



InGRID

Supporting expertise in inclusive growth

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Deliverable 8.3

WP8 DATA HARMONISATION AND INTEGRATION REGARDING POVERTY AND LIVING CONDITIONS

**Methodological and data
infrastructure report on vulnerable
groups indicators: migrants, Roma,
institutionalised people and disabled
persons**

Edited by András Gábos

With contributions from: Marianna Kopasz, Regina
Salve Baroma, Anikó Bernát and Vera Messing

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Abstract

This report constitutes Deliverable 8.3, for Work Package 8 of the InGRID-2 project.

The challenges to set up IPOLIS modules for new vulnerable groups (disabled people, immigrants, the Roma, institutionalised people) were discussed in detail at the expert workshop on *Methods and data infrastructure to measure the quality of life of various vulnerable groups: extending IPOLIS*, held in Budapest, on 25-27 April 2018. The expert workshop involved speakers from the European Commission, Eurostat, other international organisations, universities, research institutes and national or local level stakeholders. The programme of the event, including all presentations provided by the participants of the workshop are available at <http://www.inclusivegrowth.eu/expert-workshops/call-6-expert-workshop-tarki>

We are grateful to all participants of the event for their comments and suggestions. In preparing the final version of the concept paper, we considered all comments and suggestions received. We are also grateful to the experts of the OECD Statistics and Data Directorate (Benoit Arnaud, Carlotta Balestra, Marco Mira d'Ercole, Elena Tosetto) and Directorate of Employment, Labour and Social Affairs (Willem Adema, Michael Förster, Maxime Ladaïque, Horacio Levy, Olivier Thévenon) in supporting the work on IPOLIS during the visit of András Gábos at OECD in September 2019. However, we take full responsibility for the contents of the report.

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General contact: inclusive.growth@kuleuven.be

p.a. InGRID

HIVA - Research Institute for Work and Society
Parkstraat 47 box 5300, 3000 LEUVEN, Belgium

For more information gabos@tarki.hu

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1. Aim and scope

The present methodological and data infrastructure report aims at providing a proposal for the inclusion of additional vulnerable group modules of the Integrated Poverty and Living Conditions Indicator System (IPOLIS). The concept of IPOLIS was worked out within the frame of the InGRID project (Gábos and Kopasz 2014), while the concept of its extension towards additional vulnerable groups (disabled people, migrants, the Roma and institutionalised people) falls under the InGRID-2 project (Gábos and Kopasz 2018). In its present status, IPOLIS contains children, young people and older people. In the next phase, we aim to extend it to include disabled people and migrants (including people with migration background, too), and the Roma and institutionalised people in the longer run.

Hereby, we briefly summarise the most important characteristics of IPOLIS, along with touching upon the dilemmas we faced during the preparation of the report.

i. IPOLIS aims to improve infrastructure for analysing and monitoring the situation of vulnerable groups

IPOLIS, as one of the main outcomes of the Poverty and Living Conditions pillar of the InGRID and InGRID-2 projects (see short description in the box), is aimed to improve the infrastructure for analysing and monitoring the situation of most vulnerable groups. It is conceived to serve as a resource for various user groups (researchers, policy makers at different levels, NGO experts, journalists, students, etc.) to:

- monitor the situation of various vulnerable groups in the field of poverty, living conditions and quality of life;
- observe relationships between indicators and to detect cross-country patterns according to selected measures.

ii. Quality of life is chosen as the core concept of IPOLIS

The concept paper on IPOLIS (Gábos and Kopasz 2014) and on its extension (Gábos and Kopasz 2018) set up a theoretical framework for the indicator system to be elaborated, which is based on the concept of Quality of Life (QoL). Quality of life was defined as a multi-dimensional concept comprising objective measures, and people's perceptions of these factors (economic, social, etc.), that is, subjective measures of objective substances (Joint Research Centre – IPSC 2012: 17). The QoL concept,

About InGRID-2

InGRID is a network of distributed, but integrating European research infrastructures. InGRID research infrastructures serve the social sciences community that wants to make an evidence-based contribution to a European policy strategy of inclusive growth. This research community focuses on social in/exclusion, vulnerability-at-work and related social and labour market policies from a European comparative perspective.

For the period 2017-2021, the infrastructure has received funding for a 4-year project by the European H2020-programme: the InGRID-2 'Integrating Research Infrastructure for European expertise on Inclusive Growth from data to policy' project.

Within InGRID-2, joint research is organised with the aim to integrate, harmonise and optimise existing tools and methods within the different research domains and to create new tools to fill existing data gaps. A better measurement and understanding of vulnerable groups and related state policies are expected research impacts.

Research in the field of poverty and living conditions, among others, will contain the extension of IPOLIS and EUROMOD, data on welfare services, demographic factors and poverty indicators.

as proposed in the ICP, includes objective living conditions (including material and non-material aspects such as income, material deprivation, quality of housing, education, health, etc.), and subjective perceptions about these factors (e.g. subjective income position, self-reported health status).

iii. IPOLIS will rely on the existing data infrastructure, mainly on the European Statistical System

Considering the above listed aims of IPOLIS, the indicator system needs to be data driven. Accordingly, the structure of the database and the indicator selection process are and will be conditioned by the availability of data. The European Statistical System (ESS) data (regular Eurostat coordinated surveys, European Quality of Life Survey - EQLS, Survey of Health, Ageing and Retirement - SHARE) will gain priority in selecting specific indicators. Besides these data sources, IPOLIS will rely on other survey data generally used by similar initiatives (e.g. European Social Survey - ESS, OECD Programme for International Student Assessment - PISA, Health Behaviour in School-Aged Children - HBSC, etc.).

iv. IPOLIS will link the three vulnerable age groups

The ICP reviewed the already available international (EU as well as non-EU) and national indicator systems that are thematically related to IPOLIS (i.e. poverty, quality of life and well-being indicator systems). With very few exceptions, prior indicator system initiatives relate either to one specific age group (e.g. children, older people, etc.) or to the population as a whole. When building IPOLIS, however, we faced the challenge to develop an indicator system structure, which is able to handle three different age groups (children, the youth and the elderly) within a single frame. Therefore, in designing and building IPOLIS and the related database, we needed to:

- ensure a coherence of the indicator system structure at the level of domains, components and sub-components;
- set up direct linkages between groups at indicator level that allow for a comparative assessment of their relative position - primarily according to the dimensions of poverty and material living conditions;
- consider that each stage of life cycle has its own characteristics and thus we need to pay special attention to age-group specific problems.

A set of indicators, referred to as *overarching* indicators in the ICP, characterises all three groups. Ideally, these measures should have the same definition and should be produced on the same data source. The application of these criteria is facilitated by the fact that vulnerable groups in IPOLIS are defined by age. Household level indicators, like household income and material living conditions, obviously meet these criteria. On the contrary, there are indicators that could also be relevant for all three age groups (e.g. perceived general health or physical activity), but there is no single data source to produce them. In addition, another group of potential indicators can be relevant for two vulnerable groups. For example, this is the case with risk behaviour indicators, which are significant for both children and youth, or with employment rate which is an important indicator for both the youth and the elderly.

v. IPOLIS will cover all EU-28 Member States for a time period between 2004 and 2013

Being a strongly data driven database, we needed to clearly define the main parameters of IPOLIS.

Country coverage: IPOLIS is planned to cover the EU-28. The inclusion of Iceland, Norway and Switzerland in the database may be considered. These countries are part of the Eurostat Statistical System, with regular and EU compatible data collection standards. Some practical considerations also support this choice: it is easier to develop a larger frame from the beginning of the project than in a later phase, when the indicator database has already been set up.

Time period: 2004 (major EU enlargement) - 2013 (or latest year available at the time of data upload in the database).

The role of IPOLIS within the InGRID-2 project

IPOLIS has been the core outcome of the work package on innovative tools and protocols for poverty and living conditions research of the InGRID project. Still, within the InGRID-2 project, IPOLIS is in the focus of research activities under the 'Poverty and living conditions' pillar. The extension and further development of IPOLIS is being carried out within the frame of WP8 'Data harmonisation and integration regarding poverty and living conditions'.

The Data harmonisation and integration regarding poverty & living conditions work package (WP8)

The work package is part of the 'Poverty and living conditions' pillar. The purpose of the work package is to harmonise and integrate various research infrastructures and thereby create new possibilities for European research on poverty, living conditions and social policy, as well as more effective policy making.

The work package (among other objectives) aims to continue to develop the IPOLIS database to better facilitate new research on poverty, living conditions and social policy.

Tasks related to this specific objective are the followings:

Task 8.1: timelessness and historical relevance of IPOLIS.

Task 8.2: towards an IPOLIS policy module.

Task 8.3: vulnerable groups in European welfare states.

Related deliverables:

D8.1 Concept paper on the extension and further development of IPOLIS.

D8.2 Policy IPOLIS.

D8.3 Methodological and data infrastructure report on vulnerable groups indicators: migrants, Roma, institutionalised people, and disabled persons.

D8.4 Extended and further developed IPOLIS database.

IPOLIS fits within the frame defined by the overall objectives of the project in several respects:

- IPOLIS is related to all three focus areas of the project: (i) harmonisation and integration of data; (ii) links data, specifically quality of life outcomes with policies and (iii) promotes indicator development.

- Material living conditions and poverty and social exclusion in particular (also as defined by the Europe 2020 strategy target), stay at the core of the integrated indicator system.

- IPOLIS is conceived to be an innovative tool by including interactive data visualisation.

- It will allow not only researchers, but also the broader stakeholder community to follow the situation of most vulnerable groups.

- It builds mainly on the European Statistical System, while other data sources are also considered as inputs.

Here, we recall that the aim of the work package within the InGRID project (WP20) was to build a platform to improve infrastructure for monitoring, analysing and evaluating the situation of the most vulnerable groups (Gábos and Kopasz 2014). Nine specific vulnerable groups were identified at the beginning of our work in InGRID:

1. easy-to-reach groups: (a) children (0-17 years), (b) young people (15-30 years) and (c) older people (65+ years);
2. hard-to-identify groups: (d) migrants and people with migrant background, (e) Roma, (f) travellers;
3. hard-to-reach groups: (g) institutionalised people, (h) undocumented immigrants and (i) homeless people.

In the first phase (under InGRID, 2013-2017), the integrated poverty and living conditions indicator system (IPOLIS) was produced for the easy-to-reach, age-specific vulnerable groups: children, young people and older people. The

selection of these three vulnerable social groups, already performed in the project proposal phase, was supported by the following considerations:

- the risk of poverty and of social exclusion is higher than population average for children, young adults and older people in almost all countries, when examined by age (e.g. Eurostat 2010);
- age easily identifies groups both in administrative and survey type data collections, which is not the case with other attributes;
- important prior efforts to monitor poverty, living conditions, quality of life and well-being exist for these age groups, especially for children.

IPOLIS was delivered to the European Commission in February 2016, while the data visualisation tool was launched in February 2017. The set-up and launch of IPOLIS were built on the following deliverables:

- Gábos, A. and M. Kopasz (2014). Conceptual report for the integrated poverty and living conditions indicator system (IPOLIS);
- Gábos, A. and M. Kopasz (2015). Methodological and data infrastructure report on children.
- Schäfer, A., A. Zentarra & O. Groh-Samberg (2015). Methodological and data infrastructure report on young people;
- Kopasz, M. (2016). Methodological and data infrastructure report on the elderly.

We planned from the start of the project to extend the indicator system database with additional vulnerable groups, once they can be coherently identified in a large data infrastructure and robust indicators can be produced.¹ Still within the InGRID project, two reports were produced to drive our thinking for the extension of IPOLIS to include additional groups:

- Bernát, A. and V. Messing (2016). Methodological and data infrastructure report on the Roma population in the EU;
- Schepers, W., G. Juchtmans and I. Nicaise (2017). Reaching out hard-to-survey groups among the poor. Survey protocols, statistical issues and research design.

Accordingly, in InGRID-2 we aim to continue to develop the IPOLIS database to better facilitate new research on poverty, living conditions and social policy, as well as to extend it with additional vulnerable groups. Four groups are considered here:

- i. disabled people;
- ii. migrant people and people with migrant background;
- iii. roma people;
- iv. people living in institutions.

The overall aim of IPOLIS is not affected by its extension under InGRID-2: to improve infrastructure for analysing and monitoring the situation of most vulnerable groups. It is conceived to serve as a resource for various user groups (researchers, policy makers at different levels, NGO experts, journalists, students, etc.) to:

- monitor the situation of children, young people and older people in the fields of poverty, living conditions and quality of life;
- explore relationships between indicators and to detect cross-country patterns according to selected measures.

How does IPOLIS handle different vulnerable groups within a single frame?

Recalling the main dilemmas we faced when setting up IPOLIS (Gábos and Kopasz 2014), we highlight here one of them, which strongly affects the extension of the indicator database with further

¹ This process within Eurostat is in a very advanced phase in the case of disabled people. For details, see Pascal Wolff's presentation at the Budapest workshop <http://inclusivegrowth.be/events/call3/programme-and-presentations>.

vulnerable groups. Our desk research showed that with very few exceptions, prior indicator system initiatives relate either to one specific vulnerable group (e.g. children, older people, etc.) or to the population as a whole. The challenge we face also at this stage was to include new groups in the indicator system structure in a way that IPOLIS can handle them within a single frame. Therefore, we have to:

- ensure the coherence of the indicator system structure at the level of domains, components and subcomponents;
- set up direct linkages at indicator level between groups to allow for a comparative assessment of their relative positions – primarily according to the dimensions of poverty and material living conditions;
- consider that each stage of life cycle has its own characteristics and thus we need to pay special attention to age-group specific problems.

Figure 1 shows in a simplified way how the linkages between vulnerable groups like children, young people and older people were established in the first phase. Each portfolio of indicators belonging to a specific vulnerable group is represented in the figure by a differently coloured vertical rectangle. A set of indicators, referred here to as overarching indicators, characterises all three groups. These measures should have the same definition and preferably should be produced on the same data source. The application of these criteria is facilitated by the fact that vulnerable groups in IPOLIS are defined by age, but – depending on identification and data robustness – might be extended to include both disabled people and migrants, and people with migrant background as well. Household level indicators, like household income and material living conditions, meet these criteria. On the contrary to these, perceived general health or physical activity could also be relevant indicators for all three age groups, but there is no single data source to produce them.

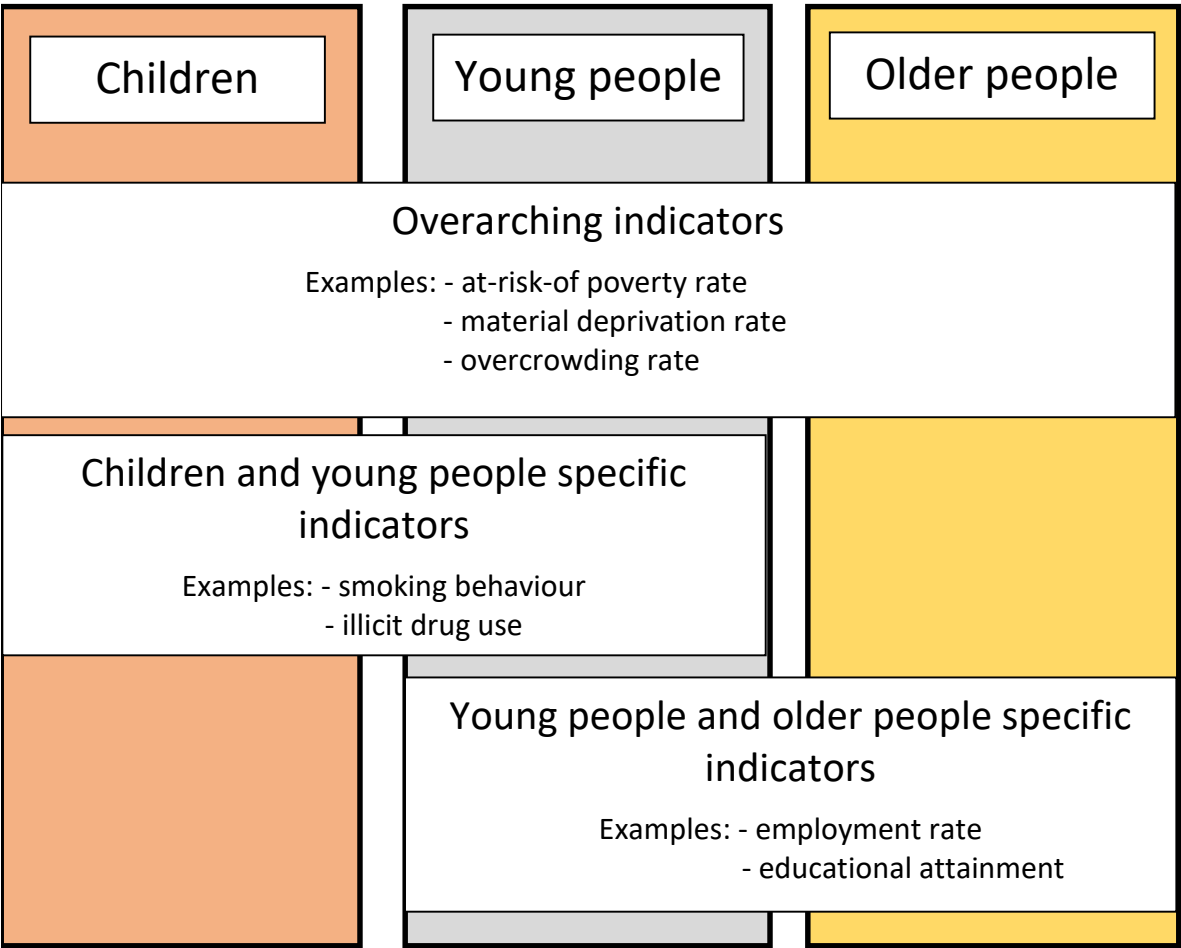
In addition, some of the potential indicators can be relevant for not only one, but two vulnerable groups. For example, this is the case with risk behaviour indicators, which are relevant for both children and young people, or with employment rate which is an important indicator for both young and older people.

Country and time period coverages of IPOLIS

Country coverage: originally EU-28. An extension is in process under InGRID-2, by including Iceland, Norway and Switzerland, as EEA countries. These countries are part of the Eurostat Statistical System, with regular and EU compatible data collection standards. Some practical considerations also support this choice: it is easier to develop a larger frame from the beginning of the project than in a later phase, when the indicator database has already been set up. Where possible and the data infrastructure allows, the inclusion of other developed countries, like the United States, Canada, Australia and New Zealand will be considered.

Time period: 2004 (major EU enlargement) – the latest year available at the time of data upload in the database. At the time of submitting the concept paper to the European Commission, the latest data were from 2016/2017.

Figure 1. Linkages across vulnerable groups



Source Gábos and Kopasz (2014: Fig. 1)

2. Persons with disability

2.1 Policy contexts of monitoring quality and well-being for persons with disability

2.1.1 The wider international context of disability policies

1980: The World Health Organisation's (WHO) initial classification for the effects of diseases – The International Classification of Impairments, Disabilities, and Handicaps (ICIDH) – was created.

1981: The General Assembly proclaimed 1981 as the International Year of Disabled Persons.

1983: The General Assembly proclaimed 1983-1992 the United Nations Decade of Disabled Persons.

1993: Among the major outcomes of the Decade of Disabled Persons was the adoption of the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities by the General Assembly in December 1993.

2001:

- The International Classification of Functioning, Disability and Health (ICF) – the WHO framework for measuring health and disability at both individual and population levels – was officially endorsed by all 191 WHO member states in 22 May 2001 as the international standard to describe and measure health and disability.
- The International Seminar on Measurement of Disability was held in New York. Recognising the need for internationally comparable data collection, the Seminar recommended that standard indicators of disability be developed. As a result, the Washington Group on Disability Statistics (WG) was formed as a UN Statistical Commission City Group to address this need.

2006:

- The UN Convention on the Rights of Persons with Disabilities (CRPD) – the first international, legally binding instrument setting minimum standards for rights of people with disabilities – was adopted by the United Nations General Assembly in December 2006 and came into force in May 2008. Also, it provides specific articles that call for the international collection (Article 31) and reporting (Article 36) of statistical data on disability.
- The Washington Group endorsed the short set of six questions for use in censuses. The WG'S short set of six questions can provide baseline information that can fulfil the requirements for monitoring. It can identify the majority of the population with difficulties in functioning in basic actions.

2011: The World Report on Disability – the first ever world report on disability – was produced jointly by WHO and the World Bank (WB). It provides evidence to facilitate implementation of the CRPD.

2013: The Resolution on the realisation of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities: the way forward, a disability-inclusive development agenda towards 2015 and beyond was adopted by the General Assembly in September 2013.

2015: The Conference of States Parties to the CRPD (Session 8) at which the improvement of disability data and statistics was a major theme.

2.1.2 Disability policy in the EU

1996: The Communication of the European Commission and the subsequent European Council Resolution on Equality of opportunity for people with disabilities: A New European Community Disability Strategy was adopted. The aim of these two texts was to promote equal opportunities for people with disabilities by incorporating disability issues into Community policies and to strengthen the cooperation between member states in preventing all forms of discrimination on grounds of disability.

1997:

- The European Disability Forum (EDF), the platform for representation of people with disabilities on the EU level, was established.
- The Treaty of Amsterdam was adopted, Article 13 of which provides for combating discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.

2000:

- The European Council directive on 'Equal Treatment in Employment and Occupation' was adopted, which prohibits any direct or indirect discrimination based on religion or belief, disability, age or sexual orientation.
- The Charter of Fundamental Rights of the European Union was proclaimed in December 2000 by the European Parliament, the Council of Ministers and the European Commission, and became legally binding with the entry into force of the Treaty of Lisbon in December 2009.

2003: European Year of People with Disabilities.

2004: The European Commission issued its action plan entitled 'Equal opportunities for people with disabilities: a European Action Plan (2004-2010)'. The Action Plan (later on referred to as Disability Action Plan, 2003-2010) aimed to fully implement the Directive on equal treatment in employment and occupation; to mainstream the disability issues in the relevant Community policies; implement measures to enhance the economic and social integration of people with disabilities.

2007: The European Commission designated 2007 as 'European Year of Equal Opportunities for All'.

2008: The Academic Network of European Disability Experts (ANED) was established to provide the European Commission with expertise and support to analyse the situation of disabled people in the EU.

2010:

- The European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe was adopted. The European Disability Strategy builds on the CRPD and takes into account the experience of the Disability Action Plan (2003-10). The strategy focuses on eight areas for joint action by the EU and member states:
 - accessibility: making goods and services accessible to people with disabilities;
 - participation: removing barriers to equal participation in public life and leisure activities;
 - equality: combating discrimination based on disability and promoting equal opportunities;
 - employment: raising significantly the share of persons with disabilities working in the open labour market;
 - education and training: promoting inclusive education and lifelong learning for students and pupils with disabilities;
 - social protection: promoting decent living conditions, combating poverty and social exclusion;
 - health: promoting equal access to health services;
 - external action: promoting the rights of people with disabilities in the EU enlargement and international development programmes.
 - The EU ratified the UN CRPD in December 2010, which entered into force on 22 January 2011.
- 2017:
- A Progress Report presenting the achievements, up to 2016, on the implementation of the European Disability Strategy 2010-2020 was published.

- The European Pillar of Social Rights was proclaimed in November. This builds upon 20 key principles, structured around three categories:
 - equal opportunities and access to the labour market;
 - fair working conditions and;
 - social protection and inclusion.

Principle 3 states that ‘regardless of gender, racial or ethnic origin, religion or belief, disability, age or sexual orientation, everyone has the right to equal treatment and opportunities regarding employment, social protection, education, and access to goods and services available to the public’. Principle 7 adds that ‘people with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs’.

2018:

- An opinion by the European Economic and Social Committee (EESC) on ‘The situation of women with disabilities’ was adopted in July 2018. The EESC notes that the EU and its member states lack consistent and comparable data on the situation of women and girls with disabilities in the EU. Also, the EESC recommends that all research on the rights of persons with disabilities take a gender perspective into account.

2.2 Prior efforts to monitor the well-being of disabled persons

Thus far, few international attempts have been made to monitor the well-being of persons with disability:

- The World Report on Disability, published in 2011 by the WHO and WB, provides a review of the situation of people with disabilities worldwide including health conditions, education, work and employment, and poverty.
- A 2010 OECD Report entitled ‘Sickness, Disability and Work: Breaking the Barrier’ analyses key labour market outcomes of people with disability across the OECD.

In the EU, ANED has been preparing reports on disabled people:

- To monitor the situation of people with disabilities linked to the Europe 2020 targets for employment, education and poverty reduction, annual indicators are produced on the basis of EU-SILC data by ANED.
- Besides monitoring disability in the Europe 2020 targets and producing country reports within the European Semester process, ANED prepares annual reports on specific topics. The thematic focus in 2013 was civic and political participation of disabled people.
- Further, ANED runs the Disability Online Tool of the Commission (DOTCOM) to monitor the state of the key political and legal instruments needed for the implementation of the CRPD.
- A Commission Staff Working Document titled ‘Progress Report on the implementation of the European Disability Strategy 2010 - 2020’ was published in 2017.
- Eurofound published a Policy Brief entitled ‘The social and employment situation of people with disabilities’ in 2018. This examines five priority areas of the European Disability Strategy (employment, education and training, participation, social protection and health care) with a focus on changes between 2011 and 2016.
- A synthesis report was prepared by ANED in 2018, which covers all of the 20 principles of the European Pillar of Social Rights.

2.3 Defining and measuring disability

2.3.1 Models/concepts of disability

According to the World Report on Disability (2011), ‘disability is complex, dynamic, multidimensional, and contested’. Over recent decades, there has been a shift from a ‘medical model of disability’ to a ‘social model’, in which people are viewed as being disabled by society rather than by their bodies (Oliver 1990; quoted in WHO/WB 2011). In the ‘medical model’, disability is perceived to be caused by physical impairments resulting from disease, injury or health conditions (Barnes and Mercer 2003; quoted in Palmer and Harley 2012). At the same time, the social model(s) views disability as a social, rather than individual, construct (Palmer and Harley 2012).

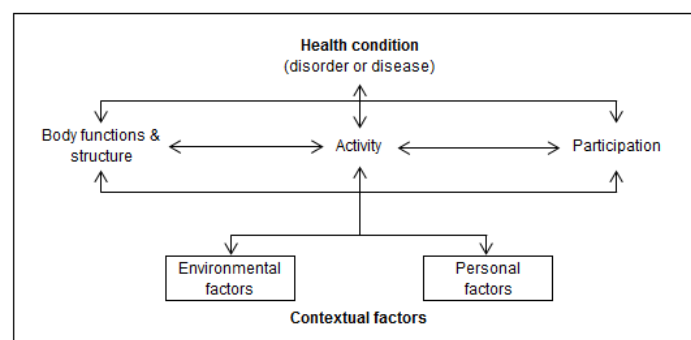
Although, the medical and the social models are often presented as dichotomous, disability should be viewed neither as purely medical nor as purely social (WHO/WB 2011). Developed by the WHO, the ICF understands functioning and disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental (Figure 2). Promoted as a ‘bio-psycho-social model’, it represents a synthesis or a workable compromise between medical and social models (WHO/WB 2011: 4). In the ICF, problems with human functioning are categorised as:

- *impairments* (problems in body function or alterations in body structure, e.g. paralysis or blindness);
- *activity limitations* (difficulties in executing activities, e.g. walking, dressing);
- *participation restrictions* (problems with involvement in any area of life, e.g. facing discrimination in employment or transportation).

Disability refers to difficulties encountered in any or all three of the areas of functioning. The ICF adopts neutral language and does not distinguish between the type and cause of disability (e.g. between physical and mental health). It is universal because it includes all human functioning and treats disability as a continuum from minor difficulties to major impacts on a person’s life (rather than categorising persons with disability as a separate group).

Disability arises from the interaction of *health conditions* (disorder or disease) with contextual factors, including personal and environmental factors (WHO/WB 2011). *Personal factors*, such as motivation or self-esteem affects how much a person participates in society. *Environmental factors* include products and technology; the natural and built environment; support and relationships; attitudes; and services, systems, and policies. Defining disability as an interaction means that disability is not an attribute of the person. This is to say that a person’s environment has a huge effect on the experience and extent of disability (ibid). The environment not only may create barriers to participation and inclusion but it also may prevent impairments and improve outcomes for persons with disabilities.

Figure 2. Interactions between the components of ICF



Source: Towards a Common Language for Functioning, Disability and Health, WHO 2002

There is no single universally accepted definition of disability. The CRPD (Article 1) defines persons with disabilities as ‘those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’.

Existing disability definitions, including theoretical and operational definitions, can be classified in five groups (Grönvik 2007; quoted in Molden and Tøssebro 2010):

- subjective (e.g. ‘Do you have any long standing illness or disability?’);
- functional (e.g. ‘Do you have difficulty walking, ...’);
- administrative (eligibility criteria of benefits and services);
- social (based on the ‘social’ model of disability);
- relational (based on the definition employed by the ICF).

The social and relational (or in other word ‘bio-psycho-social’) models of disability are ideas about what creates disability rather than empirical tools that can be used in surveys (Bentsson 2008; quoted in Molden and Tøssebro 2010).

2.3.2 Measurement and operational definitions of disability: how disabled people are identified in empirical research and statistics?

Disability is a complex and multidimensional issue that poses several challenges for data collection and measurement.² Currently, there is a lack of consensus on how to measure disability, and disability prevalence estimates are strongly influenced by the countries’ definitions of disability and by the questions used to operationalise these definitions in disability, health and social surveys and censuses (Palmer and Harley 2012; Loeb 2013; Sabriego et al. 2015).

The conventional approach to collecting information on disability is to screen the population at the outset to identify people with disabilities (i.e. screener approach) and then to ask questions about everyday problems that they face. Screeners may either be impairment or functioning measures (Palmer and Harley 2012).

Impairment measures define disability on the basis of impairment, e.g. ‘Are you disabled?’, or ‘What is your disability? blind, deaf/dumb, crippled or mentally retarded’. Impairment measures are criticised for neglecting the impact of impairment on a person’s functioning in terms of activities or social participation, and the impact of personal or environmental factors (Van-Brakel and Officer 2008; quoted in Palmer and Harley 2012).

On the other hand, *functioning measures* focus on the loss of functional capacity resulting from a health condition. The World Report on Disability recommends the use of functioning measures instead of impairment measures (WHO/WB 2011). Examples of the many functioning measures are:

- the WG short set of questions;
- Activities of Daily Living (ADLs).

The WG general disability measure evolved from the ICF with the aim of producing an internationally comparable disability measure. The short set of questions covers six functional domains or basic actions:

- seeing;
- hearing;
- walking or climbing steps;
- remembering or concentrating;
- washing all over or dressing and;
- communicating.

² April 2015 note by the UN Secretariat on ‘Improvement of disability data and statistics: objectives and challenges’

The WG short set of questions is a broad measure of functioning designed mainly for census use.³ Although this was not originally recommended to be used as a disability screener, it has been frequently so used (Sabriego et al. 2015). The majority of disabled are likely to be identified by the WG short set of questions, but certain sub-populations (e.g. people with psychiatric and intellectual disabilities) are likely to be under-represented (Palmer and Harley 2012; Loeb 2013).

Higher-order function measures identify persons who experience limitations in performing complex activities or participating. One of the first such screens is the Activities of Daily Living (ADLs), proposed by Sidney Katz in the 1950s. The ADLs measures a person's degree of independence in bathing, dressing, transferring, using the toilet, continence and eating. During the 1970s, ADLs were extended to higher-level participation activities, such as shopping, cooking and managing money, known as instrumental activities of daily living (IADLs). ADLs measures are not without limitations, too. They do not cover all disability domains and are biased toward physical functioning (Palmer and Harley 2012). Further, ADLs are sensitive to contextual factors such as economic resources, culture and physical environment (McDowell and Newell 1987; quoted in Palmer and Harley 2012). All in all, both the WG short set of questions and the ADLs are recommended as valid measure of function consistent with ICF (Palmer and Harley 2012).

Another approach to collecting information on disability is provided by the Model Disability Survey (MDS) project, initiated by the WHO and the World Bank in 2011.⁴ The MDS is based on the ICF, and thus conceptualises disability as an outcome of interactions between a person with a health condition and environmental and personal factors. Therefore, the MDS represents an evolution in the concept of disability measurement. It is a general population survey that provides detailed information on the lives of people with disability. The MDS allows direct comparison between groups with differing levels and profiles of disability, including comparison to people without disability.

In a recent article, Sabariego et al. (2015) compare the impact of the two approaches to estimating disability rates: a conventional *a priori* screener and an *a posteriori* cut-off method used by WHO in the World Report on Disability (2011). Using data from a pilot study of the WHO MDS in Cambodia, the study shows that the conventional screener approach leads to imprecise disability rates and to the exclusion of persons with mild to moderate disability levels from disability surveys. The use of a posteriori cut-off and a general population sample leads to a more precise disability rate and allows for a differentiation of the needs of persons with mild, moderate and severe disability and for a direct comparison between them and the population without disability (Sabariego et al. 2015).

2.3.3 The Global Activity Limitation Indicator (GALI)

The Global Activity Limitation Indicator (GALI) is one of the three questions of the Minimal European Health Module that was developed to be used in EU social surveys such as the EU-SILC. The GALI is a single-item survey instrument reported by the individual him/herself to assess health-related activity limitations: 'For the past six months at least, to what extent have you been limited because of a health problem in activities people usually do?' The possible responses are: not limited; moderately limited; and severely limited. The GALI question was introduced in the EU-SILC in all EU member countries, and in all member countries except for Austria in the EHIS (Austria has removed the GALI question from EHIS).

The GALI has high policy relevance and used in various contexts: within the European Disability Strategy 2010-2020; to monitor the situation of disabled people to support the EU's implementation of the UNCRPD; to produce estimations of the Europe 2020 indicators on employment and education in relation to persons with disabilities. Also, the GALI is the underlying measure for the disability-free life expectancy, known Healthy Life Years (HLY), introduced in 2005.

³ https://www.cdc.gov/nchs/data/washington_group/meeting8/NSO_report.pdf

⁴ <http://www.who.int/disabilities/data/mds.pdf>

Research findings show that the GALI is a good indicator of disability in the adult population (Jagger et al. 2009; Berger et al. 2015). The GALI effectively captures limitations as measured by other disability and functioning items used in the study (ADLs, IADLs, maximum grip strength and walking speed) (Jagger et al. 2010). Analysing data from EHIS, covering 14 countries, a study found that the GALI was significantly associated with measures of ADL, IADL, and functional limitations (Berger et al. 2015). A stronger association was revealed between the GALI and ADL, intermediate between the GALI and IADL and lowest though still high between the GALI and functional limitations. For each measure, the magnitude of the association was similar across most countries. Overall, however, the GALI differed significantly between countries in terms of how it reflected each of the three disability measures. According to the authors, cross-country differences in the strength of the associations may be due to three reasons: the lack of harmonisation of EHIS (i.e. the survey is not implemented homogeneously across countries); social and cultural variations in reporting limitations; and the understanding of the GALI question. Therefore, the study underlies the need for caution when comparing the levels of the GALI from one country to another. Considering these research findings, the Task-Force on the Global Activity Limitation Indicator (GALI) concluded that the GALI is a good proxy to measure disability in terms of restrictions to participation.

2.4 EU-level data infrastructure

EU statistics on disability are currently collected from different sources including (see Table 1):

- European Health and Social Integration Survey (EHSIS);
- European Health Interview Survey (EHIS);
- EU Statistics on Income and Living Conditions (EU-SILC) and;
- European Labour Force Survey (EU-LFS).

Out of these surveys, it is EHSIS that provides the most detailed information on persons living with disabilities. Unfortunately, EHSIS was a one-off survey conducted in 2012 or 2013. EHSIS was designed to measure the bio-psycho-social model of disability (see Table 2). In EHSIS, people with disability are those who face barriers to participation in any of the 10 life areas (mobility; transport; accessibility to buildings; education and training; employment; the internet; social contact and support; leisure pursuits; economic life, and the attitudes and behaviour of others), where the barrier is associated with a long-standing health problem and/or a basic activity limitation. A person identifying a long-standing health problem and/or basic activity limitation as barrier in any life domain was categorised as disabled.

In addition, the survey questionnaire is supplemented with other measures of disability used in cross-national European surveys namely:

- the Minimum European Health Module questions on self-perceived health, chronic conditions and activity limitation (GALI);
- basic activity limitation questions: seeing, hearing, walking, etc.;
- ADLs questions: feeding oneself, dressing, bathing, etc.;
- IADLs questions: preparing meals, shopping, light housework, etc. and;
- questions from the Labour Force Survey 2011 Ad Hoc Module on the employment of disabled people that presented a list of health problems.

The advantage of these extra questions is that alternative definitions of disability can be derived and cross-tabulations made with the EHSIS definition (see Meltzer et al. 2010; quoted in Eurostat 2015). In November 2013, Eurostat and the national statistical authorities agreed to discontinue this survey and instead to consider including a disability module into the future waves of the EHIS.

The EHIS thus became the most comprehensive source of information on disability in the EU. The survey is run every 5 years. The first wave was conducted between 2006 and 2009; and the second

wave between 2013 and 2015. The EHIS collects more limited data on disability than did the EHSIS. The definition of disability is based on the GALI question, but the survey questionnaire includes other measures of disability, as well.

- the minimum European Health Module questions on self-perceived health, chronic conditions and activity limitation (GALI);
- basic activity limitation questions: seeing, hearing, walking etc.;
- ADLs questions: feeding oneself, dressing, bathing etc. – but countries are allowed to use an age filter (65 and older);
- IADLs questions: preparing meals, shopping, light housework etc. – but countries are allowed to use an age filter (65 and older).

However, unlikely to EHSIS, no questions from the LFS 2011 ad hoc module on work limitation are contained in the EHIS questionnaire.

Similarly to the EHIS, EU-SILC uses the GALI question to identify people with disabilities. In the EU-SILC, however, no other disability questions are added to the survey questionnaire. The GALI is based on the following question in both EU-SILC and EHIS: ‘For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been ...’severely limited/limited but not severely or/not limited at all?’.

Out of the surveys listed in Table 2, it is only the LFS that does not contain the GALI variable. However, this is expected to change in 2019. Negotiations between Eurostat and the member states are ongoing (at time of the publication of SWD(2017) 29 final) to include the GALI question into the LFS once every two years. The 2011 LFS ad hoc module on employment of disabled people provides two different ways to identify those persons with disabilities. According to the first definition, disabled persons are those who have a basic activity difficulty (such as seeing, hearing, walking, communicating). In the second definition, people limited in work activity because of a longstanding health problem and/or a basic activity difficulty are considered disabled. Since this definition focuses on participation (or an area of participation), it resembles the definition that is used in the EHSIS.

Table 1. EU statistics on disability: a summary table

	European Statistical System (ESS) status	Age coverage	Periodicity	Country coverage	Main topics/domains covered
EHSIS	yes	persons aged 15 and over living in private households	once (2012)	EU-27 except for Ireland and Croatia, plus Iceland and Norway.	disability
EHIS	yes	persons aged 15 and over living in private households	every five years	First wave (2006-9): 17 member states; Second wave (2013-15): all member states plus Iceland and Norway	health status, health care use, health determinants
EU-SILC	yes	all private households and current members. (all hh members are surveyed, but only those aged 16 and over are interviewed)	yearly	EU-28 plus Iceland, Norway, Switzerland, and candidate countries	income, social inclusion and living conditions
EU-LFS	yes	persons aged 15-64 years living in private households	irregular; 2002 and 2011 (ad hoc modules on the employment of disabled people)	EU-28 plus Turkey, Iceland, Norway and Switzerland	employment of disabled persons
SHARE	no	persons aged 50+	approximately every two years	EU-27 plus Israel in the 2017 wave (wave 7)	health, socio-economic status and social and family networks
EQLS	no	persons aged 16 and over living in private households	every four years	EU-28 plus 5 candidate countries (in the 2016 wave)	employment, income, education, housing, family, health, work-life balance, life satisfaction and perceived quality of society
European Social Survey	no	persons aged 15 and over living in private households	every two years	varies from wave to wave; 18 member states in the 2016 wave (Wave 8)	attitudes, beliefs and behaviour patterns

Source own construction based on Eurostat information

Table 2. Potential disability screeners in the different surveys

	Limitation in usual activities caused by long-standing health problems (GALI)	Difficulties in carrying out			Participation restriction in any life area	Work limitation
		Basic activities (physical and sensorial functioning)	Personal care activities (ADLs)	Household care activities (IADLs)	Caused by a health condition and/or a basic activity difficulty	
EHSIS	yes	yes	yes	yes	yes	yes
EHIS	yes	yes	yes (65+)	yes (65+)		
EU-SILC	yes					
EU-LFS	planned to be included*	yes				yes
SHARE	yes (50+)	yes (50+)	yes (50+)	yes (50+)		
EQLS	yes					
European Social Survey	yes					

Note. *SWD(2017) 29 final.

Source own construction based on Eurostat information

Eurostat currently publishes disability data – collected in EU-SILC, EHIS, and to a smaller extent in the one-off 2012 EHSIS and the ad hoc module of the 2011 LFS – in association with the following issues:⁵

- need for assistance (based on 2012 EHSIS and 2011 LFS);
- functional and activity limitations (based on EU-SILC and EHIS);
- poverty and income inequalities among people with disabilities (based on EU-SILC);
- financial situation of people with disabilities (based on EU-SILC);
- housing conditions of people with disabilities (based on EU-SILC).

Beyond surveys being part of the European Statistical System (ESS), some other surveys also include the GALI indicator such as the European Quality of Life Survey (EQLS), the European Social Survey, and the Survey of Health, Ageing and Retirement in Europe (SHARE). However, there are slight differences in the wording of the GALI question as well as in the formulation of the answer categories. The advantage of the EQLS lies in the country coverage (EU-28 plus 5 candidate countries), while the European Social Survey is conducted more frequently, though not in all member states. In case of both surveys, the possibility of disaggregating country level data by socio-demographic variables may be limited due to the sample sizes. Eurofound disseminates EU-level data on the educational attainment, employment, and life satisfaction of people with disabilities based on the 2011 and 2016 waves of the (EQLS).

The country coverage of SHARE has improved significantly since the start of the InGRID project. (At that time the poor country coverage was an argument against using the SHARE database). In Wave 7, 27 member states participated (all member states except for the UK plus Israel), thus SHARE may cover disabled persons aged 50 or more.

2.5 The proposed indicators by domain

This section is aimed to provide methodological underpinnings of the selection of indicators measuring the different aspects of the quality of life of disabled people. The general criteria applied

⁵ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics#10._Methodological_annex

in the selection of indicators were discussed in the Concept Paper (Gábos and Kopasz 2014). This section is organised by domains and components/subcomponents of IPOLIS. However, only those components/subcomponents of IPOLIS are discussed that are relevant for people with disabilities.

When extending IPOLIS to other vulnerable groups, such as persons with disabilities, we face the dilemma of whether to aim above all at comparing the quality of life for disabled people to the quality of life for non-disabled people, or to aim at improving the monitoring of the quality of life of persons with disabilities. Since, IPOLIS contains various vulnerable groups, we give priority to focusing on comparability and complementing the indicator portfolio with disability-specific indicators only when it is especially reasonable (or when a replacement indicator is needed).

To assess the quality of life for persons with disabilities as compared to the quality of life for non-disabled persons, we define gap-type measures for each relevant indicator included in IPOLIS. By using these measures we can directly monitor how the relative situation of people with disabilities changes across countries and over time.

In general, we propose to include the same breakdown variables as were used in the age-specific modules of IPOLIS (such as sex, age, etc.). To ensure the comparability of the different vulnerable groups covered in IPOLIS, we aim, whenever possible, at using the same age groups across the different modules. In the Disability Module, we add the degree of limitations (severe or moderate) as a breakdown variable to the usual breakdown variables in all relevant cases.

In what follows, we discuss the domains of IPOLIS one by one: Material living conditions; Labour market attachment and work-life balance; Education and training; Health and risk behaviours; Social connectedness and participation; Environmental quality and physical safety. Table 3 displays the proposed indicators by domain, component and subcomponent.

2.5.1 Material living conditions

The domain ‘Material living conditions’ of IPOLIS consists of four components: ‘poverty’, ‘material deprivation’, ‘housing’, and ‘poverty and social exclusion (Europe 2020)’.

Poverty

The first component ‘poverty’ covers the ‘extent of poverty’, ‘depth of poverty’, and ‘persistency of poverty’ subcomponents. The data source for all indicators included in these subcomponents (Table 3) is the EU-SILC, thus all poverty indicators may be produced for persons with disabilities using the GALI question as a proxy for disability. To compare the poverty situation of persons with and without disabilities we propose complementing the original set of indicators with a set of gap-type indicators. We make an exception with the relative median poverty risk gap, which is a gap-type measure in itself, and the naming and interpretation of the indicator might be difficult.

Material deprivation

Indicators related to ‘material deprivation’ of IPOLIS are obtained from the EU-SILC database. Thus, these can simply be calculated for persons with disabilities. Again, the addition of a set of gap-type indicators makes easier the assessment of the situation of persons with limitations relative to the persons without limitations.

Housing

The ‘housing’ component of IPOLIS consists of three subcomponents ‘overcrowding’, ‘housing costs’ and ‘housing deprivation’. All indicators within these subcomponents (including the gap measures) can be produced for the Disability Module based on the EU-SILC database.

2.5.2 Labour market attachment and work-life balance

In the Disability Module of IPOLIS, we discuss only the ‘labour market attachment’ component of the ‘Labour market attachment and work-life balance’ domain. This component is organised in five sub-components: employment, precarious employment, self-employment, unemployment, and

labour market attachment of households. Out of these sub-components the following three appears to be relevant for the Disability Module: ‘employment’, ‘unemployment’, and ‘labour market attachment of households’.

The first subcomponent ‘employment’ includes the disabled employment rate. Employment is one of the headline indicators of the EU 2020. The strategy set a target of increasing the employment rate of the population aged 20-64 from 69% to at least 75%. Also, employment is one of the eight priority areas of the European Disability Strategy 2010-2020. This aims at raising significantly the share of persons with disabilities working in the open labour market.

The main data source for this employment-related domain is normally the EU-LFS. However, at the time of preparing this report, the LFS does not provide information on disability status. The GALI question is not included even in the 2011 ad hoc module of LFS (see Table 2). Thus, currently, the indicators of this domain cannot be derived from the LFS database. Later on, the addition of the GALI question to the core questionnaire will open the possibility of using LFS as a data source for this domain.

At present, the employment rate for disabled people can be derived from EU-SILC. However, the SILC question (pl031) refers to self-defined current main activity status as opposed to the definition of employment in the LFS (which is based on the ILO definition). Comparing the EU level employment rates (age 16-64) calculated from these two surveys, we can observe that the LFS tends to report higher rates (see for more details ANED 2018). The difference in the employment rates between the two surveys may stem from various sources, such as the use of different definitions, seasonal fluctuations, etc. (ibid).

Since the employment rate for persons with disabilities derived from EU-SILC cannot be compared to the employment rate for total population derived from LFS, it seems reasonable to use the employment rate gap, calculated as a difference between the employment rate for persons without limitations and the rate for persons with limitations.⁶

The second subcomponent in the Disability Module of IPOLIS is ‘unemployment’, which includes the disabled unemployment rate (as well as the unemployment gap between persons with and without disabilities). The aim of raising the share of persons with disabilities working in the open labour market implies a reduction of unemployment among them.

To monitor the level of unemployment in the EU data are normally obtained from the LFS. However, as mentioned above, the survey does not allow for identifying the persons with disabilities. Thus, presently, the disabled unemployment rates can be derived from the EU-SILC. The SILC reports on the self-defined main activity status. Based on this and another two questions concerning whether the unemployed persons are available for work in the next two weeks (pl025) and whether they are actively looking for a job (pl020), ANED constructed an unemployment rate being close to the ILO definition (ANED 2018). The Disability Module of IPOLIS includes this proxy disabled unemployment rate. It is important to note, however, that the ILO definition excludes a part of unemployed persons with disabilities, notably those who might have the biggest need for work adaptations (ibid).

The component ‘labour market attachment of households’ is measured by two indicators in IPOLIS. One is the proportion of persons living in jobless households, and the other is the proportion of persons living in households with very low work intensity. The first indicator is calculated from the LFS, and thus is not an option for the Disability Module (see the above reason). The work intensity-type measure, however, may be produced from the EU-SILC. This indicator shows the share of persons with disabilities living in households with work intensity below 0.2.

⁶ This measure is used by ANED (2018).

2.5.3 Education and training

In IPOLIS, the domain ‘Education and training’ consists of two components: ‘access to and quality of education’, and ‘educational attainment’.

Access to and quality of education

The component ‘Access to and quality of education’ is split into three subcomponents: ‘early childhood education’, ‘educational attainment’ and ‘lifelong learning’. For the Disability Module the latter two appear to be relevant.

‘Educational attainment’ is captured by different indicators in the different age group modules of IPOLIS. The Youth Module contains the share of young persons having tertiary educational attainment, while the Elderly Module (similarly to the Active Ageing Index) uses the share of older persons having secondary or tertiary educational attainment.

Tertiary educational attainment is one of the headline targets of Europe 2020. The strategy set the target of increasing the share of population aged 30-34 having completed tertiary education to at least 40% in 2020. Also, education and training is one of the eight priority areas of the European Disability Strategy 2010-2020. The EU aims at promoting inclusive education and lifelong learning for students and pupils with disabilities.

Eurostat uses the LFS to monitor the share of persons having completed a tertiary or equivalent education. In the lack of a disability screener in the LFS, the only possibility is to use the EU-SILC. However, estimates from the two surveys may differ due to the different sampling characteristics, the structure of the relevant questions and the implementation practices (ANED 2018). A comparison of the results from the two surveys shows that they provide similar estimates at the EU level. However, estimates from the EU-SILC tend to be higher than those from the LFS. The same tendency can be observed for the country level estimates, but for certain member states we can observe large differences between estimates from the two surveys (ibid).

To measure educational attainment in the Disability Module we use two indicators. Firstly, the share of young (15-29) disabled persons having completed tertiary education (ISCED 5-8). Secondly, we also include the share of disabled persons having secondary or tertiary educational attainment (ISCED 3-5) – the same indicator as used in the Elderly Module of IPOLIS. Both indicators can be produced based on data collected from the EU-SILC. However, the number of observations in the EU-SILC concerning persons in the 15-29 age group may be too small in some member states.

Lifelong learning is an important policy objective in the EU. The Agenda for New Skills and Jobs, one of the flagship initiatives of Europe 2020, highlights the importance of skills upgrading of older workers who are particularly vulnerable to economic restructuring. Lifelong learning is also included in the European Disability Strategy 2010-2020.

Eurostat disseminates information on adult learning on the basis of data collected from the LFS, supplemented by the AES. The LFS provides information on participation in education and training in the four weeks preceding the survey interview. The AES measures participation in learning activities with a longer reference period (12 months preceding the survey interview). Since currently none of these surveys contain a disability screener, the lifelong learning indicator cannot be produced for persons with disabilities.

Educational achievement

The component ‘Educational achievement’ is divided into two subcomponents: ‘achievement in basic skills’, and ‘early school leaving’.

‘Achievement in basic skills’ is measured by different indicators in the different age group modules (children, youth, elderly) of IPOLIS. The international surveys assessing educational achievements of students (such as the PISA, PIRLS and TIMSS) used in the Child Module of IPOLIS do not allow us to identify students with disabilities. The Elderly Module of IPOLIS includes an indicator measuring medium or high level internet skills. This measure is calculated based on data from the ICT survey. At the time of completing this report, the ICT survey cannot be used due to the lack of

a disability screener. However, with the addition of the GALI question to the survey questionnaire, the indicator will be produced later on for persons with disabilities too.

The second subcomponent is ‘early school leaving’. According to the Europe 2020 Strategy, the share of early school leavers should be reduced to 10% by 2020. Early leaver from education and training refers to a person aged 18 to 24 who has completed at most lower secondary education and is not involved in further education or training.

To monitor the share of early leavers from education and training Eurostat uses data collected from the LFS. Since the disability status cannot be identified from the LFS, for the purpose of the Disability Module we can obtain data from the EU-SILC. It should be noted, however, that in several member states the number of observations concerning people with disabilities aged 18-24 is small in the EU-SILC, and thus data should be treated with caution (or the age group should be widened) (see ANED 2018).

2.5.4 Health and risk behaviours

The domain ‘Health and risk behaviours’ is made up of three components: ‘health status’, ‘health behaviours’ and ‘risk behaviours’.

Health status

The ‘health status’ component contains an objective and a subjective health subcomponent. Since indicators of the objective health status in IPOLIS are partly related to early childhood (see the Child Module), and partly to activity limitations (see the Elderly Module), only the ‘subjective health’ subcomponent is relevant for persons with disabilities. This includes one measure: the self-perceived general health. The indicator denotes the percentage of those perceiving their health either bad or very bad, and is derived from EU-SILC.

Health behaviours

The component ‘health behaviours’ contains two subcomponents: ‘physical activity’ and ‘obesity’. Both are measured by indicators based on data from the EHIS: the practice of daily physical activity and the obesity rate. The EHIS includes the GALI question, therefore these indicators can be calculated for persons with activity limitations. However, the EHIS is conducted among persons aged 15 years or older. Data on the health behaviour of younger children would be available from the HBSC, but this survey does not include a disability screener.

Risk behaviours

This component of IPOLIS covers six subcomponents: ‘smoking’, ‘alcohol consumption’, ‘illicit drug use’, ‘teenage pregnancy’, ‘psychological distress’, and ‘suicide’. The source of indicators representing four subcomponents (smoking, alcohol consumption, illicit drug use, and psychological distress) is the EHIS database. Since the EHIS contains the GALI variable, these indicators can be calculated for persons with disabilities. However, as noted above, the EHIS surveys persons aged 15 or above. Thus, no data on risk behaviours of younger children with disabilities are available.

Indicators measuring the remaining two subcomponents (teenage pregnancy and suicide) are obtained from administrative data sources, and thus cannot be produced for disabled persons.

2.5.5 Social connectedness and participation

Participation in a wider sense, including participation in public life and leisure activities, is one of the eight priority areas of the European Disability Strategy 2010-2020. However, there is no comprehensive data collection on the participation of disabled people for the EU member states. For example, a report assessing the political participation of persons with disabilities in the EU, prepared by ANED and European Union Agency for Fundamental Rights, uses data from different EU-wide general population surveys (the EQLS and the European Social Survey).

The ‘social connectedness and participation’ domain of IPOLIS encompasses two components: ‘family and peer relationships’ and ‘civic participation’. To measure these subcomponents data are collected from general population surveys, such as the EU-SILC, the EQLS, or the European Social Survey. The latter two surveys contain a number of questions about participation including engagement in political life. Another advantage is that both data collection exercises use the GALI variable. However, the country sample sizes are too small, and thus country-level indicators for disabled people cannot be produced (see ANED 2013). Therefore, for the Disability Module of IPOLIS we use indicators based on data collected from the EU-SILC. This survey had an ad-hoc module on Social participation in 2006, and on Social/cultural participation and material deprivation in 2015. Thus for this domain we can gather data from the regular survey and these ad-hoc modules.

Family and peer relationships

Data for this component are available from the EU-SILC ad-hoc modules related to participation. These ad-hoc modules contain variables measuring the frequency of contacts with family (and relatives) (ps070) and frequency of contacts with friends (ps080). We note, however, that the wording of the questions regarding family contacts are not precisely the same in the 2006 and the 2015 ad-hoc modules. While in the earlier wave the question refers to the ‘frequency of contacts with relatives’, in the later wave to the ‘frequency of contacts with family (relatives)’. Currently, Eurostat publishes data on ‘frequency of contacts with family and relatives or friends’, an indicator combining the two variables. Since only the indicator measuring contacts with friends can be compared across waves, we propose to use two separate indicators instead of a combined one. Accordingly, one indicator is ‘contacts with family/relatives’, and the other is ‘contacts with friends’. Both indicators are defined in IPOLIS as the share of disabled people having contacts at least weekly.

Civic participation

The component ‘civic participation’ covers three subcomponents: voting, group membership/volunteering, and internet use for civic and political participation. Data on participation in elections can only be gathered from the EQLS (for all member states). However, country-level indicators cannot be produced for persons with disabilities due to the small country sample sizes.

As for the group membership/volunteering subcomponent, we can use indicators derived from the 2006 and 2015 ad-hoc modules of EU-SILC. The 2006 wave includes a variable measuring informal voluntary activities (ps100), and six variables measuring participation in activities of different types of formal organisations (such as political parties or trade unions, professional associations, churches, recreational groups, etc.). As for the 2015 wave, information is available on participation in formal voluntary work (ps101) or in informal voluntary activities (ps100), and on active citizenship (ps102), such as attending meetings or signing petitions. As can be seen, data obtained from the different waves cannot be compared directly. We propose to use two indicators for the Disability Module of IPOLIS: participation in informal voluntary activities; and active citizenship.

Participation in cultural or sport activities, though does not fit well into this subcomponent, is an important aspect of the social inclusion of persons with disabilities. Since the indicator measuring participation in any cultural or sport activities can be produced based on data collected from the ad-hoc modules from the EU-SILC (data are available both for 2006 and 2015), we include it in the Disability Module of IPOLIS.

Finally, the indicator measuring internet use for civic and political participation is derived from the ICT survey. At present, due to the lack of a disability screener in the survey, the indicator cannot be calculated for disabled people.

2.5.6 Environmental quality and physical safety

This domain contains two components. The first component is the quality of the local environment, while the second is the safety of the neighbourhood.

Environmental quality

The ‘environmental quality’ component of IPOLIS uses two indicators: the percentage of people living in households that reported noise from neighbours or from the street; and the percentage of people living in households that reported any pollution, grime or other environmental problem caused by traffic or industry. The source of this indicators is the EU-SILC database, thus these can be calculated for persons with disabilities.

Physical safety

Questions concerning physical safety are asked in the EQLS, the European Social Survey, and the EU-SILC. The different age group modules of IPOLIS use different indicators measuring the physical safety of persons. The Elderly Module contains indicators based on the ESS, while the Child and the Youth Modules have a common indicator based on the EU-SILC database. We propose to include this indicator measuring the share of persons living in households with reported crime, violence or vandalism in the area.

2.6 Challenges to data collection

Recently significant initiatives have been launched in the EU to improve the data infrastructure concerning persons with disabilities. The current ESS is made up of separate domain-specific Regulations. The preparation of an EU Regulation establishing a common framework for European statistics is ongoing and expected to be finalised in 2019. Seven individual and household surveys are targeted with this EU Regulation:⁷

- Labour Force Survey (LFS);
- European Statistics on Income and Living Conditions (EU-SILC);
- Adult Education Survey (AES);
- European Health Interview Survey (EHIS);
- Survey on Information and Communications Technologies (ICT) usage in households (ICT-HH);
- Household Budget Survey (HBS);
- Harmonised European Time Use Survey (HETUS).

Eurostat introduced the project of the modernisation of social statistics and health statistics in particular. This includes the standardisation of the GALI variable. To further harmonise data collection on disability, the European Commission has been working to introduce the GALI as a ‘core’ social variable in EU-wide social surveys other than EU-SILC and EHIS.⁸ Negotiations between Eurostat and the EU member states are ongoing to insert this disability variable into the LFS once every two years, thus creating a reliable monitoring tool on the employment of people with disabilities. The 2017 EU-SILC module on children also includes a GALI variable adopted for children, thus providing information on children with disabilities (in households). In addition, the possibility of an EHIS child module was raised at the 2014 meeting of the Task-Force on the Global Activity Limitation Indicator (GALI).

However, despite the above mentioned efforts there will remain challenges concerning the data infrastructure. In general, little information is available for younger children with disabilities. The adult surveys such as the EHIS provide data on persons aged 15 or above, while the child surveys (e.g. the HBSC or PISA) usually do not contain a disability screener.

Another concern is the small country sample sizes for the younger age groups with disabilities in the EU-SILC database. Owing to this, the interpretation of data for young disabled persons needs caution, and the small sample sizes limit the possibility of disaggregation of data by sex, degree of limitation, or by other relevant socio-demographic variables.

Another problem concerns the disabled persons living in institutions, since surveys cover only the population living in private households. It is estimated that nearly 1.2 million children and adults with

⁷ Presentation by Stefaan Demarest on ‘New versions of the GALI proposed by Eurostat’ on the EHLEIS public meeting, 21 April 2017.

⁸ Commission Staff Working Document – Progress Report on the implementation of the European Disability Strategy 2010-2020

disabilities are living in long-stay residential institutions across the EU Member States and Turkey (Mansell et al. 2007; quoted in EC DG EMPL 2009: 10; OHCHR 2012: 6). Therefore, indicators collected from general population surveys should be treated with caution. This holds even more true for the oldest old disabled persons amongst whom the proportion of institutional residents is higher.

There are some aspects of quality of life in which data sources for persons with disabilities are limited. Information on the participation of disabled people is currently available partly from regular surveys that are not part of the ESS (namely the EQLS and the European Social Survey), and partly from the ad-hoc modules of the EU-SILC. The problem with the first group of surveys is that although they provide abundant information on participation of persons with disabilities, only EU-level indicators can be calculated based on them due to the small country sample sizes. The ad-hoc modules of EU-SILC (especially the 2015 wave) deliver indicators measuring different aspects of participation, but the comparability of data between waves is not always ensured (see above).

Finally, despite the efforts concerning the harmonisation of data collection on disability, it should be noted that the definition based on the GALI measure does not take into account any ‘interactions with barriers’ which is the base of modern approaches to disability (ANED 2018).

3. Migrants

As mentioned in the introductory chapter, the migrant module will follow the structure from the three modules of the IPOLIS that are currently in place. The proposed domains of the migrant module will also be based on the QoL domains that were used in the children, youth and elderly modules (see Gábos and Kopasz 2014, 2018), including six domains: (1) material living conditions; (2) labour market attachment and work-life balance; (3) education and training; (4) health and risk behaviours; (5) social connectedness and civic participation; and (6) physical environment and safety.

3.1 Policy context: The evolution of migrant mainstreaming process within the EU

The political framework relates directly to European cooperation on social protection and social inclusion (the Social Open Method of Coordination, henceforth the Social OMC), as part of which the European Union has expressed its strong political commitment to migrant integration. The following is a summary of the main steps of the migrant mainstreaming policy process within the European Union:

1999: Following the entry into force of the Amsterdam treaty, a special European Council meeting took place in Tampere, Finland. The European Council reasserted its determination to make full use of the opportunities opened by the new Treaty. They also gave comprehensive guidelines on policies to be developed in four clearly identified elements of a common EU immigration and asylum policy: (1) partnership with countries of origin; (2) a common European asylum policy; (3) fair treatment of third country nationals; and (4) the management of migration flows. The Tampere Council requested integration policies that ‘should aim granting third country nationals, who are legal residents, rights and obligations that are comparable to those of EU citizens’. In the field of social inclusion, while the first National Action Plans (NAPs/incl) identified ethnic minorities and immigrants as being exposed to high risk of social exclusion, the NAPs/incl however has limited data on these groups (EC COM 2015).

2000: In November, the Commission issued a major Communication on immigration policy to the Parliament and Council indicating how it intended to translate the Tampere guidelines into concrete actions.

2015: The Commission’s Communication to the: (1) Council; (2) European Parliament; (3) European Economic and Social Committee; and (4) Committee of the Regions on Immigration, Integration and Employment:

- responded to the Tampere conclusions by reviewing the current practices and experiences with integration policies at the national and EU levels;
- examined the role of immigration in relation to the Lisbon objectives in the context of demographic ageing and;
- outlined the policy orientations and priorities, including actions at the EU-level, to promote the integration of immigrants.

The Communication touched on several topics, such as: patterns of immigration flows in the EU; the economic role of immigration and its impact on employment; and the impact of demographic change on employment, and economic growth. The Communication states that ‘successful integration of immigrants is both a matter of social cohesion and a prerequisite for economic efficiency’

(EC COM 2015: 17). It is also highlighted that the persisting issues concerning the existing immigrant population (like low employment and high unemployment among second generation immigrants) call for greater efforts. The Communication expressed the need for a holistic approach which takes into account not only the economic and social aspects of integration but also issues related to cultural and religious diversity; citizenship; participation; and political rights. Integration into the labour market; improving education and language skills; housing and urban issues; health and social services; social and cultural environment, as well as nationality; civic citizenship; and respect for diversity are identified as the key elements of this holistic approach.

The Communication from the Commission also formulated policy orientations and priorities, listing the following (EC COM: 27-35):

- consolidating the legal framework;
- re-enforcing policy coordination (e.g. the need for monitoring the development of the common immigration policy in a form of an annual report);
- civic citizenship and nationality as tools of integration;
- European Employment Strategy;
- the Social Inclusion Process (e.g. studies, statistical work and a large number of trans-national projects on the integration of immigrants are planned to contribute directly to improving knowledge and promoting exchange of experience);
- economic and social cohesion;
- combating discrimination;
- co-operation in the field of education;
- closer dialogue with the third countries;
- reinforcing EU financial support for integration;
- improving the information on the migration phenomenon (e.g. study on benchmarking to explore the possibilities of developing indicators at the EU-level; action plan for the collection and analysis of Community Statistics in the field of migration).

3.2 Prior efforts to monitor well-being of migrants

This chapter presents an overview of the most important prior initiatives for measuring migrants' well-being, including the efforts made within the EU and by the international organisations and bodies outside the EU. Among these, the most recent one is the Social Scoreboard of Indicators⁹ that is attached to the European Pillar of Social Rights: The structure of the scoreboard follows the three dimensions of the Pillar: (i) equal opportunities and access to the labour market; (ii) dynamic labour markets and fair working conditions; and (iii) public support/social protection and inclusion. Country performances can be assessed using the indicators supporting the Pillar, and a data visualisation tool helps users in this exercise. While in many respects the Social Scoreboard is similar to the IPOLIS, it only provides main indicators for either the overall population or given sub-groups. On the other hand, IPOLIS includes the same indicators for various vulnerable groups and their breakdowns by main socio-demographic characteristics, as well as policy and context indicators.

The following are the milestones in the history of monitoring the well-being of the migrant population. Based on the review of these measurement efforts, the following limitations and flaws are identified in the case of the migrant group.

Migrant integration provides the main focus of monitoring the situation of migrants and people with migrant background at the EU-level. Currently, there are only a few initiatives which aim to measure the integration outcomes in a comparative way, both across countries and time. Some of them focuses on policies and governance, which may have relations to the outcomes of quality of life/well-being.

⁹ <https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/indicators/social-scoreboard-indicators>

- In line with the Tampere guidelines, the European Commission monitors the quality of life of third country nationals in the EU, along with several measures that are part of the Portfolio of the EU Social Inclusion indicators.
- In cooperation with the OECD, the European Commission also published a report which monitors the integration of immigrants across the EU and OECD countries. The report describes the outcomes for immigrants and their children using 27 indicators organised around the five priority areas: employment; education and skills; social inclusion; civic engagement; and social cohesion (OECD/EU 2015).
- The Migration Data Portal¹⁰ aims to serve as a unique access point to timely, comprehensive migration statistics and reliable information about migration, not only in Europe and in the developed countries, but globally. The site is designed to help policy-makers, national statistics officers, journalists and the general public who are interested in the field of migration to navigate the increasingly complex landscape of international migration data, which are currently scattered across different organisations and agencies. The Portal was launched in December 2017 and is managed and developed by the International Organisation for Migration's (IOM) Global Migration Data Analysis Centre (GMDAC). The data on the portal include selected indicators on integration and well-being, like unemployment rate among the foreign born, unemployment gap, secondary and tertiary education gap, not-in-education/training gap.
- The Migration Governance Indicators (MGI)¹¹ provides a framework for migration governance as well as for the assessment of the performance of almost 40 countries across the 6 dimensions of IOM's Migration Governance Framework. One of the dimensions relates to socio-economic well-being of migrants.
- Finally, the Migration Integration Policy Index (MIPEX)¹² measures the migrant integration policies across the EU member states, Australia, Canada, Iceland, Japan, South Korea, New Zealand, Norway, Switzerland, Turkey and the United States.

3.3 Data infrastructure

This chapter presents the inventory of potential data sources that may be utilised in building the migrant module of the IPOLIS. As stated in the previous chapter, migrants are defined as persons who established their usual residence in the territory of a member state for a period that is, or is expected to be, of at least 12 months, having previously been usually a resident in another member state or a third country. Given this definition, the main criteria that will be used in selecting the data sources for this module is the availability of a migrant identifier variable. In this case, the information on the individual's country of birth and/or parents' country of birth will be used in identifying whether the individual is a migrant or has a migrant background. These variables reports whether the individual and/or parents were born (1) in the current country of residence; (2) outside the current country of residence. In some survey data sources 'outside the country of residence' is disaggregated into 'another EU member state' and 'other country outside of EU-28'.

Along with the availability of migrant identifier variable, three additional criteria were also taken into consideration in selecting the survey data sources, it should: (1) be a representative of the country's total population, (2) be comparative across the countries covered in the IPOLIS (EU-28, Iceland, Norway and Switzerland); and (3) have a long time period that spans within the time coverage of the IPOLIS (2004 – present). These four criteria provide the opportunity to analyse migrant trends and cross country comparisons.

As a starting point, a scoping of potential data sources was performed. The data sources used in the current modules of the IPOLIS (children, youth and elderly modules) were investigated to check

¹⁰ <https://migrationdataportal.org>

¹¹ <http://gmdac.iom.int/migration-governance-indicators>

¹² <http://www.mipex.eu/>

the availability of migrant identifiers. The migrant identifier, as mentioned previously, will be used in identifying the migrant individuals in the survey. Table 3.1 shows the overview of the potential data sources that are identified to be relevant for the migrant module of the IPOLIS. It shows the parameters of the data sources, including the migrant identifier variable.

Table 3.1 Overview of potential data sources for the migrant module of IPOLIS

Data source	ESS status	Age coverage	Time period, coverage	Country coverage	Domains covered	Migrant identifier
<u>EU-SILC</u> Statistics on Income and Living Conditions	X	Total population living in private households	2004-, yearly	EU-28, Iceland, Norway, Switzerland	Income, poverty, social exclusion and living conditions	Individual's country of birth; parent's country of birth
<u>EU-LFS</u> Labour Force Survey	X	15 and over in private households	2004-, yearly	EU-28, Iceland, Norway, Switzerland	Labour market	Individual's country of birth
<u>PISA</u> OECD Programme for International Student Assessment		Children aged 15	2006-, every three years	OECD countries, including all EU-28 but Cyprus.	Competencies in reading, mathematics and science	Individual's country of birth; parent's country of birth
<u>PIRLS</u> Progress in International Reading Literacy Study		Children at their fourth grade	2006, 2011, 2016	In 2016, 23 EU-member states and Norway. Belgium is represented by Wallonia, while UK by England and Northern Ireland.	Competencies in reading	Individual's country of birth; parent's country of birth
<u>TIMSS</u> Trends in International Mathematics and Science Study		Children at their fourth and eighth grades	2007, 2011, 2015	In 2015, 22 EU-member states and Norway. Belgium is represented by Flanders, while UK by England and Northern Ireland.	Competencies in mathematics and science	Individual's country of birth; parent's country of birth
<u>ESS</u> European Social Survey		15 and over in private households	2004-, biannually	Varies, EU-28 excepting Croatia, Latvia, Romania in 2012	Attitudes, beliefs and behaviour patterns	Individual's country of birth
<u>EHIS</u> European Health Interview Survey	X	15 and over in private households		First wave: EU-17	Height and weight, self-perceived health, reduced activities due to health problems, long-standing illness, smoking behaviour, alcohol consumption	Individual's country of birth

Data source	ESS status	Age coverage	Time period, coverage	Country coverage	Domains covered	Migrant identifier
<u>ESPAD</u> European School Survey Project on Alcohol and Other Drugs		Children aged 15-16	2015	39 countries in total in 2011, out of which 24 are EU-28 members, plus Iceland and Norway. Belgium was represented by Flanders, while Germany by 5 Bundesl.	Substance use	Individual's country of birth; parent's country of birth
<u>HBSC</u> Health Behaviour in School-Aged Children		Children aged 11, 13, 15	2013	43 countries and regions in total, with all EU-28 included except Cyprus. Belgium and the UK are represented by regions (French and Flemish part of Belgium, and England, Scotland and Wales, respectively). Iceland, Norway and Switzerland are also included.	Health and risk behaviours, family and peer relations, life satisfaction	Individual's country of birth; parent's country of birth

Note: The microdatasets of EU-SILC, EU-LFS, PISA, PIRLS, TIMSS and ESS were checked to investigate the availability of the migrant identifier variables. As of the moment Tarki Social Research Institute is still on the process of gaining access to the microdatasets of EHIS, ESPAD and HBSC. In the meantime, for the purpose of the scoping exercise, the questionnaires of these three surveys were looked into to check whether migrant identifier variables are available in these surveys.

The result of the scoping exercise shows that given the available data sources listed in Table 3.1, a time-series and cross-country comparative infrastructure is feasible for the migrant group. Using the information on the individual's country of birth, an individual is considered a migrant if his/her country of birth is not the same as his/her current country of residence. This definition also applies to the first-generation migrants while the second-generation migrants are those individuals who are born in the current country of residence but at least one of the parents were born elsewhere. In addition, for the purpose of this module, migrants who came from other EU member states and migrants from outside the EU will be differentiated. For the purpose of this report, migrants from outside the EU will also be referenced as third country migrants.

However, despite the possibility of identifying the migrant population in most of the data sources, it is important to take note of the following general limitations in using surveys in monitoring the living conditions of migrants.

- The most important problem relates to sampling. Registers and address lists are often incomplete and persons from the recent waves of migration cannot be captured accurately and therefore they may be missing from the sampling frame. This results in an under coverage of the actual immigrants.
- Even when sampled, non-response rates among immigrants tend to be higher than the average. Language problems, misunderstanding the purpose of the survey and fears of a possible negative impact from participation in the survey on their administrative process affect response rates. Even when a response is provided, the reliability of this information might be affected.
- There are very uneven efforts across member states devoted to cover/monitor immigrants in surveys, which makes comparability an issue, above other 'usual problems' affecting comparative analysis.

- Surveys capture private households only, therefore persons living in collective households and in institutions for asylum seekers and migrant workers are excluded from the target population.

In addition to the general limitations mentioned, the following are the specific gaps on the identified potential data sources:

- The definition of ‘migrant’ will not be uniform across data sources. The individual’s country of birth will be the primary variable used in defining the migrant status of an individual. This variable is available in all the data sources listed in Table 3.1. In the EU-SILC, however, the country of birth variable is only available for individuals 15 years old and above. To identify the migrants among individuals below 15 years old, the country of birth of parents will be used as a proxy to identify the migration status of the individual.
- The migrant identifier is not available in all the available survey years for particular data sources. For instance, the country of birth variable is missing for 2011 in PIRLS and TIMSS. On the other hand, country of birth variable is only available on the latest survey years of ESPAD (2015) and HBSC (2013). Due to this, analysing trends across time for the indicators from these data sources will be limited.
- First and second degree generation migrants can only be identified in some surveys such as PISA, PIRLS and TIMSS. Differentiating migrants from EU member states and migrants outside EU is also only possible for EU-SILC, EU-LFS and ESS.
- As mentioned, there is an intention to differentiate migrants who came from other EU member states and migrants from outside the EU. Given that there are several countries that joined after the starting year of the IPOLIS (2004), the definition of migrants who came from an EU member state and outside EU may not be uniform across years. For instance, Bulgaria and Romania joined in 2007, therefore migrants who came from these two countries will be tagged as migrants outside the EU before 2007 but their classification is changed to migrants from EU member state starting 2007. This is the same with the migrants of Croatia as the country joined the EU in 2013.
- For Estonia, Germany, Latvia and Slovenia, the reporting of country of birth in the EU-SILC is not disaggregated into migrants who came from another EU member state and migrants from outside EU. All migrants regardless of where they came from are reported as ‘migrants’. This will have repercussions for cross-country comparability.

Other available data sources, other than the ones listed in Table 3.1, which contain information about migrants’ quality of life and well-being were also considered. The EU-MIDIS, a survey coordinated by the European Union Agency for Fundamental Rights (FRA), collects EU-wide comparable data on migrants. The survey asks about migrants’ awareness of their rights, as well as the common problems they face such as, experiences on discrimination, criminal victimisation and of policing. In addition, the ICS, which is coordinated by the European Network Against Racism, is another survey that collects information on migrants, specifically their assessment on their aspirations and needs for integration in the areas of employment, languages, civic and political participation, family reunion, long term residence and citizenship. The ICS is still on its pilot stage where only a few countries in the EU are covered – Belgium, France, Germany, Hungary, Italy, Portugal and Spain. These two surveys although it contains information on the quality of life and well-being of migrants in the EU, they do not provide data on a regular basis and therefore cannot be used as data sources for the migrant module of the IPOLIS at this time.

3.4 Robustness check of available data

3.4.1 Checking the number of migrant cases per data source

After checking the availability of migrant identifiers in the potential data sources, a robustness check using selected indicators was performed to further investigate whether these surveys will be a valid data source in building the indicator system structure of the migrant module. The robustness check was only performed in EU-SILC, EU-LFS, PISA, PIRLS, TIMSS and ESS, as these are the surveys where Tarki had access to its microdatasets. Robustness checks will be performed using the other identified datasets – EHIS, ESPAD and HBSC, once Tarki has access to the microdataset of these data sources.

The robustness check includes two steps. The first step is to check the number of migrant cases across data sources. The results of this exercise show that a substantial number of migrants, both coming from other EU member states and from outside the EU, are captured in EU-SILC (see Tables A1a-d in Annex1). From 2004 to 2015, about 4% - 5% of the population are migrants from another EU member state while migrants who came from outside the EU is about 5% - 8%. From 2004 to 2015, the number of migrants per country exceeds 50 cases, except for Romania and Slovakia. In Romania, less than 20 cases of migrants – both for migrants who are from member EU state and migrant who are outside of EU, were identified. In Slovakia, on the other hand, migrants who are from another EU state exceeded the 50 cases threshold but the identified third country migrants are few and in a decreasing fashion, with 71 cases in 2004 to only 10 cases in 2015.

Similar trend can be observed in EU-LFS for the period 2004 to 2016. In general, a substantial number of migrants are captured in EU-LFS, with migrants from another EU member state and third country migrants both comprising 4% to 5% of the population. For all the countries, the number of migrants have exceeded the 50 cases threshold. Although in some of the years in Bulgaria and Romania where migrants from EU and outside EU are less than 50 cases, but if added together the total exceeds the 50 cases threshold.

Likewise in ESS, the migrants who came from another EU member state is about 2%-4% of the population while the third country migrants are about 5%-8%. In ESS however, only half of the countries have satisfied the 50 migrant cases threshold.

As mentioned in the previous section, in PISA, PIRLS and TIMSS, migrants from another EU state and migrants from outside the EU cannot be differentiated. However, first and second generation migrants can be identified. The results of the migrant cases exercise show that for these three surveys, first-generation migrants comprise of 4% - 5% of the population while second-generation migrants have higher share at 12%-15%. In PISA, most of the countries qualified to the 50 migrant cases except for four countries. Poland and Romania did not reach the 50 cases threshold for both the first and second generation migrants while Bulgaria and Slovakia have less than 50 cases of migrants only for the first-generation migrants. There are quite a few countries that are not covered in PIRLS and TIMSS. Out of the 31 countries covered in the IPOLIS, only 21 countries are included in PIRLS and 20 in TIMSS. In PIRLS 2006, Bulgaria, Poland, Romania and Slovakia are again the four countries with less than 50 cases of first-generation migrants, though these number improved slightly in 2016. In terms of second-generation migrants, all countries in PIRLS showed that they have more than 50 cases. On the other hand, in TIMSS, all the 20 countries shows that they have more than 50 cases for both first and second generation migrants, except for Poland.

3.4.2 Checking the number of migrant cases using selected indicators

After investigating the number of migrant cases per potential data source, further robustness checks were carried out to confirm the validity of these data sources. The next step was performed to check whether there are sufficient number of migrant cases per indicator. For instance, for EU-SILC, the

number of migrants who are at-risk-of-poverty were checked whether it exceeds the 50 cases threshold. The complete list of selected indicators and their definition is presented on Table 3.2.

Table 3.2 Overview of the selected indicators

Data source	Indicator	Definition
<u>EU-SILC</u> Statistics on Income and Living Conditions	At-risk-of-poverty	The share of individuals living in households with an income below the at-risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income
<u>EU-LFS</u> Labour Force Survey	Employment rate	The share of employed individuals in relation to the total working population (%).
<u>PISA</u> OECD Programme for International Student Assessment	Low scientific literacy performance	Share of 15 year old pupils who are at level 1 or below on the PISA combined scientific literacy scale (%)
<u>PIRLS</u> Progress in International Reading Literacy Study	Low reading literacy performance	Share of persons aged 10 with low reading literacy performance of pupils (%)
<u>TIMSS</u> Trends in International Mathematics and Science Study	Low math literacy performance	Share of persons aged 10 with low mathematical literacy performance of pupils (%)
<u>ESS</u> European Social Survey	Victim of burglary	The share of individuals who (or any of his/her household members) have been victim of burglary or assault in the last 5 years (%).

For the EU-SILC, the results of this exercise is presented in Annex 2 (see Tables A2a-d).¹³ The results showed that from 2005 to 2016 most of the countries have more than 50 cases of migrants¹⁴ who are at-risk-of poverty. Only a few countries fell from the threshold – Bulgaria, Hungary, Poland, Romania and Slovakia. Romania and Slovakia are expected to have less than 50 cases as they have less than 50 of migrant cases to begin with. In EU-LFS, from 2004 to 2016, only Bulgaria has less than 50 migrants who are employed. In PISA, from 2006 to 2016, 14¹⁵ countries out of the 31 have less than 50 cases of first-generation migrants who have low scientific performance. However, there are lesser counties¹⁶ who have less than 50 second-generation migrants who have low scientific performance. On the other hand, in PIRLS 2006 and 2016, there is no single country that have reached the 50 cases of migrants who have low reading literacy performance, both for the first and second generation migrants. This is also true in the case of TIMSS, no country has more than 50 first-generation migrants who have low math literacy performance for both 2007 and 2015. Only Italy, Slovakia and Sweden have more than 50 cases of second-generation migrants who have low math literacy performance for both years. Lastly, in ESS, there are also no country that exceeded the 50 cases threshold in terms of migrants who were victims of burglary from 2004 to 2016.

After conducting the robustness checks, EU-SILC, EU-LFS and PISA are the final data sources that are utilised in building the building the migrant module of the IPOLIS. Other data sources such as the PIRLS, TIMSS and ESS cannot be used in this module due to the insufficient cases of migrants covered.

¹³ For the other datasets, the results of the exercise are available directly from the authors.

¹⁴ Migrants in this section is referred to as the total of migrants who came from another EU member state and migrants from outside the EU.

¹⁵ Countries with less than 50 cases of first-generation migrants: Bulgaria, Czech Republic, Estonia, Cyprus, Latvia, Lithuania, Hungary, Malta, Netherlands, Poland, Romania, Slovakia, Finland and Iceland.

¹⁶ Countries with less than 50 cases of first-generation migrants: Bulgaria, Hungary, Malta, Poland, Romania, Finland and Iceland.

3.5 The proposed set of indicators

The wide set of indicators that constitutes the current modules of the IPOLIS (children, youth and elderly), along with the indicators under the Zaragoza Declaration can be the starting point in building the indicators in the migrant module of the IPOLIS. The Zaragoza Declaration was adopted by the EU in 2010 to support the assessment of the situation of migrants and to evaluate the outcome of the imposed integration within the EU, through monitoring of a standardised set of migrant integration indicators in the priority policy areas such as employment, education, social inclusion and active citizenship.

Our suggestion for the set of indicators to be included in the Migrant module of IPOLIS is detailed in Table 3.3. This is a restricted set of statistically robust measures with the aim of:

- monitoring the quality of life of migrants in the EU countries and;
- allowing for users to provide both cross-country comparative analysis and benchmark analysis.

The Migrant module of IPILIS will be subject of continuous revision, depending on the progress of the underlying data infrastructure.

Table 3.3 **Proposed indicators for the IPOLIS Migrant module**

Domain	Indicator	Source
1. Material living conditions	At-risk-of-poverty rate after social transfers	EU-SILC
	Relative median poverty gap	EU-SILC
	Persistent at-risk-of-poverty rate	EU-SILC
	Severe material deprivation rate	EU-SILC
	Inability to make ends meet	EU-SILC
	Unmet needs for medical examination	EU-SILC
	Overcrowding rate	EU-SILC
	Housing cost overburden rate	EU-SILC
	Home ownership rate	EU-SILC
	At-risk-of-poverty or social exclusion	EU-SILC
2. Labour market attachment and work life balance	Employment rate	EU-LFS
	Precarious employment rate	EU-LFS
	Self-employment (youth)	EU-LFS
	Unemployment rate	EU-LFS
3. Education and training	Individuals living in low work intensity households	EU-SILC
	Pre-primary education enrolment	Eurostat (administrative registers)
	Highest education attainment level tertiary education (levels 5-8)	EU-LFS
	Participation rate in education and training	EU-LFS
	Low reading literacy performance of pupils aged 10	PIRLS
	Low mathematical literacy performance of pupils aged 10	TIMSS
	Low science literacy performance of pupils aged 10	TIMSS
	Low reading literacy performance of pupils aged 15	OECD PISA
	Low mathematical literacy performance of pupils aged 15	OECD PISA
	Low science literacy performance of pupils aged 15	OECD PISA
4. Health and risk behaviours	Life expectancy at age 65	EU-SILC
	Subjective health status - children	HBSC
	Self-perceived health	EU-SILC
	Obesity (youth, elderly)	EHIS
5. Social connectedness and civic participation	Trade union membership	ESS
	Participation in civic and political action	EQLS
6. Environmental quality and physical safety	Doing unpaid voluntary work	EQLS
	-	-

4. Roma people

The Roma minority is the most vulnerable ethnic minority group in Central and Eastern Europe, and it also experiences multiple disadvantages across Southern and Western Europe. Most of the 10-12 million Roma (or Gypsies)¹⁷ in Europe (European Commission 2011b), suffer discrimination and social exclusion, resulting in a poverty trap that is extremely hard to break and that is then inherited by younger generations. This cycle covers all the important spheres of life: a low level of education, employment characterised by unstable and informal jobs, bad housing and poor health. Roma people face multiple disadvantages that reinforce one another.

Moreover, the Roma are typically a hard-to-reach group, which implies a number of methodological challenges when it comes to surveying the group (Messing 2014). The collection of sensitive personal information, including data on ethnic minorities, is regulated all across Europe. The multiple nature of Roma ethnic identity and centuries of prejudice and exclusion impel many Roma to hide their identity in official situations (such as the census), which makes sampling of a Roma survey unconventional, due to the lack of a reliable sampling frame. Besides sampling, there are other special methodological issues to consider, such as the definition of ‘Roma’: who decides who is Roma, and how does one measure discrimination, so as to ascertain whether the vulnerable situation of the Roma is due to structural reasons or to the discriminatory attitudes of the mainstream environment (or to both)?

The reason for the special attention devoted to the situation of the Roma population is clear: a large group of EU citizens is living in much worse conditions, and with fewer opportunities for upward mobility, than their peers or neighbours. If these people remain excluded, uneducated, jobless and mired in deep poverty, it not only blights their own lives and future chances, but also has a significant impact on life for the majority, through burdens imposed on the welfare system. Hence, the social inclusion of Roma is of the utmost interest to the whole of society. Social indicators based on statistical (and survey) data are essential to provide clear and comprehensive evidence for policy makers. At present, evidence-based policy making aimed at Roma inclusion faces serious limitations, because basic information is lacking about Roma people’s social and economic situation, and the extent to which policies reach out to them is hard to measure in a valid and comparable way. Improving these tools is very topical, as recent decades have seen an increased risk that the Roma could lag behind even further.

The European Commission defines the Roma as follows: ‘The term ‘Roma’ is used – similarly to other political documents of the European Parliament and the European Council – as an umbrella which includes groups of people who have more or less similar cultural characteristics, such as Sinti, Travellers, Kalé, Gens du voyage, etc. whether sedentary or not’ (European Commission 2011c). This definition is formulated in the recognition of ‘Roma’ minorities as a highly heterogeneous group, living in a number of European Member States and having an immense diversity of language use, ethnic identity, tradition, level of inclusion, history, etc.¹⁸

¹⁷ We use the term Roma as an umbrella category embracing a variety of highly heterogeneous groups in terms of language, cultural heritage and identity (European Commission 2011c).

¹⁸ For further discussion on the problems related to this definition, see the extended report by Bernát and Messing (2016).

4.1 Policy contexts of monitoring quality of life and well-being for Roma persons

Although the disadvantaged situation of the Roma has been apparent at the European policy level for decades, it was always regarded as a domestic issue for those countries with a large Roma population, and the EU paid scant attention to the issue before its enlargements in 2004 and 2007. Although the majority of Roma citizens in many old Member States also lived in a vulnerable situation, it did not warrant any major policy measure at the EU level before the mid-2000s. This situation has changed step by step, following the accession of post-communist countries: the EU has been more and more attentive to the promotion of Roma integration, as most European Roma live in the new EU Member States of Central and Eastern Europe. The EU was among the many founding organisations that launched the first European Roma integration initiative – the Decade of Roma Inclusion – as it recognised the importance of the initiative. Later, the EU introduced more initiatives aimed at Roma integration, both directly via the EU Roma Framework Strategy and indirectly via the Europe 2020 Agenda. Here, we briefly introduce major policy initiatives that have aimed at supporting Roma inclusion in the EU Member States.

4.1.1 Decade of Roma Inclusion (2005–2015)

The Decade of Roma Inclusion originally presented a ten-year policy framework that focused specifically on Roma minorities. This was a political commitment by both EU and non-EU European governments (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Macedonia, Montenegro, Romania, Serbia, Slovakia and Spain) to eliminate discrimination against Roma people and to close the gap between them and the rest of society. Prioritising the areas of education, employment, health and housing, the framework committed governments to take account of the comprehensive nature of poverty, discrimination and gender mainstreaming (Decade of Roma Inclusion 2005). It was reinforced by other EU frameworks (presented below).

The Decade was supported by a number of international organisations, including the World Bank, and by a number of programmes of the United Nations, the Council of Europe, the Council of Europe Development Bank, and the Organisation for Security and Co-operation in Europe (OSCE) Office for Democratic Institutions and Human Rights. It operated in partnership with non-governmental organisations, such as the Open Society Foundations and the European Roma Rights Centre. As the original term of the Decade drew to an end.

Among other activities, the Decade sought to draw up a relevant and valid framework for tackling discrimination and poverty among the Roma population, complementing this with awareness raising. The Decade's other important aim was to contribute to the empowerment of Roma minorities by involving representatives of Roma communities in policy discussions that affect their everyday life and social inclusion. It spurred the creation of specialised facilities and the mobilisation of new resources for Roma inclusion. Besides the above, the Decade also initiated, documented and disseminated good practices in the priority areas of education, employment, health and housing. In 2012, the Decade of Roma Inclusion Secretariat Foundation and the Open Society Foundations launched a shadow report project – 'Civil Society Monitoring Reports' – by supporting country teams that work in civil society in eight countries (Albania, Bulgaria, the Czech Republic, Hungary, Macedonia, Romania, Slovakia and Spain) and also, in 2013–2014, coalitions in a further eight countries (Bosnia and Herzegovina, Croatia, France, Germany, Italy, Montenegro, Serbia and the United Kingdom). These country teams drew up monitoring reports on the implementation of National Roma Integration Strategies (NRIS) and Decade Action Plans. These monitoring reports are often more evidence-based than the actual NRISs, and use better indicators (Decade of Roma Inclusion 2013; 2014b)

There are, however, a number of shortcomings identified in the activity of the Decade. These have to do with the overly ambitious mission and vaguely defined priorities that are often reflected in the National Roma Integration Strategies. Another recurring problem is inadequate resourcing, in terms

of human capital and financial sources. This is reflected in the weakness of the programmes, as well as in the lack of an enforcement mechanism, which results in poor monitoring and evaluation, a failure to address structural discrimination, and consequently poor targeting of the minorities (Decade of Roma Inclusion 2014).

4.1.2 Europe 2020 Agenda (2010–2020)

The Europe 2020 Agenda was developed by the European Commission as the EU's strategy for smart, sustainable and inclusive growth (European Commission 2014) and has a relevant but indirect impact on the Roma as a vulnerable social group. Five headline targets have been set for achievement by 2020. These are politically binding and serve as policy anchors: employment; research and development (R&D); climate change and energy; education; and the fight against poverty and social exclusion. Roma people could profit from the achievement of these, especially from those targeting employment, poverty and social exclusion. The Agenda also acknowledges that improved educational qualifications would help with employability and assist in boosting the employment rate among Roma, and so would reduce poverty (European Commission 2010). The European Social Fund (ESF) has also been made available to support the most vulnerable, among them Roma, in an effort to ensure that they are not disproportionately hit by the crisis (European Commission 2010).¹⁹

The central aim of the Europe 2020 Agenda is to confront the economic crisis by ensuring economic, social and territorial integrity, to increase awareness and recognise the fundamental rights of those who live in poverty and face social exclusion. It seeks to enable such people to live a dignified life and to ensure their active participation in society, using targeted support from structural funds, mainly the ESF. Part of its remit was to develop National Roma Integration Strategies (European Commission 2011c), in order to bring a more comprehensive and evidence-based framework linked to the Europe 2020 strategy.

4.1.3 EU Framework Strategy for National Roma Integration Strategies (2011)

The EU Framework Strategy for National Roma Integration Strategies (European Commission 2011b) presents an unprecedented commitment by the EU and participating national governments to focus on Roma minorities and their social inclusion, as well as on contesting the centuries-long discrimination and prejudice that the Roma face in Member States. The Strategy was born from a recognition that the Roma are a large and trans-European minority that has experienced social exclusion for centuries in most of Europe's countries.

Social inclusion is based on ten principles developed by the EU to guide EU institutions and Member States on social development policies, including policies related to the social inclusion of Roma (European Commission 2011a). Although the principles are not legally binding, several Member States have committed themselves to adopting them in their national strategies. The ten fundamental principles include: feasible, pragmatic and non-discriminatory policies; policies that explicitly but not exclusively target Roma population; intercultural approach; general integration; awareness of gender mainstreaming; dissemination of evidence-based policies; use of EU instruments; involvement of regional and local authorities; involvement of civil society; and effective participation of the Roma communities. These principles will be applied in the protection of fundamental rights, in order to combat discrimination, poverty and social exclusion, while supporting gender equality and ensuring access to education, housing, health, employment, social services, justice, sports and culture. However, there is little sign that the fulfilment of these principles is monitored in countries of the NRIS;

¹⁹ Several Member States have defined this group to include vulnerable migrants, refused asylum seekers, illegal immigrants, economic migrants and ethnic minorities, especially Roma people (e.g. the Czech Republic, Ireland, Cyprus, Malta, Poland, Portugal and the United Kingdom).

to the best of our knowledge, no tool has been developed to measure or monitor these basic principles.

The national strategies are tailored to each member state, which coordinates its efforts to close the gap between Roma and non-Roma in the major areas of life (education, employment, healthcare and housing). Although the strategies are developed by individual member states, a coordinated approach and the engagement of the main EU bodies are critical to achieving success in the four main areas of education, employment, healthcare and housing. The EU Framework creates this opportunity for coordination at all levels (international, national, regional and even local), involving all interested parties, including the Roma. Monitoring of the social inclusion of Roma is closely linked to the National Roma Integration Strategies, which called for efforts to develop tools that enable governments and the EU to comprehensively and comparatively evaluate efforts and funds dedicated to Roma inclusion. However, as we will demonstrate, data for evaluation, as well as indicators for monitoring, are scarce and are far from comprehensive (to say nothing of their questionable potential for comparison across the EU). Section 3.2 will elaborate on the indicators used by the National Roma Inclusion Strategies.

4.2 Prior efforts to monitor the quality of life of the Roma - Potential data sources and potential problems

In proposing and constructing indicators, we need to consider what data are available, and also what the advantages and limitations are of those datasets. In this section, we look at the data that are available for constructing indicators of Roma inclusion.

The most obvious source of data is the **census**. However, there are several limitations on the use of national censuses. First, in several countries the category of ‘Roma’ or ‘Gypsy’ does not appear at all (i.e. France, Greece, Italy and Portugal). In these countries, there is a major obstacle to the collection of any data on the Roma/Gypsy population as censuses serve as a baseline of representative samples for subgroups of society.

In most EU Member States, however, censuses include information about the ethnic background of the population, and Roma identity may be indicated by the respondent. Even in these countries, though, census data should be treated with caution, as for various reasons they heavily underreport the Roma (Ivanov 2012). First of all, Roma people are reluctant to declare their ethnic identity because of widespread experience of stigmatisation, discrimination and unequal treatment. Second, a large proportion of Roma possess multiple identities: they identify both as Roma and as members of the majority society (Hungarian, Slovak, German, etc.). Most censuses, however, allow only a single identity to be declared. The Hungarian census of 2011 provides a good example of the impact that allowing multiple identities has on the reporting of Roma identity. In this census, the question on ethnic/national identity changed from the previous census (in 2001) to allow equal dual identification. Partly due to this modification to the question, the number of Roma measured by the census increased by 53% from one census (205,000 in 2001) to the other (315,000 in 2011) (Central Bureau of Statistics 2013). We would argue that census data per se are usually not suitable for constructing comparative policy indicators of Roma inclusion because of these limitations, and also because the census takes place only every ten years. However, census data on the Roma (where such data exist) provide the best source of information about the geographical, gender and age distribution of the Roma, and thus offer the best baseline against which surveys representing the Roma may be constructed (FRA 2012).

Another – probably the most important – potential source of data for assessing the social inclusion of Roma comes from the **national surveys** conducted in individual Member States and, in a comparative manner, across Europe. The practice of surveying their Roma populations varies greatly across EU Member States: some countries have been conducting surveys since the early 1970s to investigate the level of social inclusion and the experiences of Roma people, but in most countries

no such surveys were conducted at all. There is no account of Roma surveys available, but we know of recurring representative surveys in Hungary (Kemény et al. 2004); a registry of the Roma population in Slovakia; several surveys on the living conditions of the Gitano in Spain (Fundació Secedariado Gitanol); a survey providing good coverage of Roma in Romania (Fleck and Rughinis 2008); and a comparative non-representative survey in Spain, Bulgaria, Romania and Italy.²⁰

There are, however, larger, cross-country comparative surveys available about the living conditions of Roma populations. The first such surveys were conducted by the United Nations Development Programme (UNDP) in two waves. The first was carried out in 2002 and a remarkable study was published on its findings, entitled *Avoiding the Dependency Trap* (UNDP 2002; also a downloadable dataset). This covered five Central-Eastern and South-Eastern European countries (Bulgaria, the Czech Republic, Hungary, Romania and Slovakia), each of which investigated the socio-economic situation of its Roma population. The second wave was carried out in 2004 and 2005 and involved more countries from the region (Bulgaria, Croatia, the Czech Republic, Hungary, Macedonia, Romania, Slovakia and Serbia; Montenegro and Kosovo are included separately). It resulted in a comprehensive analysis entitled *Vulnerable Groups in Central and South Eastern Europe* (see UNDP 2005; also a downloadable dataset).

The successors to these two surveys were two other similar surveys that were carried out at the same time (2011) and had many identical features: the United Nations Development Programme/World Bank/European Commission (UNDP/World Bank/EC) regional Roma survey, and the Fundamental Rights Agency (FRA) Roma pilot survey. These surveys have made a great contribution to the analysis of the conditions and vulnerability of the Roma population. They were based on updated data and compiled the largest set of data ever gathered on the Roma. Both surveys were conducted in May–July 2011 on a random sample of Roma and non-Roma living in areas with a high density of the Roma population. They covered partly the same set of countries: the UNDP/World Bank/EC regional Roma survey involved 12 countries (the five EU Member States of Bulgaria, the Czech Republic, Hungary, Romania and Slovakia; the then-candidate member Croatia; and six non-EU countries in the Balkans: Albania, Bosnia and Herzegovina, the Former Yugoslav Republic of Macedonia, Montenegro, the Republic of Moldova and Serbia); meanwhile the FRA Roma pilot survey covered 11 EU Member States (Bulgaria, the Czech Republic, Hungary, Romania, Slovakia, France, Greece, Italy, Poland, Portugal and Spain) (Brüggemann 2012: 14).

All the above-mentioned UNDP surveys (from 2002, 2004 and 2011) and the FRA survey of 2011 were carried out among Roma and the non-Roma people living in close proximity to them. This sample design relied on the principle that the majority population living in the same neighbourhood as a Roma population tends to experience the same socio-economic environment, and can therefore serve as a benchmark against which to measure the situation of the Roma. However, this means that relatively well-off Roma are underrepresented in the surveys, since Roma respondents were sampled from areas where the proportion of the Roma population is at least the average level measured by national censuses. The UNDP/World Bank/EC and the FRA datasets are relevant and inclusive in terms of their themes, and five of the countries (the Czech Republic, Bulgaria, Hungary, Romania, Slovakia) were covered in both surveys. In addition, the surveys took a sample of both households and individuals and inquired about a wide range of themes (promoted by the Roma Decade and the EU Roma Framework) that related to the social and economic situation of the Roma population – specifically their living conditions, income, employment, education and schooling, housing and health, and interaction with other ethnic groups and political representation (UNDP/World Bank/EC 2012; FRA 2012). These are also the most up-to-date datasets available; however, a new wave of these surveys is in preparation by the FRA within the framework of the project EU-MIDIS 2.

20 EU Inclusive: Data transfer and exchange of good practices regarding the inclusion of Roma population between Romania, Bulgaria, Italy and Spain (see Tarnovski 2012).

Both the surveys, as well as Roma surveys in general, struggled with the following issues, and yielded different answers:

- *Representativeness*: constructing a representative sample of the Roma population. The key barrier is the lack of a baseline against which representativeness can be defined. In several countries, even the census does not include a category for ‘Roma’ or ‘Gypsy’ (to say nothing of any subgroups). In any case, for various reasons explained in Section 1.4, censuses typically underestimate the share of Roma people, and are therefore generally imperfect sources for sampling. Depending on the method used to overcome the problem of how to construct a ‘Roma’ sample, the surveys may cover very different population segments (Messing 2014).
- *The definition of who is considered ‘Roma’* depends on how surveys operationalise the category of ‘Roma’, and they may arrive at very different results in terms of basic indicators, such as employment rate, level of education, housing conditions, etc.
- *Protection of sensitive data*. Ethnicity is regarded as sensitive data, to which stricter professional standards apply. There is a large variety of legislation on data protection in the EU Member States, and different institutions may also have varying interpretations of these regulations when it comes to constructing a survey sample and collecting, managing and storing data on ethnic background.

Data for indicators on the social inclusion of the Roma population would potentially be available if **large-scale European-wide mainstream surveys** (Labour Force Survey (LFS), EU Statistics on Income and Living Conditions (EU-SILC), the European Social Survey (ESS) or the Programme for International Student Assessment (PISA)) included data on the ethnic background of each respondent. This would provide a very good and comparative source for inclusion indicators – not only across European countries, but also between the Roma and non-Roma populations in individual countries. Hungary has adopted this approach and is piloting a question in its LFS on the ethnic background of the respondent, allowing also for dual identification. We regard this as an innovative but still isolated practice in Europe.

4.3 Recommendation for indicators to measure the quality of life of the Roma

4.3.1 Indicators applied by National Roma Inclusion Strategies

Apart from Malta, all EU member states submitted National Roma Integration Strategies (NRIS) in 2011-2012. These strategies, however, vary considerably in their structure and contents (and consequently in their length and level of elaboration), as well as in the quantity and quality of the data and indicators they use. For this paper, we examined the NRISs of 20 EU member states, in order to explore and compare the quality and quantity of the data and indicators they used. One of the conclusions of our analysis of the National Roma Integration Strategies is that they are almost impossible to compare. Although most of them focus on the key areas of integration defined by the EU – education, employment, housing, health, poverty and discrimination – they are utterly divergent in their content, as well as their quality. This conclusion also applies to comparison of the indicators used in any part of the strategies; hence the possibility of comparing indicators applied to describe the challenges facing Roma inclusion across the EU member states is very limited.

Our comparison of indicators used by NRISs covers almost all EU member states: only a few countries that have no significant Roma population were excluded (although a number of countries with very small Roma populations were included, in order to paint a comprehensive picture). The countries involved were: Belgium, Bulgaria, Croatia, the Czech Republic, Finland, France, Germany, Greece, Hungary, Ireland, Italy, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom. We applied a rather broad definition of ‘indicators’: we

collected any information that adds in any meaningful way to our knowledge of the quality of Roma people's life or that is linked to past, current or proposed policy measures in various social domains (demography, education, employment, housing, health, poverty/income, discrimination), so long as that information has been or could be converted into statistical data. This approach, of course, is far broader than a conventional 'social indicator' definition, but it allows us to gain a more complete picture of how member states approach policies that target their Roma populations.

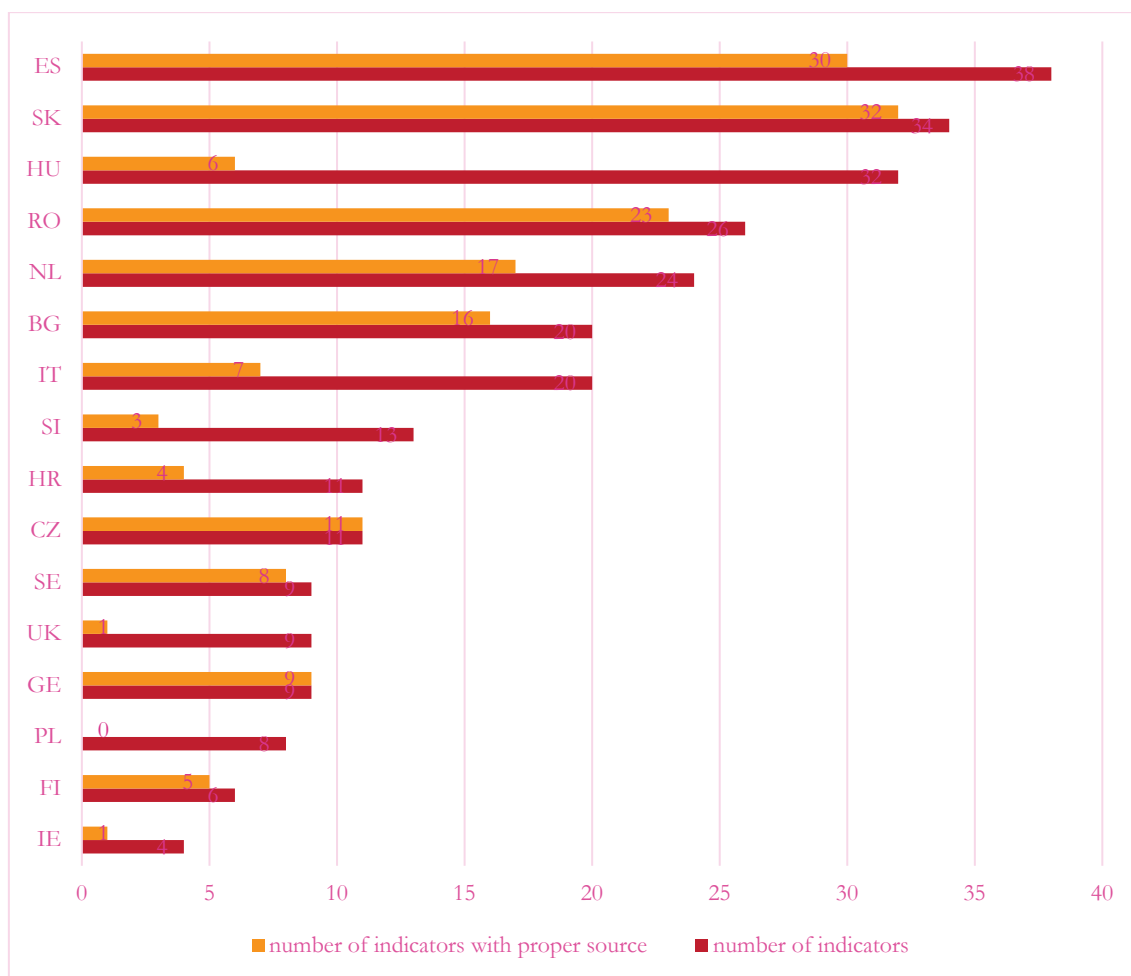
Of the 20 countries examined, four (France, Germany, Belgium and Portugal) did not use indicators in an assessable manner (they either did not use indicators at all, or provided a maximum of just two). Thus, it was impossible to analyse these countries' NRISs with respect to the indicators and data sources they applied. Hence, we excluded the NRISs of these Member States from our study.

The reason for the lack of indicators or any statistical data in the NRISs is similar for both France and Germany, both of which identify Roma inclusion as part of general inclusion policies, and believe that Roma integration should be achieved exclusively through mainstream programmes; thus they implicitly reject the need for ethnically targeted programmes that address the Roma. France's NRIS is in fact not a strategy, but rather an integrated set of policy measures incorporated into the country's social inclusion policies, without the identification of any indicators. Similarly, the German NRIS states that a specific Roma strategy is not required in Germany; and nor is a national strategy necessary for those foreign Roma who arrive in Germany as immigrants or refugees and have the right to permanent residence, since they have access to the same integration programmes as other groups of foreign nationals. In addition, the German NRIS highlights the fact that no statements can be made about the educational, housing or health status of German Sinti and Roma or foreign Roma, since the relevant data are not collected in official statistics on the basis of ethnic origin. Portugal also alludes to the scarcity of information on Roma communities; it intends to conduct a broad study, in order to collect relevant information for defining and implementing suitable policies for Roma inclusion. These strategies highlight a major challenge – lack of suitable data – to designing and monitoring Roma integration policies that is not exclusive to these four countries.

The NRISs from the remaining countries that we could analyse are still extremely varied in terms of the quantity and quality of the indicators they use. Altogether we identified 272 indicators in the 16 NRISs. Looking at the most essential aspect, the number of statistical indicators ranges from four in Ireland and six in Finland, to over 30 apiece in Spain, Slovakia and Hungary; this clearly reveals how different approaches were applied by the Member States in elaborating their Roma strategies. Not surprisingly, countries with a larger Roma population use more indicators (Spain, Slovakia and Hungary: at least 30; Romania, Bulgaria and Italy: at least 20), but there are notable exceptions. On the one hand, the Netherlands should be highlighted because of the high number of indicators that its NRIS used (24), despite the low number and share of its Roma population (compared to Eastern and Southern European countries). At the other end of the scale we find the Czech Republic and Greece utilising fewer indicators (11 and 9, respectively) when detailing their Roma inclusion strategies, despite the rather significant Roma population in these countries (Figure 3 and Annex).

Although the number of indicators used in an NRIS could be seen as a proxy that suggests the level of elaboration and the attention paid to the issue of Roma inclusion in a particular country, these pure numbers conceal a lot of qualitative differences among countries. Most of the countries published exact numeric figures as indicators, but in a number of cases only rough figures (in percentages) or proportions were presented. The most extreme in this regard is Sweden, which mentions only rough proportions, instead of exact numeric figures, in connection with all the indicators that appear in the Swedish NRIS.

Figure 3. Number of indicators used in National Roma Inclusion Strategies (2011) in 16 EU Member States



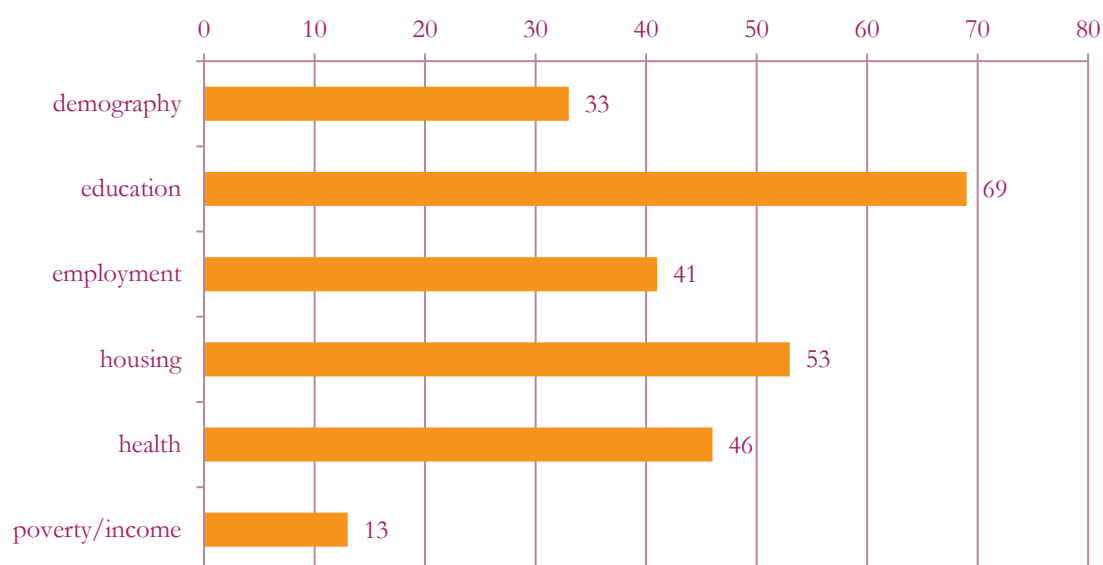
Source own compilation from National Roma Inclusion Strategies (2011-2012)

One of the issues we studied concerning the quality of indicators used in NRISs was whether proper references to data sources were provided. Slightly more than half of the indicators (57%) in the 16 NRISs had a more or less proper reference;²¹ for the remaining 43%, only very unclear or no data sources were mentioned. In this regard the Czech and Greek NRISs performed best: these two countries included references for all the indicators they used; however, the total number of indicators was low in those countries. The Slovak, Bulgarian, Finnish, Swedish and Spanish NRISs published at least 80% of their indicators with a proper reference to its data source. Poland should be highlighted, as it has no proper sources indicated for any of the indicators mentioned in the Polish NRIS; but certain other countries (such as the UK, Ireland, Slovenia and Hungary) are in a similar position, having published their indicators with at most 25% having a proper reference or source.

The number of indicators by domain also varies significantly (Figure 4). Most indicators cover the field of education: every fourth indicator (N=69) focuses on this domain. It is followed by housing (N=53), health (N=46) and employment (N=41) – i.e. approximately every fifth or sixth indicator covers one of these fields. Other indicators, representing domains like demography, poverty or discrimination, are less frequently referred to.

²¹ Here we applied a less strict method in deciding which references are 'proper': not only those with complete publishing information (name of the dataset/survey or the title of the report/book, etc.; name of the author(s), if any; date; publisher; link, etc.), but also those with enough information given to find them.

Figure 4. Number of indicators by domains used in National Roma Inclusion Strategies (2011) in 16 EU Member States



Source own compilation from National Roma Inclusion Strategies (2011-2012)

In sum, these documents use indicators in an unsystematic fashion: the data sources and the reliability (and actual content) of the indicators are not always explicit and transparent, and they are not comparable across countries at all. We might also look at whether they refer to the source of the data; whether they use the data in a critical way (validity); and whether the indicators are suitable for designing inclusion policies at all. In the domain of employment, many of the forms of work performed by the Roma (informal, irregular, unreported, in kind, etc.) are not captured by classic employment indicators; these need to be broadened out in order to measure Roma inclusion.

On the basis of the lessons learned from the indicators used in these policy documents, we can say that better and more transparent (and valid) data are needed. More precisely, the indicators should be constructed in a way that reflects the actual issues and challenges that policies should respond to. Also, we may conclude that although there are huge discrepancies and considerable doubts about the validity of data sources for indicators, this should not justify the lack of effort invested in constructing better – i.e. more reflective, more valid and more comparable – indicators.

4.3.2 An example of Roma-focused indicators: The Roma Inclusion Index of the Decade of Roma Inclusion Secretariat Foundation

The Decade of Roma Inclusion Secretariat Foundation drew up a set of indicators to measure the progress of Roma inclusion according to the priorities of the Roma Decade (Decade of Roma Inclusion Secretariat Foundation 2015). The aim of this project is similar to ours; but there are some notable differences, too.

The similarity is that both the Roma Inclusion Index and our project aim to identify relevant indicators regarding Roma inclusion that are comparable across countries. One major difference between the two indicator initiatives is that, aside from drawing up indicators, the Roma Decade intends to gather data and present the values of the indicators, by country, from existing datasets, which is not the aim of our current work. Another difference is that while the Roma Decade project is built solely on existing data, we propose additional data sources that are not yet appropriate for indicator building in the field of Roma inclusion. By extending these large-scale data collections (such as EU-SILC or LFS) using variables on the ethnicity of the respondent, it should be possible to end up with more

reliable data sources that can serve as a basis for elaborating Roma indicators. Finally, the coverage of the topics also represents a difference between the two similar initiatives, as the Roma Inclusion Index follows the progress of the Roma along the areas highlighted in the Roma Decade (employment, education, health and housing, with the cross-cutting areas of non-discrimination, gender equality and poverty reduction), whereas our project covers these topics, but also other important domains, such as demography, inclusive environment and empowerment, with the cross-cutting areas of gender, age and settlement type.

Since the aims and the coverage of the domains of the two indicator projects overlap, a number of the proposed indicators are the same. Clearly, both projects also aim to take account of those social indicators that are currently widely used in the EU.

As already mentioned, there are some inherent challenges related to statistical data collection on the Roma population all over Europe. The main barrier to statistically appropriate Roma surveys is the lack of proper baseline statistics adequate to construct representative samples for each member state; thus Roma surveys in general cannot meet all the requirements of representativeness. One of the main reasons for the lack of such baseline statistics is the protection of sensitive data, including data on ethnicity in EU countries in general. Furthermore, the lack of consensus among scholars, politicians and lawyers on the central question of ‘Who are the Roma?’ also hampers the elaboration of proper Roma surveys. In general, potential data sources of proper indicators, based on statistical data in the field of Roma inclusion, should meet the followings requirements:

- they should be based on representative sampling;
- they should be comparable across countries;
- they should be comparable with non-Roma/total population;
- the sample size should be sufficient for the Roma subsample;
- they should be available in all/most Member States.

Ideal data sources are national censuses, cross-country Roma surveys like the FRA/UNDP surveys (but only if it is possible to create from these Roma surveys general, widely used indicators that are designed for the overall population) and large-scale comparable EU surveys such as LFS or EU-SILC (if a variable on (multiple) ethnicity or Roma identity is available). The main reason why the Roma should be included in such large-scale EU surveys is that they are the only minority group that can be found in almost all EU Member States, and most of them – in whatever country – live in poor and vulnerable conditions; therefore involving them in these surveys would be meaningful.

Moreover, ideal datasets provide both individual and household data: some of the relevant domains require household-level information, and in some cases, such as income or work intensity, individual information on all household members (or just those of active age) is also required.

In what follows, the proposed Roma inclusion indicators will be presented by domain. In this paper, we consider only those indicators that can be produced from population surveys and the census. We have excluded data sources collected by state authorities (ministries, government bodies), because these vary greatly across countries in terms of their structure, their quality and their content. These data, although they could be very useful sources, follow the logic and principles of the given authority, and can rarely be compared to other types of data. In addition, they are seldom (if at all) available for purposes of research.

In the following sections, the cross-cutting categories for indicators in each domain are gender, age and settlement type of the individual or the household. It should be noted that the set of indicators below are only proposals and merely constitute an ideal for Roma indicators, taking the actual conditions and available datasets into account as far as possible.

4.3.3 A good practice to monitor the quality of life of the Roma: Ethnicity variables on major HCSO run surveys in Hungary²²

The ethnicity variable is part of Hungarian Census since 1941, although its wording has been subject to change time to time. For the last Census (2011) and Microcensus (2016), a double question on ethnicity was asked, allowing therefore for an expression of a double identity. Answers to questions on ethnicity are not compulsory.

After a one-year pilot on LFS (2013) and EHSIS (2012), HCSO included these double identity questions on all other major Eurostat coordinated, non-mandatory surveys (e.g. EU-SILC, AES).

This initiative makes it possible to cover the most important indicators of poverty, living conditions and quality of life for the Roma under the same methodological background and on the same data source as for the overall population.

We see this initiative as far the best method to monitor the situation of the Roma across the EU in the field of poverty, social exclusion and quality of life.

A paper on diversity data collection practices in OECD countries (Balestra and Fleischer 2018) includes the information on ethnic identity variables in various surveys.²³ Table A.3 of this paper reveals that in some of the Central and Eastern European countries (besides Hungary, in Poland, Slovakia and Bulgaria) the ethnic identity variable(s) is part of the census, or even of the EU-LFS (in Slovakia). In other countries, not part of the OECD at the time of the survey, like Romania, the practise also exist. Therefore, there is an existing ground for providing indicators in a similar way like the existing practice in Hungary. In the followings, we are making a recommendation on a set of indicators to be included in IPOLIS when the underlying data infrastructure will allow for such an extension. When providing this proposal, we not only rely on the existing data collections, but also take into consideration the opportunity to improve this data infrastructure, most notably by including ethnic identifiers on relevant Eurostat coordinated surveys. In these terms, these proposal is a mix of recommendations that are strictly data driven and those that lead us to the achievement of a quasi-ideal monitoring situation.

4.3.4 Proposed indicators for IPOLIS

4.3.4.1 Material living conditions

Poverty and social exclusion

The poor conditions in all the social factors presented above directly or indirectly lead to inadequate income, poverty and social deprivation, and Roma people in general are more affected than the majority population in all those countries where Roma live. In the area of income and poverty, all the proposed indicators could rely on EU-SILC if it included a variable on ethnicity, even if the sample size were too small to isolate the Roma in some questions. FRA EU-MIDIS 2 could be an alternative to some extent, but only if the indicators were calculated in line with EU-SILC definitions, so that the situation of the Roma and the majority population could be properly compared.

Indicators proposed:

POV1: At-risk-of-poverty rate (threshold: 60% of equivalised household median income)

POV2: Severe social deprivation rate

POV3: Lack of proper food due to the lack of resources

POV4: Lack of proper heating due to the lack of resources

POV5: At-risk-of-poverty or social exclusion rate (EU2020 target - AROPE)

²² This short section is based on the presentation of Natalie Jamalia (HCSO) entitled 'Ethnicity variable in the social surveys of the Hungarian Central Statistical Office' at the InGRID-2 expert workshop on *Methods and data infrastructure to measure the quality of life of various vulnerable groups: extending IPOLIS*, held in Budapest, on 25-27 April 2018.

²³ We are grateful to Carlotta Balestra for trying our attention to this paper.

Potential data source: EU-SILC (if it includes ethnic data); FRA EU-MIDIS 2.

Housing

Decent housing is a fundamental right. But poor households, including Roma, often dwell in sub-standard housing, with poor neighbourhood or settlement infrastructure. The poor housing conditions are very often embedded in an economically and ethnically segregated neighbourhood, in which the various types of disadvantage enhance each other. It is hard to measure these disadvantages using statistical tools, as they appear at different levels: the household and the neighbourhood/settlement level. Some of the relevant data on Roma housing are generally available in censuses. In addition to the census, EU-SILC could provide relevant data on housing conditions, but the recurring barrier regarding EU-SILC is that there is no information on ethnic background; furthermore, the sample size is too small to glean data on the Roma. Therefore, we need to rely on survey data; but again, these data are not totally representative, since most of the surveys overrepresent Roma living in a segregated environment.

HOU1: Settlement type at NUTS4 level

HOU2: Type of housing

HOU3: Segregated vs integrated environment (self-estimated share of Roma households in the neighbourhood/settlement)

HOU4: Overcrowding rate (room/person) – adequate personal space

HOU5: Housing cost overburden rate

HOU6: Households without basic facilities (water, electricity, type of heating, sewerage, bathroom, kitchen, etc.)

HOU7: Inadequate housing conditions (e.g. leaking roof)

Potential data source: Census, FRA EU-MIDIS 2; EU-SILC if it includes a variable on ethnicity.

4.3.4.2 Education

Education has a central role to play in the process of the inclusion of the Roma, and therefore special emphasis should be placed on progress in education. Most of the indicators relevant in this field are identical to the mainstream EU indicators and thus provide an opportunity for comparison between Roma and non-Roma. Only a few indicators should be devoted to issues specific to Roma people, such as school segregation and home schooling. Educational indicators should be divided by life-cycle into adult and children sections, like the mainstream education indicators used in the EU.

Indicators for adults

School systems differ significantly, which makes comparison of educational levels very difficult. Indicators on the number of school years completed and the educational level attained according to the International Standard Classification of Education (ISCED) are the two options that may be compared across countries. The first is much easier, but raises issues of comparison: would kindergarten or pre-school count (e.g. in some countries, the last year of kindergarten serves as pre-school)? Does adult education or non-formal education (training) count? What about drop-outs returning to school? ISCED, on the other hand, gives a picture of actual qualifications and raises fewer questions; thus it seems to be a more practical indicator from the point of view of comparison across countries, as well as between Roma and non-Roma. Though ISCED provides less-detailed information than the number of years at school, ISCED levels also explain a lot about the educational career of the Roma and about the gap between Roma and non-Roma.

Indicators proposed for adults:

EDU1: Educational levels by ISCED categories

EDU1.1: Share of those with no primary education (ISCED 0)

EDU1.2: Share of those with only primary education (ISCED 1)

EDU1.3: Share of those with lower secondary education (ISCED 2)

EDU1.4: Share of those with vocational qualifications

EDU1.5: Share of those with upper secondary education (ISCED 3)

EDU1.6: Share of those with tertiary education (ISCED 4) and above

Potential data source: EU-LFS (if it includes a question on ethnicity); census where ethnic data is collected; in other countries: large-scale surveys.

EDU2: Share of illiterates

Potential data source: census where ethnic data is collected; in other countries: large-scale surveys or FRA EU-MIDIS 2 survey.

Indicators for children

Many of the data on the education of minors are produced by state authorities. However, they usually do not include information about the ethnic background of the child. Thus, the suggested indicators below may be produced on the basis of population surveys. This, however, raises another barrier: for methodological reasons, comparison across countries is difficult. The census does not include data specifically on education. Therefore, we need to rely on survey data, which are not totally representative; but we at least know what kinds of biases are inherent in them (e.g. overrepresentation of socially marginalised families).

Indicators proposed for children and young persons:

EDU3: Share of participation in early childhood education, kindergarten

EDU4: Average age of entering institution (early childhood education, kindergarten)

EDU5: Average age of starting primary school (ISCED 1)

EDU6: Share of 'home-schooled' children

EDU7: Share of children in segregated school setting

EDU8: Share of children in special classes/schools (designed originally for disabled children with special needs)

EDU9: Share of those aged 15 and above continuing in upper secondary education

EDU10: Share of early school leavers; as defined by Eurostat

EDU11: Drop-out rate (share of children who dropped out of school before they reached the official school leaving age, as defined by the given country)

EDU12: Share of those aged 18–24 who are not in education, employment or training (NEET)

Potential data source: FRA EU-MIDIS 2.

4.3.4.3 Employment

Generally speaking, the workforce in Europe is shrinking, mainly as a result of demographic changes. In addition, the EU has around 80 million people with low or basic skills, indicating that they earn lower returns than better-educated people. This group includes the majority of Roma in almost all the countries where they live. Sources of reliable data in the field of employment are also limited. Censuses in most EU Member States do not include such information; the EU-LFS and EU-SILC do, but there is no information on ethnic background to be derived from the EU-LFS. Therefore, we need to rely on survey data, which, though not totally representative, do highlight basic patterns and problems. However, this also highlights the urgent need to include ethnicity in the EU-LFS and EU-SILC, in order to acquire better data on the situation of minorities.

Indicators proposed:

EMP1: Employment rate (aged 16 to 64)

EMP2: Unemployment rate (aged 16 to 64 who are economically active)

EMP2: Formal employment rate: share of those aged 16 to 64 who are economically active and have a formal work contract

EMP3: Share of those aged 16 to 64 who perform any in-kind work (housework, helping friends, etc.)

EMP4: Share of those individuals aged 16 to 64 receiving unemployment benefits

EMP5: Share of those individuals aged 16 to 64 who participate in any active labour market policy (ALMP) initiative (public works or activation schemes)

EMP6: Share of the self-employed in the active population aged 16 to 64

EMP7: Work intensity

Potential data source: FRA EU-MIDIS 2; EU-LFS, EU-SILC if they include a variable on ethnicity.

4.3.4.4 Health

Research clearly shows that life expectancy and the health condition of the Roma population are far worse than the majority society in most countries where Roma live. Poor health might be both the cause and a consequence of the Roma population's poor social status – covering unhealthy nutrition and housing conditions, less ability to access healthcare provisions and the necessary medicines, and also the damage caused by smoking and alcohol consumption. The EU's health-specific data source – the European Health Interview Survey (EHIS) – would be a good source of information if it included data on ethnicity. The same applies to the EU-SILC, which includes some questions that are also relevant to Roma health. FRA EU-MIDIS 2 is a third possibility: in this case, the Roma focus is evidently available, but the sampling and the set of health-related questions are more problematic.

Indicators proposed:

HEA1: Share of population aged 16+ with chronic disease or disability (EU-SILC)

HEA2: Smoking and alcohol consumption

HEA3: Access to healthcare

HEA4: Ability to access/buy medicine

HEA5: Unmet needs (EU-SILC)

Potential data source: FRA EU-MIDIS 2; EHIS and EU-SILC if they include a variable on ethnicity.

4.3.4.5 Inclusive/discriminatory environment

The poor social situation of the Roma population derives from both structural factors and discrimination. Indicators related to a wide range of structural factors have been discussed above. In most cases, it is proposed that these indicators should be based on databases (e.g. censuses, EU-SILC, LFS – all of these only if an ethnicity variable is also available; FRA EU-MIDIS 2) that allow a controlled comparison between Roma and non-Roma. As well as this indirect measurement of discrimination, direct indicators can also be applied (e.g. based on the experience of discrimination reported by the respondents). However, discrimination can also be measured in a less direct way, as it appears in various forms in everyday life; thus 'inclusive or discriminatory environment' is a more appropriate approach to measuring the interpersonal relations of social inclusion than the term 'discrimination' itself. For example, indicators on interethnic support networks or access to basic services are also essential to reveal hidden patterns of discrimination and to provide a wider aspect of inclusive/exclusive social environment.

Indicators proposed:

INC1: Experience of discrimination in the past 12 months

INC2: Interethnic support network: number of Roma and non-Roma friends

INC3: Attitudes towards Roma of the majority in the local community

INC5: Access to institutionalised provisions/services

INC5.1: Access to support (benefit) for the unemployed

INC5.2: Participation in active labour market policy programmes

INC5.3: Support with learning difficulties for children/extracurricular activities in education

INC5.4: Support for mothers with young children

INC5.5: Access to legal aid

Potential data source: FRA EU-MIDIS 2; ESS.

4.3.4.6 Empowerment

Empowerment of vulnerable social groups and ethnic minorities, such as the Roma, usually receives less emphasis in policy discourse, especially in discourse on how to measure the quality of life of these groups by using social indicators. Political participation is still one of the most widely used indicators in this domain; but a distinction should be drawn between active and passive forms of participation, and such an approach is less widespread in Roma surveys. Empowerment is closely linked to the issue of identity, with an emphasis on both positive and negative feelings related to identity. Knowledge or use of the Roma language would seem to be a fitting indicator to measure identity directly; but measuring identity solely on the basis of knowledge of the Roma language would be misleading, as in some Member States the proportion of Roma-language speakers is small, even though these people might have a strong Roma identity. There are some other possible indicators that in theory seem appropriate, but in practice present difficulties with measurement (such as the indicator on civil activity in minority issues). In some Member States with a significant Roma population, civil activity within the population as a whole is still very low, and this leads to inadequate sample size on such questions. Data sources on empowerment are scarce in general, and thus improvement in data collection is highly recommended. Nevertheless, some comparable datasets (such as FRA EU-MIDIS 2 and ESS) do provide some information on these questions. As supplementary data sources, information from equal-opportunity authorities and election office data on minority representatives and voting in minority elections (in countries where that is applicable) would make a great contribution. However, what is at issue is a cross-country comparison, and therefore our proposals do not build on such data sources.

Indicators proposed:

EMW1: Political participation (active and passive)

EMW2: Positive–negative identity

EMW3: Knowledge/use of Roma language

EMW4: Existence/lack of media channels for ethnic minorities/the Roma

EMW5: The share of Roma employees in the mainstream media

Potential data source: FRA EU-MIDIS 2; ESS (R8).

4.3.4.7 Context variables: Demography

Indicators proposed:

DEM1: Number and share of Roma population

There are a number of problems related to this essential indicator. One important limitation relates to the issue of how ‘Roma’ category is conceptualised and who is regarded as Roma. Do the data reflect self-identified Roma, or do they also include those people regarded by the direct environment as Roma? Ethnically, the first approach is more acceptable; but if we are concerned with policies that target discrimination and racism, then the actual target of such policies should be those that are regarded as Roma by the out-group. These two distinct approaches to conceptualising the category of ‘Roma’ may lead to highly divergent indicators with reference to the number/share of the Roma population.

A further dilemma – also described above – relates to the multiple identities of Roma in many countries. Data should reflect the historical fact that many of Europe’s Roma identify as much with the mainstream society’s national identity as with their Roma ethnic background. Applying multiple identity questions in surveys or censuses is a proper method to resolve this issue.

A third dilemma regarding the conceptualisation of the category of ‘Roma’ relates to the fact that identity is rooted in various intersecting factors, such as language, tradition, cultural identity and race. Which of these constituents (or their intersection) serves as the basis of defining ‘who is Roma’, and consequently how many Roma live in a country?

Based on these dilemmas, several scholars question whether the ‘Roma’ population in Europe can actually be counted.

Other demographic data may be derived from censuses, because even though they significantly underestimate the Roma population, still the distribution by age, gender and other demographic traits reflects the reality quite well.

Potential data source: census where ethnic data are collected; in other countries: large-scale surveys.

DEM2: Age structure

The importance of this indicator lies in the fact that the age pyramid of the Roma and of the non-Roma populations differs greatly in most countries. One issue for consideration concerning the age structure is the categories for use. We propose to include a more detailed categorisation for children than the 0–6 and 7–16 (or 18) generally used. We argue for the need to split children into several age groups (0–3; 4–6; 7–12; 13–18) because of the relatively high proportion of young children within the Roma. Moreover, a more detailed categorisation is essential for policy-making purposes. A vital sphere of policies relating to Roma inclusion has to do with children – more specifically, early childhood development and the empowerment of mothers with young children. Other policies aim at the inclusion of socially disadvantaged children in early childhood education and the ‘shepherding’ of children from Roma families into kindergarten and pre-school as early as possible. Primary and lower secondary schools are also key areas for Roma inclusion policies, while a focal point of inclusion policies relates to the reduction in early school leaving. Young people (16–24) should be treated separately in terms of effects on policy design on youth unemployment and active labour market policies that target early-career youth. These aspects need to be taken into account when age categories for indicators are defined.

Potential data source: census where ethnic data are collected; in other countries: large-scale surveys.

DEM3: Number and share of migrant (non-citizen) Roma

Roma migration from the new EU Member States to older Member States has become an issue in the past decade, especially since the EU accession of Romania and Bulgaria. It is important to have information on the extent and nature of such migration, but there is hardly any source for producing reliable, valid and comparable indicators on migration.

Potential data source: There are two questions in the FRA Roma survey about migration expectations; LFS or EU-SILC, if they include (multiple) questions on ethnicity.

DEM 4 Number of children

DEM4a: Fertility rate of adult women or

DEM4b: Number of children per adult woman or

DEM4c: Number of children per household

This key demographic indicator may be deduced from census data. Generally speaking, we know from statistics that Roma women have higher fertility rates than exist within the general population of European countries. Still, there is very little information about the extent to which the fertility rate among the Roma exceeds the trends of the population. Also, there is little knowledge about the causes of high fertility rates: is it due to the general demographic rule about the level of poverty and the number of children, meaning that poor families tend to have more children, or is it due to some cultural characteristics? Also, the geographic distribution of fertility rates may be an important factor for policy.

Potential data source: census where ethnic data are collected; in other countries: large-scale surveys.

DEM5: Average life expectancy

This key demographic indicator may be deduced from census data. In general, the statistics show significantly lower life expectancy in the Roma population than in mainstream society. In Hungary, for example, the difference is approximately ten years. The reasons underlying this huge gap include poverty, poor health and higher child mortality.

Potential data source: census where ethnic data are collected; in other countries: large-scale surveys.

5. Institutionalised people

5.1 Policy contexts of monitoring quality of life for persons living in institutions

In this section, we review the main policy achievements in the area of the rights of persons living in institutions. Since policies rarely address the institutionalised population as a whole, in what follows we discuss three subgroups of this heterogeneous population: institutionalised children, disabled persons living in institutions, and elderly institutionalised persons.

Children living in institutions:

1989: Article 9 of the Convention on the Rights of Child, adopted in 1989, states that children should not be separated from their parents against the will of their parents, ‘except when competent authorities subject to judicial review determine, ... that such separation is necessary for the best interests of the child’.

2005: The Committee on the Rights of the Child held a day of general discussion on 16 September on ‘Children without parental care’.

2009: The Guidelines for the Alternative Care of Children was adopted by United Nations General Assembly, which reaffirm the CRC and provide concrete guidance aimed to guarantee the protection and well-being of children deprived of parental care or who are at risk of being so.

2018: A document ‘Ending institutionalisation and strengthening family and community based care for children in Europe and beyond’ was published by UNICEF with the aim of influencing policy-makers in the EU to strengthen their commitment to end institutionalisation of children, and support the transition to family- and community based care in the next multi-annual financial framework (2021-2027). The initiative covers not only children, but also people with disabilities and other vulnerable groups.

Disabled persons living in institutions

2006: Article 19 of the CRPD, adopted in 2006, requires States to recognise the equal right of all persons with disabilities to live in the community, with choices equal to others, and to take effective and appropriate measures to facilitate their full inclusion and participation in the community. Although the CRPD is specific to persons with disabilities, article 19 is founded on rights that apply to everyone. It emphasises the importance of developing good-quality alternatives to institutional care (OHCHR 2012). Article 28 of the CRPD require States to recognise the right of persons with disabilities to an adequate standard of living, including adequate food, clothing and housing.

Specific instruments have been adopted to protect the rights of persons with mental disability:

1991: United Nations Principles for the protection of persons with mental illness and the improvement of mental health care

2004: Council of Europe Recommendation Rec (2004) 10 Concerning the Protection of the Human Rights and Dignity of Persons With Mental Disorder

However, as the report entitled ‘Forgotten Europeans – Forgotten Rights’ notes, both of these instruments focussing on mental health care need substantial revision in the light of the rights set out in the CRPD (OHCHR 2012).

Older people living in institutions:

Thus far, no guidelines in relation to the care and treatment of older persons in formal care settings have been developed (OHCHR 2012).

At the same time, it is to be noted that significant progress has been made in terms of producing statistics on older populations living in institutions.

2016: The ‘Recommendations on Ageing-related Statistics’, published by a UNECE Task Force in October 2016, proposed the measurement of institutional populations as an area for future work.

2017: The Conference of European Statisticians (CES) established a Task Force on Measuring Older Populations in Institutions.

2019: Recommendations for Measuring Older Populations in Institutions was completed by the Task Force on Measuring Older Populations in Institutions.

5.2 Defining the institutionalised population

There is no universally accepted definition of the institutionalised population. The joint ECE/Eurostat ‘Recommendations for the 2000 censuses of population and housing in the ECE region’ define an institutional household as ‘a legal body for the purpose of long-term inhabitation and provision of institutionalised care given to a group of persons’ (UNECE/Eurostat 1998: 42). The document recommends the following classification of institutions: educational institutions; health care institutions; institutions for retired or elderly persons; military institutions; religious institutions; and other institutions. According to the ECE/Eurostat definition, the main criterion to classify an institutional household is the purpose or target group it serves.

On the basis of the above list of institutions, the OECD glossary of statistical terms²⁴ classifies institutions as follows:

- educational institutions – e.g. dormitories of educational institutions, orphanages, etc.;
- health care institutions – e.g. establishments for the disabled, psychiatric institutions, nursing homes, etc.;
- institutions for retired or elderly persons: old people’s homes, etc.;
- military institutions: e.g. military installations or bases, etc.;
- religious institutions: e.g. monasteries, etc.;
- other institutions: e.g. correctional and penal institutions, shelters for the homeless, refugee camps and hostels, etc.

In some cases real-life institutions can fall under more than one. In these cases the institution should be classified according to its principal purpose or target group (Eurostat 1999).

However, it seems more viable to capture the characteristics that distinguish an institution from a private household than to list all existing types of institutions (Schanze 2017). The UN’s ‘Principles and Recommendations for Population and Housing Censuses’, for example, takes this approach when defining institutes, as a group of collective living quarters, as follows: ‘This group covers any set of premises in a permanent structure or structures designed to house (usually large) groups of persons who are bound by either a common public objective or a common personal interest. Such sets of living quarters usually have certain common facilities shared by the occupants (baths, lounges, dormitories and so forth)’ (UN 2008: 196).

The project ‘Synergies for Europe’s Research Infrastructures in the Social Sciences’ (SERISS), also following this approach, recommends a top-down definition of the institutionalised population (see Schanze 2017; Schanze and Levinson 2019). ‘In a first step, institutions are defined as centres of

²⁴ <https://stats.oecd.org/glossary/detail.asp?ID=1372>

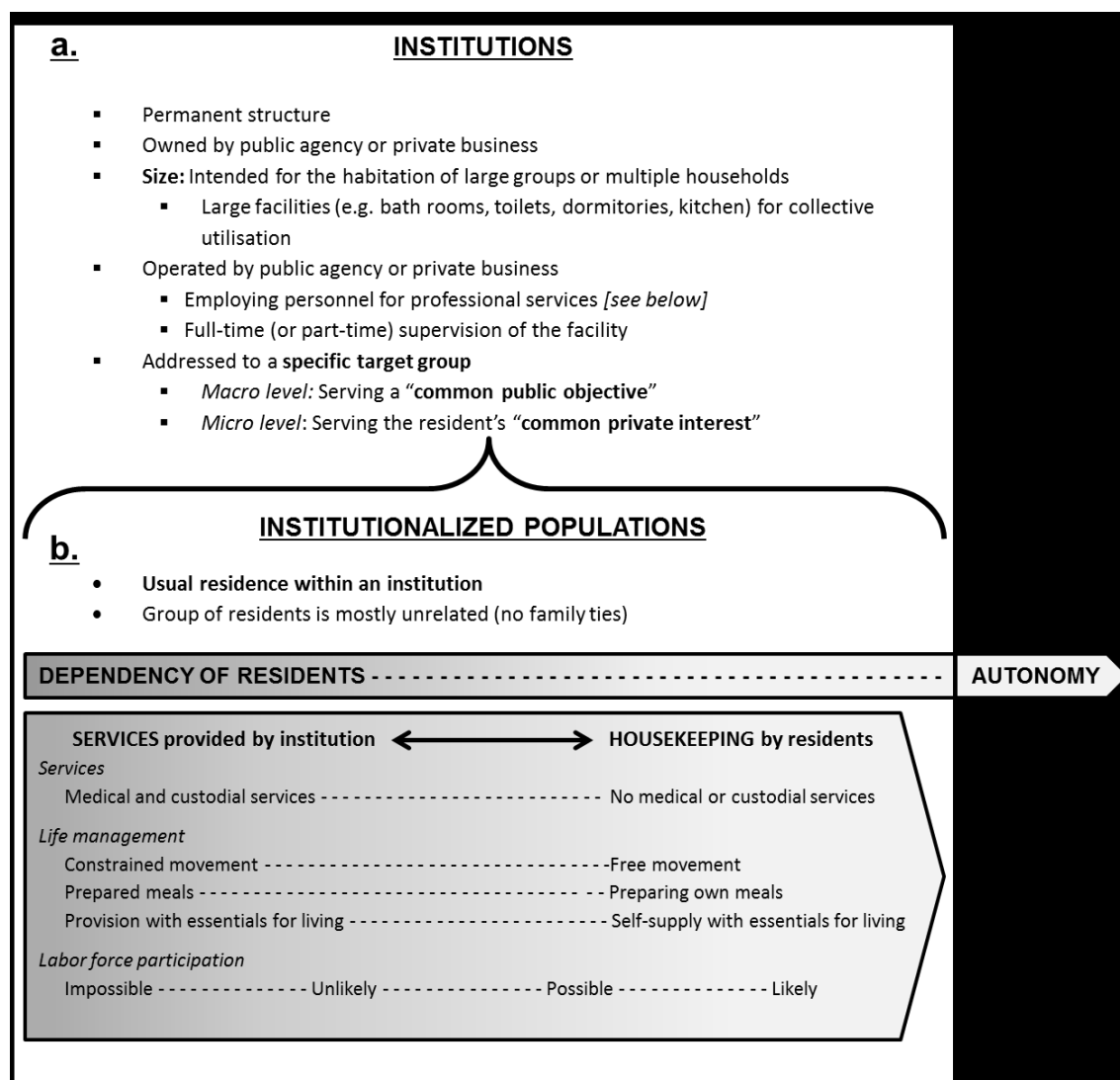
aggregation for the institutionalised population. In a second step, all persons who live in an institution, or, more precisely, have their usual place of residence within an institution, are described and classified as belonging to the institutionalised population.’ (Schanze 2017: 6).

To start with the first level of the definition, proposed by the SERISS, institutions have certain features in common that distinguish them from private households (see Figure 5 for an illustration). Institutions are permanent structures owned and operated by a public agency or a private business. In contrast to private households, they ‘are designed for habitation by large groups of individuals or several households’ (European Commission 2009: 63; Schanze and Levinson 2019). They usually have certain common facilities, which are shared by the residents (UN 2008; Schanze and Levinson 2019). Institutions employ staff for providing professional services to the residents and for running and supervising the institutions (Schanze and Levinson 2019). The operators of institutions provide their services to a well-defined target group with specific requirements.²⁵ Contrary to private households, institutions serve a ‘common public objective’ (e.g. education, care, detention of criminals, etc.) and/or a ‘common personal interest’ (UN 2008: 196; Schanze 2017; Schanze and Levinson 2019).

As for the second level of the top-down definition of the institutionalised population, ‘all residents living in the institutions permanently, or at least for a certain substantial period of time, belong to the institutionalised population’ (Schanze and Levinson 2019: 9). This temporal qualification aims to exclude those who will return to a private household within a short period of time (e.g. most inpatients in hospitals, clients in hotels, etc.) (Schanze and Levinson 2019). Therefore, there is a need to define a minimum period of time (e.g. 3 months, 6 months or a year) for surveys and censuses that is considered ‘substantial’.

²⁵ <https://stats.oecd.org/glossary/detail.asp?ID=1372>

Figure 5. Definition of institutions and the institutionalised populations



Source Schanze and Levinson 2019

5.3 Some data on the institutionalised population

In most countries the census is the most comprehensive source of information regarding the institutionalised population (Groom et al. 2009; Schanze 2017). At the European level, data on the institutionalised population is available from the 2011 European census.

Eurostat disseminates two variables that identify the institutionalised population: housing arrangements and household states. The variable housing arrangement provides information on the number of residents in collective living quarters. The other variable indicates the number of persons living in an institutionalised household.²⁶ In two-thirds of the European countries, the number of residents in the two categories is the same or very close in terms of absolute number and relative share of residents (Schanze and Levinson 2019).

It is important to note, however, that cross-country comparability of data is hindered by the differences in the underlying method of census data collection (Schanze 2017). A group of countries took the data entirely from their administrative registers, another group combined the registers with a very

²⁶ <https://ec.europa.eu/Censushub2>

large survey sample of the household population, and yet another group conducted a traditional census (*ibid*). Even though the European Commission provided methodological recommendations for the population and household censuses,²⁷ differences in data collection and definitions of institutions prevailed across countries (*ibid*).

According to the 2011 European census, approximately 1.33% of the European population was not living in a private household (6.75 million people) (Eurostat 2015: 45; Schanze 2017; Schanze and Levinson 2019: 13). In the EU-28, the census counted a population of 6.6 million living in collective living quarters (Schanze 2017; Schanze and Levinson 2019). The share of collective households in the European countries ranges from 0.5 to 3.0%. Two-thirds of countries reported a share higher than 1% (Schanze and Levinson 2019).

Eurostat does not collect and disseminate data on the institutionalised population by type of institutions.²⁸ Based on aggregate data, however, we cannot get a full picture of the institutional population due to its heterogeneity. At the same time, the age distribution of the population living in institutions allows us to make some assumptions. According to the 2011 European census, the proportion of persons aged 65–84 years living in an institutional household was 1.7% (1.34 million). Among the oldest old (aged 85 and over), the share was more than seven times as high, reaching 12.6% (1.35 million) (Eurostat 2015: 147). Assuming that the majority of the institutionalised elderly population lives in institutions for retired or elderly persons or in health care institutions (Eurostat 2015), these two types of institutions are those that accommodate the most institutionalised people (Schanze 2017).

Analyzing the share of institutionalised population by age groups, Schanze and Levinson identified two distinct groups of countries within Europe (see Schanze and Levinson 2019). In the majority of European countries, there is only one peak in the age distribution.²⁹ The proportion of persons living in institutions starts to increase in the age group 70–79 and reaches its peak in the oldest-old age group. In another group of countries, there is another smaller peak in the distribution, indicating a significant share of institutionalised persons in the young age groups (10–29 years).³⁰ We can assume that this age group typically reside in student dormitories, boarding schools or other educational institutions. Owing to this, in these countries, the institutionalised population is likely to be more heterogeneous than elsewhere (*ibid*). The remaining countries can be characterised either by a low share of institutionalised persons (with no differences across age groups),³¹ or by having the highest share of institutionalised residents in the younger age groups³² (*ibid*).

The gender distribution of the institutionalised population is similar across EU member states (Schanze and Levinson 2019). In the older age groups, a larger share of women than men reside in institutions. This pattern can be observed in all countries for the oldest-old age group and for almost all countries for the age group 70–79. A reverse pattern, though less distinct, is found for the younger age groups: a higher proportion of males than females is institutionalised in most countries. Taken together, we can assume that institutionalised men are more spread across the different types of institutions (*ibid*).

Little information is available on children living in institutions. In spite of the large body of literature documenting the adverse effects of institutionalisation on children's developmental outcomes and well-being, there have been only few attempts to quantify the number of institutionalised children. Eurochild has estimated the number of children in residential care settings (including 'special schools', infant homes, homes for mentally or physically disabled, homes for children with

²⁷ <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:218:0014:0020:EN:PDF>

²⁸ <https://ec.europa.eu/CensusHub2>

²⁹ Austria, Belgium, Croatia, Cyprus, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Malta, Norway, Portugal, Slovakia, and Spain fall within this group.

³⁰ The Czech Republic, Denmark, Estonia, France, Hungary, Netherlands, Slovenia, Sweden, and the United Kingdom fall within this group.

³¹ These are: Latvia and Poland.

³² These are: Greece and Romania.

behavioural problems, institutions for young offenders, after-care homes) across the EU at 150,000³³ (EC DG EMPL 2009: 10; OHCHR 2012: 6). According to TransMonEE database of UNICEF Innocenti Research Centre, more than 120,000 children lived in institutions in 11 Central and East European (CEE) members of the EU in 2014.³⁴ A recent study has provided estimates on the number of children in residential care for the UNICEF regions (Petrowski et al. 2017). Approximately 629,000-664,000 children are estimated to be living in residential care in CEE/CIS countries (21 countries), and 367,000-384,000 in the group of 39 industrialised countries. Data suggest that the region with the highest rate of children in residential care is CEE/CIS at 666 children per 100,000 (ibid: 394).

As for persons with disabilities, it is estimated that nearly 1.2 million children and adults with disabilities are living in long-stay residential institutions across the EU member states and Turkey (Mansell et al. 2007; quoted in EC DG EMPL 2009: 10; OHCHR 2012: 6).

5.4 Surveying the institutionalised population and the EU-level data infrastructure

5.4.1 Surveying the institutionalised population

Surveys often exclude the institutionalised populations. Survey managers justify this decision by practical concern and the assumed higher costs of data collection (Pickering et al. 2008; Schanze 2017; Schanze and Zins 2019). In line with a classification of hard-to-survey populations (Tourangeau 2014), institutionalised people can be considered as hard-to sample, hard-to-reach and sometimes hard-to-interview, too (Schepers et al. 2015; Schanze 2017).

The institutionalised population is hard-to-sample because it is a rare population in Europe (Kalton 2009; Tourangeau 2014; Schanze 2017). To include the institutionalised population in the survey, researcher or interviewers need to interact with gatekeepers (i.e. hard-to-reach). Gatekeepers in institutions or relatives of institutionalised residents raises an additional barrier for researchers and interviewers (see Schanze and Levinson 2019). Further, depending on the type of institutions, survey interviews might be more demanding due potential functional and cognitive impairments of respondents, and questions that do not really apply to the living situation of institutionalised residents (Schanze and Levinson 2019).

In Europe, most large social surveys exclude the institutionalised population (see for more details below). However, the omission of those living in collective households poses important questions. Bias in survey results can be caused by two factors: the size of the institutionalised population, and the distinctiveness of this population with regard to any variable of interest (Groves et al. 2009; Schanze and Zins 2019). First, the size of the institutionalised population is not negligible, and is very likely to increase due to the growing number and percentage of older people across Europe. Second, a meta-analysis of surveys in the institutionalised population indicates that persons in this group differ in the distribution by age, gender, medical condition, economic activity, housing, social networks, etc. (Groom et al. 2009; Schanze 2017). Thus, we can assume that the inclusion of people living in institutions in general population surveys will change estimates of indicators related to the areas of health and health care, welfare, etc. (Eurostat 2011; Schanze 2017).

In a recent article, Schanze and Zins (2019) investigated whether the exclusion (or insufficient inclusion) of the older people living in institutions lead to biased estimates in health related variables.

³³ Based on a compilation of national surveys on the situation across the European Union by EUROCHILD, referred to in the 2009 Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care, European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities.

³⁴ <http://transmonee.org/database/>

Using data from five waves of SHARE, the only cross-national social survey that includes institutionalised persons to a significant extent, they analysed two variables: the limitations of daily living (ADL) and self-rated health. Findings show that a variable measuring ADL is heavily biased if persons living in institutions are omitted from the sample. The variable indicating self-related health is also biased, but to a lesser extent. That is, the results show for two health-related variables that surveys of an ageing population indeed risk to get biased estimates if the institutionalised population is omitted (Schanze and Zins 2019).

The SERISS project examines the feasibility to include the institutionalised population in cross-national population surveys in the EU (Schanze 2017). Within the framework of the project, a Survey Inventory has been compiled that covers around 300 surveys conducted in Europe, the U.S., Canada, Australia, Israel, and Russia. The SERISS Survey Inventory, which is not a random sample of surveys or a census of surveys, contains 153 surveys including persons living in institutions. The vast majority of surveys covering institutionalised residents was conducted at national (or regional) level, only few cross-national survey programmes were found. Out of the survey programmes 107 cover both institutions and private households, while the remaining 46 contains institutionalised residents only. Almost half of the surveys covering institutionalised persons interviewed residents of retirement and nursing homes. Fewer surveys were conducted in prisons, and refugee accommodations. Out of the survey programmes 26 aimed to cover the entire institutionalised population without a further differentiation of the target population in institution (Schanze and Levinson 2019).

In the next phase of the SERISS project, an expert survey was conducted among 44 survey researchers working on a survey programme that included institutionalised persons in different countries. Based on an analysis of the practices used in these survey programmes, the SERISS research team made the following conclusions regarding the questions of whether it is necessary and feasible to cover the institutionalised populations in general social surveys (see Schanze and Levinson 2019).

- The institutionalised population is very heterogeneous. Most groups, like prisoners, refugees, students, are relatively small, and the exclusion of them is not expected to change survey estimates in general social surveys. Therefore, it is not necessary to cover the entire institutionalised population in general social surveys in Europe.
- In Europe, residents of retirement and nursing homes are the largest group within the institutionalised population. Moreover, this part of the institutionalised population is unequally distributed across age groups, with a larger share of institutionalised residents within the oldest-old age group. Thus, researchers of the SERISS project recommend the inclusion of the elderly institutionalised population in general social surveys to avoid bias of survey estimates. This holds even truer for surveys of the elderly population, since they are more likely to produce biased estimates without the inclusion of institutionalised persons.
- Findings from the SERISS expert survey conducted among researchers confirm that the institutionalised population is not impossible-to-survey. However, a majority of survey experts claim that they are hard-to-reach due most probably to gatekeepers in institutions. Also, more than half of the survey experts think that institutionalised persons are hard-to-interview. The SERISS team notes, however, that the framing of the institutionalised population as a 'hard-to-survey' population might contribute to the survey researchers' reluctance to including them in survey programmes (Schanze and Levinson 2019).

5.4.2 EU level data infrastructure

As mentioned above, the SERISS Survey Inventory contains only few cross-national surveys that cover the institutionalised population, or at least part of it. The researchers identified the following large surveys that fall within this group: the WHO World Health Survey (WHS) and three European surveys: EHIS, LFS, SHARE and the International Social Survey Programme (ISSP) (Schanze 2017).

For all these surveys, the target population generally consists of people living in private households. However,

- the WHS was also conducted among those persons who were in institutions (such as a hospital, hospice, nursing home, home for the aged, etc.) due to a health condition at the time of the interview. However, people living in group quarters, on military reservations, or in other non-household living arrangements were excluded from the surveyed population (WHO 2002).
- EHIS allows the national authorities to expand the surveyed population to persons living in collective households and in institutions (the Manual differentiates between collective households and institutions) (Eurostat 2013). Participating countries thus follow different strategies regarding the inclusion of people residing in institutions. In order to ensure the comparability and harmonisation among countries, a Task Force was set up to reflect on how institutionalised people could be included in EHIS. The 2011 Report of the Task Force on institutionalised people states that at least those people living in elderly homes or nursing homes should be covered by EHIS (Eurostat 2011).
- LFS follows the same approach as the EHIS, and allows countries to interview persons living in institutions. A little more than half of the countries excluded the institutionalised population. In eight countries (Denmark, Estonia, Germany, Finland, Iceland, Norway, Sweden and the United Kingdom) institutional household remained in the sample. In another group of countries (Bulgaria, Spain, France, Macedonia, Portugal, Romania, and Slovakia), proxy information was collected on the household members who were living in institutions. As a result, the target population of the survey varies from country to country (Eurostat 2013a; Schanze 2017). Similarly to EHIS, LFS does not make any distinction within the institutionalised population in the survey guidelines. As a consequence, participating countries can decide for themselves which parts of the institutionalised population to include (Schanze 2017).
- Out of the European surveys, SHARE is the only one that covers people who are residents in nursing homes and other institutions for elderly. However, this population group may not be well represented in all countries due to the lack of suitable sampling frames. Other groups of institutionalised people, e.g. persons living in prisons and hospitals during the entire fieldwork period are excluded from the target population (Malter and Börsch-Supan 2015).
- The ISSP allows countries to cover the institutionalised population, but it does not cover specific institutionalised groups (Schanze 2017).

The SERISS project recommend that cross-national survey programmes pay special attention to the institutionalised populations. In several cross-national survey programmes, such as the ISSP, LFS, and SHARE, a number of countries cover institutionalised residents, whereas other country teams exclude them from their target population (Schanze 2017).

5.5 Recommendations

The Recommendations for Measuring Older Populations in Institutions, prepared by the Task Force on Measuring Older Populations in Institutions in 2019, provide a list of recommendations for further work. From the perspective of IPOLIS, we highlight the followings:

- Definitions and classifications of institutions should be based on the ways in which institutions are organised and the services they provide, and not only on the names of the institutions or the length of stay.
- The bias introduced into statistics by omitting older populations in institutions is real and important. Countries should systematically take into consideration the general rule of thumb - that bias is greater when the excluded population is larger and/or when it is more distinctive - when deciding whether the amount of bias 'matters' in any given instance.

6. Annexes

6.1 Annex 1 Robustness check – case numbers

Table A1a. Robustness check – case numbers, EU-SILC 2005-2007

	2005			2006			2007		
	LOC	EU	OTHER	LOC	EU	OTHER	LOC	EU	OTHER
BE	10 545	823	1 063	11 907	1 015	1 340	12 914	1 110	1 258
BG							12 029	12	67
CZ	9 849	327	137	17 054	540	212	22 110	685	236
DK	14 355	280	647	13 758	251	632	13 910	301	642
DE	28 388	-	2 768	28 732	-	2 864	28 500	-	3 015
EE	9 885	-	1 836	13 261	-	2 365	12 240	-	2 096
IE	13 675	1 396	445	12 715	1 381	498	11 914	1 264	481
EL	13 675	248	888	13 939	219	928	13 497	220	996
ES	34 249	483	1 832	31 559	411	1 906	31 575	480	2 304
FR	20 556	970	2 510	21 326	935	2 635	22 296	972	2 599
HR									
IT	52 685	835	2 465	51 023	845	2 547	49 216	812	2 574
CY	9 931	628	946	9 536	646	882	9 110	652	853
LV	7 820	-	1 670	8 889	-	1 889	9 249	-	1 728
LT	11 111	69	819	11 226	56	792	11 824	63	832
LU	4 923	3 816	916	4 595	4 512	1 125	4 263	4 939	1 211
HU	17 299	114	386	19 285	129	449	21 849	70	353
MT									
NL	22 042	455	1 229	21 434	404	1 088	24 234	443	1 126
AT	11 276	555	1 184	12 667	664	1 536	14 071	810	1 747
PL	46 470	246	364	43 009	211	304	40 361	190	318
PT	12 392	162	206	11 624	144	199	11 237	148	204
RO							19 686	7	17
SI	24 717	-	2 863	28 015	-	3 072	25 624	-	2 812
SK	14 980	320	71	14 602	277	58	14 325	277	45
FI	28 020	422	563	26 991	426	550	26 368	465	560
SE	13 054	829	1 399	14 493	852	1 637	15 229	879	1 890
UK	22 148	297	2 995	20 611	250	2 457	19 547	234	2 107
IS	8 323	278	230	8 028	311	231	8 009	355	279
NO	14 071	549	924	13 042	533	826	13 536	536	843
SW									

Note. LOC – respondent born in the respective country; EU - respondent born in a third country, which was member of the EU at the time of the survey; OTH - respondent born in a third country, other than the previously mentioned ones.

Source own calculations from EU-SILC

Table A1b. Robustness check – case numbers, EU-SILC 2008-2010

	2005			2006			2007		
	LOC	EU	OTHER	LOC	EU	OTHER	LOC	EU	OTHER
BE	12 654	1 185	1 080	12 048	1 185	1 410	11 851	1 176	1 406
BG	11 961	15	75	14 844	24	71	16 162	32	73
CZ	25 852	842	213	22 370	745	174	20 537	656	177
DK	13 764	352	694	13 895	387	710	13 656	373	706
DE	26 019	-	2 741	25 528	-	2 686	25 130	-	2 677
EE	11 158	-	1 844	11 667	-	1 843	11 665	-	1 778
IE	10 969	1 142	414	10 545	1 398	682	9 425	1 434	705
EL	15 177	357	1 240	16 100	369	1 433	15 702	382	1 420
ES	32 454	811	2 482	32 878	929	2 566	32 852	955	2 689
FR	22 167	922	2 392	22 361	900	2 320	23 243	986	2 262
HR									
IT	48 585	1 139	2 607	47 212	1 272	2 534	44 325	851	1 785
CY	8 568	726	715	7 902	701	668	9 257	857	967
LV	10 897	-	1 971	12 153	-	2 175	12 930	-	2 295
LT	11 221	88	797	11 905	70	825	12 239	81	860
LU	3 788	5 029	1 319	4 977	5 035	1 386	6 376	5 452	1 589
HU	21 924	330	89	24 651	281	86	24 445	227	58
MT	9 108	-	471	9 659	-	543	9 786	-	587
NL	23 759	483	1 078	22 143	439	1 020	22 946	481	1 147
AT	11 279	771	1 525	11 291	841	1 454	11 723	923	1 422
PL	38 642	187	277	35 811	144	253	34 946	107	218
PT	10 955	133	572	12 126	156	632	12 395	178	661
RO	18 979	8	8	18 559	9	5	18 203	14	11
SI	25 938	-	2 859	26 193	-	3 202	26 118	-	3 336
SK	16 163	218	20	15 839	252	31	16 026	229	35
FI	25 439	410	581	24 123	395	621	25 838	445	701
SE	15 869	906	1 930	15 568	942	1 834	15 117	864	1 779
UK	18 647	679	1 446	16 907	705	1 561	16 276	650	1 565
IS	7 954	367	317	7 864	345	324	8 150	323	355
NO	12 533	554	751	12 170	548	811	11 817	542	760
SW	11 765	2 036	1 679				12 880	2 398	1 903

Note. LOC – respondent born in the respective country; EU - respondent born in a third country, which was member of the EU at the time of the survey; OTH - respondent born in a third country, other than the previously mentioned ones.

Source own calculations from EU-SILC

Table A1c. Robustness check – case numbers, EU-SILC 2011-2013

	2005			2006			2007		
	LOC	EU	OTHER	LOC	EU	OTHER	LOC	EU	OTHER
BE	11 362	1 160	1 539	10 863	1 128	1 686	11 478	1 185	1 787
BG	17 016	31	73	14 388	26	56	12 198	20	52
CZ	19 809	623	183	19 483	551	195	18 394	527	176
DK	12 382	326	638	12 203	327	552	12 354	327	639
DE	25 711	-	2 731	24 997	-	2 754	23 737	-	2 756
EE	11 634	-	1 767	12 331	-	1 897	13 093	-	1 932
IE	8 655	1 621	708	9 164	1 907	775	9 783	2 019	808
EL	13 568	289	1 075	12 566	270	916	16 395	292	1 175
ES	31 056	913	2 447	30 045	838	2 412	28 473	759	2 428
FR	23 790	974	2 281	25 136	980	2 379	23 414	828	2 074
HR	14 537	262	2 073	13 122	199	1 845	12 070	198	1 611
IT	43 783	1 273	2 711	43 178	1 360	2 750	40 603	1 278	2 670
CY	9 425	920	1 083	10 590	1 317	1 456	10 584	1 291	1 395
LV	13 384	-	2 409	12 915	-	2 217	12 480	-	2 092
LT	11 586	74	763	11 747	74	807	10 898	71	753
LU	7 204	5 950	1 731	7 952	6 299	1 898	5 243	3 555	1 191
HU	29 096	233	95	28 115	188	84	25 000	275	98
MT	10 502	-	676	11 172	-	715	11 171	-	779
NL	23 565	498	1 318	23 113	506	1 270	22 796	545	1 239
AT	11 524	927	1 478	11 483	959	1 462	10 938	896	1 412
PL	34 419	102	173	34 949	100	237	33 866	90	224
PT	13 528	236	782	14 664	287	914	15 030	314	993
RO	17 804	9	15	17 607	3	11	17 535	1	17
SI	25 344	-	3 305	24 936	-	3 030	24 308	-	2 850
SK	15 103	192	32	15 235	203	20	15 220	210	18
FI	21 970	417	613	24 175	501	675	26 529	597	763
SE	14 026	858	1 705	13 764	935	1 785	12 575	852	1 721
UK	15 965	706	1 677	20 172	954	2 290	19 953	1 073	22 277
IS	8 142	358	347	8 085	490	399	7 987	525	393
NO	10 448	480	677	13 691	664	909	13 261	627	855
SW	12 568	2 437	1 791	12 511	2 427	1 772	12 202	2 332	1 618

Note. LOC – respondent born in the respective country; EU - respondent born in a third country, which was member of the EU at the time of the survey; OTH - respondent born in a third country, other than the previously mentioned ones.

Source own calculations from EU-SILC

Table A1d. Robustness check – case numbers, EU-SILC 2014-2016

	2005			2006			2007		
	LOC	EU	OTHER	LOC	EU	OTHER	LOC	EU	OTHER
BE	11 253	1 087	1 719	11 101	1 109	1 788	10 532	1 182	1 896
BG	11 985	18	51	11 849	16	61	17 519	23	94
CZ	17 494	505	180	17 014	468	216	18 225	491	231
DK	12 922	333	718	12 908	353	661	12 904	367	550
DE	23 491	-	2 802	23 285	-	2 811	23 484	-	3 029
EE	13 188	-	1 834	12 771	-	1 760	13 353	-	1 826
IE	11 153	2 073	772	10 978	2 002	730			
EL	19 229	347	1 298	31 702	506	2 050	40 725	642	2 534
ES	28 158	789	2 421	28 932	813	2 288	32 203	912	2 965
FR	23 631	857	2 262	23 410	900	2 294	23 414	891	2 313
HR	12 164	229	1 636	14 921	289	1 951	16 759	334	2 419
IT	42 661	1 425	2 930	38 861	1 328	2 737			
CY	9 510	1 238	1 268	9 458	1 282	1 212	8 910	1 214	1 103
LV	12 011	-	2 004	11 836	-	2 043	11 760	-	2 047
LT	10 989	72	798	10 187	77	719	10 100	68	711
LU	5 071	3 683	1 220	4 421	3 251	1 086			
HU	22 304	283	64	18 285	235	73	18 383	224	42
MT	10 997	-	800	9 029	-	527			
NL	22 689	554	1 203	21 606	548	1 127	27 059	751	1 656
AT	10 730	883	1 367	10 852	930	1 425	10 691	980	1 374
PL	33 634	96	243	30 726	70	247	29 611	78	213
PT	15 729	365	1 059	19 994	483	1 408	40 337	1 233	2 626
RO	17 267	2	11	17 355	1	3	17 310	1	5
SI	24 659	-	2 980	23 304	-	2 767	22 922	-	2 638
SK	15 459	188	21	16 022	120	10	16 340	108	9
FI	25 781	611	740	25 090	562	777	24 457	634	878
SE	11 608	739	1 609	11 807	704	1 677	11 474	752	1 779
UK	36 158	1 980	3 392	34 517	1 809	3 147	18 646	1 231	2 323
IS	7 977	490	362	7 716	491	388			
NO	16 298	915	1 132	14 150	674	816	14 927	828	1 099
SW	11 301	2 399	1 563	12 227	2 709	1 876			

Note. LOC – respondent born in the respective country; EU - respondent born in a third country, which was member of the EU at the time of the survey; OTH - respondent born in a third country, other then the previously mentioned ones.

Source own calculations from EU-SILC

6.2 Annex 2 Robustness check – case numbers

Table A2a. Robustness check – number of migrants at-risk-of-poverty>50, EU-SILC 2005-2010

	2005	2006	2007	2008	2009	2010
	>50	>50	>50	>50	>50	>50
BE	Yes	Yes	Yes	Yes	Yes	Yes
BG						
CZ		Yes	Yes			
DK	Yes	Yes	Yes	Yes	Yes	Yes
DE	Yes	Yes	Yes	Yes	Yes	Yes
EE	Yes	Yes	Yes	Yes	Yes	Yes
IE	Yes	Yes	Yes	Yes	Yes	Yes
EL	Yes	Yes	Yes	Yes	Yes	Yes
ES	Yes	Yes	Yes	Yes	Yes	Yes
FR	Yes	Yes	Yes	Yes	Yes	Yes
HR						
IT	Yes	Yes	Yes	Yes	Yes	Yes
CY	Yes	Yes	Yes	Yes	Yes	Yes
LV	Yes	Yes	Yes	Yes	Yes	Yes
LT	Yes	Yes	Yes	Yes	Yes	Yes
LU	Yes	Yes	Yes	Yes	Yes	Yes
HU		Yes				
MT				Yes	Yes	Yes
NL	Yes	Yes	Yes	Yes	Yes	Yes
AT	Yes	Yes	Yes	Yes	Yes	Yes
PL						
PT				Yes	Yes	Yes
RO						
SI	Yes	Yes	Yes	Yes	Yes	Yes
SK						
FI	Yes	Yes	Yes	Yes	Yes	Yes
SE	Yes	Yes	Yes	Yes	Yes	Yes
UK	Yes	Yes	Yes	Yes	Yes	Yes
IS						
NO	Yes	Yes	Yes	Yes	Yes	Yes
SW				Yes		Yes

Note: unweighted cases. Migrants are defined as the total of migrants who came from another EU member state and migrants from outside the EU. Yes – the number of migrants at-risk-of-poverty exceeds 50. Empty cell - the number of migrants at-risk-of-poverty does not exceed 50. For cells marked in purple, either data collection did not take place at all (years prior 2018) or data has not been provided yet by Eurostat (2018).

Source own calculations from EU-SILC

Table A2b. Robustness check – number of migrants at-risk-of-poverty >50, EU-SILC 2011-2016

	2011	2012	2013	2014	2015	2016
	>50	>50	>50	>50	>50	>50
BE	Yes	Yes	Yes	Yes	Yes	Yes
BG						
CZ						
DK	Yes	Yes	Yes	Yes	Yes	Yes
DE	Yes	Yes	Yes	Yes	Yes	Yes
EE	Yes	Yes	Yes	Yes	Yes	Yes
IE	Yes	Yes	Yes	Yes	Yes	
EL	Yes	Yes	Yes	Yes	Yes	Yes
ES	Yes	Yes	Yes	Yes	Yes	Yes
FR	Yes	Yes	Yes	Yes	Yes	Yes
HR	Yes	Yes	Yes	Yes	Yes	Yes
IT	Yes	Yes	Yes	Yes	Yes	
CY	Yes	Yes	Yes	Yes	Yes	Yes
LV	Yes	Yes	Yes	Yes	Yes	Yes
LT	Yes	Yes	Yes	Yes	Yes	Yes
LU	Yes	Yes	Yes	Yes	Yes	
HU						
MT	Yes	Yes	Yes	Yes	Yes	
NL	Yes	Yes	Yes	Yes	Yes	Yes
AT	Yes	Yes	Yes	Yes	Yes	Yes
PL						
PT	Yes	Yes	Yes	Yes	Yes	Yes
RO						
SI	Yes	Yes	Yes	Yes	Yes	Yes
SK						
FI	Yes	Yes	Yes	Yes	Yes	Yes
SE	Yes	Yes	Yes	Yes	Yes	Yes
UK	Yes	Yes	Yes	Yes	Yes	Yes
IS		Yes			Yes	
NO	Yes	Yes	Yes	Yes	Yes	Yes
SW	Yes	Yes	Yes	Yes	Yes	

Note: unweighted cases. Migrants are defined as the total of migrants who came from another EU member state and migrants from outside the EU. Yes – the number of migrants at-risk-of-poverty exceeds 50. Empty cell - the number of migrants at-risk-of-poverty does not exceed 50. For cells marked in purple, either data collection did not take place at all (years prior 2018) or data has not been provided yet by Eurostat (2018).
Source own calculations from EU-SILC

Table A2c. Robustness check – number of migrants at-risk-of-poverty >100, EU-SILC 2005-2010

	2005	2006	2007	2008	2009	2010
	>100	>100	>100	>100	>100	>100
BE	Yes	Yes	Yes	Yes	Yes	Yes
BG						
CZ						
DK				Yes	Yes	Yes
DE	Yes	Yes	Yes	Yes	Yes	Yes
EE	Yes	Yes	Yes	Yes	Yes	Yes
IE	Yes				Yes	Yes
EL	Yes	Yes	Yes	Yes	Yes	Yes
ES	Yes	Yes	Yes	Yes	Yes	Yes
FR	Yes	Yes	Yes	Yes	Yes	Yes
HR						
IT	Yes	Yes	Yes	Yes	Yes	Yes
CY	Yes	Yes	Yes	Yes	Yes	Yes
LV	Yes	Yes	Yes	Yes	Yes	Yes
LT	Yes	Yes	Yes	Yes	Yes	Yes
LU	Yes	Yes	Yes	Yes	Yes	Yes
HU						
MT					Yes	Yes
NL	Yes	Yes	Yes	Yes	Yes	Yes
AT	Yes	Yes	Yes	Yes	Yes	Yes
PL						
PT				Yes	Yes	Yes
RO						
SI	Yes	Yes	Yes	Yes	Yes	Yes
SK						
FI	Yes	Yes	Yes	Yes	Yes	Yes
SE	Yes	Yes	Yes	Yes	Yes	Yes
UK	Yes	Yes	Yes	Yes	Yes	Yes
IS						
NO	Yes	Yes	Yes	Yes	Yes	Yes
SW				Yes		Yes

Note: unweighted cases. Migrants are defined as the total of migrants who came from another EU member state and migrants from outside the EU. Yes – the number of migrants at-risk-of-poverty exceeds 100. Empty cell - the number of migrants at-risk-of-poverty does not exceed 100. For cells marked in purple, either data collection did not take place at all (years prior 2018) or data has not been provided yet by Eurostat (2018). Source own calculations from EU-SILC

Table A2d. Robustness check – number of migrants at-risk-of-poverty >100, EU-SILC 2011-2016

	2011	2012	2013	2014	2015	2016
	>100	>100	>100	>100	>100	>100
BE	Yes	Yes	Yes	Yes	Yes	Yes
BG						
CZ						
DK						
DE	Yes	Yes	Yes	Yes	Yes	Yes
EE	Yes	Yes	Yes	Yes	Yes	Yes
IE	Yes	Yes	Yes	Yes	Yes	
EL	Yes	Yes	Yes	Yes	Yes	Yes
ES	Yes	Yes	Yes	Yes	Yes	Yes
FR	Yes	Yes	Yes	Yes	Yes	Yes
HR	Yes	Yes	Yes	Yes	Yes	Yes
IT	Yes	Yes	Yes	Yes	Yes	
CY	Yes	Yes	Yes	Yes	Yes	Yes
LV	Yes	Yes	Yes	Yes	Yes	Yes
LT	Yes	Yes	Yes	Yes	Yes	Yes
LU	Yes	Yes	Yes	Yes	Yes	
HU						
MT	Yes	Yes	Yes	Yes	Yes	
NL	Yes	Yes	Yes	Yes	Yes	Yes
AT	Yes	Yes	Yes	Yes	Yes	Yes
PL						
PT	Yes	Yes	Yes	Yes	Yes	Yes
RO						
SI	Yes	Yes	Yes	Yes	Yes	Yes
SK						
FI	Yes	Yes	Yes	Yes	Yes	Yes
SE	Yes	Yes	Yes	Yes	Yes	Yes
UK	Yes	Yes	Yes	Yes	Yes	Yes
IS						
NO	Yes	Yes	Yes	Yes	Yes	Yes
SW	Yes	Yes	Yes	Yes	Yes	

Note: unweighted cases. Migrants are defined as the total of migrants who came from another EU member state and migrants from outside the EU. Yes – the number of migrants at-risk-of-poverty exceeds 100. Empty cell - the number of migrants at-risk-of-poverty does not exceed 100. For cells marked in purple, either data collection did not take place at all (years prior 2018) or data has not been provided yet by Eurostat (2018).

Source own calculations from EU-SILC

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InGRID-2

Integrating Research Infrastructure for European expertise on Inclusive Growth from data to policy

Referring to the increasingly challenging EU2020-ambitions of Inclusive Growth, the objectives of the InGRID-2 project are to advance the integration and innovation of distributed social sciences research infrastructures (RI) on 'poverty, living conditions and social policies' as well as on 'working conditions, vulnerability and labour policies'. InGRID-2 will extend transnational on-site and virtual access, organise mutual learning and discussions of innovations, and improve data services and facilities of comparative research. The focus areas are (a) integrated and harmonised data, (b) links between policy and practice, and (c) indicator-building tools.

Lead users are social scientist involved in comparative research to provide new evidence for European policy innovations. Key science actors and their stakeholders are coupled in the consortium to provide expert services to users of comparative research infrastructures by investing in collaborative efforts to better integrate micro-data, identify new ways of collecting data, establish and improve harmonised classification tools, extend available policy databases, optimise statistical quality, and set-up microsimulation environments and indicator-building tools as important means of valorisation. Helping scientists to enhance their expertise from data to policy is the advanced mission of InGRID-2. A new research portal will be the gateway to this European science infrastructure.

This project is supported by the European Union's Horizon 2020 research and innovation programme under Grant Agreement No 730998.

More detailed information is available on the website: www.inclusivegrowth.eu

Co-ordinator
Guy Van Gyes



Partners

TÁRKI Social Research Institute Inc. (HU)
Amsterdam Institute for Advanced Labour Studies – AIAS, University of Amsterdam (NL)
Swedish Institute for Social Research - SOFI, Stockholm University (SE)
Economic and Social Statistics Department, Trier University (DE)
Centre for Demographic Studies – CED, University Autònoma of Barcelona (ES)
Luxembourg Institute of Socio-Economic Research – LISER (LU)
Herman Deleeck Centre for Social Policy – CSB, University of Antwerp (BE)
Institute for Social and Economic Research - ISER, University of Essex (UK)
German Institute for Economic Research – DIW (DE)
Centre for Employment and Work Studies – CEET, National Conservatory of Arts and Crafts (FR)
Centre for European Policy Studies – CEPS (BE)
Department of Economics and Management, University of Pisa (IT)
Department of Social Statistics and Demography – SOTON, University of Southampton (UK)
Luxembourg Income Study – LIS, asbl (LU)
School of Social Sciences, University of Manchester (UK)
Central European Labour Studies Institute – CELSI (SK)
Panteion University of Social and Political Sciences (GR)
Central Institute for Labour Protection – CIOP, National Research Institute (PL)

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For further information about the InGRID-2
project, please contact
inclusive.growth@kuleuven.be
www.inclusivegrowth.eu
p/a HIVA – Research Institute
for Work and Society
Parkstraat 47 box 5300
3000 Leuven
Belgium