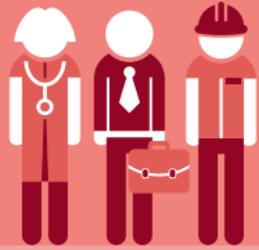
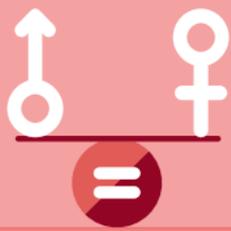


2020



20

Economic and
social situation
of the population

Neuchâtel 2020

Equality for persons with disabilities

Pocket Statistics



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Statistical Office FSO

Published by: Federal Statistical Office (FSO)

Information: Magalie Wegmann, FSO, magalie.wegmann@bfs.admin.ch,
tel 058 463 20 40

Editors: Pascale Gazareth, FSO; Marco Storni, FSO;
Claire Semaani, FSO; Magalie Wegmann, FSO

Contents: Pascale Gazareth, FSO

Series: Swiss Statistics

Topic: 20 Economic and social situation of the population

Original text: French

Translation: FSO language services

Layout: DIAM Section, Prepress/Print

Graphics: DIAM Section, Prepress/Print

Online: www.statistics.admin.ch

Print: www.statistics.admin.ch
Federal Statistical Office, CH-2010 Neuchâtel,
order@bfs.admin.ch, tel. +41 58 463 60 60
Printed in Switzerland

Copyright: FSO, Neuchâtel 2020
Reproduction with mention of source authorised.

FSO number: 1231-2000

Table of contents

1	The concept of disability	4
<hr/>		
1.1	The individual model (or medical model)	4
1.2	Social model	5
1.3	Interactive models	6
2	Measuring disability – Persons with disabilities according to different definitions	7
<hr/>		
2.1	Persons with disabilities as under the Disability Discrimination Act	7
2.2	Persons with functional limitations	8
2.3	Persons receiving disability pensions or other IV benefits	9
2.4	Overlap of definitions	10
2.5	Criteria that influence the measurement of disability	12
3	Equality for disabled persons: Main results	13
<hr/>		
3.1	Education	13
3.2	Professional activity	14
3.3	Financial situation	15
3.4	Subjective well-being	16
3.5	Discrimination	17
3.6	Mobility	18
4	To find out more	19
<hr/>		

1 The concept of disability

Disability is a complex, multifaceted phenomenon. It takes many forms and its consequences vary widely depending on:

- The nature of the disorder or of the biological particularity from which the disability arises (physical deformity, mental illness, functional difficulty, etc.).
- The intensity of this disorder or particularity and the social reaction it causes (degree of disability)
- Social concepts defining disability in general and attitudes towards people with a disability (prejudice, policies for the assistance or monitoring of persons concerned, etc.).
- Other aspects also play a role, such as the period in the cycle of life in which the disability appears and the time that has passed since it appeared, whether the disability is visible or not, or the physical and technological environment in which the persons concerned live (adapted pavements, automatic doors, etc.)

According to the World Health Organisation (WHO), disability exists when a health condition affects the body's functions or structures (impairment), the capacity to execute activities (activity limitation) or performance in the social environment (participation restriction). According to the World Health Organisation (WHO), disability exists when a health condition affects the body's functions or structures (impairment), the capacity to execute activities (activity limitation) or performance in the social environment (participation restriction).

This notion is based on an interactive model (see 1.3). It proposes a synthesis of the individual model (1.1) and the social model (1.2); these two models strongly influenced the politics of disability in the 20th century – and official statistics. Other models, such as those of a religious nature, exist or have existed in the past.

1.1 The individual model (or medical model)

The individual model appeared after the First World War and is based on a biomedical approach. Disability is defined as a person's "physical, psychological or mental impairment" that results in the limitation of their social participation. This model follows a logic of cause and effect: an illness or trauma causes impairment to the organism resulting in the inability to do certain things – this leads to a social disadvantage or disability. Thus the disability is obviously the result of the individual's impairment. The proposed interventions are mainly medical and are aimed at eventually curing the person or at least rehabilitating them for society as it exists for "abled people".

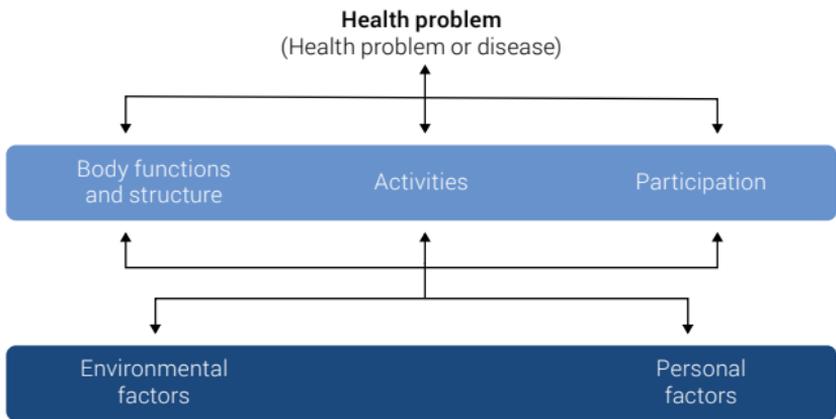
1.2 Social model

As a reaction to this very medical vision of disability, from the 1960s onwards different movements arose in which people with disabilities developed a strictly social perspective of disability. This gave birth to the social model which considers disability as the result of society's inability to take account of its members' differences. Thus the origin of the disability is external to the individual. The type of interventions proposed changes accordingly: the social approach dismisses the ideal of a cure and prefers to work on the abilities the person does have in order to improve their independence in everyday life. This model also advocates the removal of physical and social barriers. This means adapting the environment and services so that persons with physical or mental disabilities can access them and use them.

1.3 Interactive models

A third type of model has emerged in reaction to the limited perspectives that the two traditional models may offer. The WHO's new international Classification of Functioning, Disability and Health (CIF or ICIDH) attempts to take into account individual and environmental aspects in its description of disability. The Human Development Model (HDM), which has been developed since the 1980s by Patrick Fougeyrollas and his team at the International Network on the Disability Creation Process in Quebec, focuses on the interaction between the various factors leading to a disabling situation. These new approaches aim to be inclusive and dynamic in an attempt to go beyond the individual determinism of the medical model or the external determinism of the social model.

ICF biopsychosocial model (International classification of functioning, disability and health) G1



Source: World Health Organisation (WHO)

© FSO 2020

2 Measuring disability – Persons with disabilities according to different definitions

Official statistics uses several different definitions of disability. These definitions are based on different disability models and vary according to the sources used. Depending on the definition used, these people constitute different groups. These groups only partially overlap.

2.1 Persons with disabilities as under the Disability Discrimination Act

2018	As %	Number of persons
Persons with disabilities, severely limited	5.0%	347 000
Persons with disabilities, limited but not severely	17.2%	1 204 000
Total of persons with disabilities	22.2%	1 551 000

Source: FSO – Statistics on Income and Living Conditions (SILC)

© FSO 2020

The FSO defines “persons with disabilities under the law on equality” as persons who have a long-standing health problem and who say they are limited (severely or not severely) in activities of daily living. This is a self-assessment based on two questions asked of people to determine whether or not they have a disability:

- “Do you have a chronic or long-term disease or health problem? By this we mean a disease or health problem that has lasted or will probably last 6 months or longer” (1. Yes, 2. No)
- “To what extent have you been restricted for at least six months by a health problem in activities that people usually do? Would you say that you are...” (1. Severely limited, 2. Limited, but not severely, 3. Not limited at all)¹

The federal law on equality for persons with disabilities (DDA) describes a disability as the limitations or restrictions which a person encounters in fully participating in social life as the result of an impairment or a long-term health problem. This definition is based on a mainly social concept of disability (I am unable to move freely)

¹ Although this question uses the term “limited”, it refers essentially to the participation restrictions as defined in the ICF. The reference to “activities that people usually do” covers activities such as studying, working, shopping or housework, bringing up children, going on holiday, and spending time with friends, etc. These questions were drawn up by the EU’s statistics services, which use the second model to define the status of a person’s disability (not in combination with the first model). Many statistics, including those from Switzerland, are available at www.ec.europa.eu/eurostat

which is different to the individual/medical concept (I am paraplegic). In this concept, it is the person themselves who can say whether they have a disability or not.

2.2 Persons with functional limitations

2017	As %	Number of persons
Persons with functional limitations (based on Washington Group)	4.4%	309 000
Severe or complete limitations		
Hearing	1.1%	78 000
Walking	1.0%	67 000
Speech	0.4%	28 000
Sight	1.1%	77 000
Memory and Concentration	1.7%	123 000
Limitations in daily activities (ADL)	1.1%	75 000

Source: FSO – Swiss Health Survey (SHS)

© FSO 2020

From a more individual perspective, the FSO also publishes information on people with a permanent or long-term structural or physical impairment or functional limitation (difficulty seeing, walking or speaking, etc.). On the same basis, the UN defines persons with disabilities according to the Washington Group (WG) methodology as persons who have severe or complete impairment in at least one of the following six functions: vision, hearing, mobility, communication, cognition, carrying out basic activities of daily life (washing, dressing, eating, etc.). The Swiss Health Survey measures these functions in a slightly different form and is thus able to create a disability index adapted to the WG methodology.

2.3 Persons receiving disability pensions or other IV benefits

2019	As %	Number of persons
Persons with IV benefits ¹	5.9% ²	409 000
Persons with IV pensions	4.0% ³	218 000

¹ Reintegration measures, disability pensions or helplessness allowances

² Percentage of insured population (aged 0 – retirement age)

³ Percentage of insured population (aged 18 – retirement age)

Source: FSIO – IV statistics

© OFS 2020

According to the Federal Act on General Aspects of Social Security Law (in force since 1st January 2003), disability is defined as “a full or partial earning incapacity that is likely to be permanent or persist in the longer-term”. Disability exists when this partial or complete inability to perform paid work (or one’s usual activities) is caused by a physical, psychological or mental health problem. The health problem may be the result of a congenital disorder, an illness or accident. The notion of disability is based on the medical model of disability. Although this notion relates to a particular participation restriction (restriction in professional life), the criteria giving rise to benefits are mainly medical.

Disability pensions are the most common type of benefit. But the invalidity insurance also provides other benefits, related or unrelated to an earning incapacity: daily allowances, helplessness allowances, etc. Other insurances also provide benefits related to a disability, such as accident insurance (pensions and medical measures) or the OASI (API-OASI).

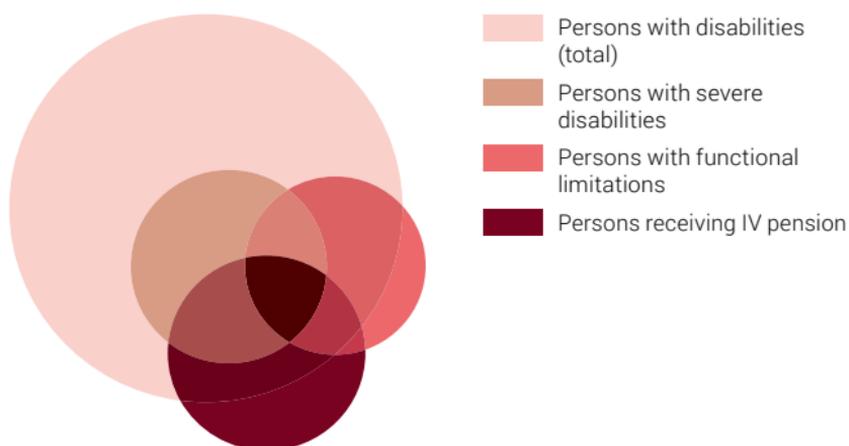
2.4 Overlap of definitions

The different concepts of disability lead to population groups being considered as having a disability. These groups differ from one another in size (number of people) but also by profile (socio-demographic characteristics). These groups do not necessarily overlap. Usually, a person with a severe sight disability who pursues a professional activity, does not receive a disability pension. By the same token, if their social environment is favourable and they have learnt to live a normal life, they will perhaps not describe themselves as being restricted in social participation.

Population percentage by different definitions of disability, 2017

Population aged 18 to 64 living in a private household

G2



Source: FSO – Swiss Health Survey (SHS)

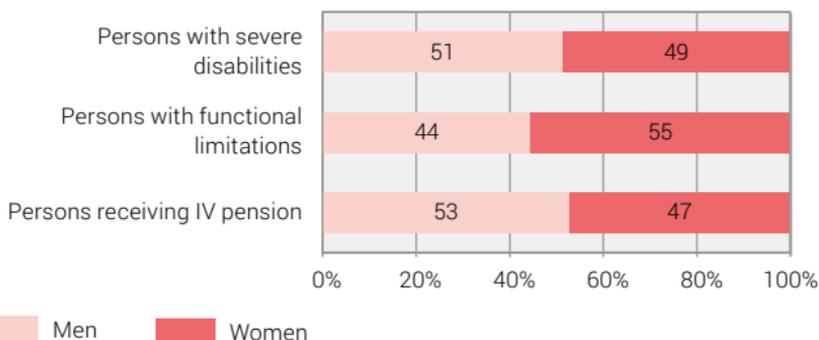
© FSO 2020

Socio-demographic profile – comparison of definitions of disability, in 2017

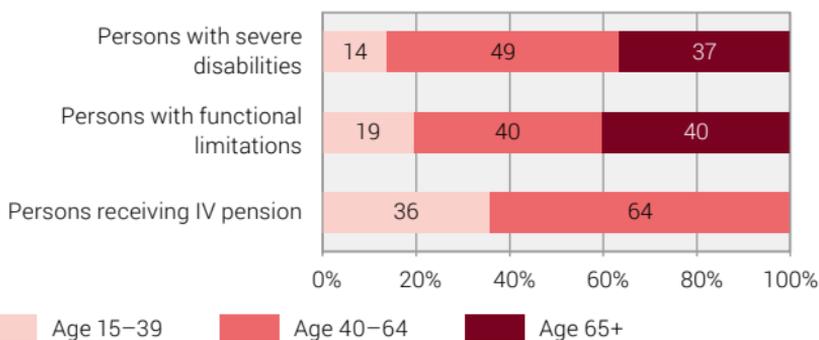
Population aged 15 or over living in a private household

G3

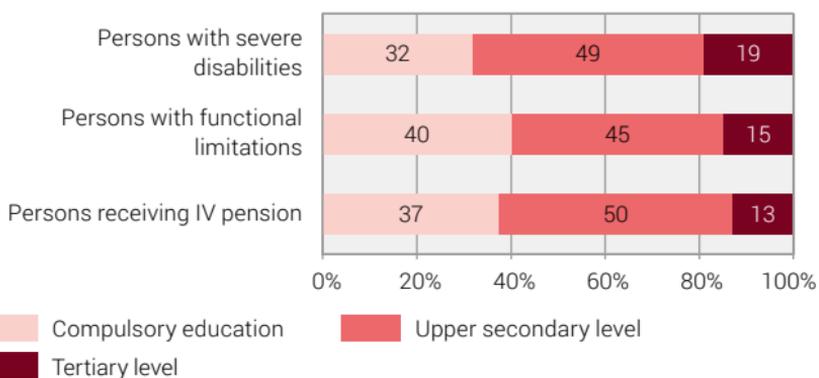
Sex



Age



Education



Sources: FSO – Swiss Health Survey (SHS)

© FSO 2020

2.5 Criteria that influence the measurement of disability

Measuring how many people live with a disability does not depend on the approach and the chosen statistical definition alone. Other factors also have a direct influence.

- The threshold that marks the border between disability and non-disability (in reality, life is a continuum of situations varying between no, little or severe disability).
- The socio-demographic structure of the population studies (since the risk of disability differs depending on age, gender or other characteristics).
- The design of the survey used (exhaustive or sample survey, characteristics of the sample, age limits, type of interview, inclusion or not of people living in collective households such as specialised institutions, etc.).

In practice, Swiss statistics have no register or exhaustive survey providing information on the population's disability status. But several sample surveys allow this status to be measured according to one or several definitions. These surveys all provide good quality estimates but due to differences in their design and the inherent inexactness of estimates based on samples, the findings they supply show variations that cannot always be explained. In particular, the percentage of people who are limited but not severely, can be subject to variation.

Furthermore, these surveys are often conducted among the resident population aged 15 or over living in a private household. They therefore exclude children under the age of 15 and people living in a collective household (boarding schools, specialised institutions, prisons, monasteries, etc.). Disability in children is rare (54 000 0–14 year-olds, i.e. 5% of this age group according to an estimate from 2017). It is much more present in collective households, in particular in institutions for disabled persons (25 512 people in institutions for all or part of the year according to the last national survey in 2015) and in nursing homes (116 468 people aged 65 or over and 5651 0–64 year-olds in long-term stays in 2015).

3 Equality for disabled persons: Main results

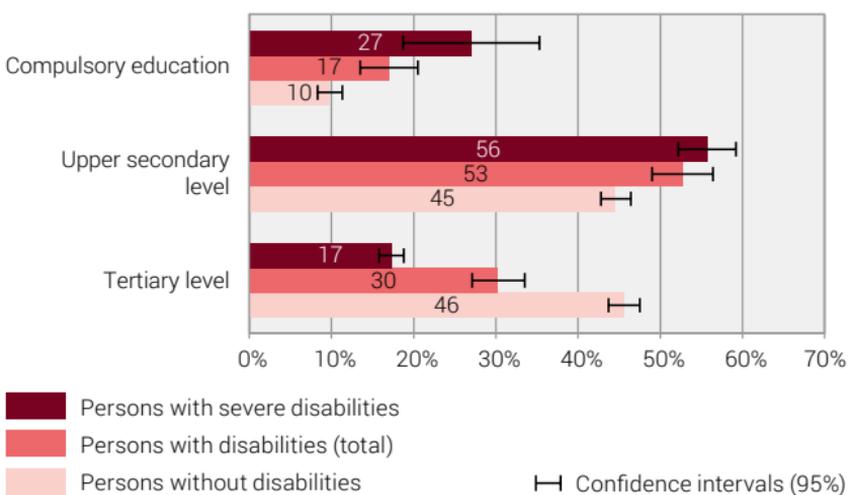
The results presented here are limited to people living in private households aged from 16 to 64. This limit corresponds to the data available and to the ages at which the issue of equality for persons with disabilities is most sensitive (in particular, access to education and to the labour market). In this age group, the proportion of people with disabilities among the population living at home totals 19% (severely limited people: 4%).

3.1 Education

Level of education of persons with and without disabilities, in 2018

Population aged 25 to 64 living in a private household

G4



Source: FSO – Survey on Income and Living Conditions (SILC)

© FSO 2020

Access to education and training is a basic human right. This concerns children and young people with disabilities (basic education) but also adults (continuing education and professional retraining).

In the school year 2017/18, 42 101 pupils received reinforced special education measures, i.e. 4% of all pupils in compulsory education. The majority (22 266) were integrated into a standard class, whereas 17 304 received separate schooling in a specialised school.

People with disabilities have a lower level of education than the rest of the population. But disability is not the only reason for this difference. As the disability often appears after the age at which people complete their initial education, the relation between education

and disability can be reversed: education influences the types of occupation carried out; different occupations imply different risks for a person's health.

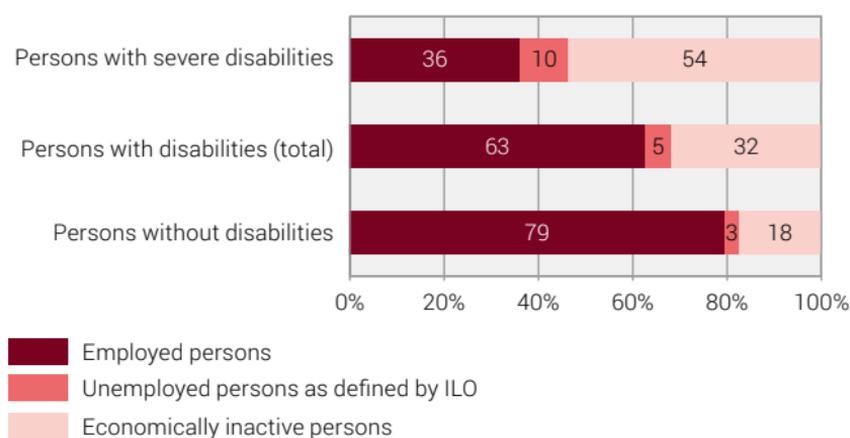
As is the case for other groups with a low level of education, persons with disabilities are less likely to engage in further education.

3.2 Professional activity

Labour market status of persons with and without disabilities, in 2018

Population aged 18 to 64 living in a private household

G5



Source: FSO – Survey on Income and Living Conditions (SILC)

© FSO 2020

Labour market participation plays a key role in the equality of people with disabilities, featuring prominently in the Disability Discrimination Act. This participation enables persons with disabilities to provide for themselves through gainful employment. It is also a way for people with disabilities to put to good use their skills and ability to work, to engage with other people, to create a social and professional identity and to fully take part in our society where adults' social roles are mainly organised around productive and paid work.

Among persons with disabilities of working age (aged 18–64), two out of three participate in the labour market: 63% have a job and 5% are unemployed, i.e. 68% of economically active persons (figures for 2018). These figures show a high degree of involvement of persons with disabilities in working life. Even among people who are severely limited, just under half are economically active (46%). This involvement is, however, smaller than that of people without disabilities (82%).

Among people with disabilities who have a job, 40% work part-time (less than 36 hours per week) whereas only 27% of people without a disability do so (figures for 2018). The working conditions of people with disabilities appear to be comparable with those of people without disabilities.

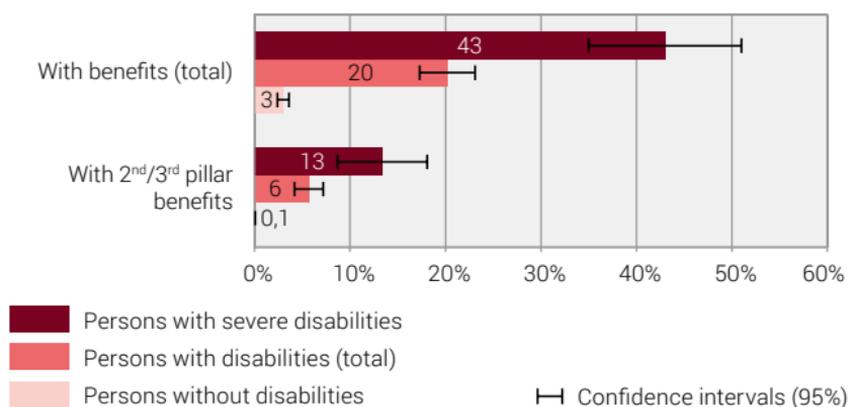
Alongside ordinary labour market participation (known as “primary market”), many people with disabilities carry out productive work in protected structures adapted to their abilities (known as “secondary market”).

3.3 Financial situation

Invalidity benefits of persons with and without disabilities, in 2018

Population aged 18 to 64 living in a private household

G6



Source: FSO – Survey on Income and Living Conditions (SILC)

© FSO 2020

4% of 18 to 64 year-olds living in a private household receive an invalidity insurance (IV) pension. Logically, many more people with disabilities receive regular benefits from the IV (pension or daily allowances, etc.) than persons without disability. However, this concerns only a minority of persons with disabilities (2018: 20%), even among those who say they are severely limited (43%). This finding confirms the difference between disability and invalidity. Among people with disabilities receiving IV benefits, a little more than half also receive benefits from pension funds (2nd pillar) or, more rarely, from a private insurance (3rd pillar).

Overall, women with disabilities are less likely to receive invalidity benefits than men with disabilities. This gap, however, tends to narrow after several years.

3.4 Subjective well-being

Life satisfaction of persons with and without disabilities, in 2018

Population aged 16 to 64 living in a private household

G7



Source: FSO – Survey on Income and Living Conditions (SILC)

© FSO 2020

The measurement of satisfaction with regard to equality for persons with disabilities is important. It enables areas of life to be identified in which the objective differences between persons with and without disabilities have an impact on quality of life or where improvement is most needed.

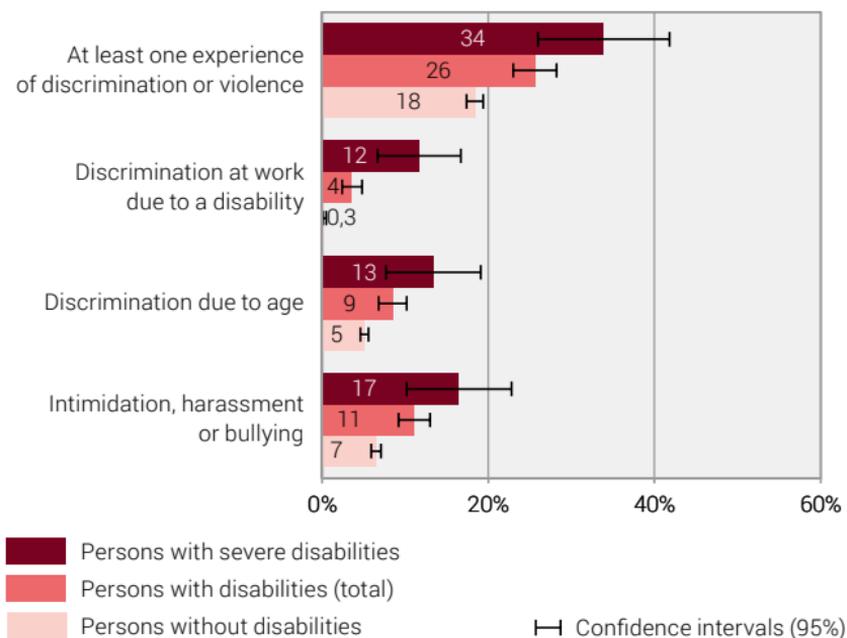
People with disabilities are less satisfied with their life in general than the rest of the population. This holds true in almost all areas of subjective well-being, but in particular in regard to health, financial situation and leisure-time activities.

3.5 Discrimination

Discrimination and violence at work, in 2017

Economically active population aged 15 to 64 living in a private household

G8



Source: FSO – Swiss Health Survey (SHS)

© FSO 2020

Universal rights grant every human being the protection of their fundamental rights and freedoms. They guarantee the principle of equality in dignity and rights, free from poverty and any form of violence and discrimination.

According to the Diversity and coexistence in Switzerland survey 2018, 4% of the permanent resident population aged 15 to 88 said they had been victims of discrimination in Switzerland due to a disability during the past five years.

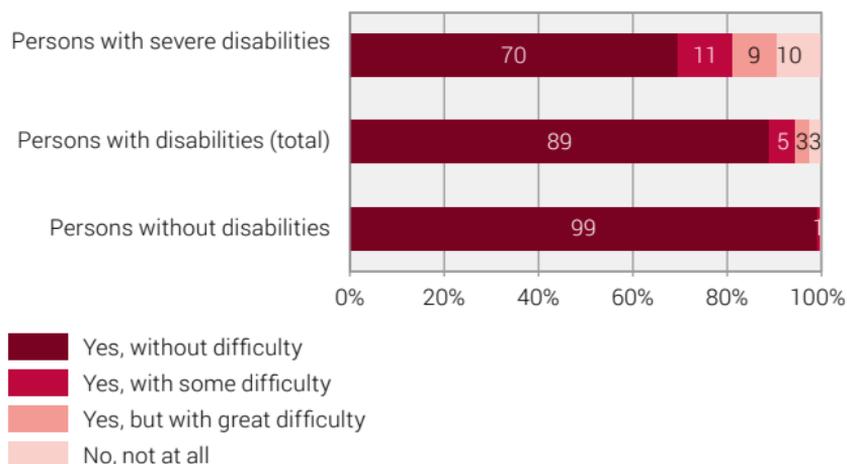
Discrimination is particularly manifest in the world of work. According to the Swiss Health Survey 2017, 4% of persons with disabilities aged 15 to 64 said they had been discriminated against at work in the past year due to a disability. Among people with a severely limiting disability, this rate was 12%. Irrespective of a disability, discrimination at work is most likely to take the form of bullying, harassment or intimidation.

3.6 Mobility

Use of public transport without help, in 2017

Population aged 15 to 64 living in a private household

G9



Source: FSO – Swiss Health Survey (SHS)

© FSO 2020

Getting about is not always easy for persons with disabilities. Their difficulties are obviously related to their disability (paraplegia or blindness) but also to the built or technological environment (inaccessible bus, lack of audible information or floor markings, etc.). The Disability Discrimination Act aims to remove these environmental barriers, in particular in the area of public transport.

The vast majority of persons with disabilities (89%) say they can use public transport independently and without difficulty. Only certain disabilities lead to reduced mobility. Only 5% say they have some difficulties, 3% a great amount of difficulty and 3% cannot use bus and trains at all without help. Among people with a severely limiting disability, these percentages are even higher: In all, three in ten have at least some difficulty in getting about alone on public transport and one in 10 cannot do so at all.

4 To find out more

Data in the Swiss Statistics Portal

www.statistique.ch

- 20.05 – Equality for disabled persons
- 14.03 – Population health
- 14.04 – Specialised institutions
- 13.05 – Social security
- 15.02 – Statistics on special needs education

Publications

Children with disabilities in 2017 (FSO 2019, in French and German)

Cantonal and para-public data

- OBSAN
- Cantonal statistics offices
- Cantonal social report
- Accident insurance statistics (SUVA)

Equality for persons with disabilities

Federal Office for the Equality of People with Disabilities

Online

www.statistics.admin.ch

Print

www.statistics.admin.ch

Federal Statistical Office

CH-2010 Neuchâtel

order@bfs.admin.ch

tel. +41 58 463 60 60

FSO number

1231-2000

Statistics
counts for you.

www.statistics-counts.ch