regulate minimum accessibility requirements for common areas of public and residential buildings. National minimum accessibility standards for new residential dwellings at the Silver standard with variation by regional governments. Regional governments require all new public housing to be built to minimum levels of accessibility. Additional variation by region; for instance, unless otherwise specified in Queensland, 30% of social housing apartments in any new multi-unit project must be designed to Platinum Level, with all remaining ground floor and lift-served apartments designed to Gold Level.
Austria	Regional	Yes	Barrier-free standards are required in new construction
Canada	National, regional, local	Depends on local/regional government policies	Regulations at national and regional levels regulate minimum accessibility requirements for common areas of residential building. Building codes regulate accessibility standards for accessible housing; however, accessible requirements for multiple unit buildings vary regionally and at local/municipal levels. Voluntary standards from the Canadian Standards Association and others provide guidance on accessible, barrier free and universal design.
England (United Kingdom)	National	Depends on local/regional government policies	Minimum accessibility requirements are in place for all new dwellings; local authorities, according to local needs, may require higher optional technical standards.
Germany	Regional, local	Depends on local/regional government policies	Accessibility standards are developed in state-level building codes and vary by state. In the model building code, minimum accessibility standards are not required.
Latvia	National	Yes	Public buildings
New Zealand	National	Yes	Hotels, motels, hostels, halls of residence, holiday cabins, groups of pensioner flats, boarding houses, guest houses, and other premises providing accommodation for the public.
Sweden	National	Yes	The main entrances to public buildings, work premises and residential buildings shall be located and designed to ensure they are accessible and usable. For single-family houses, accessibility to the building is satisfied if it is possible to subsequently arrange a ramp to the entrance on the site using simple measures.
Turkey	National, local	Yes	Public buildings, roads/sidewalks/crosswalks, parks, social and cultural infrastructure, public transportation vehicles, and ICT services must be accessible to people with disabilities.
United States	National	Yes	Privately owned and publicly assisted multi-family housing built for first occupancy after March 31, 1991 must meet the design and construction requirements of the Fair Housing Act. Further, housing that is provided or made available by public entities must comply with minimum accessibility standards.

Source: Country responses to the 2021 OECD QuASH.

5. How can governments improve housing support to people with disabilities?

40. Policy makers could pursue several avenues to make housing more accessible and affordable to people with disabilities, and to provide the needed services that enables them to live more independent lives. These include building the evidence base on both the demand for and supply of accessible housing; developing tools to identify and match people with disabilities with the housing supports they need to live independently; strengthening the accessibility standards that apply to new residential construction and housing renovations that exceed a certain threshold (e.g. cost threshold) or that benefit from public support; providing incentives and direct financial support (where required) to ensure that housing meets the diverse needs of people with disabilities; and pursuing integrated approaches to address their housing and support needs. People with disabilities should also benefit from broader public investments in social and affordable housing.

5.1. Improve the evidence base on the housing needs of people with disabilities, as well as the suitability of the housing stock and existing support services

41. Improving the evidence base on people with disabilities and their housing situation should be a priority for policy makers. To overcome the significant data gaps, governments should aim to conduct regular surveys to assess the housing situation and housing needs of people with disabilities, as well as the extent to which existing public supports meet their needs. To the extent possible, surveys could also aim to address the situation of people living in institutions, who are generally excluded from typical household survey data. To facilitate the collection of policy-relevant data, data on the population with disabilities should be collected to assess disability by type, by support need(s) and severity (which do not currently exist in all OECD countries), and to identify the extent to which the current policy supports sufficiently address their needs. Korea has a well-developed survey of people with disabilities, which is conducted every three years (Box 6). The disability surveys in Australia and Canada provide a good model for other countries, as it is possible to compare outcomes of people with disabilities and those without disabilities, across a range of policy domains (health, housing, employment, etc.). Australia reports data on people with disabilities according to the type of assistance needed, covering supports relating to self-care, mobility, communication, cognitive or emotional tasks, health care, meal preparation, etc. (Australian Bureau of Statistics, 2019[23]). Such information can help policy makers to identify the diverse range of support needs when designing housing standards, legislation and programmes for people with disabilities.

Box 6. Improving the evidence base on the prevalence, welfare and living conditions of people with disabilities through regular disability surveys in Korea

Pursuant to the Act on the Welfare of Persons with Disabilities, Korea conducts a survey of people with disabilities every three years. The aim of the survey is to assess the prevalence of disability in the country, as well as the living conditions and welfare needs of the population. These surveys are used to guide policies and support measures. The survey includes both a household and disability survey, along with follow-up focus group interviews with disabled people.

The 2017 survey reports data on 36 200 households, which were home to over 6 500 people with disabilities (there are roughly 2.67 million people with disabilities in Korea, for an incidence rate of around 5.4% of the population). The survey covers the prevalence, type and severity of disability, the socio-economic, physical and health characteristics of the disabled population, as well as information relating to their daily living and care, financial and economic situation, and welfare needs. Data also include subjective measures, such as life satisfaction. In Korea, the legal definition of disability covers 15 categories: 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.

The regular survey allows policy makers to improve their understanding of the needs of people with disabilities, monitor trends, assess the reach of certain policy supports, and identify potential target groups for reinforced support. The survey could be further strengthened by comparing outcomes of people with disabilities to those of the rest of the population.

Source: (Kim, 2018[24])

42. In addition, more efforts are needed to better capture the broad range of living arrangements of people with disabilities, beyond the standard tenure categories. These may include, for instance, depending on the country, community housing, supportive housing or group homes, for instance. While it may not be possible to harmonise categories across countries, it could be useful, within a country, to provide a common set of definitions of the range of shared or community living arrangements that may exist. In addition, where possible, collecting tenure data at individual (rather than household) level would provide additional insights into the potential barriers to home ownership that may exist for people with disabilities, following the approach of the survey in the United Kingdom (Office for National Statistics (United Kingdom), 2019[14]).[3]

[3] The OECD has developed a new series of indicators with cross-national data on housing for people with disabilities in the OECD Affordable Housing Database. Key findings from these data are highlighted in this policy paper.

43. In addition, policy makers should conduct a comprehensive assessment of the quality, suitability and accessibility of the building stock. Many existing assessments are dated and/or cover only a portion of the dwelling stock. The Czech Republic intends to conduct an accessibility assessment of publicly owned buildings by the end of 2022 as part of its National Plan for the Promotion of Equal Opportunities for People with Disabilities. Accessibility could be assessed along different dimensions. For instance, some countries have adopted a tiered approach, including the United States in its 2011 Accessibility Index; the U.K's *visitable dwellings, accessible* and *adaptable dwellings*, and *wheelchair-user dwellings;* or Australia's silver, gold and platinum accessibility standards. Another approach is an accessibility assessment, which reports, for example, on the presence of such accessibility features as grab bars, handrails and ramps, as practiced in Germany and the Slovak Republic. While existing assessments focus primarily on physical accessibility, consideration could also be given to other design features, such as those relating to lighting, sound and the presence of universal design features. The recent adoption of the European Standard EN 17210 on the accessibility of the built environment is an important step forward.

5.2. Develop tools to identify and match people with disabilities to the housing supports and services they need to live independently

44. Additional tools are needed to match people with disabilities with available accessible, affordable dwellings. This is because even when dwellings may be equipped with features that meet the needs of people with disabilities, they are not always rented or sold to people who require such features. A real estate analysis in the United States found that only one in five accessible dwellings was actually inhabited by a person with a physical disability (OECD, 2020[25]). Following the development of its *National Strategy for People with a Disability*, the Irish government has developed guidelines to help housing providers improve housing support for people with disabilities, along with a separate tool that focuses on housing design considerations to improve mental health (Box 7).

Box 7. Tools and guidelines to help providers improve housing support for people with disabilities in Ireland

To better reach potential beneficiaries of public disability supports, the Irish government, in its National Strategy, has committed to developing comprehensive assessments of people with disabilities and their housing needs (undertaken by local housing authorities), along with improving effective inter-agency coordination to help identify people in need of support and match them with necessary housing support. Such individual assessments and matching processes are often best undertaken at local level, where service providers are in closer proximity to people in need of support and can co-ordinate efforts. National governments can require that such assessments take place at regular intervals, and provide the necessary technical and financial resources to local authorities.

More recently, the Irish government released a Guidance Document, *Supporting People with Disabilities to Access Appropriate Housing in the Community,* to help housing authorities and service providers improve support to people with disabilities. The Guidance includes tools, links and other resources for a range of providers and actors. Further, in 2016, guidelines focusing on mental health considerations in housing design, *Design for Mental Health,* could also be an especially useful tool for other countries. Similar efforts can be made to address the evolving housing needs of an ageing population.

Source: www.gov.ie/en/publication/49dc7-housing-for-people-with-a-disability; www.hse.ie/eng/services/list/4/disability/congregatedsettings/guidancedoconhousingoptions.pdf; www.housingagency.ie/publications/design-mental-health-housing-design-guidelines.

45. In several OECD countries, including Japan, Norway, the United Kingdom and the United States, public registers of accessible housing have been developed to help match people with disabilities with suitable housing (Box 8). When designed at national level, such registers can also help define common a common approach to standardising accessible housing. For people with more complex needs, case management services can play a key role, by helping to coordinate various support services and serving as an advocate for people with disabilities and their families (see Section 5.5).

Box 8. Developing public registers of accessible housing for people with disabilities in Japan, Norway, the United Kingdom and the United States

Accessible housing registries aim to better match people with disabilities with housing that is suited to their needs. In many places, there is, on the one hand, a shortage of accessible housing, while, on the other hand, existing accessible dwellings are being rented (or in the case of owner-occupied dwellings, sold) to people who do not require such features.

- **Japan** has introduced public registers at prefecture level that centralise offers for rental dwellings that could be let to the elderly and people with disabilities, and in parallel provides financial support to cover renovations and accessibility upgrades.
- **Norway**'s *Bygg for alle* (Buildings for all) website enables people with disabilities to verify accessibility features in a large share of publicly owned buildings.
- In the **United Kingdom**, Scotland's Accessible Housing Register, *Home2Fit*, provides a sort of one-stop-shop for people in search of accessible housing, private and social landlords, homeowners with accessible features in search of potential buyers, etc. London also manages a public register of accessible, adapted housing for people with disabilities.
- In the **United States**, two states operate public registers to help match people with disabilities with accessible, adapted housing. *MassAccess*, in the state of Massachusetts, enables people to search for housing by locality, accessibility features, proximity to public transport and affordability level. *Housing Link*, in the state of Minnesota, is a broader registry of affordable housing availability, in which users can select accessibility or other features as part of their housing search.

Source: www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Costs-and-effectiveness-of-accessible-housing-registers-in-a-choice-based-lettings-context.pdf; www.massaccesshousingregistry.org; www.housinglink.org/

5.3. Strengthen minimum accessibility requirements and promote innovative design solutions for new residential construction

46. Strengthening accessibility policies, including standards and, where warranted, legislation, for new residential construction is an essential part of the policy solution to expand the supply of accessible housing. This is because the current approach to accessibility policies, which apply to only a small minority of the housing stock, fails to deliver a sufficient supply of accessible housing. Governments should build on existing accessibility policies (Table 2) to expand the coverage of a minimum level of accessibility to progressively more types of new housing construction, and to potentially include other universal design features in such standards. This does *not* mean that all new residential construction should be designed to be fully wheelchair-accessible. Rather, introducing universal design features – relating to, for instance, specifications for the structural design of dwellings in new housing (such as step-free entries, wider doorways, lever door handles, as well as improved lighting, sound management and tactile features) would benefit a range of people, including children, families and seniors, as well as those with different impairments. In the case of residential renovations, a minimum level of accessibility could also be required for renovations that exceed a certain threshold (in terms of cost, for instance, as is the case in France), as well as those that benefit from public financial support.

47. Further, some accessibility-related structural decisions made at the outset (such as wider corridors or walls in key rooms of the house that can support the future installation of guardrails) make it relatively simple and inexpensive for households to introduce more specific features (grab bars, ramps) down the road, according to their changing needs. Many such features can be introduced at minimal additional cost, and are much cheaper to incorporate in the initial design and construction phase, compared to the generally higher costs of modifying existing dwellings. Canada reports, for instance, that 57% of universal design features have no or negligible extra costs (OECD, 2020[26]). Sweden's accessibility standards, which cover the majority of new housing, could provide a model, as well as Ireland's *Design for Mental Health* guidelines (see Box 7).

48. At the same time, governments can help to develop tools, including skills, training and good practice examples, to assist homebuilders and architects in developing cost-effective ways to introduce such features into the design and construction of new housing, and to communicate the benefits of such design features to the broader public. Pilot projects can demonstrate the potential advantages of universal design features. Another area that merits further exploration is the potential for 3D printing and other digital innovations to help systematise and drive down costs of housing that can be easily and cheaply adapted to evolving needs of their inhabitants. Rapid advances in digital technologies have the potential to significantly moderate the affordability-accessibility trade-off. For instance, 3D printing of entire housing developments is underway in a number of countries, forging a much faster, more affordable and modular way to build housing. For example, Canada has already achieved the first step of a permitted 3D-printed house in Nelson, British Colombia. The goal now is to advance the technology to the next phase of development to build five two-bedroom homes, ultimately developing Canada's first 3D-printed affordable housing community (OECD, 2020[27]).

49. Moreover, governments should ensure that people with disabilities also benefit from increased public investments in affordable and social housing. This means incorporating the wide range of accessibility considerations in social housing and other publicly supported affordable housing projects. Such investments in the construction and renovation of social and affordable housing should be a central part of a more sustainable, inclusive economic recovery, reinforced by the EU's "Renovation wave" announced in early 2020 as part of the European Green Deal, which already requires that minimum accessibility standards are met (see (OECD, 2020[28]; OECD, 2021[1]). Moreover, the EU also requires that public procurement processes "buy accessible."

5.4. Provide incentives and income-tested direct financial support to support housing solutions adapted to the needs of people with disabilities

50. Nonetheless, relying on accessibility upgrades in new construction will not be sufficient to meet both the current and the growing need for accessible housing in the coming years. This is due to multiple factors: a general slowdown in new residential construction in many places, barriers to the development of multi-family housing (for instance, through local zoning regulations that restrict development to low-density single-family homes), and the generally higher price tag of newly constructed dwellings, relative to the existing stock. Given the lower average incomes of people with disabilities, the additional cost associated with accessible housing can represent a significant supplementary obstacle in the housing market. In addition, many people who may develop impairments as they age would prefer to remain in their home, rather than move to a different dwelling. Thus, in addition to strengthening accessibility standards for new construction, parallel efforts are needed to make the existing stock more accessible.

51. Population ageing in many OECD countries presents an opportunity to scale up some accessibility upgrades within the existing housing stock. Financial incentives, along with targeted public information campaigns, could be developed to encourage homeowners (including but not limited to ageing homeowners) to anticipate future needs and introduce some basic accessibility features that follow a universal design approach for their homes. This could include, for instance, minimum adaptations (adding ramps and grab rails, replacing door knobs with levers, improving lighting and sound insulation), as well as more intensive upgrades to kitchens, bathrooms, bedrooms and other parts of the house. While direct subsidies could be income-tested to target households in greatest need, loans or tax relief could be provided to a broader share of the population, since some households would be able to afford such accessibility upgrades without subsidies. In Germany, households of any age or income level are eligible for the Barrier Reduction Investment Grant *(Altersgerecht Umbauen Investitionszuschuss)*, while more extensive renovations can be financed through a low-interest rate loan *(Altergerecht umbauen)* (Box 9). Rather than restricting eligibility to people with disabilities, expanding eligibility to a broad segment of the population can facilitate housing accessibility upgrades in a bigger share of the housing stock.

52. There may also be opportunities to review the generosity of income supports for people with disabilities, in cases where it is determined that existing supports fall short. For instance, the Supplemental Security Income, which benefits over 4.6 million people with disabilities in the United States, does not come close to covering the average rental price of a one-bedroom apartment in any U.S. city, leaving many households in financial distress (Technical Assistance Collaborative, 2021[29]). In Australia, just under one-third of households who receive rental assistance and who have at least one household member receiving the Disability Support Pension are considered to be in “rental stress” because they pay over 30% of their income on rent (Australian Institute of Health and Welfare, 2020[30]).

Box 9. Financial support in Germany for housing renovation and adaptation in order to stay as long as possible

In Germany, grants of up to EUR 6 250 euros are available to homeowners of any age, as well as owners of rental properties and corporate landlords, to retrofit dwellings with barrier-free features in and around the building. Most grant recipients (82%) are over 54 years old, with more than half over 64 years old. In parallel, the government offers a low-interest loan of up to EUR 50 000, depending on the scale of the work envisaged, to make a residential property barrier-free or to purchase a barrier-free space as a first-time homebuyer. Younger households are more likely to take out loans, rather than grants. Since 2009, the programme has supported barrier-free upgrades in nearly 290 000 dwellings, two-thirds of which via loans. More than a third of households receiving funding through the programme have a mobility-impaired household member. The programme has also been found to generate cost savings to both the government and private households, by helping seniors and people with limited mobility remain in their homes, rather than move into formal care facilities.

Nevertheless, most of the improvements funded through the programme remain relatively small-scale (e.g. installing walk-in showers); the average grant amount in 2018 was around EUR 1 627 and EUR 20 877 on average for loans. While take-up has increased significantly since 2014 (particularly for grants), it would need to significantly accelerate in the coming years, in order to meet the expected demand for barrier-free housing – estimated at 2 million dwellings by 2035.

Source: Country responses to 2021 OECD QuASH; www.kfw.de/PDF/Download-Center/Konzernthemen/Research/PDF-Dokumente-alle-Evaluationen/Evaluation-AU_2020.pdf

5.5. Pursue integrated approaches to address the housing and support service needs for people with more complex needs

53. Housing for people with disabilities is poised to become an even more pressing challenge for policy makers in the decades to come. Nonetheless, the issue reaches far beyond housing policy, covering health, transport, employment, long-term care and assistive services, education and other areas of social policy. In order for people with disabilities to be fully integrated into communities and society, housing policy issues must also be integrally connected to other policy areas. In Japan, for instance, housing and mobility policies help to ensure that the elderly and people with disabilities have access to suitable housing, on the one hand, and are able to safely and efficiently move around in their communities (Box 10). A recent study in the United States of non-elderly people receiving housing assistance and disability benefits found that they had much poorer health outcomes and higher engagement with the health system, relative to the general population, pointing to the potential utility of joined up housing and health interventions (Brucker and Garrison, 2021[31]). This is also reflected in the high unmet healthcare needs among people with disabilities, particularly in rural and remote areas (OECD, 2020[32])

54. Further, some people with disabilities, including those with higher support needs, can also benefit from more integrated service delivery, which aims to join up services across different policy domains (e.g. housing, health, transport, employment), as well as across different levels of care (see (OECD, 2015[33])). Integrating services can, from the perspective of service providers, generate cost savings – especially for people with multiple and complex support needs – by providing access to multiple services in one place, by reducing other transaction costs, and by limiting duplication of services to individuals. For people with disabilities, more integrated services can facilitate the provision and navigation of services, and improve the quality of both services and individual outcomes. Case managers can play a key role in supporting the process, particularly for people with complex needs. Integrating services also tends to require more cooperation and coordination across different policy areas and among different service providers; see OECD (2015[33]) for further discussion and concrete strategies.

Box 10. Ensuring the accessibility of both the housing stock and the broader community in Japan

Japanese authorities have taken considerable measures to ensure that the elderly and people with disabilities can access adapted housing and, more broadly, can safely and efficiently move around in their communities. *The Act on Promotion of Smooth Transportation, etc. of Elderly Persons, Disabled Persons, etc. (Act No. 91 of 2006*) aims to improve both the convenience and safety of seniors and people with disabilities to move around and use facilities. The law includes, for instance, accessibility improvements to public transport, roads, parking lots, parking facilities and buildings; the development of integrated, accessible facilities, buildings and roads; and efforts to raise awareness and participation from citizens to support accessibility issues.

Meanwhile, the *Housing Safety Net System*, launched in 2017, aims to ensure stable, adequate housing for the elderly, people with disabilities, and others who require special assistance by utilising the vacant housing stock. The programme introduced a public registry, managed at the prefecture level, into which owners of vacant rental properties (which meet certain criteria) can provide information about available dwellings that could be rented to tenants who require special assistance. Public authorities provide subsidies to cover the costs of renovation and mitigate housing cost overburden among tenants. Finally, the programme offers matching services and move-in support (2021 OECD QuASH).

Source: 2021 OECD QuASH; https://elaws.e-gov.go.jp/document?lawid=418AC0000000091; www.mlit.go.jp/jutakukentiku/house/jutakukentiku_house_tk3_000055.html

References

Australian Bureau of Statistics (2019), *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*, https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#key-statistics (accessed on 16 March 2021). [23]

Australian Institute of Health and Welfare (2020), *People with disability in Australia 2020*. [30]

Bernick, M. (2019), "The Autism City (Part 1): The Intentional Community", *Forbes*, http://www.forbes.com/sites/michaelbernick/2019/06/26/the-autism-city-part-1-the-intentional-community/ (accessed on 30 April 2021). [13]

Bo, L. et al. (2015), *Accessibility of America's Housing Stock: Analysis of the 2011 American Housing Survey (AHS)*, U.S. Department of Housing and Urban Development (HUD). [34]

Brucker, D. and V. Garrison (2021), "Health Disparities among Social Security Disability Insurance and Supplemental Security Income Beneficiaries Who Participate in Federal Rental Housing Assistance Programs", *Disability and Health Journal*, Vol. 101098, https://doi.org/10.1016/j.dhjo.2021.101098. [31]

Canada Mortgage and Housing Corporation (2018), *Research Insight: Housing Conditions of Persons with Disabilities*, https://www.cmhc-schl.gc.ca/en/data-and-research/publications-and-reports/research-insight-housing-conditions-persons-disabilities (accessed on 19 March 2021). [17]

Cour des comptes (2019), *Entités et politiques publiques : L'allocation aux adultes handicapés (Synthèse)*, https://www.ccomptes.fr/system/files/2019-11/20191125-synthese-allocations-adultes-handicapes.pdf (accessed on 20 March 2021). [35]

Eurostat (2021), *Disability: higher risk of poverty or social exclusion*, https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210208-1#:~:text=In%202019%2C%2028.4%25%20of%20the,those%20with%20no%20activity%20limitation. [16]

Eurostat (2018), *Statistics Explained: Overcrowding rate*, https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Overcrowding_rate (accessed on 21 June 2019). [36]

Kim, S. (2018), *Findings and Implications of Disability Survey 2017*, Ministry of Health and Welfare and the Korea Institute for Health and Social Affairs, http://repository.kihasa.re.kr/handle/201002/30509. [24]

Landes, S. et al. (2020), "COVID-19 outcomes among people with intellectual and developmental disability living in residential group homes in New York State", *Disability and Health Journal*, Vol. 13/4, http://dx.doi.org/10.1016/j.dhjo.2020. [5]

Landes, S., M. Turk and A. Wong (2021), "COVID-19 outcomes among people with intellectual and developmental disability in California: The importance of type of residence and skilled nursing care needs", *Disability and Health Journal*, Vol. 14/2, https://doi.org/10.1016/j.dhjo.2020.101051. [4]

OECD (2021), *Building for a better tomorrow: Policies to make housing more affordable*, OECD , Paris, https://read.oecd-ilibrary.org/view/?ref=1060_1060075-0ejk3l4uil&title=ENG_OECD-affordable-housing-policies-brief (accessed on 11 March 2021). [1]

OECD (2021), *OECD Affordable Housing Database*, http://www.oecd.org/housing/data/affordable-housing-database/. [11]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [8]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [9]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [15]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [18]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [19]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [20]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [21]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [22]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [25]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [26]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [28]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [38]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [39]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [40]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [41]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [42]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [2]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [27]

OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, https://dx.doi.org/10.1787/92c0ef68-en. [32]

OECD (2019), *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris, https://dx.doi.org/10.1787/4dd50c09-en. [7]

OECD (2019), *OECD Statistics on Long-term Care Resources and Utilisation*, https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LTCR. [6]

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. [33]

Office for National Statistics (United Kingdom) (2019), *Disability and housing, UK : 2019*, https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandhousinguk/2019 (accessed on 19 March 2021). [14]

Plouin, M. et al. (2021), "A crisis on the horizon. Ensuring affordable, accessible housing for people with disabilities". [37]

Statistics Canada (2018), *The evolution of disability data in Canada: Keeping in step with a more inclusive Canada*, Canadian Survey on Disability Reports, https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018003-eng.htm (accessed on 17 March 2021). [3]

Technical Assistance Collaborative (2021), *Priced Out*, https://www.tacinc.org/resources/priced-out/ (accessed on 29 April 2021). [29]

Vespa, J., J. Engelberg and W. He (2020), *Old Housing, New Needs: Are U.S. Homes Ready for an Aging Population? Current Population Reports*, U.S. Department of Commerce - U.S. Census Bureau, https://www.census.gov/content/dam/Census/library/publications/2020/demo/p23-217.pdf (accessed on 29 April 2021). [10]

Wiesel, I. (2020), *Living with disability in inaccessible housing: social, health and economic impacts*, https://disability.unimelb.edu.au/__data/assets/pdf_file/0019/3522007/Accessible-Housing-FINAL-REPORT.pdf. [12]

Notes

[1] For some EU countries, this paper also draws on some complementary data on disabilities from national sources.

[2] The OECD Questionnaire on Affordable and Social Housing (QuASH) is a comprehensive survey of housing outcomes and policies circulated to nearly 50 OECD countries, Key Partners and non-OECD EU countries. It covers a wide range of policy issues relating to affordable and social housing. The 2021 QuASH included a specific section on housing for people with disabilities, which was completed by 32 countries (in full or in part).

[3] There is strong overlap expected among the two groups reporting physical and mental disabilities.

[4] The definition of overcrowding is based on Eurostat (2018[36]) and further explained in indicator HC2.1 in OECD (2021[11]).

Annex A. Defining and measuring disability in OECD and EU countries.

Defining disability in OECD and EU countries

National definitions of people with disabilities

There is no common statistical definition of people with disabilities, yet many definitions in OECD and EU countries 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 (see Box 1). In this paper, 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).

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 or emotional 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.

Table A.1 summarises the statistical definition of disability in OECD and EU countries, as reported in the 2021 OECD QuASH, as well as several main features of the definition.

Table A.1. Statistical definitions of disability across countries

Country	Statistical definition of disability	Activity limitation approach? Y/N	Data disaggregated by severity of disability? Y/N	If available, types of disabilities reported	Age group covered by data
Australia	A person is considered to have a disability if they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities.	Yes	Yes	Intellectual, sensory and speech, psychosocial, physical restriction, others outside the standard like head injury, stroke, acquired brain injury	0-14, 15-64, 65 and over
Brazil	A person with a disability is one who has a long-term physical, mental, intellectual or sensory impairment, which, in interaction with one or more barriers, can obstruct their full and effective participation in society on equal terms with other people.	Yes	NA	NA	NA
Canada	A person who reports being “sometimes”, “often” or “always” limited in their daily activities due to a long-term condition or health problem, as well as a person who reports being “rarely” limited if he/she is also unable to do certain tasks or could only do them with a lot of difficulty.	Yes	Yes	Pain-related, flexibility, mobility, mental health-related, seeing, hearing, dexterity, learning, memory, developmental, unknown	15 and over
Chile	A person with a disability is everyone who, in relation to their physical, mental, intellectual, sensory or other health conditions, when interacting with various contextual, attitudinal and environmental barriers, present restrictions in their full and active participation in the society.	Yes	Yes	Physical/sensory, Cognitive/intellectual/psychosocial	NA
Colombia	A person who has difficulty in carrying out a few basic, universal activities in a scale of 1 to 4. A person with disabilities is identify to one who reports severity levels 1 or 2 in any of the activities.	Yes	NA	NA	0-14, 15-59 and 65 and over
Costa Rica	Disability is the result of the interaction between the state of health and the physical environment, the man-made environment, the attitudinal environment and the socio-political environment of the person. Therefore, disability is not just an individual attribute based on the state of health problems and impairments, but a multidimensional experience generally characterized by functional limitations in multiple spheres of life, such as mobility, personal care, communication or work problems that depend on the way in which the state of health and the deficiencies materialize in a person's real life environment.	Yes	Yes	NA	0-17, 18-64, 65 and over
Czech Republic	Person who has been limited because of a health problem in activities people usually do, for at least the past 12 months, or disability badge holders or people who are recipients of disability pension or care allowance or mobility allowance.	Yes	Yes	Physical/sensory, Cognitive/intellectual/psychosocial	NA

Denmark	A person who has a disability or long-term health problems, drawing on individuals' responses to a questionnaire to assess disability according to three different definitions: a) the Global Activity Limitation Instrument (GALI); b) the Washington group set of disability questions (WGSS), and the SHILD-definition that is based on two questions: Do you have a long-lasting physical health problem or disability? Do you have a long-lasting psychological health problem or mental illness? The "SHILD-definition" is used in Danish reports on disability and includes information on type of disability (which is not available under GALI).	Yes	Yes	NA	18 and over
England (United Kingdom)	A person is considered to have a disability if he/she has a long-standing illness, disability or impairment that causes substantial difficulty with day-to-day activities.	Yes	Yes	Disabilities connected with arms or hands; with legs or feet; with back or neck; in seeing; in hearing; severe disfigurements, skin conditions, allergies; chest or breathing problems asthma, bronchitis; heart, blood pressure or blood circulation problems; stomach, liver, kidney or digestion problems; diabetes; depression, bad nerves or anxiety; epilepsy; autism; severe or specific learning difficulties; mental illness or other nervous disorders; progressive illness; other disabilities.	16-64, 65 over
Estonia	Disability is the loss of or an abnormality in an anatomical, physiological or mental structure or function of a person, which in conjunction with different relational and environmental restrictions prevents participation in social life on equal bases with the others.	No (available in EU-SILC)	NA (available in EU-SILC)	NA	0-16, persons of working age, persons of retirement age
France	A person is considered to have a disability if he/she encounters any kind of activity limitation or restriction in participating to social life due to physical, sensory, mental or cognitive impairment.	Yes	Yes	Physical/sensory, Cognitive/intellectual/psychosocial	General population
Germany	Uses EUROSTAT definition: Limitation in activities people usually do because of health problems for at least the past six months	Yes	Yes	NA	NA
Greece	Uses EUROSTAT definition: Limitation in activities people usually do because of health problems for at least the past six months	Yes	Yes	NA	16 and over
Ireland	A person is considered to have a disability if he/she has a substantial restriction in the capacity to carry out a profession, business or occupation in the State or to participate in social or cultural life in	Yes	Yes	Enduring physical, sensory, mental health or intellectual impairment	NA

	the State by reason of an enduring physical, sensory, mental health or intellectual impairment. Substantial restriction means a restriction that is permanent (or likely to be permanent) which results in significant difficulty in communication, learning or mobility and means that the person has a need for services to be provided on a continuous basis.				
Latvia	A person is considered to have a disability if the disability is a long-term or non-transitional very severe, severe or moderate level limited functioning which affects his or her mental or physical abilities, ability to work, self-care and integration into society	Yes	Yes	Mental, physical abilities	18 and over
Lithuania	Uses EUROSTAT definition: Limitation in activities people usually do because of health problems for at least the past six months	Yes	Yes	NA	16 and over
Mexico	The National Institute of Statistics and Geography (INEGI) defines a people with disabilities as follows: Those who do the following activities with great difficulty or are unable to: • Difficulty seeing (even if you wear glasses) • Difficulty moving or using arms or hands • Difficulty learning, remembering, or concentrating • Difficulty hearing (even if you use hearing aids) • Difficulty bathing, dressing, or eating • Difficulty speaking or communicating (e. g. understanding or being understood by others) • Difficulty in performing daily activities due to emotional or mental problems. Meanwhile, the definition of people with disabilities drawing on household data from ENIGH is closer to that of other countries, defined as: "people reporting either difficulties to 1) Walk, move, go up or down stairs; 2) See, even while wearing glasses; 3) Talk, communicate or converse; 4) Hear, even with a hearing aid; 5) Dress, bathe or eat; 6) Pay attention or learn simple things. The population without disabilities is defined as those who reported: "Has no physical or mental difficulty." To facilitate cross-country comparison, the ENIGH definition and data are used in this paper.	Yes	NA	Physical/sensory, Cognitive/intellectual/psychosocial	
New Zealand	A person is considered to have a disability if he/she has 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 were not considered to have a disability if an assistive device such as glasses or crutches eliminated their impairment.	Yes	Yes	Hearing, Vision, Physical, Intellectual, psychological, psychiatric, other	Children under 15, adults aged 15 and over
Norway	A person with disability is defined differently in different contexts: • For statistical purposes, it is quite common to define a person with disabilities if the person in question has been granted disability benefits through the National Insurance Scheme. Disability benefits are basically retained until the age of 67. People who receive disability benefits have a disability, but not all people with disabilities receive disability benefits. Thus,	Yes	No	NA	NA

	one cannot estimate the total number of people with disabilities by looking at the number who receive disability benefits alone. • In the national labour force survey (AKU), disabilities are defined as permanent health problems that can lead to limitations in daily life. Concepts and definitions are in accordance with recommendations given by the International Labour Organization (ILO) and EU/Eurostat				
Poland	A person who has appropriate judgment issued by an authorised body, or a person who does not have a judgement but feels constraints in the ability of performing basic activities for his/her age.	Yes	No (available in EU-SILC)	NA	NA
Romania	The National Disability Strategy, "A barrier-free society for persons with disabilities 2016-2020," provides an outlook of the various terms used to cover disabilities and sets as priority the need to clarify and make coherent the existing definitions in view of changing the specific legislation. More information on the context are available in the 2019 report of the Commissioner for Human Rights of the Council of Europe.	NA (available in EU-SILC)	NA (available in EU-SILC)	NA	NA
Slovak Republic	Uses EUROSTAT definition: Limitation in activities people usually do because of health problems for at least the past six months	Yes	Yes	NA	16 and over
Turkey	A person is considered to have a disability if he/she declares to have a lot of difficulty or not being able to do at least one of the functions regarding disability	Yes	Yes	Seeing/hearing/speaking/walking or climbing stairs/holding or lifting something/learning, doing simple calculations, remembering or concentrating when compared to peers	3 and over
United States	A person is considered to have a disability if he/she reports having at least one of six disabilities – hearing, vision, cognitive, ambulatory, self-care, and independent living – is considered to have a disability.	No	Yes	Hearing difficulty, Vision difficulty and/ or Ambulatory difficulty. People with cognitive, intellectual and/or psychosocial impairments	15 or over
Japan	A person is considered to have a disability if he/she responds to the following conditions and have a disability certificate: • Person with a certain level of physical disability, • Person with intellectual disabilities judged by the child consultation centre or the rehabilitation counselling centre for persons with intellectual disabilities, • Person with a certain degree of mental disability	No	Yes	Physical/sensory, Cognitive/intellectual/psychosocial	NA

Source: Country responses to 2021 OECD QuASH.