



## ORIGINAL PAPER

# The situation of people with disabilities in Europe: statistics, inclusion and living conditions

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**Abstract:** People with disabilities represent a significant segment of the European population, facing multidimensional challenges. This article provides a broad perspective on disability in Europe, examining data on its prevalence, financial conditions, housing, and access to public services. The first part of the article presents statistical information on the proportion of people with disabilities and their distribution by age and region. The second part focuses on their living conditions and social inclusion at the European level. Data indicate that individuals with disabilities are at a higher risk of poverty and social exclusion, encountering difficulties in accessing adequate housing, healthcare services, and education. Their quality of life is closely tied to the accessibility of information and public services, underscoring the need for more effective public policies to promote social inclusion and reduce disparities (World Health Organization, 2012).

**Keywords:** *people with disabilities, statistics, living conditions, inclusion, Europe*

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## **The situation of people with disabilities in Europe: statistics, inclusion and living conditions**

### **Introduction**

Disability represents a fundamental dimension of the human condition, as the process of ageing is often accompanied by the emergence of functional constraints, whether temporary or permanent. In this context, understanding disability both as a social phenomenon and as an individual experience becomes essential (World Health Organization, 2021), since the way it is defined influences public policies, educational practices, and community attitudes.

### **Conceptual framework of disability**

The concept of disability must be approached as a complex notion that changes and evolves depending on the context. Most definitions in the specialized literature highlight the importance of social and physical barriers in the experience of disability, thus shaping what is known as the “social model” of disability. Therefore, the environment in which a person with disabilities lives exerts a strong influence on how disability is experienced and on its intensity.

The United Nations Convention on the Rights of Persons with Disabilities – CRPD describes persons with disabilities as “those who have long-term impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”(Convention on the Rights of Persons with Disabilities, 2007).

Disability, as the World Health Organization notes, appears as a result of the interaction “between individuals with a health condition, with personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support” (World Health Organization, 2025).

Disability appears as a consequence of the relationship between the individual affected by a health problem and the contextual factors surrounding it. Therefore, it is an “umbrella term for impairments, activity limitations and participation restrictions” (World Health Organization, 2021, p.221).

The significance of the concept of interaction between a person with an impairment and the social and attitudinal barriers that he or she may face is also underlined by the Disabled Peoples’ International- DPI (Disabled Peoples’ International, n.d.)

Disability, as the product of the interaction between a person with an impairment and the various social and attitudinal barriers they may encounter, is also reflected in the definition of the International Disability Alliance (n.d.).

The conceptual meaning of the term illustrates the need for an integrated approach that emphasizes all dimensions of disability and does not limit its understanding exclusively to a single one, such as the medical or the social.

In Romania, Law no. 448/2006 on the protection and promotion of the rights of persons with disabilities defines disability as the situation in which the social environment, not adapted to physical, sensory, mental or intellectual impairments, limits or prevents equal participation in community life, which justifies the adoption of special protection measures to support integration and social inclusion (Law no. 448/2006, art. 2).

### **Theoretical framework for understanding disability**

The way disability has been understood and named has gone through significant changes up to the present. Initially, the term “handicap” was used to designate persons with various physical, sensory, or psychological limitations. However, as this word acquired negative connotations, being associated with the idea of disadvantage and difficulty, rights movements gradually promoted the use of the term “disability”. This is perceived as having a more positive nuance, as it emphasizes the person and their social integration rather than their limitations.

The origin of the term handicap is attributed to the English expression “hand in cap”, which designated a game in which various personal objects were disputed through drawing lots. (Monica Angela et al., 2013, pp. 7–9). In the 18th century (1754), the word handicap began to be applied to horse competitions, and the term “handicap race” was understood as a race in which the unequal chances of the horses were balanced by adding weights to the stronger ones. After 1883, the notion of handicap was extended beyond the field of sport, being used to designate the concept of balancing chances in various social and cultural domains .

Once the term handicap was adopted in the social and medical fields, it came to be perceived as a stigmatizing label, emphasizing the person’s deficiencies and limitations. For this reason, in specialized language it was gradually replaced by disability, considered more appropriate, as it proposes a neutral approach and places the person at the center, not their incapacities.

The semantic evolution of the term was consolidated by subsequent conceptual systematizations. In 1980, the World Health Organization introduced the International Classification of Impairments, Disabilities and Handicaps -ICIDH, (World Health Organization, 1980), in which the term handicap appeared alongside impairment and disability, underlining the relationship between them .

Criticism regarding the overly medicalized nature of the ICIDH and the maintenance of the term handicap led to its abandonment in favor of the notion of disability, which also includes the dimension of social participation. As a result, in 2001, the World Health Organization launched the International Classification of Functioning, Disability and Health (ICF), marking a paradigm shift: the term handicap was eliminated, and disability was redefined as the result of the interaction between health conditions and environmental and personal factors (World Health Organization, 2001).

In the field of disability studies, multiple models have been formulated to explain and understand the concept. In general, two perspectives are emphasized: the “medical model” and the “social model”.

From the perspective of the medical model, disability is framed as a strictly individual problem, arising from illnesses or accidents, and implies medical treatment. On the other hand, the “social model” views disability as the result of barriers imposed by society. Thus, it is the environment that disables, rather than the person’s physical impairments.

Although the social model is presented in opposition to the medical one, neither of the two perspectives is considered sufficient to fully describe disability.

Therefore, in the specialized literature, the bio-psychosocial model of disability is presented as a compromise between the two (World Health Organization, 2012). The International Classification of Functioning, Disability and Health (ICF), developed by the

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World Health Organization (WHO), is used internationally as a standard for understanding and measuring health and disability, and presents disability as an “interaction between health conditions and contextual factors – environmental and personal factors” (World Health Organization, 2012, p. 5).

According to the ICF, it outlines the following characteristics of these factors:

<i>Environmental factors</i>	<i>Personal factors</i>
✓ External to the individual	✓ Internal to the individual
✓ Include the physical, social, and attitudinal environment of people	✓ Include individual characteristics that influence a person's life and health
✓ Classified in the International Classification of Functioning, Disability and Health (ICF)	✓ Not classified in the International Classification of Functioning, Disability and Health (ICF)
✓ Examples: -Attitudes (individual, social, institutional, family, social norms and values) -Services, systems, and policies (architectural characteristics, legal, social, political services, education, labor market, infrastructure) -Support and relationships (family, friends, acquaintances, colleagues, neighbors, community members, professionals from various fields) -Products and technology (for personal consumption, mobility and transport, communication, education, employment, culture, recreation and sport, religion and spirituality, public buildings, territorial development – land use planning) -Natural environment (geography, climate, flora, fauna, air quality, natural or man-made events)	✓ Examples: - Demographic data (age, gender, race, marital status) -Personal history (level of education, occupation, residence environment – urban or rural) -Lifestyle and habits (daily routine, physical activity, nutrition, substance use such as alcohol, tobacco) -Psychological and emotional resources (motivation, coping strategies, beliefs and values) -Personality traits -Socio-economic context (social roles, material situation, support network)

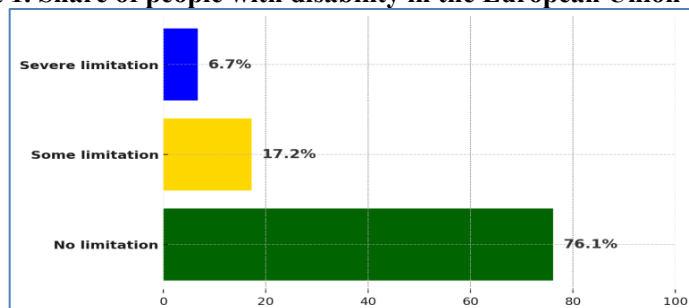
Source: REHADAT – ICF Guide, n.d.

### Global and European prevalence of disability

At the global level, 16% of the world's population – approximately 1.3 billion people – live with a significant disability. (World Health Organization, 2023).

In 2024, at the European level, the total population was about 448 million inhabitants, of which approximately 370 million people of them (83%) were aged 16 or over (Eurostat, 2025b; Eurostat, 2025, August 7). According to Eurostat data, 23.9% of those aged 16 and over – that is, approximately 107.1 million people – had a disability in 2024. Among them, around 77.1 million (17.2%) reported moderate limitations, while about 30.0 million (6.7%) reported severe limitations (Eurostat, 2025b).

**Chart 1. Share of people with disability in the European Union**

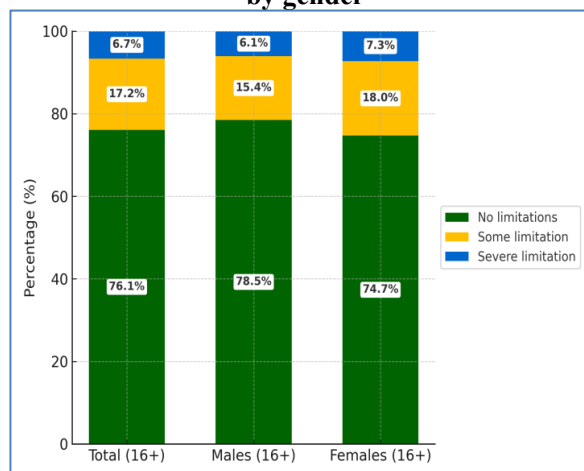


Source: (Eurostat, 2025b)

A gender gap can be observed in the prevalence of disability: women are more frequently affected by moderate and severe limitations compared to men, while the percentage of men without limitations is higher than that of women.

An explanatory factor is the fact that, on the one hand, women outnumber men: at the European level, in 2023 there were 229 million women and 219 million men (Eurostat, 2025a). In addition, life expectancy at birth is higher for women than for men – 84.0 years for women and 78.7 years for men (Eurostat, 2025c), which leads to a higher likelihood of impairments among women

**Chart 2. Share of people with disability in the European Union ,  
by gender**



Source: Eurostat, 2025b

Disability is closely linked to the process of demographic ageing, and the likelihood of its occurrence increases with age. According to Eurostat data, half of individuals aged 65 to 74 report some form of limitation, while after the age of 85, approximately 75% experience disability, of which 30% report severe limitations. In the younger age group (16–24 years), only 7% report limitations, most of them minor.

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**Tabel 1. Share of people with a disability, EU 2024**

<i>Age group</i>	<i>No limitation (%)</i>	<i>Some limitation (%)</i>	<i>Severe limitation (%)</i>
16–24	93%	5%	2%
25–34	90%	7%	3%
35–44	86%	10%	4%
45–54	79%	15%	6%
55–64	65%	25%	10%
65–74	50%	35%	15%
75–84	35%	40%	25%
85+	25%	45%	30%
16+ total	76.1%	17.2%	6.7%

Source: Eurostat, 2025b

In 2024, the proportion of persons with disabilities who reported having a disability in the Member States of the European Union was high in Latvia (41%) and Finland (36%), while the lowest values were identified in North Macedonia, Montenegro, and Serbia (percentages between 10–12%).

**Table 2. Distribution by country of persons with disabilities in the European Union**

<i>Country / Region</i>	<i>Percentage of persons with disabilities (approx.)</i>
EU (average)	~24%
Latvia	~41%
Finland	~36%
Norway	~33%
Slovakia, Netherlands, Estonia, Austria	~30–33%
Germany, France, Croatia, Belgium	~25–28%
Türkiye	~25%
Spain, Ireland, Romania, Greece	~18–22%
Italy, Malta, Bulgaria	~12–15%
North Macedonia, Montenegro, Serbia	~10–12%

Source: Eurostat, 2025b, p. 2

Thus, based on Eurostat data, it can be observed that South-Eastern countries such as Italy, Malta, Greece, Bulgaria, and Romania record lower levels, while Northern and Baltic countries such as Latvia, Finland, and Slovakia report the highest values.

**Table 3. Distribution by country of persons with disabilities in the European Union**

<i>Country / Region</i>	<i>Total disability (%)</i>	<i>Some limitation (%)</i>	<i>Severe limitation (%)</i>
EU (average)	23.9%	17.2%	6.7%
Latvia	41.2%	30.1%	11.1%
Finland	35.3%	29.0%	6.3%
Slovakia	32.0%	21.2%	10.8%
Romania	18.6%	15.4%	3.2%
Greece	18.3%	9.6%	8.7%
Italy	14.5%	10.2%	4.3%
Malta	14.2%	10.4%	3.8%

Bulgaria	12.7%	10.4%	2.2%
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Source: Eurostat, 2025b

### Perspective on disability: living conditions and social inclusion at the European level

#### *Social inclusion*

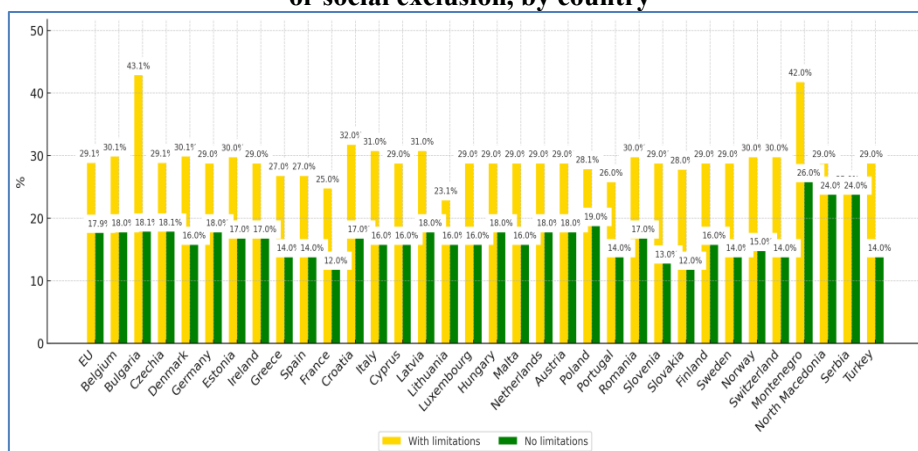
According to statistics, in the European Union in 2024, 28.8% of people with disabilities were at risk of poverty or social exclusion (Eurostat, 2025d).

It is evident that people with disabilities face a considerably higher risk of poverty and social exclusion compared to those without limitations. At the top of the ranking of countries with the highest risk are Bulgaria (43.8%), Latvia (43.1%) and Romania (38.4%), while the countries with the lowest risk are the Netherlands (21.8%) and Finland (24.4%) (Eurostat, 2025d).

Notable differences are also observed among developed countries such as Germany, France and Sweden, where the gap between people with disabilities at risk of poverty or social exclusion and those without disabilities ranges between 12 and 17 percentage points (Eurostat, 2025d).

Below the European Union average of 28.8%, there are 10 countries out of the 31 analyzed: Czechia, France, Italy, Luxembourg, the Netherlands, Poland, Slovenia, Slovakia, Finland and Sweden.

**Chart 3. Share of people with disabilities aged 16 years and over at risk of poverty or social exclusion, by country**



Source: Eurostat, 2025d

The experience of disability is directly shaped by social and economic inequalities, such as the increased risk of poverty, limited access to employment, and exposure to material and social deprivation. These factors reduce the chances of people with disabilities to fully participate in social and economic life and heighten their vulnerability.

The table below shows that disability amplifies vulnerability: the at-risk-of-poverty rate is 20.7% among people with limitations, compared with 14.2% among those

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without limitations. It also has a strong impact on severe material and social deprivation, with the share of people with limitations (10.4%) being twice as high as that of people without limitations (4.7%).

People with disabilities under the age of 65 face significant barriers to entering the labor market, being more than three times as likely to live in households with very low work intensity.

**Table 4. European Union average of people at risk of poverty or social exclusion (aged 16 and over) and people under 65 with very low work intensity**

<i>Indicator</i>	<i>With limitations (%)</i>	<i>No limitations (%)</i>
At risk of poverty or social exclusion	28.8%	17.9%
At risk of poverty rate	20.7%	14.2%
Severe material and social deprivation	10.4%	4.7%
Very low work intensity (people less 65 years)	18.4%	5.5%

Source: Eurostat, 2025d

### *Living*

### *conditions*

Housing conditions highlight significant differences in the experience of people with disabilities. At the level of the European Union, in 2024, two thirds (66.5%) of people aged 16 years and over with a disability lived in their own dwellings, while one third (33.5%) lived in rented accommodation.

**Table 5. Percentage of people aged 16 years or over with disabilities who own a house**

<i>Housing status</i>	<i>With limitations (some/severe)</i>	<i>No limitations</i>
Owner	66.5%	70.0%
Tenant	33.5%	30.0%

Over 90% of people with disabilities who are homeowners are found in Eastern European countries, where the tradition of owning a dwelling has been strongly influenced by political factors, both through the privatization of housing following the fall of the communist regime and through the perception of home ownership as a form of security(Eurostat, 2025e). By contrast, in Western and Northern Europe, higher rates of tenants with disabilities are observed, a situation supported by the availability of more diverse housing alternatives, a more developed market, and greater financial capacity.

**Table 6. Countries with the highest shares of homeowners and tenants among people with disabilities**

<i>Top 5 countries with the highest share of homeowners with disabilities</i>	<i>Homeowners (%)</i>	<i>Top 5 countries with the highest share of tenants with disabilities</i>	<i>Tenants (%)</i>
Romania	97.2	Switzerland (*)	55.0
Slovakia	96.2	Austria	50.3
Croatia	94.8	Germany	47.3



Hungary	93.8	Sweden	41.7
Lithuania (*)	90.2	Norway	23.3

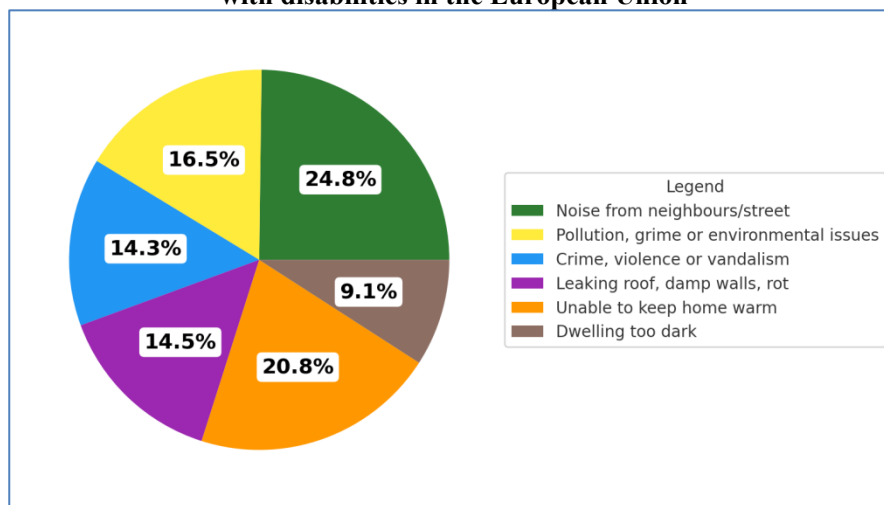
Source: Eurostat, 2025e

In 2024, the housing cost overburden rate for people with disabilities aged 16 years and over in the EU was 10.4% (Eurostat, 2025e). In 21 Member States covered by Eurostat, this rate was higher for people with disabilities compared to those without. The values varied considerably, ranging from 2.0% in Cyprus to 12.2% in Hungary and up to 33.0% in Greece (Eurostat, 2025e).

Across the European Union, 10.4% of people with disabilities spent at least 40% of their disposable income on housing, compared with 7.8% of those without disabilities. The widest gaps were observed in Sweden (7.5 pp), Denmark (6.6 pp) and Belgium (6.3 pp).

With regard to housing quality for people with disabilities, problems are reported both at the level of the residential area (pollution, dirt, noise, violence, vandalism, crime) and at the level of the dwelling itself (dampness or mould, cold, lack of natural light) (Eurostat, 2025e).

**Chart 4. Housing quality problems among people with disabilities in the European Union**



Source: Eurostat, 2025e

At the level of the European Union in 2024, the overcrowding rate was lower for people with disabilities (11.0%) compared to those without disabilities (16.1%) (Eurostat, 2025e). Romania recorded the largest gap, of 16.7 percentage points, between people without disabilities living in overcrowded dwellings (39.8%) and those with disabilities in the same conditions (23.1%). The only countries where the overcrowding rate was higher among people with disabilities than among those without were Sweden and Finland (Eurostat, 2025e).

The lowest overcrowding rates were observed in Malta (1.3%) and Cyprus (1.7%), while the highest were in Poland (30.1%) and Latvia (34.2%).

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**Table 7. Overcrowding rate for people with a disability (aged 16 years or over) – Top European Union countries with the highest and lowest values**

<i>Top 5 countries – highest overcrowding rates</i>	<i>Overcrowding rate (%)</i>	<i>Top 5 countries – lowest overcrowding rates</i>	<i>Overcrowding rate (%)</i>
Latvia	34.2%	Malta	1.3%
Poland	30.1%	Cyprus	1.7%
Romania	23.1%	Denmark	1.8%
Croatia	16.2%	Ireland	2.2%
Slovakia	14.8%	Netherlands	2.8%

Source: Eurostat, 2025e

For people aged 65 and over, the overcrowding rate was higher among those with disabilities (6.9%) compared to those without disabilities (5.4%). The largest difference was recorded in Latvia, where 27.0% of older people with disabilities lived in overcrowded conditions, compared with 18.2% of their peers without disabilities living in the same conditions (Eurostat, 2025e).

### Conclusion

Studies show that persons with disabilities are exposed to an increased risk of poverty, social exclusion, and inequalities in various fields, placing them in a vulnerable position regarding access to resources and opportunities (World Health Organization, 2012). Improving their quality of life depends not only on economic support but also on access to healthcare services, education, the labour market, and housing adapted to individual needs.

The social integration of persons with disabilities remains a pressing challenge, conditioned by the recognition and removal of physical and social barriers. Beyond institutional policies, a change in mindset is also required, as their full participation in society involves reducing prejudice and fostering a culture of diversity and mutual respect (International Disability Alliance, n.d.; World Health Organization, 2025).

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