

People with disabilities

Everyday life and living conditions 2020



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VIVÉ

People with disabilities – Everyday life and living conditions 2020

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Fore word

This report aims to illuminate the living conditions of people with disabilities and the development from 2012 to 2020. The analyses compare the living conditions of people with and without disabilities. Through this, the report can provide answers to whether, and if so, how and to what extent a disability constitutes a barrier for the affected individuals.

The report is based on the first three waves of the survey "SHILD – Survey of Health, Impairment and Living conditions in Denmark," conducted in 2012, 2016, and 2020, and linked with register data. The study has been prepared by analyst Stine Vernstrøm Østergaard, senior researcher Rikke Fuglsang Olsen, and senior researcher Anna Ami-lon, who has been the project leader for the study.

A follow-up group consisting of experts and researchers in the field of disability has contributed to the development of the questionnaire and provided feedback on the draft report. We thank the follow-up group for their constructive input and comments. Additionally, the report has been reviewed in draft form by two external reviewers, whom we also thank for their valuable comments and ideas.

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Summary

Danish disability policy aims to improve living conditions for people with disabilities as well as their opportunities for inclusion and social participation, so they achieve the same opportunities as people without disabilities. This report provides a broad picture of the living conditions among people with disabilities. We examine, among other things, family background, current family situation, education, employment, income, quality of life, health, social participation, discrimination, and violence. We consistently compare the living conditions of people with disabilities with the corresponding living conditions of people without disabilities. Thus, the report can answer whether and, if so, in which areas people with disabilities encounter barriers compared to people without disabilities.

The report is based on the first three waves of the survey "SHILD – Survey of Health, Impairment and Living conditions in Denmark," each comprising approximately 18,000 respondents aged 16-64 in 2012, 2016, and 2020, respectively. In each wave of SHILD, respondents were asked: "Do you have a long-term physical health problem or disability?" and, if the answer was yes, whether the most serious physical health problem or disability is less or more severe. Additionally, respondents were asked: "Do you have a mental illness?" and, if the answer was yes, whether the most serious mental illness is less or more severe. Based on the responses to these four questions, we identify whether the respondent has a greater or lesser physical and/or mental disability or no disability.

People with disabilities

The proportion of people who report having a major or minor physical disability or health problem ("physical disability") or a major or minor mental illness ("mental disability") has remained constant at 31% during the period 2012-2020. However, we are seeing a change in the composition of the disability group towards a larger proportion with mental disabilities. In particular, the proportions of those who self-report having "ADHD, ADD" and "Autism, Asperger's Syndrome" have increased significantly from 2016 to 2020. The results also indicate a trend that disabilities occur at an earlier age, especially for mental disabilities. For example, the proportions among people with severe mental disabilities who report that their disability occurred before the age of 27 have increased from just over half (53%) in 2012 to just over two-thirds (67%) in 2020. However, we also see a trend where more people with mental disabilities expect that they will improve. In contrast, the trend is the opposite for people with severe physical disabilities. The results thus show that while the proportion of those with a major physical disability has decreased since 2016, the self-assessed prognosis for these individuals has worsened.

Family, intimacy, and children

Overall, people with disabilities are less likely to have a partner than people without disabilities. Those with disabilities who do have a partner are more often in a relationship with someone who also has a disability.

For the proportion of those who have children, a somewhat different pattern is observed. The proportion of those who have children is highest among people with physical disabilities, where approximately two-thirds have children. Among people without disabilities, 58% have children, while the proportion is 42% and 45% among those with greater and lesser mental disabilities, respectively. The higher proportions of people with physical disabilities having children may be due to this group being older than the groups without or with mental disabilities. People with disabilities who have children relatively more often have children with a disability, and several of the respondents with disabilities also have siblings and/or parents with a disability.

Several individuals from all disability groups have been placed outside their homes at some point during their childhood. This is particularly true for respondents with severe mental disabilities.

Education

People with disabilities have, on average, a lower level of education than people without disabilities. Fewer individuals with disabilities (aged 30-64 years) have completed a long higher education, while there are significantly more with a disability who have primary school/secondary school exam as their highest completed education, compared to respondents without a disability.

From 2012 to 2020, there is a decline in the proportion of 30-40-year-olds with a severe mental disability who have vocational education. For the very young individuals aged 18-25 years, however, we see an increasing trend over time regarding the completion of a secondary education, where particularly many more in the group with a lesser mental disability achieve a secondary education in 2020 than in 2016 and 2012. In 2020, we do see that respondents with major physical and severe mental disabilities continue to attain a secondary education to a significantly lesser extent compared to respondents without a disability.

People with a disability are generally more likely to drop out of education than those without a disability. In particular, individuals with mental disabilities are more often reported to have dropped out not just once, but two or more times. A significantly higher number among the respondents with a disability indicate that their illness or disability was the reason for their dropout, or that stress, depression, or similar factors played a role. For individuals with a major physical or mental disability, we also see significantly more who report that they did not have the necessary assistive devices or materials, or that the education did not adequately consider their illness and disability.

Employment and income

The analyses show that the proportion of employed people with larger physical and mental disabilities has increased significantly during the period 2012-2020. This increase is primarily due to a relatively higher number of citizens with disabilities entering flex jobs. However, the proportions in employment or education were still significantly lower among people with disabilities than among those without. Although more citizens with disabilities were employed in 2020 compared to 2012, the average sick leave in the group has decreased. This result is probably due to a larger proportion among people

with disabilities being in flex jobs with greater opportunities for flexible work arrangements in 2020 than in 2012.

Parallel to the increasing proportions of citizens with disabilities entering employment, the average working hours have decreased. Among people with severe physical disabilities, the hours have dropped from 32 hours in 2012 to 27 hours in 2020, and among people with severe mental disabilities, it has decreased from 33 hours to 25 hours. For people without disabilities, the hours have remained constant at approximately 38 hours per week throughout the period. The difference between people with and without disabilities has thus grown from about 6 hours in 2012 to approximately 11-13 hours in 2020. The decrease in working hours among citizens with disabilities is likely due to an increasing number of citizens with disabilities entering flex jobs, where working hours are often reduced.

People with severe mental disabilities (26 %) have received support from the job center to find work to a greater extent than people with severe physical disabilities (16 %) and people without disabilities (10 %) within the last 3 years. Among people with severe physical disabilities, 52 % believe that the job center's support was helpful to a high or some degree. Among people with severe mental disabilities and those without disabilities, the corresponding proportions were approximately 45 %. The difference between people with severe physical disabilities and the other two groups may be due to caseworkers perceiving the support needs of citizens with physical disabilities as more concrete and well-defined than if the disability is less visible (as is the case with mental disabilities).

The often weaker attachment to the labor market among people with disabilities can have negative consequences for income and the perceived economic situation. The results also show that a larger proportion of people with disabilities feel that the economy is very poor or poor compared to people without disabilities. Among individuals with severe physical and severe mental disabilities, 26 % and 40 %, respectively, assess their economic situation as poor or very poor. The corresponding proportion among people without disabilities is 5 %. These proportions have not changed since 2012. Thus, the positive development in employment among people with disabilities has not affected the group's satisfaction with their economic situation.

The results further indicate that the proportions hindered from living an ordinary life due to economic reasons are significantly higher among people with severe physical (36 %) and severe mental (46 %) disabilities than among people without disabilities (10 %). Additionally, people with severe physical and mental disabilities have significantly more often than people without disabilities refrained from purchasing prescription medicine and have avoided necessary dental or psychological treatment for economic reasons. The poorer economic situation among people with disabilities thus has consequences for both everyday and health-related consumption.

case processing

The analyses regarding municipal case processing show, unsurprisingly, that larger proportions among citizens with major physical (46%) and major mental (35%) disabilities have been in contact with the municipality in the past year compared to citizens without disabilities (10%). Among those who have been in contact with the municipality in the past

year, "own disability" is the most frequently cited reason among people with disabilities. Among people without disabilities, "child's disability" is the most frequently cited reason.

Since a relatively large number of citizens have responded that they do not have a long-term health problem or disability but have been in contact with the municipality due to a child's, partner's, or their own disability, we have divided the analyses according to the reason for contact with the municipality. This means that we distinguish between citizens who have contacted the municipality due to (their own, a partner's, or a child's) disability and citizens who have contacted the municipality for other reasons.

People with disability-related contact with the municipality experience to a high degree having influence over the initiatives that the municipality implements, compared to citizens who contact the municipality for other reasons. For both groups, there has been a shift towards a greater perception of having influence since 2012.

Significantly larger proportions among individuals who have been in contact with the municipality due to disability report having many changing caseworkers. In total, 43% in groups with contact due to disability indicate that this is the case "to a high degree" or "to some degree." The corresponding proportion among individuals who contact the municipality for other reasons is 34%. However, people who have contact with the municipality due to disability experience to a greater extent than those who contact the municipality for other reasons that the caseworkers are prepared.

Quality of life and health

People with disabilities are more likely to be lonely than people without disabilities, and it is especially people with (severe) mental disabilities who are lonely. Additionally, people with disabilities are more dissatisfied or very dissatisfied with their lives than people without disabilities. The proportion who are dissatisfied or very dissatisfied with their lives is 33 % among people with severe mental disabilities, 20 % among people with severe physical disabilities, and 4 % among people without disabilities. For people with severe mental disabilities, the proportion who are dissatisfied or very dissatisfied with their lives has decreased from 2016 (40 %) to 2020 (33 %), while we do not find a significant development for people with severe physical disabilities.

Among people without disabilities, 5 % feel that they "definitely" deserve a better existence than the one they have. This proportion is approximately seven times higher in the two disability groups, with 35 % and 38 % among people with severe physical and mental disabilities, respectively.

People with disabilities have a higher BMI and are physically active fewer days a week than people without disabilities. The average BMI has increased during the period 2012-2020 and in 2020 is above the overweight threshold in all three groups (without disability, severe physical disability, and severe mental disability). Additionally, the proportion of those who sleep poorly or very poorly is significantly higher among people with mental (45%) and physical (40%) disabilities than among people without disabilities (9%). Among people with severe physical disabilities, 74% often or always experience pain. It is also this group that particularly experiences "severe" pain (43% among people with severe physical disabilities who experience pain).

Social participation

In this report, social participation refers to the use of public transport, participation in cultural and social activities, democratic participation, and digital participation, including opportunities to access information on public websites.

People with disabilities experience problems using public transport to a significantly greater extent than people without disabilities. Unsurprisingly, individuals with major physical disabilities encounter the most challenges. In this group, about one-third of respondents report that they either do not use bus or train (22%), or that they cannot use bus or train at all (12%). An additional 9% of the group find that they can only use bus and train with great difficulty. Among people without disabilities, 9% report that they do not use bus or train, 0.5% that they cannot use bus or train, and 0.3% that they can only use bus or train with great difficulty.

We find a significantly lower level of digital participation among people with disabilities compared to people without disabilities. Approximately 7% in the groups with major physical or mental disabilities do not use public websites, and an additional approximately 8% cannot find the information they are looking for at all. Among people without disabilities, the corresponding figures are 3% and 1%.

There are significantly fewer people with disabilities than people without disabilities who feel it is possible to communicate digitally with the public using digital mail and self-service solutions. Among people with severe physical or mental disabilities, about 65% feel that it is very or somewhat easy to communicate digitally with the public. Among people without disabilities, the proportion is 89%. There has been no significant development in these proportions since 2016.

It is clear, not surprisingly, that good physical access is particularly important for people with severe physical disabilities. In this group, about one in four (26%) report that good physical access is very important or somewhat important for which cultural offerings they choose or where they go out in the local area. Among people without disabilities, the proportion is 13%. The proportions who feel that good physical access is important for the choice of cultural offerings or where to go out in the local area have significantly increased since 2016 for people with severe physical disabilities.

Voter turnout in the most recent parliamentary election does not vary across groups with and without disabilities. Furthermore, the proportion of those who are members of a political party, as well as those who have run for a political party in either municipal elections, regional elections, or parliamentary elections, is higher among people with disabilities than among people without disabilities. Thus, we find no signs of lower democratic participation among people with disabilities.

Discrimination and violence

Among people with severe mental disabilities, one in three (33%) experiences discrimination due to their disability. Among people with severe physical disabilities, this figure is one in five (21%).

People with disabilities also experience more discrimination due to other reasons than people without disabilities. In particular, people with severe mental disabilities often feel that they are discriminated against. For example, 20% of people with severe mental disabilities report being discriminated against because of their appearance, height, or weight. Among people with severe physical disabilities, the proportion is 12 %, and among people without disabilities, 8% have experienced the same. These proportions have not changed during the period 2012-2020.

31 % of respondents with severe physical disabilities and 23 % of respondents with severe mental disabilities have experienced being denied the opportunity to take out insurance due to their health or disability. Additionally, respondents with severe physical and mental disabilities have encountered limited coverage (17 % and 10 %, respectively), increased premiums (7 % and 6 %), or other terms (6 % and 5 %, respectively) based on their health problems or disabilities. Thus, it is especially people with physical disabilities who experience disability-related discrimination when applying for insurance.

Similar to previous research, we find that people with disabilities face a significantly higher risk of experiencing violence compared to people without disabilities, whether it involves physical, psychological, economic, or sexual violence. In simple terms, the probability of being subjected to violence is almost twice as high for people with severe physical disabilities and nearly three times as high for people with severe mental disabilities compared to people without disabilities.

1 Introduction

The UN Convention on the Rights of Persons with Disabilities aims to promote, protect, and ensure that people with disabilities fully enjoy all human rights and fundamental freedoms (The Central Disability Council, 2017). Inclusion of people with disabilities is also explicitly mentioned in seven of the UN's Sustainable Development Goals, which outline the changes that countries around the world should particularly focus on and the results to be achieved by 2030. Among other things, people with disabilities are mentioned in connection with quality education for all (goal 4), decent jobs (goal 8), and reduced inequality (goal 10) (Danish Disability Organizations, 2021).

Denmark has been covered by the UN Convention on the Rights of Persons with Disabilities since 2009, and in line with this, Danish disability policy aims to promote living conditions for people with disabilities as well as their opportunities for inclusion and social participation, so that they achieve the same opportunities as people without disabilities. However, studies show that people with disabilities are, in several ways, a vulnerable group in society, as they are less likely to be employed and have lower education levels and poorer health than people without disabilities, both in Denmark and in many other Western countries (Amilon et al., 2021; Krahn et al., 2015; Rubio-Valverde et al., 2019).

To achieve the goals of the disability convention, as well as the disability-related Sustainable Development Goals, it is crucial to continuously monitor the opportunities and barriers that people with disabilities face. Therefore, it is central to regularly examine their living conditions to promote social participation for people with disabilities. The problem is that disability is not an objectively measured phenomenon, making it difficult to define who has a disability based on registry data (Amilon et al., 2021).

SHILD – Survey of Health, Impairment and Living conditions in Denmark is a survey focusing on living conditions and disability among people aged 16 to 64. The survey has been conducted every four years since 2012, and the intention is for SHILD to be repeated every four years so that the development of living conditions among people with disabilities can be tracked over time. SHILD highlights social participation, social relations, attitudes towards initiatives, and various barriers to being actively involved in community life for people with and without disabilities.

This report presents the results of the third (and most recent wave) of SHILD, collected in 2020, and examines the changes that have occurred since the first two waves were collected in 2012 and 2016. The report compares the living conditions of people with physical and mental disabilities to those of people without disabilities, focusing on education, employment, support, family situation, quality of life, health, participation, accessibility, case processing, discrimination, and violence. In this way, the report provides a broad picture of both how conditions are for people with and without disabilities in 2020, and how conditions have developed since the first round of the survey in 2012.

1.1 Background

VIVE (and the former SFI) has a long tradition of conducting living condition surveys for people with disabilities. The first study of this type was conducted in 1961, and similar studies were repeated in 1995 and 2006 (Bengtsson, 2008). The background for SHILD was a desire to more systematically follow the development of people with disabilities (Amilon et al., 2017). With SHILD 2012, the survey of living conditions among people with disabilities was significantly strengthened. In addition to systematizing the survey, the sample and the number of responses were also much larger. While the earlier disability surveys had around 8,000 responses, SHILD 2012 had about 19,000 responses (Damgaard et al., 2013), SHILD 2016 had about 20,000 responses (Amilon et al., 2017), and SHILD 2020 had about 18,000 responses. The first SHILD wave was based on a random selection of the adult Danish population aged 16 to 64 years. In the subsequent waves, respondents from the previous waves were attempted to be re-interviewed (i.e., the survey has a panel structure). Additionally, to correct for dropouts, the sample was supplemented with new respondents, ensuring that it is overall representative of the population in the age group 16-64 years in each wave. SHILD thus provides the opportunity to maintain an overview of the opportunities and barriers that people with disabilities encounter in their daily lives.

1.2 The Concept of Disability

This report is based on WHO's International Classification of Disability (ICF), which currently represents the most significant conceptual understanding of disability (Brandt et al., 2014). According to the ICF, a disability arises at the intersection of an individual with a (physical or mental) impairment and a society that is not organized to meet the individual's needs (WHO, 2013). Thus, a disability depends not only on the individual's medical or biological impairment but also on contextual factors such as access to various types of welfare technologies, the degree of accessibility in the built environment, societal attitudes towards people with disabilities, and the individual's wishes and needs (Amilon et al., 2021; WHO, 2011). A disability thus occurs when a person with a physical or mental impairment encounters barriers to participation in the surrounding society.

Although the report's overarching conceptual understanding of the disability concept is based on ICF, its operational definition of disability is somewhat narrower, as we define people with disabilities based on the respondents' own assessment of whether they have a long-term physical health problem or disability or a long-term mental illness. Specifically, we define disability based on four questions in SHILD. The respondents have been asked: "Do you have a long-term physical health problem or disability?" and, given that the answer was yes, whether the most serious physical health problem is a minor health problem or a major health problem. Additionally, the respondents have been asked: "Do you have a mental illness?" and, given that the answer was yes, whether the most serious mental illness is a minor mental illness or a major mental illness. Based on the respondents' answers, we identify, for each respondent, whether they have a major or minor physical or mental disability.

It is thus possible to have both a mental and a physical disability, but not both a minor and a major disability of the same type (physical/mental).

The operational concept of disability, as well as the terms "severe physical disability," "lesser physical disability," "severe mental disability," and "lesser mental disability" in this report are the same as in the reports of the previous SHILD waves (Amilon et al., 2017; Damgaard et al., 2013).¹ The consistent use of definitions and terms for disability enables comparison of the prevalence of disabilities and living conditions among people with disabilities across survey waves.

Since the operationalized concept of disability in the report is based on the individual's own experience of disability, long-term health problems, or mental illness, it can potentially include individuals who have a functional impairment but do not experience limitations regarding social participation. For example, a person with effectively treated chronic illness may be included in the group of people with disabilities, even though they do not experience barriers to participation. This may mean that the number of people with disabilities is overestimated in relation to the relational understanding of disability in the ICF.

Conversely, there may also be individuals with a long-term health problem or disability, or a mental illness, who do not perceive themselves as having a disability, or do not wish to disclose it. For example, studies have shown that young people with disabilities experience a greater stigma, as a disability more significantly violates cultural norms and expectations of what a young person "should be able to" (Namkung & Carr, 2019). It is therefore possible that young people with disabilities identify as having a disability to a lesser extent than older individuals, which may lead us to underestimate the number of young people with disabilities.

Furthermore, individuals with a disability of a type or degree that prevents participation in the survey, e.g., due to severe cognitive difficulties or severe developmental disabilities, will not be included in the data set.

1.3 Purpose of the report

The report aims to shed light on the living conditions of people with disabilities compared to people without disabilities and to track changes over time. We primarily focus on three groups: people with severe physical disabilities, people with severe mental disabilities, and people without disabilities. For these groups, we investigate the specific questions and themes where possible, examining changes over time – that is, we analyze whether there have been developments across the three waves of SHILD conducted in 2012, 2016, and 2020. For selected main questions, we also look at the status in 2020 separately for five groups: people with severe physical disabilities, people with severe mental disabilities, people with lesser physical disabilities, people with lesser mental disabilities, and people without disabilities.

¹ SHILD 2016 and SHILD 2020 both contain alternative definitions of disability: Global Activity Limitation Indicator (GALI) and Washington Group Short Set (WGSS). Amilon et al. (2021) investigate the implications of using these measures for the prevalence of disability, socioeconomic and health characteristics among people with disabilities, and inequality in employment and electoral participation between people with and without disabilities. The article shows that the choice of disability definition has consequences for the outcomes.

The study thus contributes knowledge about the extent of opportunities and barriers for people with disabilities compared to people without disabilities and the developments therein. By examining living conditions across various domains, including family life, education, employment, social participation, and health, we can provide answers regarding which fields people with disabilities encounter the greatest barriers. The report thus answers which areas may require intervention to reduce barriers and promote opportunities for active participation among people with disabilities.

2 Data and Method

This report is primarily based on the first three waves of SHILD, conducted in 2012, 2016, and 2020, respectively. In this chapter, we describe SHILD 2020 in detail and refer to Amilon et al. (2017) and Damgaard et al. (2013) for a detailed description of the 2016 and 2012 waves of SHILD. In addition to survey data from SHILD, we incorporate data from Statistics Denmark's registers in some analyses.

2.1 SHILD 2020 – Response Rate, Dropout, and Weighting

SHILD 2020 was conducted by Statistics Denmark, which both drew the sample and carried out the data collection. The population consists of the population as of June 30, 2020, and is limited to individuals aged 16-64 years as of September 1, 2020.² The sample includes individuals who participated in the survey in 2016 and who were still present in the population in 2020 (17,714 persons). Statistics Denmark additionally performed a supplementary data draw of a total of 18,257 persons, so that the total sample of 38,000 persons is representative of the population in the age group 16-64 years in 2020. Data collection was conducted from September 9, 2020, to November 22, 2020. Invitations to participate were sent via e-boks and by mail to respondents exempt from digital communication. The invitation included information about the background and purpose of the survey, information about data usage and data security, a link to the web-based questionnaire, and an access code. After one and two weeks, reminder letters were sent to individuals who had not responded to the questionnaire and to those with partial responses. Individuals who had not completed the questionnaire after three weeks were contacted and (attempted to be) interviewed by phone.

A total of 17,935 individuals responded to the web-based questionnaire or participated in a telephone interview out of 38,000 selected individuals.³ The response rate is thus 47.2%, which is slightly lower than the response rates in 2016 (53.8%) and 2012 (57.8%).⁴ An analysis of non-response shows that women, older persons, individuals of Danish origin, individuals with a high education level, and persons with high income have chosen to participate in the study to a greater extent than men, younger persons, individuals of non-Danish origin, individuals with a low education level, and individuals with low income.

To correct for these biases in dropout, Statistics Denmark has constructed weights that are associated with each response in the data, ensuring that the response data becomes representative of the overall population again. Information on gender, age, religion, highest completed education, income group, socioeconomic group, and origin has been-

² Age as of September 1 was selected, partly because it is the same definition used in 2012 and 2016, and partly because the survey was launched around that time in 2016.³ The most common reasons for not responding to the survey are: no phone numbers (6,358 individuals), refusal (6,126 individuals), not reached (4,769 individuals), and phone number not working (1,149 individuals).⁴ This trend of declining response rates over time is observed in many Danish panel surveys (see e.g. Kjær, Siren, et al., 2019).

used in the construction of the weights. Data from the previous waves of SHILD have been weighted in a similar manner. The weighted data are representative of the Danish population.

During the data collection period in the fall of 2020, Denmark was not in lockdown due to corona. However, it is still possible that the pandemic affected, for example, employment, social participation, and quality of life among people with and without disabilities. This may have influenced the results in this report, even though it is difficult to state how, as the corona situation may have had both positive (e.g., reduced stress) and negative (e.g., increased social isolation) influence on living conditions, both among people with and without disabilities.

In addition to survey data from SHILD, we also use register data from Statistics Denmark to obtain information about, for example, individual background, education level, and employment.

2.2 Method

The report is primarily based on a series of descriptive analyses of conditions that can shed light on barriers and living conditions among people with disabilities. We focus on whether there are differences in the examined conditions when we compare people with disabilities and people without disabilities. Therefore, we report the responses from SHILD in tables and figures and test each disability group against the group that has no disability.

We test the response distributions of disability groups against the response distribution among people without disabilities using either a Chi2 test, which tests the entire percentage distribution at once, or a z-test, which tests one category at a time. We use these tests to determine whether any differences between people with and without disabilities are due to statistical uncertainty associated with working with a sample (and not with all individuals in the age group 16-64 years in Denmark), or if we can conclude that the differences are statistically significant (which in this report means that with at least 95% probability, they are not due to chance). Similarly, we use Chi2 and z-tests to assess whether the differences between waves (2012, 2016, and 2020) are statistically significant.⁵

Since many of the contexts we look at may be related to various aspects of a person's life, we also conduct regression analyses at selected points in the report. For example, if we want to investigate whether having a severe mental disability is associated with a higher or lower probability of being in employment compared to the case for people without disabilities, it is not sufficient to simply compare the proportion of individuals who are in employment in the two groups. The reason is that there may be other factors that vary between the groups, which are also related to the probability of employment, such as gender, age, education level, etc. In a regression that includes multiple variables, one can examine whether there is still a relationship between two characteristics after accounting for ("controlling for") others.

5. SHILD is a panel survey, which means that the same individuals have been re-interviewed as much as possible in all three waves. This results in the samples in the three waves not being independent. The Chi2 test is based on the assumption that there is independence between the tested samples. The consequence is that we risk underestimating the probability of a difference across the years. However, as far as we have been able to find, there is no alternative test that can account for the partial overlap between samples.

characteristics. The regression model can thus provide answers to whether a group of people with a certain type of disability has a higher or lower probability of being in employment than people without disabilities, when we have taken into account any differences in gender, age, and education level, etc., across the two groups.

In the regression models, we also analyze the development over time where possible. Variables in the form of "disability group*2016" or "disability group*2012" are interaction variables between the disability group and year, measuring the situation for the affected disability group in 2016 and 2012 relative to the situation in 2020. If the variables for 2016 and 2012 are insignificant (not marked with stars in the table), it should be interpreted as the respective disability group having the same probability for the investigated condition (e.g., employment) regardless of the year.

All the conditions we examine in regression models in this report are binary, meaning they have two possible outcomes (e.g., employed or not). Therefore, we conduct binary regression analyses, where we investigate the probability that the binary variable is 1 (e.g., the probability of being employed (coded 1) rather than not being employed (coded 0)) using a so-called binomial logistic regression. We report the results of the regression analyses using so-called marginal effects. The marginal effect shows how the probability that the binary variable is 1 (e.g., that the respondent is employed) changes for a change from 0 to 1 in the explanatory variable.⁶

For example, if we want to examine how employment is related to disability, the marginal effect for the variable "severe mental disability" indicates how the probability of being employed changes as a result of the person (hypothetically) "changing" their disability status from no disability (the reference category) to severe mental disability, while keeping the values for the other characteristics constant. If the marginal effect is -0.046, the probability of being employed, isolated (i.e., when we account for other observable differences between people with and without disabilities), is 4.46 percentage points lower for a person with a severe mental disability compared to a person without a disability.

⁶ The explanatory variables of primary interest in the analyses in this report are so-called dummy variables, i.e., variables that are coded as either 0 or 1, where 1 indicates the presence of the relationship being examined, and 0 represents the reference category. Continuous variables (e.g., age) are also included in the analysis, but we do not report on them (i.e., they serve as control variables in the analysis).

3 Scope and development of self-reported disability

This chapter examines the extent, development, and characteristics among people with disabilities – that is, among individuals who have reported having a (severe or minor) physical health problem or disability and/or a (severe or minor) mental illness. We look at the size of the group and its demographic composition, as well as the development within it. We also explore the types of disabilities and illnesses that people with disabilities most frequently report, as well as their age when the disability arose and the prognosis for how the disability will develop in the future. Finally, we examine the dynamics of disability, i.e., how an individual's (experience of) physical health problem or disability or mental illness changes over time.

The main results are:

- The proportion of people in the age group 16-64 years who have a (major or minor) long-term health problem or disability ("physical disability") or a mental disorder ("mental disability") has remained constant at approximately 31 % in all 3 survey years (2012, 2016, and 2020).
- Similarly, the proportion of people who do not have a disability has remained constant at approximately 69 % since 2012.
- The proportion of individuals with a minor physical disability has decreased slightly during the survey period from 17 % in 2016 to 16 % in 2020. For major physical disabilities, we also find a significant decrease from 10 % in 2016 to 9 % in 2020.
- The proportion of individuals with minor mental disabilities has increased during the survey period from 6% in 2016 to 7% in 2020.
- The proportion of those with major mental disabilities has not changed significantly and was just over 3% in 2020.
- The proportion of individuals who have both a physical and a mental disability, with at least one being a major disability, has decreased from nearly 4% in 2016 to 3% in 2020.
- The prevalence of disability is consistently higher among women than among men. Women are particularly overrepresented among people with major mental disabilities.
- People with immigrant and descendant backgrounds are underrepresented among people with disabilities.
- The prevalence of major physical disabilities increases with age and therefore primarily occurs in the oldest age groups.
- Among people with both severe and lesser mental disabilities, the proportions mentioning "Stress, phobias, various forms of anxiety, OCD and post-traumatic stress disorder (PTSD)" and "Depression, mania and bipolar disorder (manic-depressive)" have decreased since 2016. However, these two disorders remain the most common among people with both lesser and severe mental disabilities.
- The proportion that identifies "ADHD, ADD" as the most serious mental disorder is more than double in 2020 (11 %) compared to 2016 (5 %). Among people with more significant mental disabilities, the proportion that identifies "Autism, Asperger's Syndrome"

as the most serious mental disorder has also increased significantly from 4 % in 2016 to 9 % in 2020.

- We find a shift towards disabilities occurring earlier in 2020 than in 2012 for mental disabilities. Approximately two-thirds of respondents with major mental disabilities in 2020 – 67 % – indicate that the disability arose at age 27 or earlier. In 2012, the proportion was 54 %. A possible explanation could be increased early diagnosis of conditions such as ADHD.
- Respondents with mental disabilities express a greater expectation of improvement compared to respondents with physical disabilities. Particularly, respondents with minor mental disabilities believe they will feel better. Among people with major physical disabilities, the proportion expecting to feel worse has increased from 2016 to 2020.
- 22 % of the respondents who participated in both SHILD 2016 and SHILD 2020 changed their physical disability status across the two waves. Approximately the same number (11 %) changed status in both positive and negative directions. In total, nearly 7 % changed their mental disability status across the two waves. Just under 3 % changed status in a positive direction and just under 4 % in a negative direction.

3.1 Scope and Development

This section examines the proportion and number of people with disabilities as well as the development therein. Table 3.1 shows the proportion of people with and without disabilities in 2012, 2016, and 2020, respectively. It appears that the proportion of those without a disability has remained constant at approximately 69% in all three years. This implies that the proportion of those with a (major or minor, physical or mental) disability has also remained constant at around 31%. The most common type of disability in all three years is lesser physical disability. Nearly 16% of the respondents reported having this type of disability in 2020. The reporting of SHILD 2016 indicated that this group closely resembles people without disabilities in many of the examined focus areas (Amilon et al., 2017). This report also showed that it was particularly the group with severe mental disabilities, followed by the group with severe physical disabilities, that experienced the greatest barriers (ibid.). The proportion with severe mental disabilities has not changed significantly since 2016 and was just over 3% in 2020. The number of respondents with severe mental disabilities is therefore relatively limited, which may affect how confident we can be that the differences between the groups, or the changes over time that we find in this report, are not due to chance (i.e., whether differences between the groups or changes over time are statistically significant). In parallel, the proportions with severe and lesser physical disabilities have decreased since 2016 to 9% and 16%, respectively, in 2020. Only the proportions with lesser mental disabilities have significantly increased since 2016, reaching just over 7% in 2020.

Table 3.1 Respondents distributed by disability. Specifically for the years: 2012, 2016, and 2020. Percent.

	2012	2016	2020	Respondents 2020 (16-64- year-olds) ¹	Population 2020 (16-64-year-olds)
No disability	69.6	69.2	69.4	12.378	2,527,090
Lesser physical disability	16.4	17.2	15.8 ***	3.184	575.332
Major physical disability	8.9	9.9	8.6 ***	1.440	313.155
Lesser mental disability	6.2	6.1	7.4 ***	1.104	269.459
Severe mental disability	2.9	3.4	3.3	447	120.164
Total number of individuals	18.927	20.386	17.864	18.553	3,641,340

Note: The difference between the years 2016 and 2020 has been tested using a z-test. *** p<0,001, ** p<0,01, * p<0,05. Note: ¹ Number of respondents, unweighted figures. Source: SHILD 2012, 2016, and 2020.

Research shows that mental disorders increase the risk of chronic physical diseases – and vice versa – even when accounting for lifestyle factors such as smoking and overweight (Scott et al., 2016). Therefore, it is important to continuously monitor the proportion of people who have both physical and mental disabilities. In SHILD, we ask separately about physical and mental disabilities, which allows respondents to indicate that they have both. Table 3.2 shows the relationship between physical and mental disabilities in 2020. It is evident from the table that a total of 4.7% of respondents have both mental and physical disabilities, with the most common combination being a lesser physical and a lesser mental disability (1.8%). In total, 2.9% of respondents have both physical and mental disabilities, with at least one of them defined as a major disability (1,2 + 1,1 + 0,6). This proportion has significantly decreased since 2016, when it was 3.7% (not shown in the table).

Table 3.2 The relationship between physical and mental disability. 2020. Percent.

	Without mental illness	Mild mental illness	Severe mental illness
Without physical disability	69.6	4.3	1.6
Lesser physical disability	13.4	1.8	0.6
Severe physical disability	6.3	1.2	1.1

Note: N = 17,828. Note: The relationship between physical disability and mental illness has been tested with the Chi2 test and is significant (***) p<0,001). Source: SHILD 2020.

3.2 Disability and demographic conditions

In this section, we examine the relationship between disability and gender, age, and ethnicity. We investigate both the distribution of disabilities within each demographic group and the distribution of demographic conditions within each disability group. The former analysis answers the question of what proportion of people with a specific demographic characteristic have a disability (e.g., what proportion of women have a severe physical disability). The latter analysis provides insight into whether people with a specific demographic characteristic are overrepresented among people with disabilities (e.g., whether women are overrepresented among those with severe physical disabilities).

3.2.1 Disability and gender

In Table 3.3, we look at the distribution of disabilities separately for men and women. The results show that the proportions having a disability are higher among women than among men, regardless of the type of disability. However, the difference in proportions between women and men with a lesser physical disability is not statistically significant. The difference across genders is greatest for lesser mental disabilities: Nearly 9 % of women and just over 6 % of men have a lesser mental disability. An analysis of the development over time shows that the proportions with severe physical disabilities have significantly decreased since 2016, for both women and men, from 11 % in 2016 to 10 % in 2020 for women and from 9 % in 2016 to 8 % in 2020 for men (the proportions for 2016 are not shown in the table).

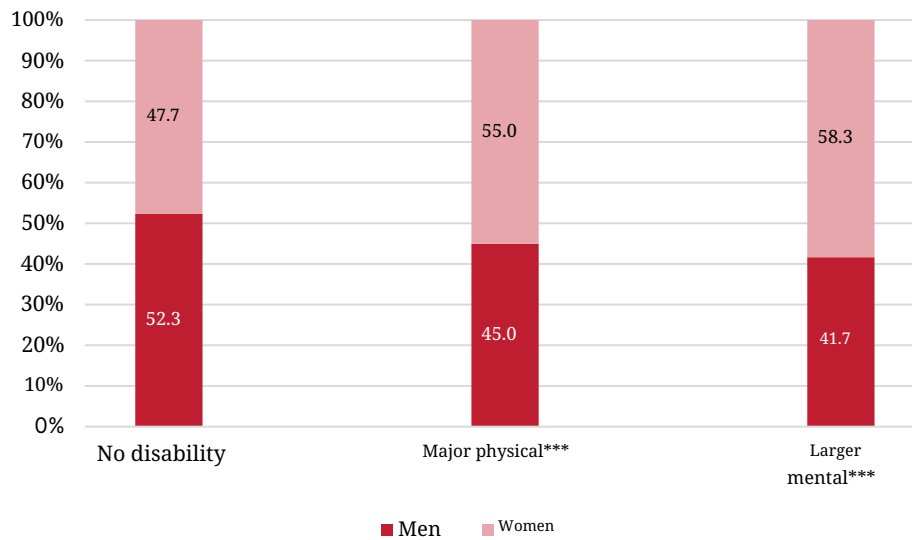
Table 3.3 Respondents categorized by disability. Specifically by gender. 2020. Percent.

	Men	Women	
No disability	71.9	66.8	***
Minor physical	15.3	16.3	-
Major physical	7.7	9.6	***
Less mental	6.3	8.5	***
Greater mental	3.0	3.7	**
Number of people	7.927	9.969	

Note: Since individuals can fall into multiple disability categories, the numbers do not sum to 100 in the table. Note: The difference between genders has been tested with a z-test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Figure 3.1 shows the proportions of women and men within three groups: people without disabilities, people with severe physical disabilities, and people with severe mental disabilities. It is evident that women are overrepresented in both groups, and the predominance of women is particularly significant among people with severe mental disabilities, where it is 58%. However, there is also a predominance of women among people with severe physical disabilities (55%). Among people without disabilities, 47% are women.

Figure 3.1 Respondents distributed by gender. Specifically for disability type as well as for people without disabilities. 2020. Percent.



Note: N = 12,378 (no disability), 1,440 (severe physical disability), and 447 (severe mental disability). Note: The difference between the group of people without disabilities and the disability groups has been tested using a z-test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

We can thus conclude that the prevalence of disability is consistently higher among women than among men. Women are particularly overrepresented among people with severe mental disabilities.

3.2.2 Disability and Age

To investigate the relationship between disability and age, we have divided the respondents into four age groups: 16-27 years, 28-39 years, 40-52 years, and 53-64 years. Table 3.4 shows that the proportion of those without a disability is highest among the youngest and lowest among the oldest respondents. This means that the proportions with some form of disability increase with age. However, this relationship between disability and age only exists for physical disabilities, particularly for severe physical disabilities, where the proportion increases significantly with age, from 3% among the 16-27-year-olds to 15% among the 53-64-year-olds. For mental disabilities, we find the opposite pattern: here, the proportions are highest among the 16-27-year-olds (where 9% and 4% have a minor and severe mental disability, respectively) and lowest among the 53-64-year-olds (where the corresponding proportions are 6% and 3%, respectively).

Although we find significant correlations between age and disability, we find no significant development from 2012 to 2020 in the average age among people with severe physical and mental disabilities, respectively. The average age among people with severe physical disabilities has been approximately 48 years in all three waves of SHILD (2012, 2016, and 2020). For people with severe mental disabilities, the average age has been approximately 40 years in all three waves. People without disabilities have had an average age of about 39 years in all three waves. (Average ages are not shown in either table or figure).

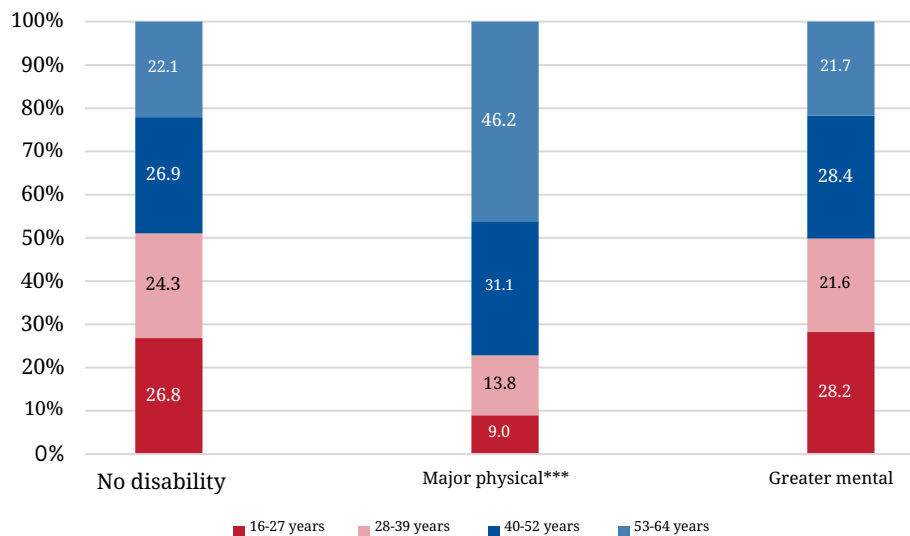
Table 3.4 Respondents distributed by disability type and degree, specifically for age. 2020. Percent.

	16-27 years	28-39 years	40-52 years	53-64 years
No disability	76.0	75.0	68.6	59.2 ***
Minor physical	10.9	11.8	17.3	22.5 ***
Major physical	3.2	5.3	9.8	15.4 ***
Less mental	9.4	8.4	6.1	6.0 ***
Greater mental	3.9	3.2	3.5	2.8 **
Number of people	2.748	2.811	5.365	6.969

Note: Since individuals can belong to multiple disability categories, the numbers do not sum to 100 in the table. Note: Each disability group's proportion/average has been F-tested against each other across age. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 3.2, we look at the distribution of age groups within the groups of people without disabilities and those with severe physical and mental disabilities, respectively. The figure shows that people aged 53-64 are overrepresented among those with severe physical disabilities, while people aged 16-39 are underrepresented in this group. However, we find no statistically significant differences in the age distributions when we compare people without disabilities and those with severe mental disabilities.

Figure 3.2 Respondents distributed by age, separately for disability group and for people without disabilities. 2020. Percent.



Note: N = 12.378 (no disability), 1.440 (severe physical disability), and 447 (severe mental disability). Note: The difference between the group of people without disabilities and the disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

We conclude that physical disabilities primarily occur in the oldest age groups. Although the proportion of those with (greater and lesser) mental disabilities is relatively higher among 16-27-year-olds than among 53-64-year-olds, the results show that the age distribution among people with greater mental disabilities is not significantly different from the age distribution among people without disabilities.

3.2.3 Disability and ethnic background

In this section, we investigate whether there is a correlation between background (i.e., whether one is Danish or an immigrant or descendant) and disability. Table 3.5 shows the proportion of people with disabilities for individuals with Danish versus immigrant or descendant backgrounds (we have combined immigrants and descendants, as there were very few descendants in the data set). The table indicates that the proportion without disabilities is significantly higher among people with immigrant or descendant backgrounds than among Danes. This is primarily due to the fact that the proportion indicating they have a lesser physical disability is markedly larger among people of Danish origin compared to the proportions among people with immigrant or descendant backgrounds.

Table 3.5 Respondents categorized by disability type and degree, specifically for background. 2020. Percent.

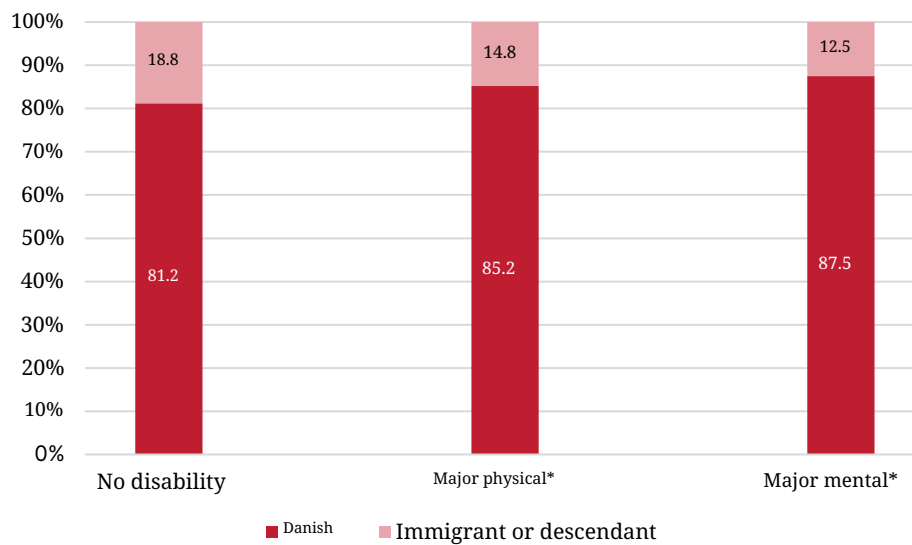
	Danish	Immigrant or descendant- of immigrants
No disability	67.6	78.4 ***
Minor physical	17.2	8.9 ***
Major physical	8.8	7.6 -
Minor mental	7.7	5.8 *
Major mental	3.5	2.5 -
Number of people	16,686	1,047

Note: Since individuals may fall into multiple disability categories, the numbers do not sum to 100 in the table.

Note: Each disability group's proportion has been F-tested against each other across backgrounds. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 3.3, we show the distribution of background among people without disabilities as well as among people with major physical and mental disabilities, respectively. The figure indicates that the proportion of individuals with immigrant or descendant background is significantly lower in the groups with major physical and severe mental disabilities compared to the group without disabilities.

Figure 3.3 Respondents distributed by ethnic background, separately for disability type and people without disabilities. 2020. Percent.



Note: The difference between the group of people without disabilities and the disability groups has been tested with the Chi2 test. *** $p < 0,001$, ** $p < 0,01$, * $p < 0,05$. Source: SHILD 2020.

We therefore conclude that people with immigrant and descendant background are underrepresented among people with disabilities.

3.3 Types of disabilities

All respondents who have a disability have been asked what the most serious health problem or disability is, for both physical and mental disabilities, with 19 and 8 pre-categorized options, respectively. The results are shown in Table 3.6 and Table 3.7.

As previously shown in Table 3.1, 16% of the respondents have a minor physical disability, and 9% have a greater physical disability. Table 3.6 indicates that the same pattern applies to the type of disability considered the most severe, regardless of whether it is a greater or lesser physical disability. The three categories most frequently cited as the most severe are "Problems with the back or neck, e.g., arthritis," "Other health problem or disability," and "Problems with legs or feet, e.g., arthritis." These three categories were also the most frequently mentioned in the 2016 wave of SHILD (Amilon et al., 2017). Thus, the results for people with physical disabilities are largely driven by individuals with mobility disabilities.

Table 3.6 Respondents with physical disability categorized by their own assessment of the “most serious health problem or disability.” Specifically for the size of the disability. 2020. Percent.

	Minor physical	Major physical
Problems with arms or hands, e.g., arthritis	9.0	7.6
Problems with legs or feet, e.g., arthritis	16.3	10.9
Problems with back or neck, e.g., arthritis	22.8	22.7
Blindness or visual impairment despite glasses or contact lenses	2.4	1.8
Deafness	0.4	-
Reduced hearing despite hearing aid or cochlear implant	1.4	1.1
Speech difficulties	0.1	-
Skin condition	2.6	0.7
Allergy	2.7	0.8
Respiratory problems, such as asthma and bronchitis	8.1	5.0
Heart, blood pressure, or circulatory problems	6.5	6.1
Problems with the stomach, liver, kidneys, or digestion	6.6	5.9
Consequences of diabetes	2.6	3.4
epilepsy	0.6	1.2
learning difficulty, developmentally disabled	0.3	1.8
cerebral palsy, spasticity, brain injury	0.8	1.9
Dyslexia	1.4	0.5
Other progressive diseases, such as cancer, sclerosis, HIV, and Parkinson's disease	1.1	8.6
Other health problem or disability	14.4	19.6
Total	100	100
Number of people	3,174	1,438

Note: Conditional on having a physical disability. Source: SHILD 2020.

Table 3.1 additionally showed that 7% and 3% of the respondents have minor and greater mental disabilities, respectively. Table 3.7 shows which mental disorder these respondents assess as their most severe. In both groups, the most frequently mentioned mental disorder is "Stress, phobias, various forms of anxiety, OCD and post-traumatic stress disorder (PTSD)," followed by "Depression, mania and bipolar disorder (manic-depressive)." The pattern then diverges across the two groups. For individuals with greater mental illness, "ADHD, ADD" and "Auditory hallucination, schizophrenia and psychosis" are the third and fourth most frequently mentioned disorders, while for individuals with lesser mental illness, it is "Other mental disorder" and "Autism, Asperger's Syndrome."

Mennesker med handicap In contrast to the pattern for physical disabilities, there have been significant changes in which disorders are mentioned as the most serious among people with greater mental disabilities since the 2016 wave of SHILD. For example, the proportion that indicates "ADHD, ADD" as the most serious greater mental disability is more than double in 2020 (11 %) compared to 2016 (5 %) (Amilon et al., 2017). The proportion that indicates "Autism, Asperger's Syndrome" as the most serious greater mental disorder has also grown significantly from 4 % in 2016 to 9 % in 2020. At the same time, the proportions that mention the two most common disorders ("Stress, phobias, various forms of anxiety, OCD and

post-traumatic stress disorder (PTSD) and Depression, mania, and bipolar disorder (manic-depressive) have decreased since 2016 (ibid.).

Table 3.7 Respondents with mental disability distributed according to their own assessment of the “most serious mental disorder.” Specifically for the severity of the disability. 2020. Percent.

	Less mental	More mental
Auditory hallucination, schizophrenia, and psychosis	2.7	8.9
Depression, mania, and bipolar disorder (manic-depressive)	25.1	24.2
Stress, phobias, various forms of anxiety, OCD, and post-traumatic stress disorder-dream (PTSD)	45.2	29.4
Personality disorder, including borderline	2.5	6.8
Autism, Asperger's Syndrome	7.9	9.0
ADHD, ADD	6.6	11.2
Eating disorder	1.5	1.3
Other mental disorder	7.9	8.6
Total	100	100
Number of people	1.100	447

Note: Conditional on having a mental disability.
Source: SHILD 2020.

3.3.1 Assistive devices

The barriers that may arise for people with disabilities, such as in relation to transport, communication with others, or participation in everyday activities, can, in some cases and to varying degrees, be overcome or reduced through the use of various assistive devices. This section focuses on the use of different assistive devices among people with and without various types of disabilities.

In Table 3.8, we show the proportions of respondents who use assistive devices for vision, hearing, and communication based on the question: "Do you use assistive devices for vision, hearing, or communication (e.g., writing)?" All respondents received the question, and it was possible to provide multiple answers. The most commonly used assistive device is glasses or contact lenses, which the majority of respondents use, regardless of whether they have a disability or not, and regardless of the type of disability. However, the proportion is highest among people with major physical disabilities (74 %). Among respondents with major physical disabilities, 6 % use hearing aids or a Cochlear Implant. Nearly 24 % of people with major physical disabilities do not use any of the listed assistive devices. The corresponding proportions are 46 % and 34 % among people without disabilities and with severe mental disabilities, respectively.

Table 3.8 Respondents categorized by the use of assistive devices for vision, hearing, or communication (e.g., writing). Specifically for disability groups and people without disabilities. 2020. Percent.

	No disability	Major physical	Major mental
Glasses or contact lenses	53.8	74.1 ***	64.4 ***
Other visual assistive devices, e.g., reading software	0.4	3.2 ***	2.4 ***
Hearing aid or Cochlear Implant	1.3	6.3 ***	2.1
Speech recognition or similar communication-help tool	0.2	0.6 *	-
None of the above	45.5	23.5 ***	34.0 ***
Number of people	12.373	1.438	447

Note: It is possible to choose several different assistive devices, therefore the numbers do not add up to 100.
 Note: The difference between the group of people without disabilities and the disability groups has been tested with the Chi2 test for each assistive device. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Table 3.9 shows the respondents' use of other assistive devices.⁷ For reasons of discretion, it was not possible to present the results separately for disability groups. The majority of respondents do not use the mentioned assistive devices. The assistive devices used by the most respondents (besides "Other assistive devices," which are used by nearly 2.5 % of respondents) are "Cane or crutches" (0.9 %), "Sensory stimulating duvets, blankets" (0.6 %), as well as "Walker" and "Special tools" (both 0.5 %).

Table 3.9 Respondents distributed by use of assistive devices. 2020. Percent.

	Percent
White cane	0.1
Guide dog / service dog	0.0
Cane or crutches	0.9
Walker	0.5
Mechanical wheelchair	0.3
Electric wheelchair	0.2
Mobility scooter	0.3
Special tools	0.5
Stoma bags	0.2
Sensory stimulating duvets, blankets	0.6
Air purifiers	0.3
Other assistive devices	2.5
None of the above	95.5
Number of people	17.885

Note: It is possible to choose multiple different assistive devices, so the numbers do not add up to 100. Source: SHILD 2020.

⁷ Only respondents who have indicated in previous questions that they have problems with their vision, with walking or going up and down stairs, problems with memory or concentration, as well as issues with washing themselves or getting dressed and undressed have answered the question. In the calculation in Table 3.9, we have assumed that other respondents (who do not have problems seeing, walking, etc.) do not use the relevant assistive devices.

Finally, Table 3.10 shows the proportion of respondents who feel they have the assistive devices they need.⁸ Approximately half of the respondents with major physical disabilities (49%) and major mental disabilities (53%) indicate that they to a high degree have the assistive devices they require. Additionally, 28% and 24% have the necessary assistive devices to some degree. Among people with major physical disabilities, just under 14% report that they do not have the assistive devices they need. The corresponding proportion among people with major mental disabilities is 12%.

Table 3.10 Respondents distributed according to their experience of having the assistive devices they need, separately for disability groups and people without disabilities. 2020 Percent.

	No disability	Major physical ***	Major mental ***
To a high degree	77.5	49.1	53.1
To some degree	8.5	28.0	23.9
To a lesser degree	2.2	9.3	10.7
Not at all	11.8	13.5	12.3
Total	100	100	100
Number of people	9.138	1.363	420

Note: The difference between the disability groups and the group of people without disabilities has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

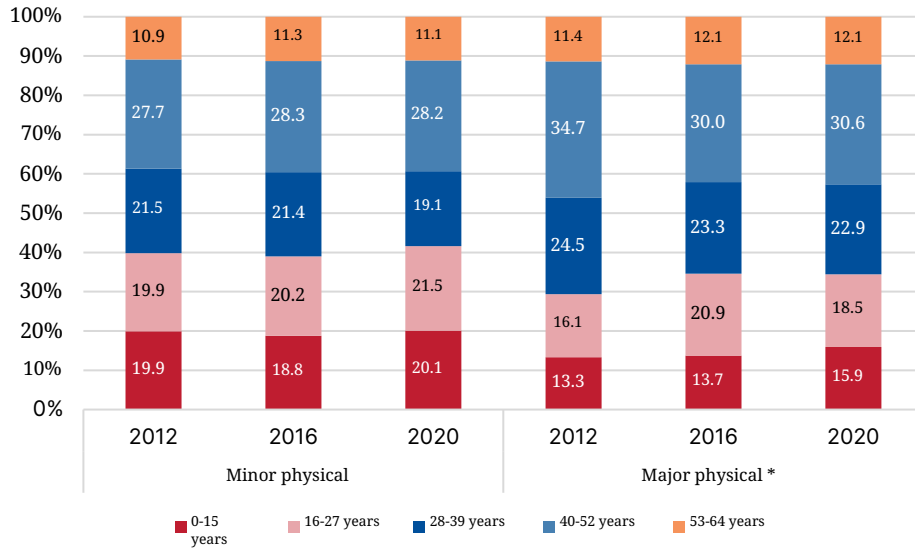
3.4 Age when the disability arose

All respondents who report having a disability were asked how old they were when the disability arose. Figure 3.4 and Figure 3.5 show the distributions for both minor and major physical disabilities and minor and major mental disabilities.

It is evident from Figure 3.4 that there is a wide range in the age at which disabilities arise. Relatively few respondents report that their disability occurred at an older age (53-64 years). The low proportion in the oldest group is likely related to the fact that only individuals who were at least 53 years old at the time of data collection can indicate this alternative. For individuals with minor physical disabilities, there has not been a significant change in the age distribution over time. For individuals with major physical disabilities, the proportions indicating that the disability arose in the 0-15 and 16-27 age groups have increased over the period, while the proportions indicating that the disability arose in the 28-39 and 40-52 age groups have decreased over the same period.

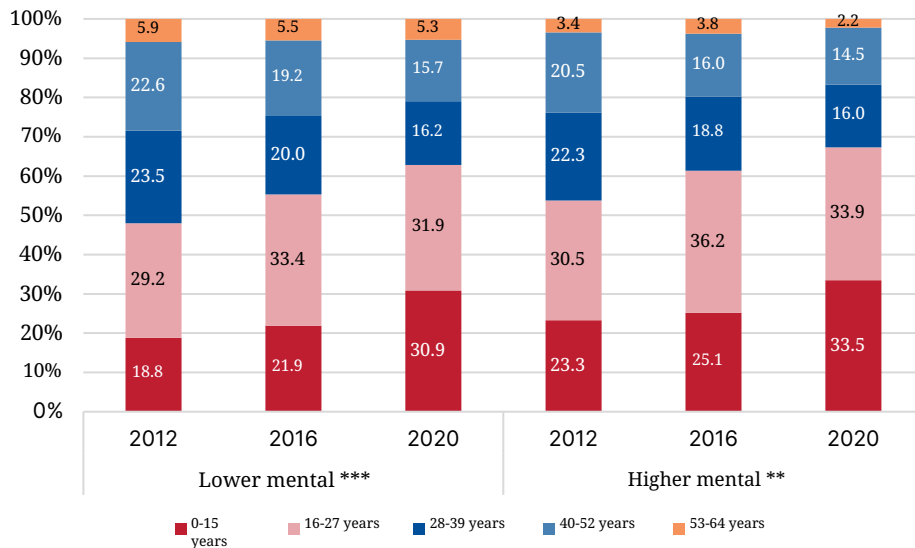
⁸ Only respondents who have previously indicated having problems with their vision, with walking or going up and down stairs, difficulties with memory or concentration, as well as issues with washing themselves or getting dressed, and who have stated that they use assistive devices for vision, hearing, or communication (cf. Table 3.8) have answered the question.

Figure 3.4 Respondents distributed by age when the most severe physical disability occurred. Specifically for type of disability and survey years 2012, 2016, and 2020. Percent.



Note: Conditional on having a physical disability. N = 3.214; 3.685; 3.134 (lesser physical disability). N = 1.481; 1.774; 1.426 (severe physical disability). Note: The difference between years has been tested with Chi2 test. *** p < 0,001, ** p < 0,01, * p < 0,05. Source: SHILD 2012, 2016, 2020.

Figure 3.5 Respondents distributed by age when the most severe mental disability occurred. Specifically for type of disability and survey years 2012, 2016, and 2020. Percent.



Note: Conditional on having a mental disability. N = 1.031; 1.051; 1.076 (lesser mental disability). N = 408; 490; 442 (severe mental disability). Note: The difference between years has been tested with the Chi2 test. *** p < 0,001, ** p < 0,01, * p < 0,05. Source: SHILD 2012, 2016, and 2020.

In Figure 3.5, we present the corresponding results for people with both severe and mild mental disabilities. We observe the same pattern as for severe physical disabilities, albeit much more pronounced: the proportions indicating that the disability arose in the 0-15 and 16-27 age groups have increased over the period, while the proportions indicating that the disability arose later have decreased. The pattern is the same for both mild and severe mental disabilities. In total, over two-thirds (67%) of respondents with severe mental disabilities in 2020 indicated that the disability arose at age 27 or earlier. In 2012, the proportion was 54%. Thus, we find a shift towards disabilities occurring earlier in 2020 than in 2012. We also find that the proportion indicating "ADHD, ADD" as the most serious severe mental disability has increased significantly since 2016 (see section 3.3). Although the number of young people with severe mental disabilities in this study is relatively low, the results overall indicate that there has been a shift towards an increased prevalence of young people with ADHD diagnoses among individuals with severe mental disabilities. The findings in this report are supported by research showing that the prevalence of children and young people with an ADHD diagnosis has tripled from 2006 to 2016 (Danish Health Authority & Danish Health Data Authority, 2017).

3.5 Prognosis

All respondents who indicate that they have a disability have been asked to assess how they expect the disability they have identified as the most severe will develop. Table 3.11 shows how respondents with minor and major, physical and mental disabilities evaluate the prognosis for their most serious disability in 2020.

Table 3.11 Respondents with disabilities categorized by self-assessed prognosis for the most serious health problem, disability, or mental illness. Specifically for types and degrees of disabilities. 2020. Percent.

	Minor physical	Major physical	Less mental	Greater mental
I will probably feel better	18.6	7.0	46.0	23.3
The situation will likely remain unchanged	47.8	29.2	37.4	47.5
I will probably feel worse	19.7	42.3	1.3	8.1
I have no idea how it will go	13.9	21.5	15.3	21.1
Total	100	100	100	100
Number of people	3.165	1.436	1.097	446

Note: Conditional on having a physical or mental disability.
Source: SHILD 2020.

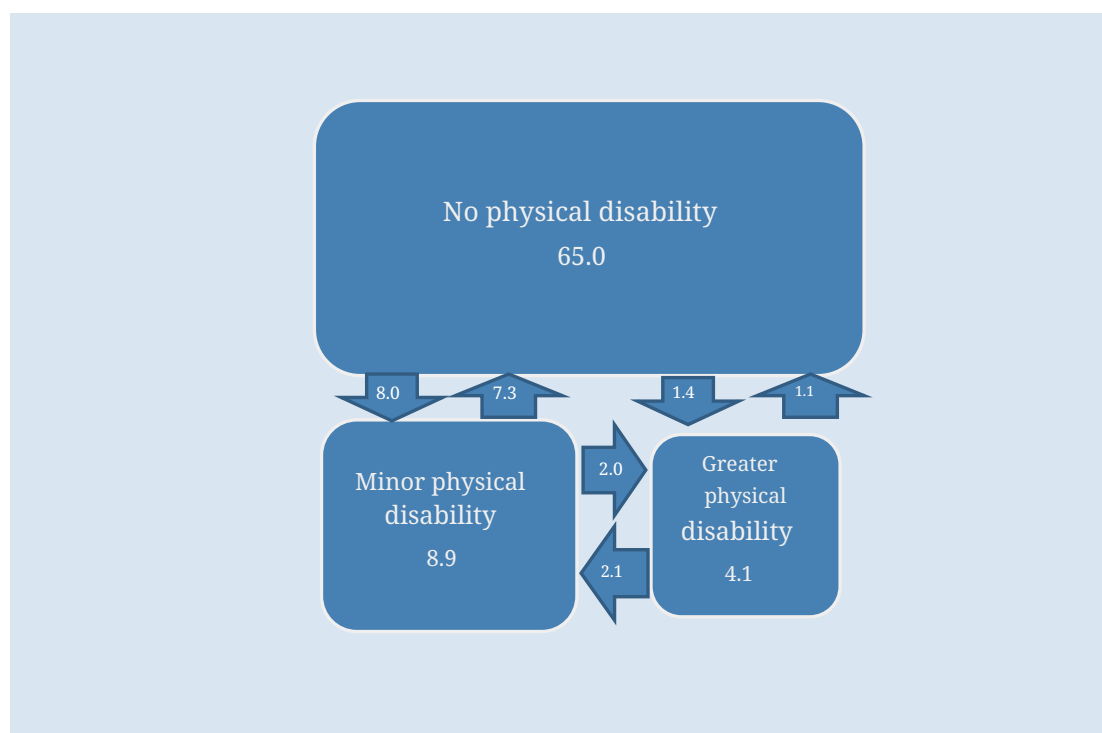
As shown in Table 3.11, respondents with mental disability are more likely to express an expectation that they will feel better, compared to respondents with physical disability. In particular, respondents with lesser mental disability assess that they will feel better (the proportion is 46 %). Respondents with physical disability are more likely to expect that they will feel worse, compared to people with mental disability – this is especially true for respondents with severe physical disability, where 42 % expect that they will feel worse. This proportion has increased since 2016, when it was 37 %. In parallel, the proportions of people with severe physical disability who expect to feel better (9 % in 2016 and 7 % in 2020), or that the situation will remain unchanged (33 % in 2016 and 29 % in 2020), have decreased over time (Amilon et al., 2017). Overall, the results thus show that,

at the same time as the proportion of those with a severe physical disability has decreased since 2016, the self-assessed prognosis for those who have a severe physical disability has worsened.

3.6 Dynamics

Both Danish and international studies show that disability is not static, but changes over time (Kjær, Bengtsson, et al., 2019; Myers et al., 2020). This means that, in addition to the fact that it is partially different people who are included in the data basis in the three waves of SHILD, some of the respondents will change their disability status across the waves. We know from previous research that these status changes can go in "both directions," meaning that disability can either arise or worsen, or disappear or reduce (ibid.). That people change their disability status can, for example, be due to a deterioration or improvement in health condition, or that the person experiences barriers to a greater or lesser extent, for example, because tolerance and adaptation from society's side have increased or decreased. In this section, we illustrate the dynamics of disability status based on the respondents who participated in both SHILD 2016 and SHILD 2020.⁹ Figure 3.6 shows that 65 % of the respondents did not have a physical disability in either 2016 or 2020, 9 % had a minor physical disability in both years, and 4 % a major physical disability in both years. Thus, 22 % of the respondents changed (physical) disability status. Approximately the same number of respondents changed disability status in a positive (10.5 %) as in a negative (11.4 %) direction.

Figure 3.6 Respondents distributed by physical disability status. 2016 and 2020. Percent .



Note: N = 10.629 Source: SHILD 2016, 2020.

⁹ The included respondents were 16-60 years old in 2016 and 20-64 years old in 2020.

Figure 3.7 illustrates the corresponding dynamics for the proportion of respondents with mental disabilities. The proportion of respondents with mental disabilities is overall smaller than the proportion with physical disabilities, which explains why lower proportions change status. A total of 7% of the respondents changed status regarding mental disability from 2016 to 2020. 4% changed status in a negative direction, and just under 3% changed status in a positive direction. Relatively speaking, more change status in a negative than in a positive direction for mental disabilities compared to physical disabilities.

Figure 3.7 Respondents distributed by mental disability status. 2016 and 2020. Percent.



Note: N = 10,629 Source: SHILD 2016, 2020.

Overall, the analysis shows that more than one in five respondents changed their disability status from the 2016 to the 2020 wave of SHILD. This means that any changes over time in the living conditions for people with disabilities, as we find in this report, may partly be due to changes in the composition of disability groups, and partly that the situation for people with disabilities has changed.

4 Family, intimacy, and children

Family is a central unit in most societies, and therefore having or not having one's own family with either a partner and/or children is also significant for an individual's identity and life satisfaction (Vanassche et al., 2012). Before the welfare state's social safety net, the family was of crucial importance for individuals' opportunities and even survival in terms of support. The family had a practical and essential function for the individual. With the establishment of the welfare state and changes in the labor market, which among other things led to women becoming self-sufficient, there has also been a central shift regarding the functionality of the family. The family as a unit no longer serves the same function in terms of support and social safety net, but is instead to a high degree more an expression of pure relationship, where one is emotionally recognized both through emotional and physical intimacy (Giddens, 1994)¹⁰.

For people with disabilities or functional impairments, the family is thus less crucial in relation to, for example, practical help, care, and support than in the traditional society without the welfare state. The welfare state has replaced the functional role and, to some extent, also the moral obligation that was previously within the family's framework. However, the welfare state cannot replace the emotional aspect, and there may be certain aspects where functional impairments create barriers to achieving emotional and physical intimacy. The higher degree of loneliness that we highlight in chapter 8.1 may indeed be related to the fact that people with disabilities seem to have a partner and children to a lesser extent than people without disabilities.

In the analyses in this chapter, we will examine the extent to which people with different types and degrees of disabilities differ from people without disabilities in terms of having a family life, experiencing physical intimacy, and having children. This includes analyses of whether one is in a partnership, the duration and quality of the partnership. Additionally, we will also shed light on the level of physical intimacy, and whether people with disabilities are satisfied with their sex life and have experiences with paid sex to the same extent as people without disabilities. We will also highlight whether the respondents have children, and if the children have disabilities, as well as whether the respondents' siblings and parents have disabilities. Finally, we will explore whether the respondents have been placed outside their home during their childhood, and thus whether they have lived somewhere other than with their biological parents for a period or perhaps throughout their entire childhood, for example, with a foster family.

The main results are:

- Overall, respondents from disability groups are less likely to have a partner compared to respondents without disability. Among those with a disability who do have a partner, it is more common for their partner to also have a disability.
- The probability of having a partner is generally decreasing over time regardless of the type of disability, but when we control for other factors, it is only people with

¹⁰The re are many definitions of family, and in this context, our use of the concept of family includes starting point all types of social units that perceive themselves as a family.

a physical disability (both major and minor) who have a lower probability of have a partner in 2020 compared to 2012.

- Among people with a greater or lesser mental disability who have a partner, fewer live together with their partner than among people without a disability. Looking at how long the respondents have been with their partner, it appears that the longer one has been with their partner, the more often they also live together. This means that people with a physical disability have, on average, been together with their partner longer than the other groups of respondents.

- Respondents with a disability – regardless of type and degree – are relatively more often less satisfied with their sex life or currently have no sex life at all compared to respondents without a disability. This applies to both people in a partnership and those outside of a partnership.

- Regardless of whether one has a disability or not, the probability of responding that one has a sex life at the moment is lower for younger respondents.

- Only the group of respondents with a severe physical disability has significantly more often attempted to buy sex (about 7%) than respondents without a disability (just under 6%), but when we look at the number of times individuals have purchased sex within the group of sex buyers, there are significantly more individuals with a severe mental disability (73%) or a severe physical disability (69%) who have bought sex more than twice compared to respondents without disabilities (50%).

- People with (severe and mild) physical disabilities have relatively more children (69% and 65%) than people with (severe and mild) mental disabilities (42% and 45%) and people without disabilities (58%). This is partly due to an age effect, as people with severe physical disabilities are older than people without disabilities and those with severe mental disabilities (cf. Figure 3.2). People with disabilities who have children also more often have children with a disability. The proportion of those who have children with disabilities is 18% and 14% among people with severe physical and mental disabilities, respectively. Among people without disabilities, the proportion is 6.4%.

- Many of the respondents with a physical or mental disability report that having a child with a disability has negatively affected their lives – especially respondents with greater (59%) or lesser mental disabilities (52%) experience negative impacts.

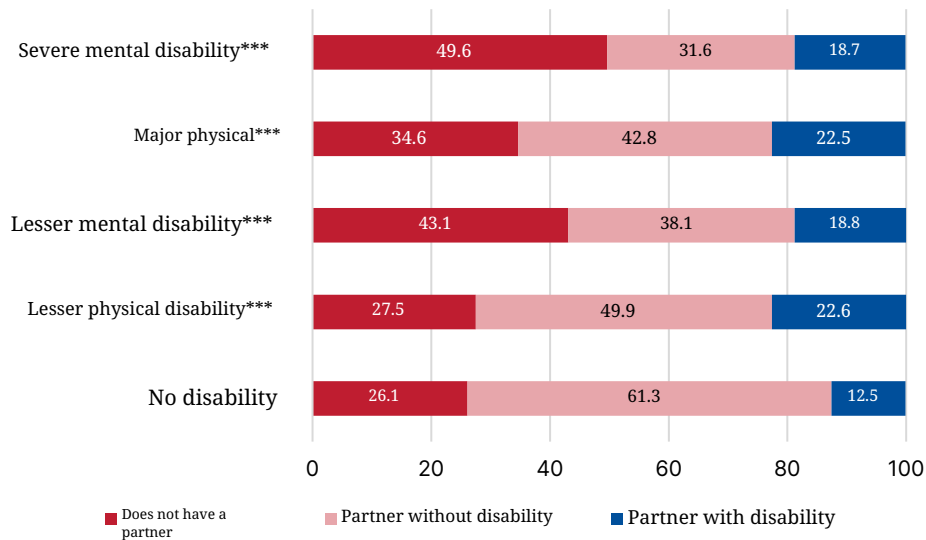
- More respondents with a disability have siblings and/or parents with a disability than respondents without a disability.

- Many individuals from all disability groups have been placed outside their homes at some point during their childhood. The largest proportion is found among respondents with a severe mental disability (12%), but a relatively large proportion (9%) of respondents with a severe physical disability have also been placed outside their homes. 2% of respondents without a disability in our sample report that they have been placed outside their homes during their childhood.

4.1 Partnership

Figure 4.1 shows the proportion of respondents without a partner, respondents with a partner without a disability, and respondents with a partner with a disability. Among individuals with a severe and lesser mental disability, 50 % and 43 %, respectively, do not have a partner, which is significantly higher than the proportion among individuals without a disability (26 %). A larger portion of respondents with a severe physical disability (35 %) also do not have a partner. However, the difference between respondents with a lesser physical disability and respondents without a disability is small (28 % and 26 %, respectively, do not have a partner). Among all respondents with a disability – regardless of type and degree – there are relatively many more who have a partner with a disability (19-23 %) compared to respondents without a disability (13 %).

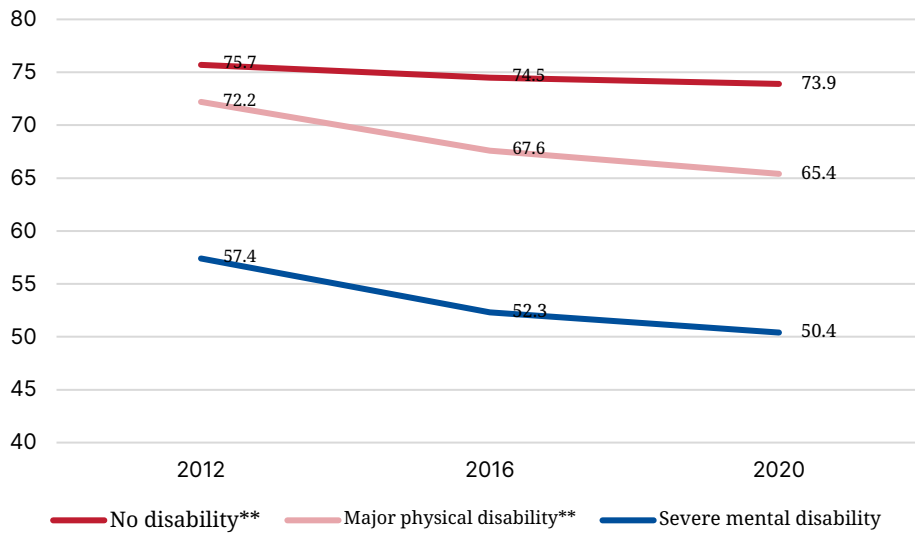
Figure 4.1 Respondents distributed by partner type. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



Note: N = No disability: 12,374; lesser physical disability: 3,184; lesser mental disability: 1,104; major physical disability: 1,440; severe mental disability: 447. The distributions of the disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

If we look exclusively at whether respondents with a severe physical or mental disability have a partner compared to respondents without a disability in the years 2012, 2016, and 2020 (Figure 4.2), we can see a decline over time across all groups, with fewer having a partner in 2020 than in 2012 and 2016. This societal trend of more people living alone and without a partner is also documented in other studies (Statistics Denmark, 2015).

Figure 4.2 Proportion of respondents with a partner in the years 2012, 2016, and 2020

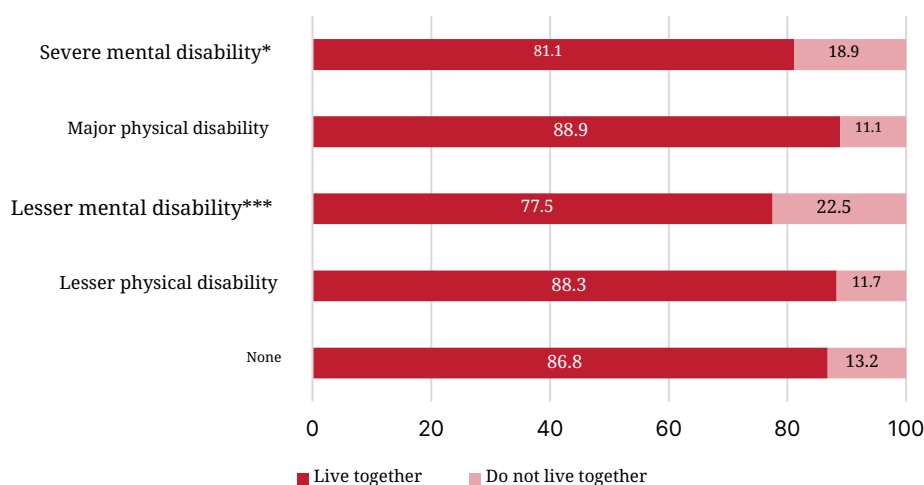


Note: N = No disability 2012: 13,392; no disability 2016: 14,259; no disability 2020: 12,374; severe physical disability 2012: 1,483; severe physical disability 2016: 1,774; severe physical disability 2020: 1,440; severe mental disability 2012: 411; severe mental disability 2016: 491; severe mental disability 2020: 447. The distributions have been tested over time within their respective categories using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD, 2012, 2016, 2020.

However, the declining trend is greatest among respondents with disabilities, with a drop of about 7 percentage points for both respondents with a severe physical and a severe mental disability from 2012-2020. It is striking that far fewer respondents with a severe mental disability do not have a partner compared to the other two groups, regardless of the time period. When we control for other factors in a logistic regression model (results are not shown in the table), we find that all disability groups have a significantly lower probability of having a partner than people without disabilities, and that it is the group with severe mental disabilities where the probability is lowest. The probability of having a partner is generally decreasing over time, regardless of the type of disability, but when we control for other factors in the regression analysis, it is only people with a physical disability (both severe and mild) who have a lower probability of having a partner in 2020 compared to 2012.

Figure 4.3 further shows that for the respondents who have a partner, it is only those with a greater mental disability (81%) or a lesser mental disability (78%) where significantly fewer live with their partner compared to respondents without disability (87%). The two other disability groups do not significantly differ from the respondents without disability.

Figure 4.3 Respondents distributed by whether they live with a partner. Separate for disability types and degrees as well as for people without disabilities. 2020. Percent.



Note: N = No disability: 9,762; lesser physical disability: 2,430; lesser mental disability: 689; major physical disability: 995; severe mental disability: 246. The distributions of the disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Looking at how long the respondents have been with their partner in Table 4.1, a similar pattern emerges as in Figure 4.3, indicating that the longer one has been together, the more often they also live together.

Table 4.1 Relationship duration. Separate for disability types and degrees as well as for people without disabilities. 2020. Year.

	None disability	Lesser physical disability	Lesser mental disability	Major physical disability	Severe mental disability
average length of the relation length in years	17.13	20,57***	16.55	22,26***	14,93*
N	12.311	10.986	9.347	9.684	8.989

Note: The averages for each disability category are compared individually with the average for respondents without disability using a t-test *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Respondents with a physical disability have been together with their partner significantly longer (21 and 22 years respectively) than respondents without a disability (17 years). Respondents with a lesser mental disability have not been significantly shorter or longer together with their partner (also nearly 17 years) than the respondents without disability, while respondents with a severe mental disability have been significantly shorter together with their partner (15 years). Since the average age for respondents with physical disabilities is markedly higher than for the other groups, the results in Table 4.1 may precisely reflect this age difference – that is, older respondents have been together with their partner for a longer time. This interpretation is supported by a regression analysis, where we, among other things, control for age. Here, the significant differences between people with physical disabilities and the group of respondents without disability disappear. Only the group with a severe mental disability has on average a significantly shorter relationship duration.

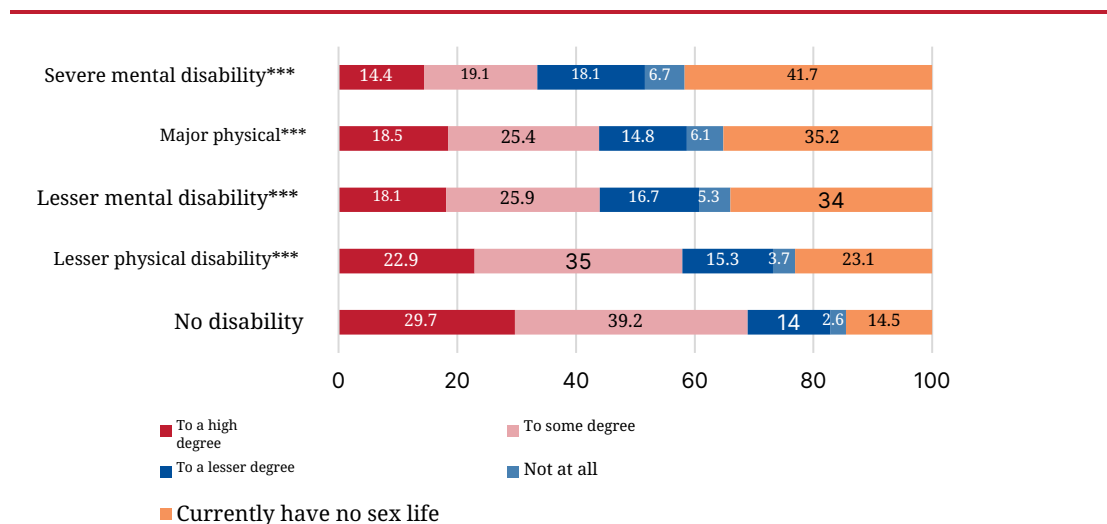
1.3 years) compared to the respondents without disability, when we control for other relevant factors (the regression is not shown in the table).

4.2 Sex Life

Sexuality is an often-overlooked aspect of people's health and well-being, even though it is well-documented in research that stress related to sex life can manifest as both physical, mental, and social dissatisfaction, while general health burdens (e.g., unhealthy lifestyle and illness) can conversely result in sexual and relational problems (Frisch et al., 2019a). There are also indications that good health is conducive to sexual well-being, just as a well-functioning sex life can enhance overall quality of life and contribute to coping with adversity and crises, for example, in the context of chronic illness (Frisch et al., 2019b; Christian Graugaard & Giraldi, 2019).

For the respondents in our sample, Figure 4.4 shows that regardless of type and degree of disability, there are relatively more respondents who are less satisfied or currently have no sex life among the disability groups than among respondents without disabilities. Respondents with a severe mental disability are the group that differs most markedly from respondents without disabilities, as 42% of them report that they currently have no sex life, compared to 15% of respondents without disabilities. At the same time, only 14% of respondents with a severe mental disability report that they are very satisfied with their sex life, while 30% of respondents without disabilities report the same.

Figure 4.4 Respondents distributed according to satisfaction with their sex life. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



Note: N = No disability: 11,089; lesser physical disability: 2,971; lesser mental disability: 971; major physical disability: 1,282; severe mental disability: 388. The distributions of the disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

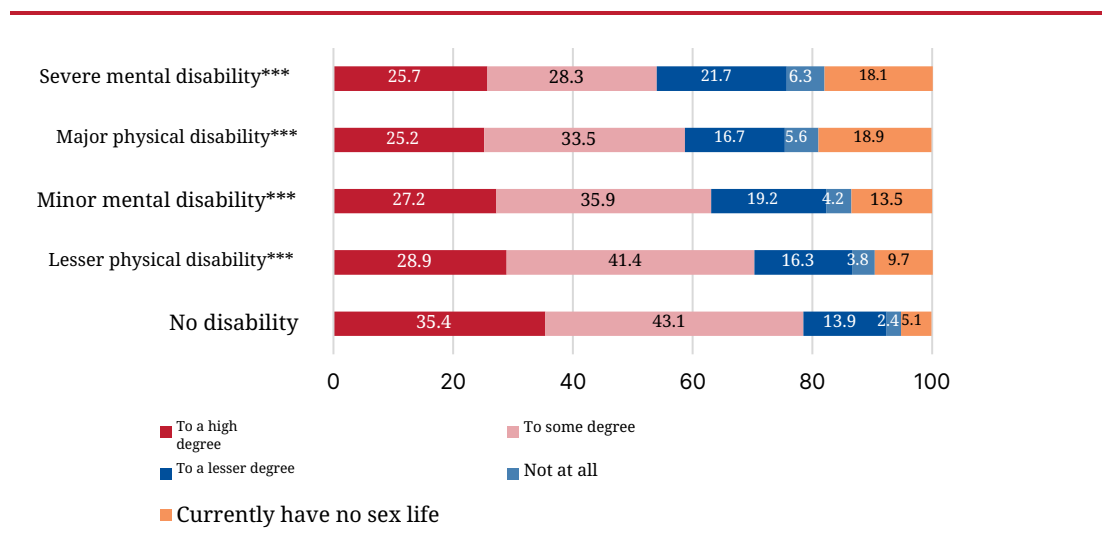
When we look in a regression analysis (not shown in the table) at whether there is a difference in the probability of responding that one currently has a sex life (regardless of satisfaction), compared to not having a sex life, we find that all disability groups have a lower probability of having a sex life at this time compared to respondents without disability. At the same time, we see

that the probability of having a sex life also increases with age, so younger respondents thus have a lower probability.

When we compare the response distributions for 2016 with those for 2020 (as there were no questions about sex life in 2012), there is no significant difference in the responses within any of the disability groups over time. Satisfaction with sex life is thus the same in 2020 as it was in 2016.

The large differences in the distributions we see in Figure 4.4 may, however, also reflect the fact that fewer respondents with disabilities are in a Partnership, as we showed in Figure 4.1. When we look solely at respondents who are in a Partnership in Figure 4.5, the differences in response distributions between the disability groups and respondents without disabilities are also somewhat reduced. However, there is still a difference, where respondents without disabilities are more satisfied than respondents with disabilities.

Figure 4.5 Respondents who are in a partnership, distributed by satisfaction with their sex life. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.

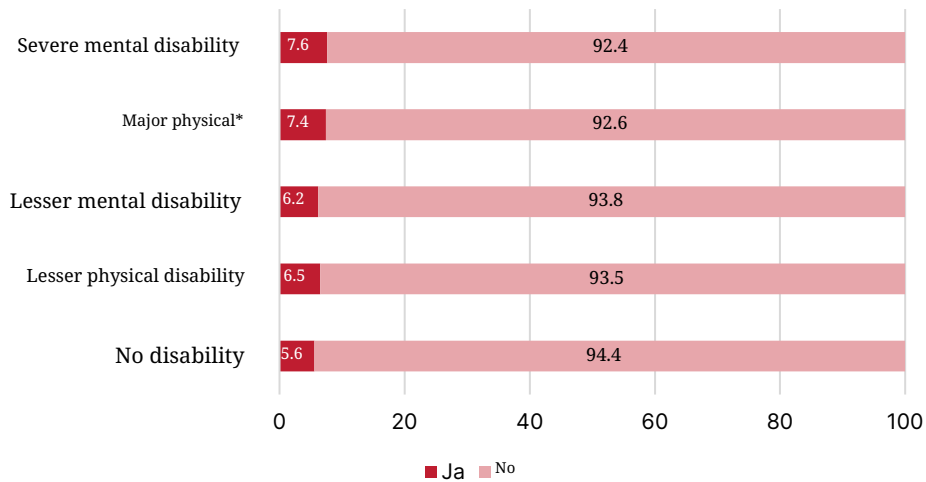


Note: N = No disability: 11,089; lesser physical disability: 2,218; lesser mental disability: 621; major physical disability: 889; severe mental disability: 218. The distributions of the disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

4.2.1 Paid sex

When individuals have less of a partner and/or relatively more respondents with a disability do not have a sex life at the time of the interview, one might imagine that they have more experiences with paid sex. However, even though a slightly larger proportion of respondents with a disability answer yes to whether they have ever purchased sex (Figure 4.6), it is only the group of respondents with a severe physical disability where significantly more answer yes (just over 7 %) compared to respondents without a disability (just under 6 %).

Figure 4.6 Respondents who have purchased sex. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



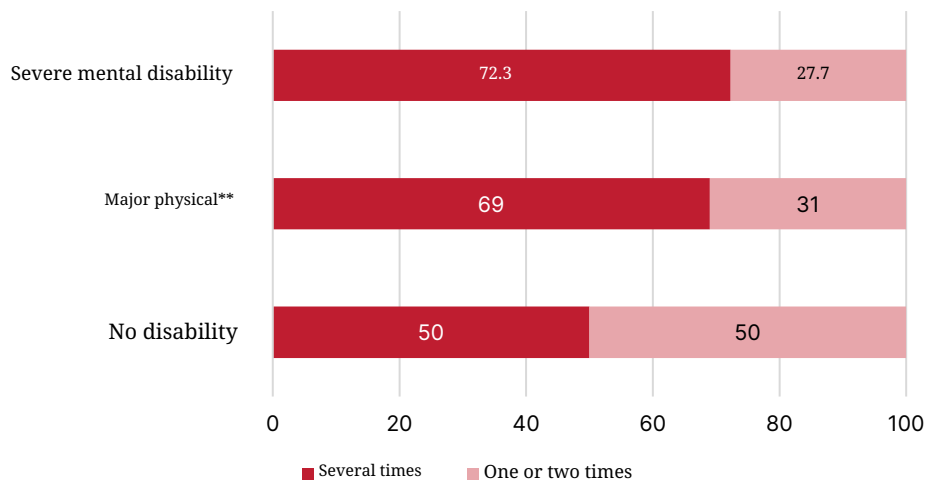
Note: N = No disability: 11,769; lesser physical disability: 3,088; lesser mental disability: 1,040; major physical disability: 1,371; severe mental disability: 418. The distributions of the disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

When we look at the development in the proportion that has purchased sex from 2016 to 2020, there is also no significant development for any of the groups.

Looking at how many times individuals have purchased sex, assuming they answered yes to ever having bought sex (Figure 4.7), there are significantly more individuals with a severe mental¹¹ (72%) or a severe physical disability (69%) who have purchased sex more than twice compared to respondents without disability (50%).

¹¹ P =0,054, but the lack of significance should be viewed in the context that there are relatively few individuals with a severe mental disability who have purchased sex.

Figure 4.7 Respondents who have purchased sex, distributed by the number of times they have purchased sex. 2020. Percent.



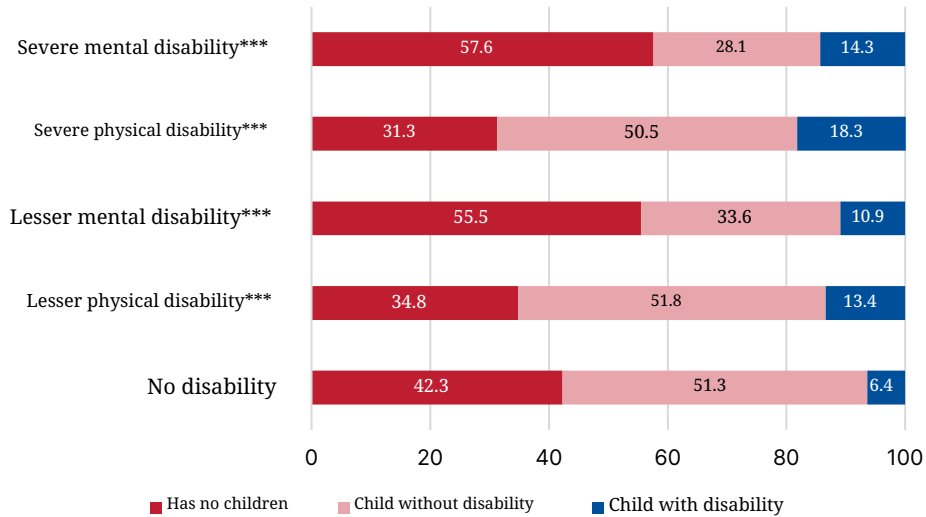
Note: N = No disability: 563; severe physical disability: 84; severe mental disability: 25. The distributions of the disability categories have been tested individually against the distribution of respondents without disability using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Only respondents who have purchased sex have answered the question. Source: SHILD 2020.

4.3 Children

For a large portion of the adult population, family life includes not only a partner but also having children together. In SHILD, respondents are asked the question: "Do you have children, adopted children, or stepchildren?" The question also includes non-resident children. Thus, we use a broad definition of "having children." The response categories for the question were: "do not have children," "have a child without disability," or "have a child with disability."

We have already shown that fewer respondents with a disability are in a partnership, but when we look at the disability groups as a whole, there are actually 60% who have children, adopted children, or stepchildren, while 58% of those without a disability have children, adopted children, or stepchildren. However, Figure 4.8 shows that there is a significant difference within the disability groups regarding whether they have children, and if so, whether their child also has a disability. A significantly larger proportion of respondents with a major (58%) or a minor mental disability (56%) do not have children compared to the group of respondents without a disability (42.3%). Conversely, a larger proportion of both the group with a major (69%) and a minor physical disability (65%) have children compared to the group of respondents without a disability (58%). The fact that relatively more individuals with physical disabilities have children may be due to the average age of people with physical disabilities being older than that of people without disabilities. Among all groups with a disability, there is a relatively higher proportion of those who have children that also have a disability (11-18%) than among the group of respondents without a disability (6%).

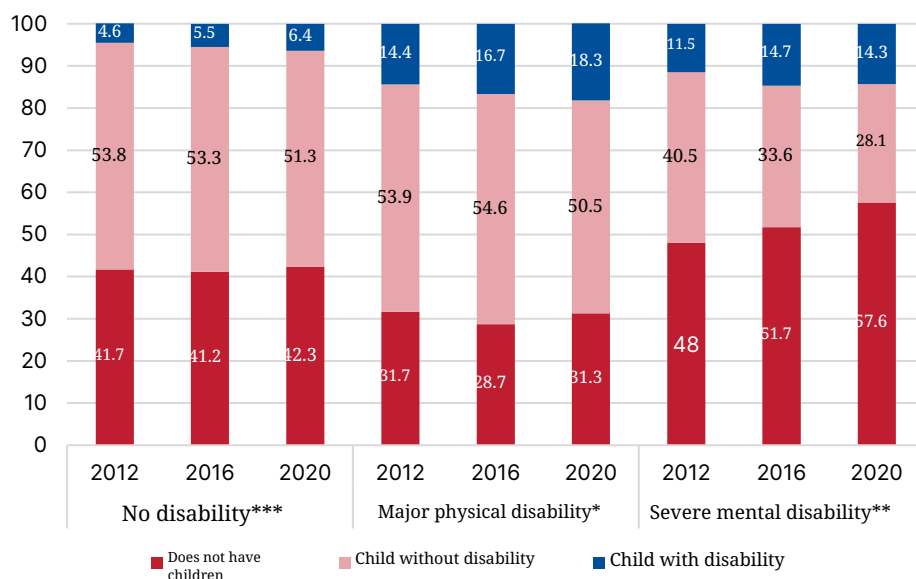
Figure 4.8 Respondents categorized by whether they have children with or without disabilities. Separate for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



Note: N = No disability: 12,374; lesser physical disability: 3,183; lesser mental disability: 1,102; major physical disability: 889; severe mental disability: 446. The distributions of the disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Relatively speaking, the highest proportion among respondents with a major physical disability have a child who also has a disability (18%). This may partially be due to the fact that some chronic illnesses and disabilities are hereditary. Looking at the development in the proportions of respondents with no, or a major physical or mental disability, who either do not have a child, have a child without a disability, or a child with a disability, the analyses in Figure 4.9 indicate that over time there appear to be slightly more respondents without a disability or with a major physical disability who have a child with a disability in 2016 and 2020 compared to 2012, rather than a child without a disability. For these two groups, the proportions of respondents without children seem to be relatively stable over the years. The increase in the proportions with children with disabilities over time for these two groups may perhaps be partially explained by a general greater awareness and recognition that children's disabilities have a significant impact on their well-being and development, which may also be part of the explanation for the increase seen in psychiatric diagnoses (Jakobsen, 2018).

Figure 4.9 Respondents distributed according to whether they have children with or without disabilities. Separate for disability type as well as for people without disabilities and years. 2012, 2016, and 2020. Percent.

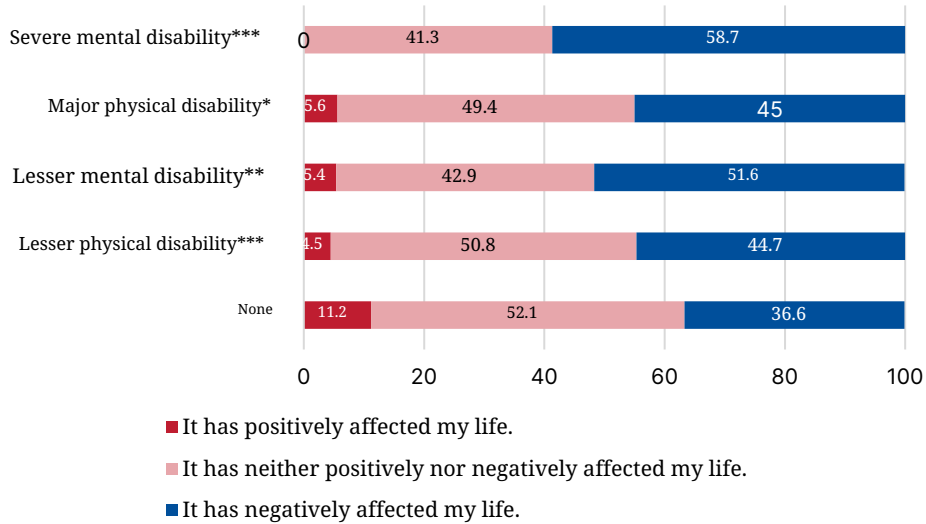


Note: N = No disability 2012: 13,393; no disability 2016: 14,261; no disability 2020: 12,374; severe physical disability 2012: 1,482; severe physical disability 2016: 1,774; severe physical disability 2020: 1,438; severe mental disability 2012: 411; severe mental disability 2016: 490; severe mental disability 2020: 446. Differences in child distributions over the years have been tested within each disability category. Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

For respondents with a severe mental disability, the distributions over time appear somewhat different. For this group, we see a marked increase in the proportion without children from 2012 (48 %) to 2020 (57.6 %) and a parallel decrease in the proportion with children without disability (41 % to 28 %), while there is only an increase in the proportion with children with disability from 2012 (12 %) to 2016 (15 %) and then a stagnation at 14 % in 2020. The most notable aspect here is that fewer individuals with a severe mental disability are having children over time. However, this can be partially explained by the shift we observe (in Figure 3.5) towards the disability occurring earlier, which means that more individuals in 2020 than in 2012 have a mental disability when they are young.

We further asked the respondents how having a child with a disability has affected their lives (Figure 4.10). Here, we see a clear trend that relatively more of the respondents with a physical or mental disability report that it has negatively impacted their lives – especially respondents with severe (59%) or mild mental disabilities (52%) experience negative effects. For many, having a severe mental disability may make it difficult to also have the capacity to care for a child with a disability. Furthermore, analyses in chapters 5-10 show that respondents with mental disabilities are generally more vulnerable both socioeconomically and health-related than other groups. All else being equal, respondents with a mental disability thus already experience pressure in more life arenas than other respondent groups, and therefore the capacity to accommodate and support a child with a disability may be less for this group.

Figure 4.10 Respondents who have a child with a disability, categorized by how having a child with a disability or mental illness has affected their lives. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.

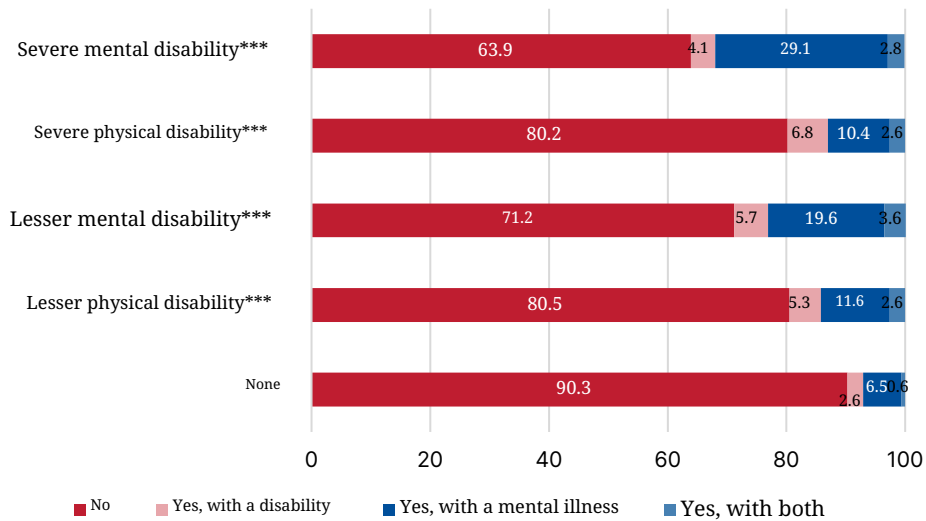


Note: N = No disability: 1,055; lesser physical disability: 508; lesser mental disability: 152; severe physical disability: 284; severe mental disability: 77. The distributions of the disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

4.4 Siblings and parents with a disability

Previous studies have shown that vulnerability, also in the form of disabilities and mental illnesses, occurs more frequently within families – both within and across generations (e.g., Andersen et al., 2021). In addition to the mentioned established correlations between the disabilities of the respondents and their children, we also find results that indicate correlations within the same generation (siblings) and previous generations (parents). Figure 4.11 shows that within all disability groups, there are significantly more respondents (20-36%) who report having a sibling with a disability or mental illness than among respondents without a disability (10%).

Figure 4.11 Respondents distributed according to whether they have siblings with disabilities or mental disorders. Specifically for disability type and severity, and individuals without disabilities. 2020. Percent.

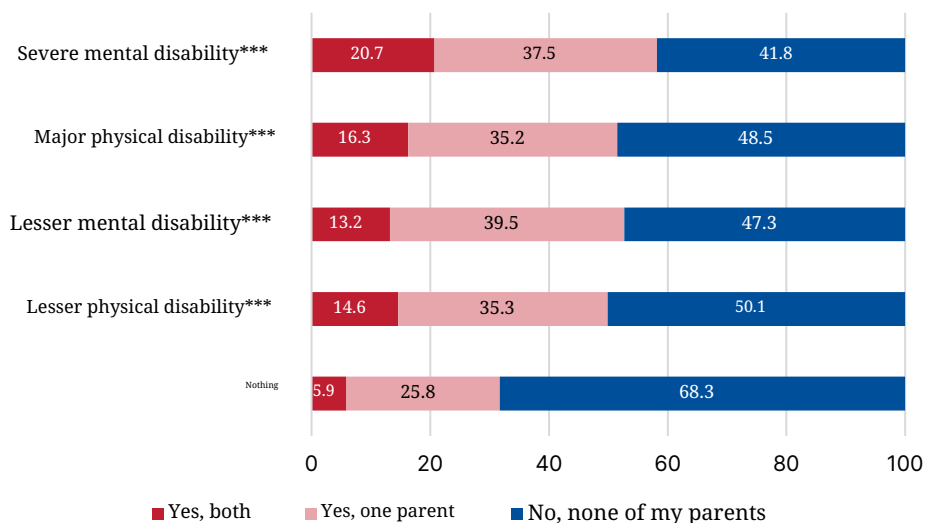


Note: N = No disability: 12,366; lesser physical disability: 3,181; lesser mental disability: 1,100; major physical disability: 1,434; severe mental disability: 445. The distributions of the disability categories have been tested individually in relation to the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

It is noteworthy that especially respondents with a severe mental disability have a significantly higher prevalence of siblings with a mental disability (29 %). However, a large proportion of respondents with a lesser mental disability also have siblings with mental disorders (20 %). These correlations may indicate that there is a hereditary component within a range of mental disorders, but as we have also shown, respondents with mental disorders are vulnerable in other respects, so it is likely a matter of both heredity, environment, and an interplay between these (Rutter, 2007).

Both physical disabilities and mental disorders are concentrated within families, as we also find when we examine the respondents' parents and whether they have also been affected by a disability, a long-term health problem, or a mental illness in Figure 4.12. Here we see that significantly fewer respondents among the disability groups (42-50%) have parents, both of whom are without disabilities, which is the case for 68% of respondents without disabilities.

Figure 4.12 Respondents categorized by whether one or both parents are or were affected by a disability, a long-term health problem, or a mental illness. 2020. Percent.



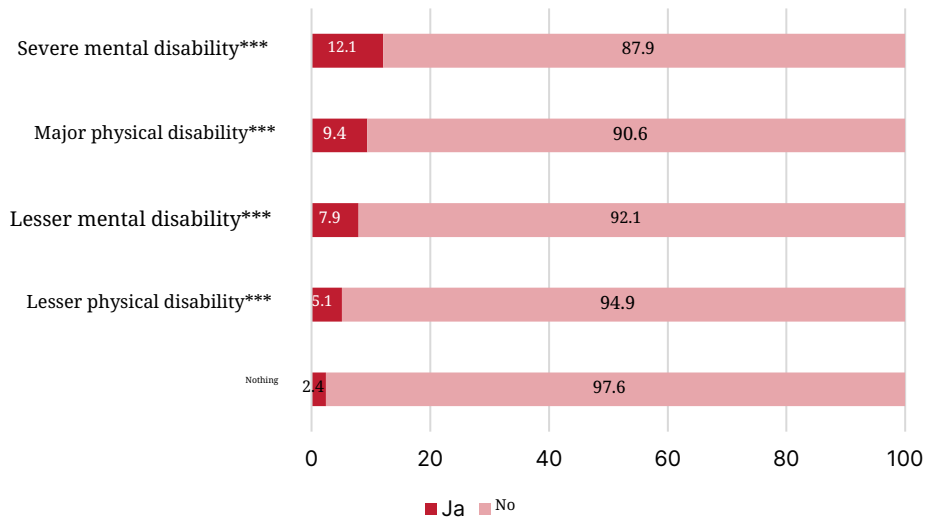
Note: N = No disability: 12,357; lesser physical disability: 3,179; lesser mental disability: 1,098; major physical disability: 1,436; severe mental disability: 445. The distributions of the disability categories have been tested individually against the distribution of respondents without disability using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

4.5 Placement outside the home during upbringing

A long series of studies have shown that both children's own and parents' mental disorders, disabilities, and health problems increase the probability of children's placement outside the home (e.g., Egelund & Lausten, 2009; Lausten et al., 2013). At the same time, we know that a placement outside the home—regardless of whether it was necessary to ensure the child's well-being and development—on average still fails to adequately compensate the children so that they achieve the same developmental opportunities in life as their non-placed peers (e.g., Brännström et al., 2017; Kääriälä & Hiilamo, 2017; Olsen et al., 2011). Therefore, one can view placement outside the home as a vulnerability parameter.

In Figure 4.13, we see that significantly more individuals from all disability groups have been placed outside of their homes at some point during their childhood. The largest proportion is found among respondents with a severe mental disability (12 %), but a relatively large proportion (9 %) of respondents with a severe physical disability have also been placed outside of their homes.

Figure 4.13 Respondents distributed according to whether they have ever been placed in a children's home, in respite care, or in other ways have been placed outside the home. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



Note: N = No disability: 12,374; lesser physical disability: 3,182; lesser mental disability: 1,103; major physical disability: 1,437; severe mental disability: 447. The distributions of the disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

For some, their disability or mental illness may have been one of the reasons for placement, but for many, it may also be that other reasons for placement (e.g., neglect and abuse) have simultaneously contributed to the respondent's physical or mental disability. Thus, we cannot say much about the causal relationship between disability and placement in childhood, but we can merely note that disability and placement occur together, and that this is an additional vulnerability factor in the lives of some respondents.

When we also control for other factors in a regression, all disability groups have continued to show a significant over-representation for having been placed outside of the home. For all groups, regardless of whether they have a disability or not, there was a slightly higher probability of placement among respondents in 2016 compared to 2020.

5 Education

Education can contribute to development and well-being on a personal level, but it is also crucial for the development of the modern welfare society. For both people with and without disabilities, the level of education increases opportunities for employment, but for people with disabilities, education has proven to be particularly decisive (Larsen & Larsen, 2017). Equal access to education for people with disabilities and accessible educational facilities are included in UN Sustainable Development Goal 4 (Danish Disability Organizations, 2021). Therefore, education must be a highly prioritized factor both globally, nationally, and individually. However, research shows that children and young people with disabilities perform worse in primary school than children without disabilities (Mortensen et al., 2020). For example, they have lower average grades, higher absenteeism, and a smaller proportion go on to higher education (ibid.).

People with disabilities may need compensatory arrangements and support in connection with completing an education. In Denmark, there are options to meet a range of practical and pedagogical conditions to ensure equal opportunities for education as much as possible (e.g., the SPS scheme and the SU disability supplement¹²). Despite these support opportunities, research shows that the proportion of adults with a qualifying education is significantly lower among people with disabilities than among people without disabilities (even if the disability did not necessarily arise when the education was completed) (Amilon et al., 2017; Larsen et al., 2020; Rubio-Valverde et al., 2019).

This chapter focuses on education frequency and level among people with disabilities compared to people without disabilities in 2020. We also examine, as far as possible, the development since the studies in 2012 and 2016.

The main results are:

- In 2020, there are fewer respondents aged 30-64 years with a disability who have completed a long higher education compared to respondents without a disability, while there are significantly more with a disability who have primary school/secondary school exam as their highest completed education, compared to respondents without a disability.
- From 2012 to 2020, there is a decrease in the proportion of 30-40-year-olds with a severe mental disability who have vocational education. In 2020, all disability groups, except for respondents with a minor physical disability, have a lower degree of vocational education at ages 30-40 than their peers without a disability.
- For the very young aged 18-25 years, we see an increasing trend over time regarding the completion of upper secondary education, with significantly more individuals in the group with a lesser mental disability achieving an upper secondary education in 2020 compared to 2016 and 2012. However, in 2020, we observe that respondents with a major physical or mental disability continue to obtain an upper secondary education to a lesser extent compared to respondents without a disability.

¹² The possibility of receiving a disability supplement alongside the regular student grant was expanded in 2019 to also include students with mental or physical disabilities in vocational education. Previously, disability supplements were only granted to students in higher education (The Government, 2019). However, it is still not possible to receive a disability supplement for upper secondary education.

- During the same period from 2012-2020, we see a declining trend in the number of skilled workers among all respondent groups aged 16-25 years. The figures indicate a shift in the choice of youth education over time from vocational education to upper secondary education – a trend that also seems to apply to respondents with a disability.
- A larger proportion of the 16-25 years old respondents with a disability are skilled workers (45 %) compared to the respondents without a disability (35.5 %) in 2020.
- More respondents in the disability groups have received special education during their schooling. There is no difference in how many reported in 2020 and in 2016 that they have received special education.
- People with a disability generally drop out of education more often than people without a disability. In particular, individuals with mental disabilities appear to have dropped out not just once, but two or more times.
- Far more among the respondents with a disability report that their illness or disability was the reason for dropping out, or that stress, depression, or similar factors played a role. We also see significantly more individuals with a greater physical or mental disability stating that they did not have the necessary aids or materials, or that the education did not take their illness and disability into sufficient account.
- Relatively more among the disability groups have received special education during their schooling. Particularly, respondents with a severe mental disability have received special education.

5.1 Education frequency and level

We asked the respondents what their highest completed education is. Table 5.1 shows the results for both people with disabilities as a whole and people without disabilities who are 30 years old and over. The youngest respondents (18-29 years) are often still pursuing an education, and many have not yet completed it – therefore, we have chosen to set a lower age limit of 30 years for the analyses of highest completed education. With this age criterion, we see in Table 5.1 that there is a significant difference in education level between respondents with and without disabilities. The most notable finding is that relatively fewer respondents with a disability (11.4%) have a long higher education compared to respondents without a disability, while there are significantly more with a disability (20.1%) who have completed primary school/secondary school exam compared to respondents without a disability (9.4). This result may be due to the fact that, all else being equal, it is more difficult for people with a disability to complete an education, but also that individuals with a low education level are more likely to have acquired a disability.

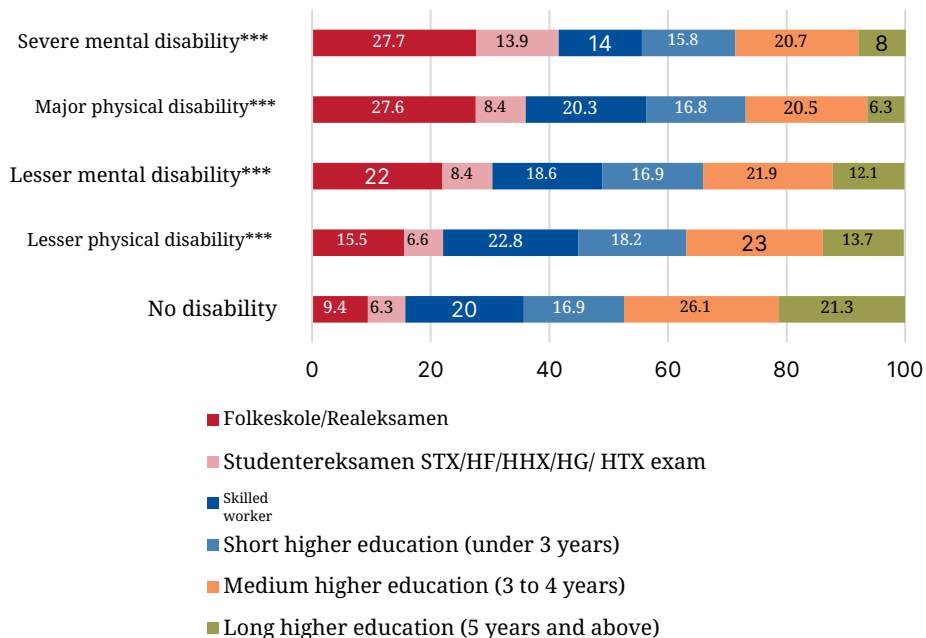
Table 5.1 Respondents aged 30-64 years distributed by highest completed education. Separate for disability status. 2020. Percent.

	No d	Disability***
Primary school/secondary school exam	9.4	20.1
Studentereksamen STX/HF/HHX/HG/ HTX exam	6.3	7.7
Skilled worker	20	21.1
Short higher education (under 3 years)	16.9	17.1
Medium higher education (3 to 4 years)	26.1	22.6
Long higher education (5 years and above)	21.3	11.4
Total	100	100

Note: The difference between people with and without disabilities has been tested using the Chi2 test. *** p < 0,001, ** p < 0,01, * p < 0,05. Source: SHILD 2020.

Looking more closely at the individual disability groups, Figure 5.1 shows that the distributions in education level for all disability groups are also significantly different from the distribution for respondents without a disability. Particularly among respondents with severe mental (27.7%) or severe physical disabilities (27.6%), the proportions without education beyond primary school are significantly different from the corresponding proportions for respondents without a disability (9.4%). For the same groups, we also see that the proportions obtaining a long higher education are less than half as large (6.3-8%), compared to respondents without a disability (21.3%).

Figure 5.1 Respondents aged 30-64 years distributed according to the highest completed education. Specifically for types and degrees of disabilities in 2020. Percent.



Note: N = No disability: 9,952; lesser physical disability: 2,824; lesser mental disability: 798; major physical disability: 1,346; severe mental disability: 333. The distributions of disability categories have been tested individually against the distribution of respondents without disabilities using the Chi2 test. *** p < 0,001, ** p < 0,01, * p < 0,05. Source: SHILD 2020.

5.2 Development in Education

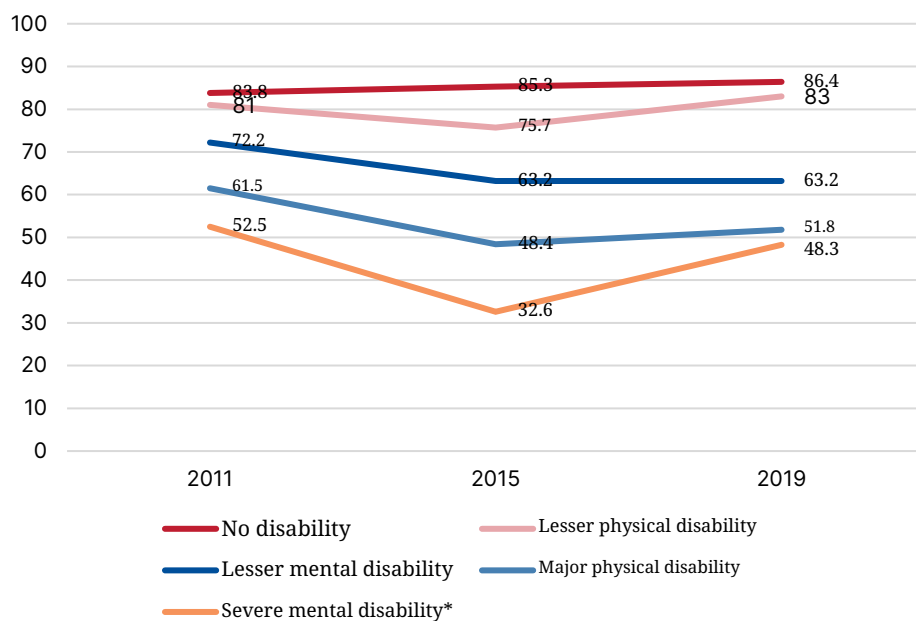
When we further investigate whether there have been changes in the education level of the disability groups over time from 2012-2016-2020, we initially use register data from Statistics Denmark instead of the respondents' own answers. The registers contain information about individuals' highest completed education for each year, and in our analyses, we focus on whether a person has obtained a vocational education (i.e., a professional education, a short, medium, or long higher education), which indicates employment potential. In the analyses, we base our findings on the respondents from the survey and their participation in 2012, 2016, and/or 2020. We exclusively analyze individuals aged 30-40 years, as we are interested in whether changes occur over time for the younger respondents, who can be assumed to have completed their educational programs. The focus on the younger respondents is based on the fact that they have most recently gone through the education system, and through these analyses, we can gain an indication of whether the education system over time appears to be improving/worsening in including people with disabilities and thereby also affecting their opportunities in the labor market.¹³

Figure 5.2 shows the proportion of respondents who have obtained a competency-based education in 2011, 2015, and 2019. The reason we look at their registration information from the year before they respond to the questionnaire is that we only have information about education in the registers up to and including 2019. Therefore, we have chosen to work retrospectively with equally long time intervals.

The results in Figure 5.2 indicate that for three of the disability groups, there has been a decline over time in the proportion of individuals aged 30-40 who have vocational education, while the group with a lesser physical disability appears to have increased slightly, with the difference from 2015 to 2019 being statistically significant. However, it is only the development for people with severe mental disabilities that is statistically significant when we compare the distribution over the entire period. We do not have an immediate good explanation for the very low proportion of 30-40-year-olds who did not have vocational education in 2015, but it generally appears that for all groups—except for respondents without disabilities—there is a decline from 2011-2015, followed by an increase again from 2015-2019, except for respondents with a lesser mental disability. We do not have an obvious explanation for the lower level of respondents with vocational education in 2015.

¹³ In addition, changes in the composition of disability groups as well as the composition of the group without disability can also affect the level of education.

Figure 5.2 Respondents aged 30-40 years who have a qualifying education. Specifically for types and degrees of disability as well as for people without disabilities. 2011, 2015, and 2019. Percent.



Note: N = No disability 2012: 2,506; no disability 2016: 2,506; no disability 2020: 1,924; lesser physical disability 2012: 503; lesser physical disability 2016: 511; lesser physical disability 2020: 336; lesser mental disability 2012: 197; lesser mental disability 2016: 201; lesser mental disability 2020: 186; severe physical disability 2012: 170; severe physical disability 2016: 229; severe physical disability 2020: 123; severe mental disability 2012: 73; severe mental disability 2016: 112; severe mental disability 2020: 79. The distributions of the disability categories have been tested individually over time within their own category using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: Register data and SHILD 2020.

Looking solely at 2020, and comparing the proportion with vocational education for respondents without a disability (86%) individually with each disability group, there is a significant difference except for the proportion of respondents with a lesser physical disability (83%). This means that significantly fewer individuals in the other disability groups aged 30-40 have vocational education compared to respondents with a disability in 2020.

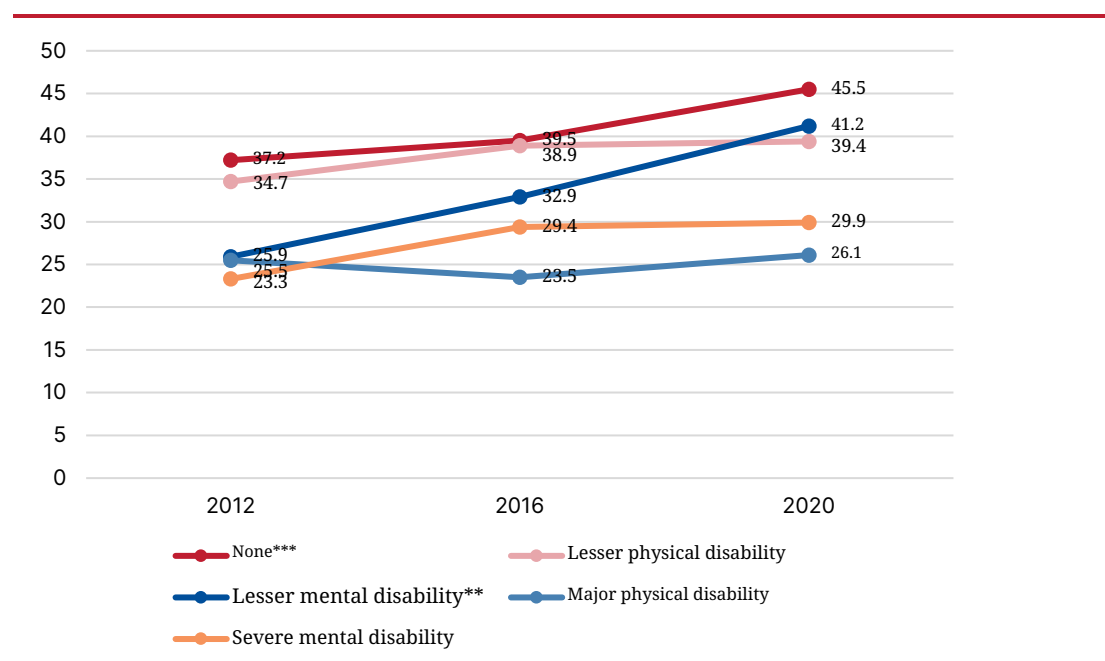
When we compare education levels for people with and without disabilities, it is important to remember that people with disabilities may need more time to start or complete an education. The reasons for this can be factors directly related to a specific disability, for example, that people with disabilities may have less energy, manage less at a time, and have an increased degree of fatigue as well as periods of hospitalization and surgeries, all of which can create a need for more time to start and complete an education. The results in Figure 5.2 may also be related to external circumstances, for example, the need for compensatory measures and the waiting times for specific support, or that practical support takes time to coordinate and implement. There can, for instance, be challenges in obtaining timely secretarial assistance, interpreting help (e.g., among the deaf), or access to technical assistive devices (Bech Larsen et al., 2014; Bengtsson et al., 2010). Additionally, it may take time for individuals to acquire knowledge of compensatory measures and to investigate the specific opportunities, and

which measures may possibly be needed further. For example, to investigate what the educational institution itself offers – whether, for instance, there is level-free access to the premises, how the intranet works (is it, for example, "reader-friendly" if one is visually impaired), whether the teaching materials are available in an accessible form for the individual, etc. Other studies (Bech Larsen et al., 2014) show, for instance, that it can be a challenge to manage to investigate and apply for opportunities, also viewed in the perspective that the information about admission to educational institutions comes relatively late. The above challenges – and any additional challenges – can contribute to delaying the start of studies or, in the worst case, prevent it. However, as in the report from 2016, we see in section 5.3 below that some of the differences in education frequency and level for people with and without disabilities may particularly be attributed to factors directly related to a disability.

An important foundation for many to progress in the education system is to complete an upper secondary education such as STX, HHX, HTX, HG, and HF, or a vocational education. Therefore, we have also been interested in examining the development of the very young's completion of these two types of education. Note that the limitation to 16-25-year-olds results in a small percentage base for some groups, which makes the analyses over time more sensitive to fluctuations.

When we use the responses of 16-25 years old individuals from 2012, 2016, and 2020 regarding the completion of upper secondary education, a general upward trend emerges for almost all groups.

Figure 5.3 Respondents aged 16-25 who have completed an upper secondary education (STX, HHX, HTX, HG, and HF). 2012, 2016, and 2020. Percent.



Note: N = No disability 2012: 2,528; no disability 2016: 2,520; no disability 2020: 1,740; lesser physical disability 2012: 357; lesser physical disability 2016: 326; lesser physical disability 2020: 249; lesser mental disability 2012: 179; lesser mental disability 2016: 207; lesser mental disability 2020: 210; severe physical disability: 170; severe physical disability 2012: 88; severe physical disability 2016: 89; severe physical disability 2020: 56; severe mental disability 2012: 54; severe mental disability 2016: 71; severe mental disability 2020: 81. The distributions of the disability categories have been tested individually over time. Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

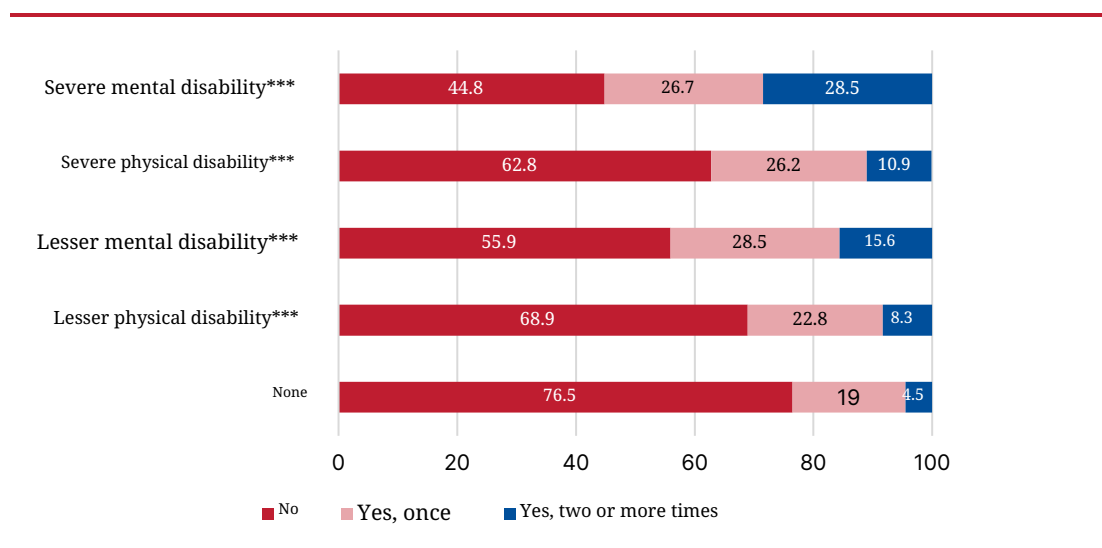
For all respondent groups, there is a larger proportion that completed upper secondary education in 2020 compared to 2012. The largest increase in percentage points is observed among respondents with lesser mental disability, where only 23 % had completed upper secondary education in 2012, while a full 41 % in 2020 report having completed upper secondary education. Looking solely at the proportions for 2020, it is the respondents with major physical (26 %) and severe mental disability (30 %) who have significantly lower proportions of respondents completing upper secondary education compared to respondents without a disability (46 %).

In the same period from 2012-2020, we see a declining trend in terms of how many are skilled workers among all respondent groups aged 16-25 years old. In 2012, 49 % of the 16-25 years old respondents without a disability reported that they were skilled workers, while the corresponding proportion was 36 % in 2020. For respondents with a disability, the corresponding proportions are 56 % in 2012 and 45 % in 2020. Thus, the figures indicate a shift in the choice of youth education over time from vocational education to upper secondary education – a trend that also seems to apply to respondents with a disability. The difference between the proportion of skilled workers among respondents with and without disabilities is statistically significant, with respondents with a disability being more often skilled workers than respondents without a disability.

5.3 Dropout from education

Our results in the previous sections have already shown that people with disabilities generally find it more difficult to complete an education than people without disabilities. This conclusion is reiterated when we also look at the respondents in Figure 5.4, based on their answers to the question: "Have you ever dropped out of an education you had started?"

Figure 5.4 Respondents distributed according to how many times they have dropped out of an education. 2020. Percent.



Note: N = No disability: 12,367; lesser physical disability: 3,183; lesser mental disability: 1,103; major physical disability: 1,438; severe mental disability: 445. The distributions of the disability categories have been tested individually in relation to the distribution of respondents without disability using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Responses from 2020 indicate that people with a disability are generally more likely to have dropped out of an education than people without a disability. In particular, individuals with mental disabilities seem to have dropped out not just once, but two or more times. 28.5% of respondents with severe mental disabilities have dropped out of an education two or more times, and 15.6% of respondents with mild mental disabilities have dropped out of an education two or more times. In comparison, only 4.5% of respondents without a disability reported that they have dropped out of an education two or more times.

When we further inquire why the respondents dropped out of their education (Table 5.2), we also see that there is a significant difference in the reasons given by respondents with a disability and those given by respondents without a disability.

Table 5.2 Respondents categorized by reasons for dropping out of a commenced education. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.

	No disability disability	Minor physical disability***	Lesser mental disability ***	Severe di- sability ha- ndicap***	Severe mental disability ***
I had the opportunity to switch to an Education that I preferred	20.1	14.5	7.2	10.1	2.7
Education was not for me	49.3	39.1	25.3	24.1	15
I didn't fit into the social environment.	6.2	6.4	6.6	7.6	6.6
I could not meet the academic requirements.	7.4	9	8.2	8.4	3.8
I could not get an internship.	5.3	5.6	6.5	6.1	2.8
Necessary assistive devices and materials missed or arrived late/education showed insufficient consideration for illness and disability	1.2	2.6	1.8	5.9	6.3
Stress, depression, and similar issues	8.6	14.1	34.3	15.5	40.8
Illness or disability made it too difficult to complete	1.8	8.6	10.1	22.3	22.1

Note: N = No disability: 2,569; lesser physical disability: 857; lesser mental disability: 436; severe physical disability: 450; severe mental disability: 228. The distributions of the disability categories have been tested individually against the distribution of respondents without disability using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

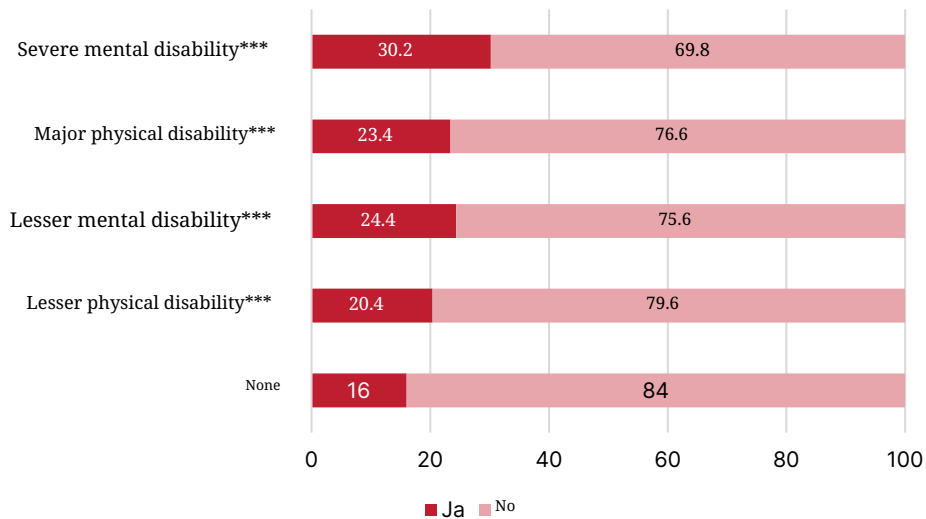
Significantly more among the respondents with a disability report that their illness or disability made it difficult to complete their education, or that stress, depression, or similar factors were decisive. For individuals with a severe physical or mental disability, we also see considerably more who report that they did not have the necessary assistive devices or materials/the education did not adequately consider their illness and disability. These results indicate that difficulties in completing an education can to some extent be attributed to conditions directly related to a functional impairment.

5.4 Special Education

Based on the question: "Have you ever received special education during your school years?", we examine in Figure 5.5 the respondents' participation in special education.

The figure shows that a relatively higher number among the disability groups have received special education during their schooling. In particular, respondents with more significant mental disabilities have received special education (30 %), while only about half as many among respondents without disabilities (16 %) have done so.

Figure 5.5 Respondents distributed according to whether they have received special education. Specifically for disability type and degree, and for people without disabilities. 2020. Percent.



Note: N = No disability: 12,364; lesser physical disability: 3,181; lesser mental disability: 1,101; major physical disability: 1,440; severe mental disability: 447. The distributions of the disability categories have been tested individually in relation to the distribution of respondents without disabilities using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

It is not surprising that respondents with disabilities have had a greater need for special education, as it is precisely children whose development requires special consideration or support that special education is aimed at. When we look at whether there are changes in the respondents' answers from 2016 to 2020 regarding special education, there are no differences. The proportions of respondents who in 2016 reported having received special education during their school years are virtually identical to the corresponding proportions in 2020. This means that there is no indication of shifts in special education offerings for people with disabilities within this relatively short period.

6 Employment and Income

This chapter examines employment and income among people with disabilities compared to people without disabilities. Where possible, we look at the developments since our corresponding studies from 2012 and 2016.

In relation to quality of life and social participation, the connection to the labor market is central, and being part of the employment life contributes to an individual's standard of living and personal development (Kober & Eggleton, 2005). At the societal level, high labor market participation is the economic foundation of the welfare state. However, studies show that people with disabilities are employed to a lesser extent than people without disabilities (Amilon et al., 2021b; Larsen et al., 2020). This is also evident from analyses of the 2016 wave of SHILD: the employment rate is significantly lower among people with disabilities than among people without disabilities (Amilon et al., 2017). Nevertheless, a number of political initiatives have been implemented to increase employment among people with disabilities since the 2016 wave was conducted. For example, with the funding agreement for 2017, 38.8 million DKK was allocated for the period 2017-2020 to get more people with disabilities into work, including to break down barriers and create better opportunities for people with disabilities in the labor market (Ministry of Employment, 2016). It is therefore interesting to investigate whether there has been an improvement in the employment situation for people with disabilities since 2016.

It should be emphasized that the report cannot be seen as an effect measurement or evaluation of the initiatives that have been launched based on the 2017 funding pool. Alongside the initiatives taken to strengthen employment among people with disabilities, a number of other changes have occurred that may also have influenced employment among people with disabilities. The data collection for this report was conducted during the period from September to November 2020. Although Denmark was not in lockdown during this period, the coronavirus pandemic influenced the employment of Danes. For example, the population was encouraged to work from home as much as possible during this period (Think Tank Europe, 2021), and companies had the opportunity to receive aid packages to avoid layoffs (Ministry of Business, 2021). Additionally, the period for unemployment benefits and sick leave benefits was extended (Ministry of Employment, 2020), which may have had consequences for, for example, the number of cash assistance recipients. Furthermore, unemployment gradually decreased during the period we are studying, from 4.5% in 2012 to 3% in 2019. In 2020, however, unemployment rose to 4.2% (probably due to the coronavirus situation) (Statistics Denmark, 2021). This general economic development is also expected to have had an impact on employment among people with disabilities. Therefore, the results of the chapter should be viewed in light of all these changes and factors at a more aggregated societal level, which may have affected employment among people with and without disabilities in different ways.

The main results are:

- In 2020, 28% and 17% of citizens with significant physical and mental disabilities were in regular employment, respectively. Additionally, 16% and 12% were in supported employment.

(i.e., flex jobs, protected employment, light jobs for early retirees or side jobs). Among people without disabilities, nearly 73% were in supported (1%) or regular employment (72%).

- The proportion of employed individuals among people with severe physical and severe mental disabilities has significantly increased during the period 2012-2020, primarily because a rising proportion of citizens in these groups have entered flex jobs. At the same time, the proportion of people with disabilities receiving early retirement pensions has significantly decreased.
- In parallel with the increasing proportions of people with disabilities entering employment, the average working hours have decreased (from 32 to 27 and from 33 to 25 hours per week for people with severe physical and severe mental disabilities, respectively). Working hours among people without disabilities have remained constant at approximately 38 hours per week throughout the period. The decrease in working hours among people with disabilities is probably due to their increasing participation in supported employment, where working hours are often reduced.
- Despite the decrease in average working hours, we find no signs of an increase in the proportion of people with disabilities who wish to have more weekly working hours. On the contrary, this proportion has decreased (among people with severe mental disabilities) or remained constant over time (among people with severe physical disabilities as well as among people without disabilities). Increasing proportions of people with disabilities are thus satisfied with the often reduced working hours.
- Although employment has increased among people with disabilities, absenteeism has decreased. For people with severe physical disabilities, the average number of sick days over the last year has fallen from 17 to 15 days. For people with severe mental disabilities, the decrease is even greater, from 21 to 11 days.
- For 30% and 34% among people with severe mental and physical disabilities respectively, adjustments have been made at the workplace due to health problems or disabilities. Adjustments to working hours are the most common type of adjustment.
- Approximately one third of respondents with severe mental disabilities (32%) and nearly a quarter among respondents with severe physical disabilities (22%) had been fired over the last 4 years as of 2020. Among people without disabilities, this concerns about one in ten (11%). The proportions that have been fired have decreased during the period 2012-2020 in all three groups (however, this decrease is not statistically significant for people with severe mental disabilities).
- People with severe mental disabilities (26%) have received support from the job center to find work to a greater extent than people with severe physical disabilities (16%) and people without disabilities (10%) within the last 3 years.
- Among people with severe physical and severe mental disabilities, 26% and 40%, respectively, assess the economy as poor or very poor. The corresponding proportion among people without disabilities is 5%. There has been no significant development in these proportions since 2012.
- The proportions of those who, for economic reasons, have been prevented from living an ordinary life are significantly higher among people with major physical (36 %) and major psychological (46 %) disabilities than among people without disabilities (10.2 %).
- People with major physical and mental disabilities have significantly more often than people without disabilities refrained from purchasing prescription medicine, as well as avoiding necessary dental or psychological treatment for economic reasons.

6.1 Employment Rate and Employment Conditions

In Table 6.1, we examine the self-reported primary employment of the respondents in SHILD 2020. The results show, unsurprisingly, that people with disabilities are more likely to receive cash assistance, sick leave benefits, or early retirement pensions than people without disabilities. The proportions employed in flex jobs or other types of supported employment are also higher among people with disabilities than among people without disabilities. It is particularly people with major disabilities (physical or mental) who receive cash assistance, sick leave benefits, or early retirement pensions, and who are employed in flex jobs.

Table 6.1 Respondents by Main Employment. 2020. Percent.

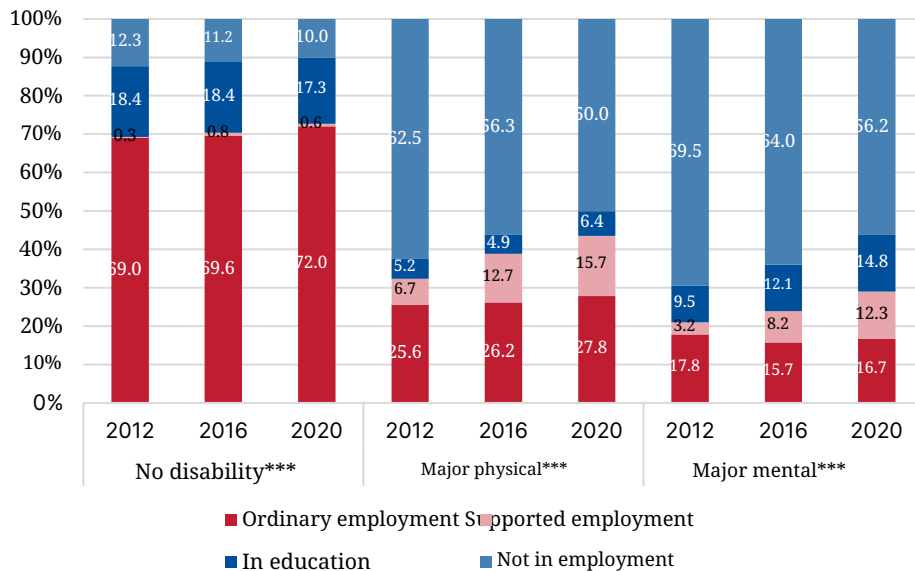
	No disability	Minor physical	Major physical	Minor psychological	Greater mental
	disability	***	***	***	***
Top management, liberal professions, self-employed entrepreneurs	9.1	6.1	4.2	2.0	1.5
Employee without managerial responsibility	49.4	45.4	19.8	31.4	12.9
Employee with managerial responsibility	13.5	10.9	3.8	5.1	2.3
Unemployed/receiving unemployment benefits, unemployment assistance	2.9	3.4	2.4	4.7	2.8
Cash assistance, resource programs	0.3	2.0	6.9	4.7	17.2
Employed in flex jobs, early retirement pensioner with light job, protected employment, side job	0.6	6.0	15.7	8.2	12.3
Early retirement pension	0.3	7.1	30.6	13.0	24.5
Sick leave benefits including job clarification	0.1	1.3	3.1	2.0	3.4
At home, on early retirement or pension	1.9	3.7	3.9	2.0	1.0
In education	17.3	10.6	6.4	21.3	14.8
Other	4.4	3.5	3.2	5.5	7.3
Total	100	100	100	100	100
Number of people	12.345	3.178	1.432	1.099	441

Note: The figures also include people on leave, based on the job from which they are on leave. Note: The difference between people without disabilities and the four disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 6.1, we have grouped the types of employment into four groups and examine the development in employment during the period 2012-2020 for people without disabilities, as well as those with severe physical or mental disabilities. For the two disability groups, we find a significant positive development in the proportions in supported employment (i.e., flex jobs, early retirement pensioners with sheltered jobs, protected employment, or side jobs): from 7 % to 16 % for people with severe physical disabilities and from 3 % to 12 % for people with severe mental disabilities. For both disability groups, and especially for people with severe mental disabilities, we also find a significant positive development in the proportions that are in education (from 10 % to 15 % for people with severe mental disabilities). Overall, the proportions not in any form of employment or education have decreased over the period for all three groups, but this decline is most pronounced for the two disability groups. A little surprisingly, we do not find a decrease in employment in 2020, even though unemployment nationwide was higher in 2020 than in 2016 (Statistics Denmark, 2021). A report based on data from the labor force survey finds, like the current report, that employment among

People with disabilities were higher in 2020 than in 2016 (Larsen et al., 2021). The report also finds that employment among people with disabilities was lower in 2020 than in 2019 (ibid.).

Figure 6.1 Respondents distributed by main employment. Separate for disability group and for people without disabilities and year. 2012-2020. Percent.



Note: N = 13,383; 14,249; 12,345 (no disability) 1,482; 1,773; 1,432 (severe physical disability). N = 410; 492; 441 (severe mental disability). Note: The difference between no disability and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

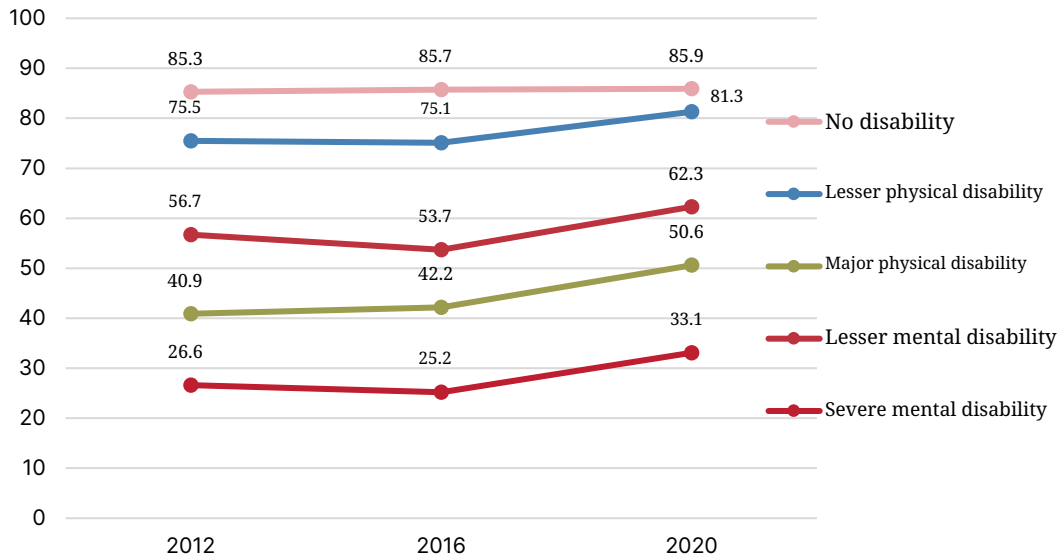
6.2 Development in Employment, Flex Jobs, and Early Retirement Pension

In this section, we incorporate register data from the DREAM database with the aim of examining in more detail how the proportion of citizens in employment, in flex jobs, and on early retirement pension has developed during the period 2012-2020.

Figure 6.2 shows how employment has changed over time for people with minor physical, severe physical, minor mental, severe mental, and no disabilities, respectively. We use a variable for the analyses that indicates whether a person has been employed in November of each of the 3 years (2012, 2016, and 2020).¹⁵ Employment means that social security contributions have been paid on the wage income for that specific month. Therefore, the variable only indicates that a person has received a salary, and does not provide information about the individual's degree of employment, whether it involves a few hours or full-time employment. The analysis is limited to the age group of 27-53 years.

14. DREAM is a progression database based on data from the Ministry of Employment, the Ministry of Education, the CPR register, and SKAT. The dataset contains information about the receipt of public transfer income as well as employment details. 15. Here, we follow the Integrated Database for Labor Market Research, which often also uses the November employment figures to avoid fluctuations that occur in employment over the course of a year.

Figure 6.2 Respondents aged 27-53 years who are employed in November. Specifically for disability type and degree, as well as for people without disabilities. 2012, 2016, and 2020. Percent.



Note: N = [7,157, 7,758, 6,419]; [1,618, 1,821, 1,471]; [699, 842, 615]; [573, 578, 568]; [235, 278, 238]. The difference from 2012-2016 and from 2016-2020 for the five groups has been tested with a z-test. The development from 2012 to 2016 is insignificant for all groups. The development from 2016 to 2020 is significant with $p < 0.05$ for the four disability groups. The development from 2016 to 2020 is insignificant for people without disabilities. Source: SHILD 2012, 2016, 2020. DREAM 2012, 2016, 2020.

It is evident from Figure 6.2 that employment has increased significantly for all disability groups from 2016 to 2020. The results align with those based on self-reported employment (Figure 6.1). Employment is lowest among people with severe mental disabilities, followed by those with severe physical disabilities. For people with severe mental disabilities, the proportion in employment has risen from 25% in 2016 to 33% in 2020. For people with severe physical disabilities, the increase is from 42% in 2016 to 51% in 2020. Employment for people without disabilities has remained approximately 86% throughout the entire period.

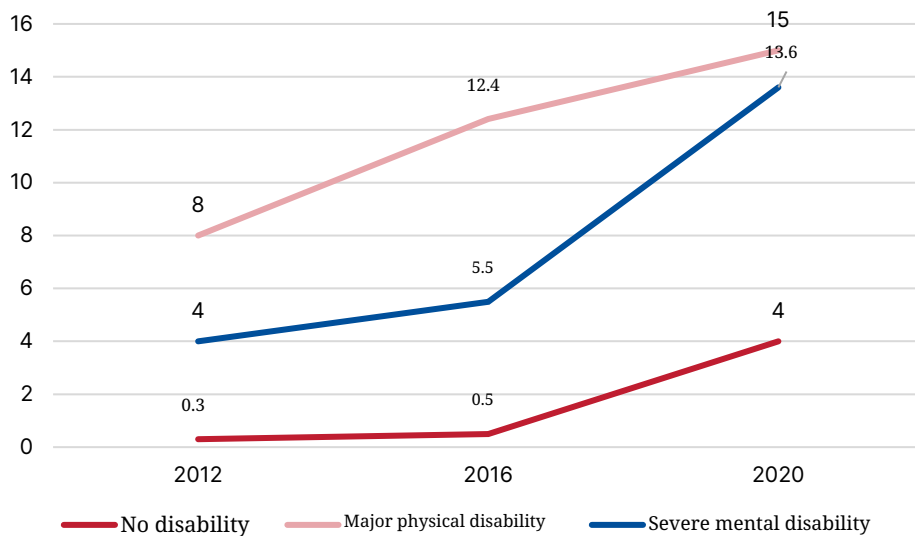
In Figure 6.3, we examine the proportion of citizens in flex jobs based on data from DREAM from the first week of November (week 45) in each of the 3 years (2012, 2016, and 2020) for the age group 40-64 years.¹⁶ We find a significant increase for all three groups, although the increase is much more pronounced for the two disability groups. For people with severe physical disabilities, the proportion in flex jobs nearly doubles from 8 % in 2012 to 15 % in 2020. For people with severe mental disabilities, the proportion in flex jobs grows more than threefold, from 4 % in 2012 to just under 14 % in 2020. The overall increase in employment among people with disabilities (Figure 6.1 and Figure 6.2) is therefore largely due to the fact that relatively more citizens with disabilities in the age group 40-64 years have entered flex jobs.

Also among people without disabilities, the proportion in flex jobs has increased significantly (in relative terms, the increase is actually largest in this group), from 0.3% in 2012 to 4% in 2020. The fact that people without disabilities are also in flex jobs is probably due to the use of a subjective definition of disability, and it is up to the respondent to assess whether he or she

¹⁶ For the age group 16-39 years, there have not been significant changes in the proportions in flex jobs during the period 2012-2020.

has a "long-term physical health problem or disability ("physical disability") or a mental illness ("mental disability") (see also section 1.2). The result shows that there are respondents in the data set who do not perceive themselves as having a disability (according to our definition), even though they meet the criteria for flex jobs. Additionally, the understanding of what a health problem or disability or a mental illness entails may have changed over time.

Figure 6.3 Respondents in the age group 40-64 years, who are in flex jobs in the first week of November. Specifically for disability type and for people without disabilities. 2012, 2016, and 2020. Percent.

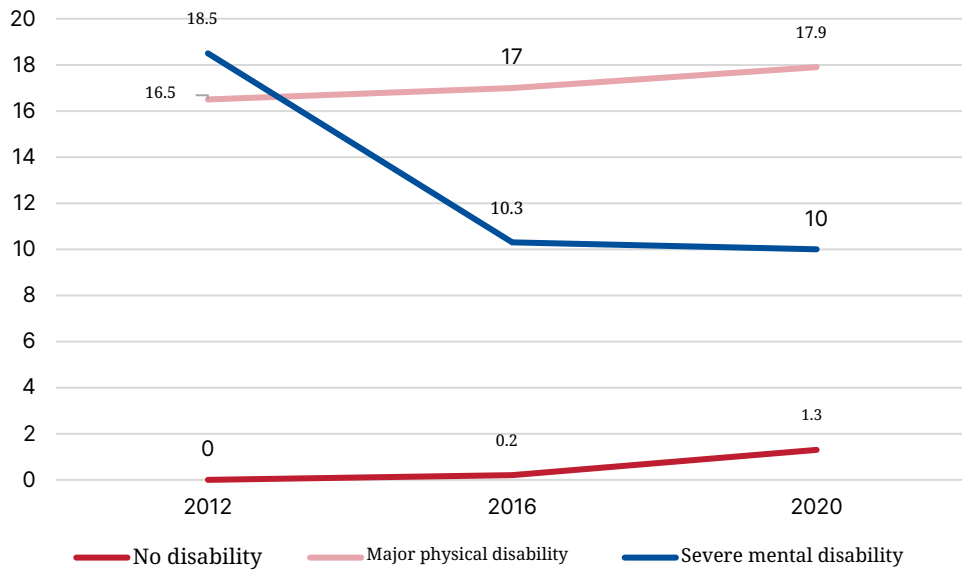


Note: N = [7.932, 8.630, 12.358]; [1.220, 1.451, 1.236]; [257, 278, 264]. The difference from 2012-2020 for the three groups has been tested with a z-test. The development from 2012-2020 is significant for all groups. Source: S HILD 2012, 2016, 2020. DREAM 2012, 2016, 2020.

In Figure 6.4 and Figure 6.5, we examine the proportion of respondents who received early retirement pension over the 3 years based on DREAM, separately for the age groups 16-39 years and 40-64 years. With the exception of 16-39-year-olds with severe physical disabilities, the proportions receiving early retirement pension have significantly decreased among people with disabilities during the period 2012-2020. For 16-39-year-olds with severe mental disabilities, there is almost a halving in the proportion of early retirement pension recipients from 2012 (19 %) to 2020 (10 %). In the age group 40-64 years, there is also a decline of about 10 percentage points in the proportion of early retirement pension recipients from 2012 to 2020 for the disability groups, from 59 % to 47 % among people with severe mental disabilities and from 48 % to 39 % among people with severe physical disabilities. A possible interpretation of the overall results is that people with disabilities who were largely granted an early retirement pension in 2012 are, in 2020, instead largely in flex jobs.

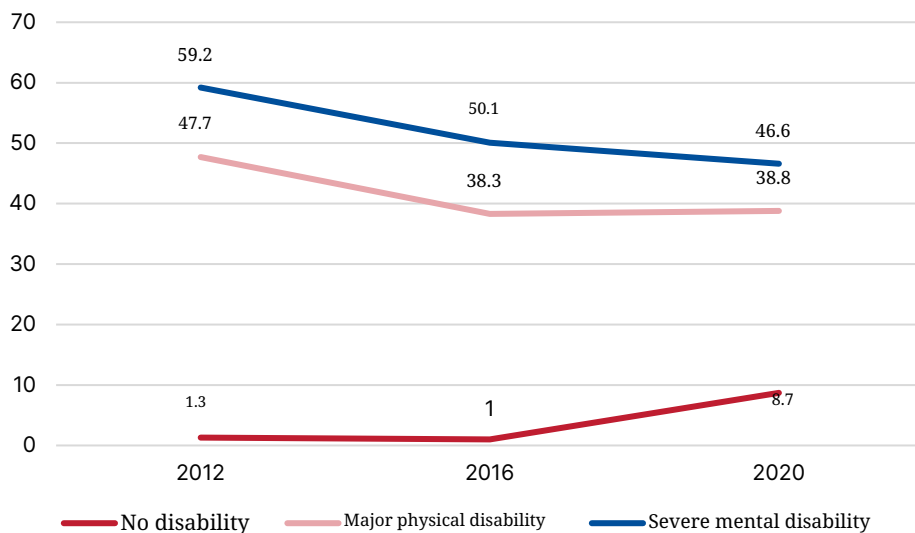
We also find a significant increase in the proportion of respondents without disability who receive early retirement pension. This result is likely due to the report's subjective disability concept, as mentioned above, and the understanding of what constitutes a long-term physical health problem or disability or a mental illness may have changed over time.

Figure 6.4 Respondents in the age group 16-39 years who receive early retirement pension in the first week of November. Separately for disability type and for people without disabilities. 2012, 2016, and 2020. Percent.



Note: N = [5.461, 5.638, 5.577]; [263, 325, 204]; [154, 215, 183]. The difference from 2012-2020 for the three groups has been tested with a z-test. The development from 2012-2020 is significant for the group without disabilities, as well as for the group with severe mental disability. Source: SHILD 2012, 2016, 2020. DREAM 2012, 2016, 2020.

Figure 6.5 Respondents in the age group 40-64 years who receive early retirement pension in the first week of November. Separately for disability type and for people without disabilities. 2012, 2016, and 2020. Percent.



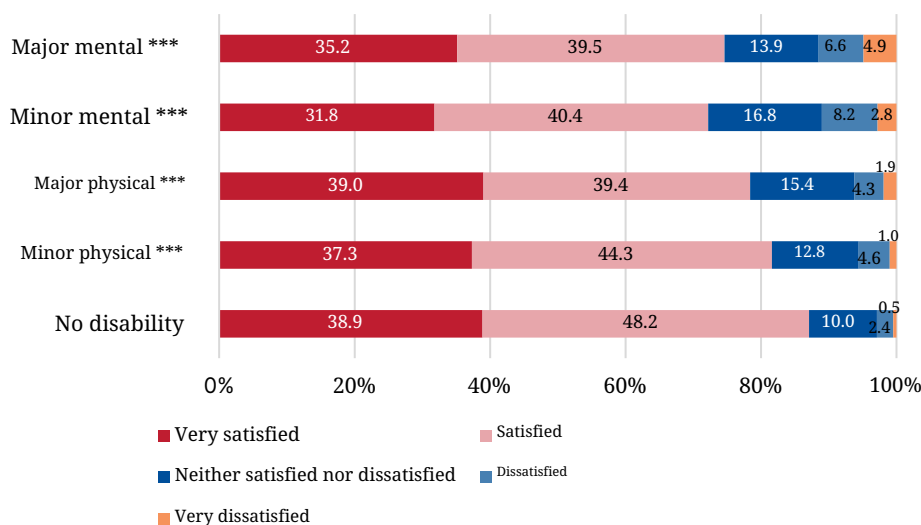
Note: N = [7.932, 8.630, 12.358]; [1.220, 1.451, 1.236]; [257, 278, 264]. The difference from 2012-2020 for the three groups has been tested using a z-test. The development from 2012-2020 is significant for all groups. Source: SHILD 2012, 2016, 2020. DREAM 2012, 2016, 2020.

6.3 Working hours, work ability, and sick leave

Figure 6.6 shows the extent to which respondents are satisfied with their work (only individuals in supported or regular employment have answered the question). The figure indicates that people with disabilities are more likely than people without disabilities to be very dissatisfied or dissatisfied with their work. Among people with severe mental and physical disabilities, 12 % and 6 %, respectively, are dissatisfied or very dissatisfied with their work. Among people without disabilities, the proportion is 3 %. However, the picture is somewhat different when we specifically look at the group of people with severe physical disabilities. For this group, we find that the proportion of respondents who are very satisfied with their work is the same as among people without disabilities (39 % in both groups). Thus, it is primarily people with severe mental disabilities who are dissatisfied with their work.

The distribution of satisfaction with the work situation has not changed over time for people with severe physical or mental disabilities, nor for people with lesser mental disabilities. For people without disabilities and for people with lesser physical disabilities, there has been a change towards increasing proportions who are neither satisfied nor dissatisfied (people without disabilities) and decreasing proportions who are satisfied (people with lesser physical disabilities) (the change over time is not shown in a figure).

Figure 6.6 Respondents distributed by degree of satisfaction with their work. Specifically for disability group and for people without disabilities. 2020. Percent.

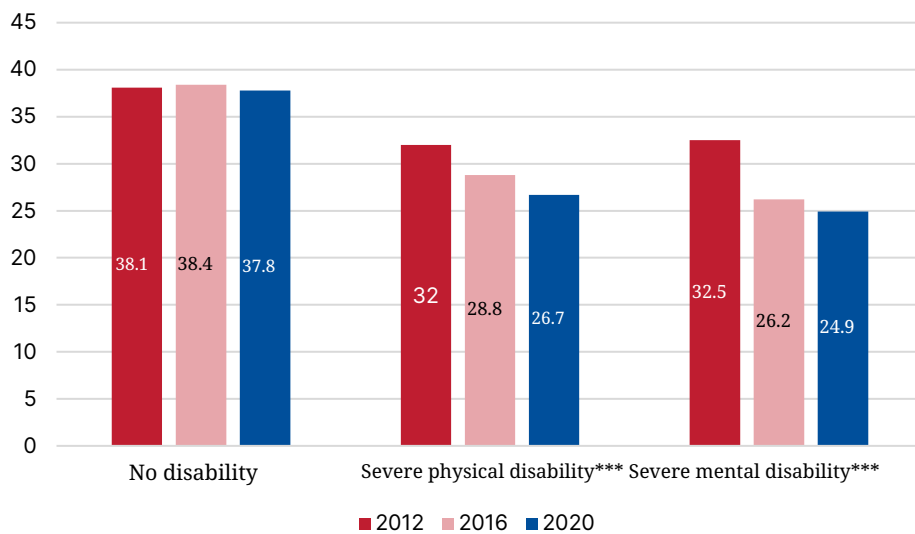


Note: Conditional on being employed. N = 9.919 (no disability); 2.397 (lesser physical disability); 731 (severe physical disability); 591 (lesser mental disability); 138 (severe mental disability). Note: The difference between people with and without disabilities, as well as the difference between 2012 and 2020 within the three groups, has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Figure 6.7 shows the average number of hours in main employment for people in supported or regular employment. The figure indicates that people without disabilities, on average, work more hours per week than individuals in the two disability groups in all 3 years (approximately 38 hours). Among people with severe physical disabilities, the number of hours has decreased from 32 hours in 2012 to 27 hours in 2020, and among people with severe mental disabilities, it has dropped from 33 hours to 25 hours. The difference between people with and without disabilities

has increased from about 6 hours in 2012 to about 11-13 hours in 2020 (the decline in the number of hours for the two disability groups from 2012-2020 is statistically significant). The result shows that parallel to more people with disabilities entering employment (cf. Figure 6.1), there has been a decrease in average working hours. The reduced working hours are likely due to the fact that the citizens with disabilities who have entered employment during the period have largely taken up various types of supported employment with reduced hours, such as flex jobs.

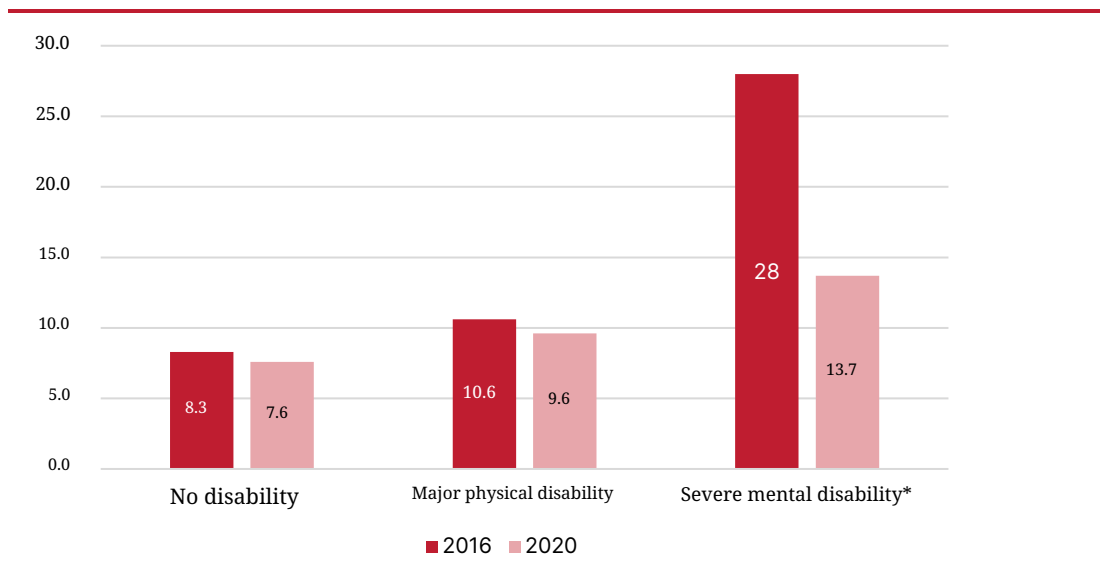
Figure 6.7 Number of hours the respondents normally work per week in the specified job (main employment). Specifically for disability type and for people without disability and by year. 2012-2020. Hours.



Note: Conditional on being employed. N = 9.720; 10.767; 9.881 (no disability), 595; 801; 724 (major physical disability). N = 101; 123; 136 (severe mental disability). Note: The difference between people with and without disabilities, as well as the difference between 2012 and 2020 within the three groups, has been tested using a z-test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

In Figure 6.8, we examine the proportions of respondents who wish to work more hours per week. Nearly twice as many citizens with severe mental disabilities express a desire to work more hours per week compared to people without disabilities in 2020 (14% vs. 8%). However, the proportion wishing for more working hours has significantly decreased between 2016 and 2020 within the group of people with severe mental disabilities. The decline in the proportion wanting more working hours may reflect changes in the composition of the group of people with severe mental disabilities in employment since 2016. This means that as more citizens with severe mental disabilities have entered (supported) employment, more citizens needing reduced working hours have also found employment. As a result, the overall proportion wishing for more working hours has decreased.

Figure 6.8 Respondents who wish to have more weekly working hours. Separated by disability type and for people without disabilities and years. 2016 and 2020. Percent.



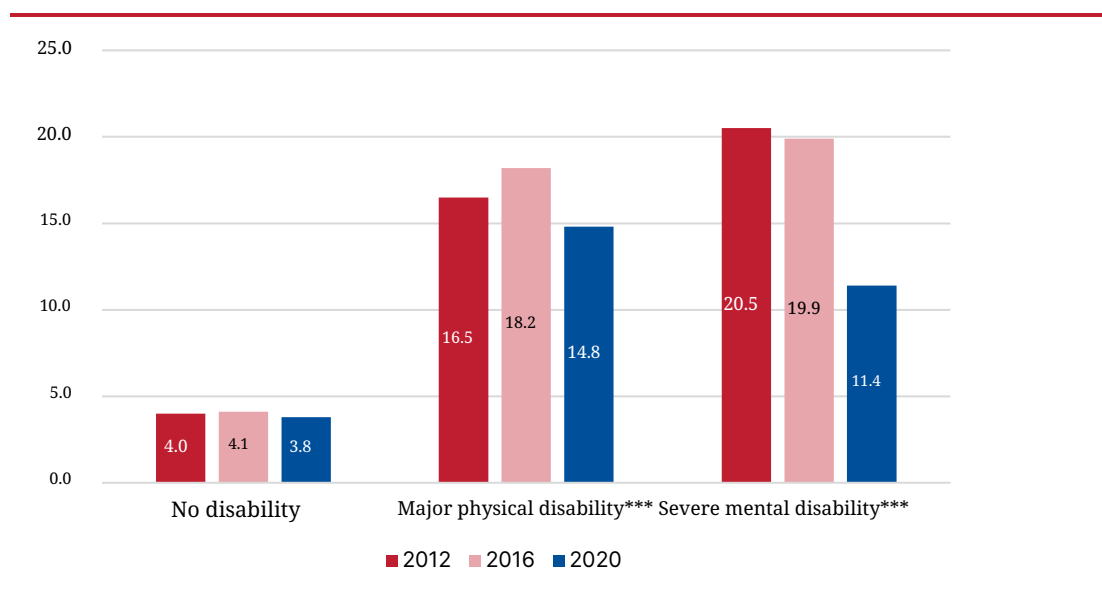
Note: Conditional on being employed. N = 10.802, 9.910 (no disability) 822, 737 (severe physical disability). N = 129, 137 (severe mental disability). Note: The difference between people with and without disabilities has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05 Source: SHILD 2016, 2020.

In Figure 6.9, we investigate the respondents' sick leave. The figure shows the number of working days that respondents who are employed have been absent from work due to their own illness in the last 12 months. For people without disabilities, the proportion remains constant at approximately four sick days per year across all three survey years. For people with severe mental disabilities, there has been nearly a halving in the number of sick days from 2012/2016 to 2020, from about 20 to around 11 sick days per year (the difference between 2012/2016 and 2020 is statistically significant). For people with severe physical disabilities, there has also been a statistically significant decline from 2016 to 2020, albeit less dramatic (from just over 18 to just under 15 sick days per year). The results show that as more citizens with disabilities have entered the workforce, the number of sick days has decreased. One might otherwise assume that sick days would rise in parallel with the larger proportions of the group of citizens with disabilities entering the workforce, as more of the more vulnerable citizens potentially have found employment.

At the number of sick days has decreased since 2016, even though larger proportions of citizens with disabilities have entered employment, can be attributed to at least two, not mutually exclusive, explanations. As shown in Figure 6.1, the increasing employment among citizens with disabilities is primarily due to more in the group entering flex jobs or other types of supported employment. The declining sick days may be a sign that this type of employment is suitable for citizens with disabilities, and that they can manage it without becoming ill. Another explanation may be that the increasing degree of remote work in 2020 due to corona has led to reduced sick leave, e.g., due to reduced transmission of other illnesses and/or increased opportunities for flexible organization of the workday. However, we do not find a potential corona effect among people without disabilities (for whom sick leave has been

constantly for about 4 days a year throughout the period). However, it cannot be excluded that remote work has been particularly beneficial for people with disabilities, who may both be extra vulnerable to infection and may particularly benefit from increased flexibility.

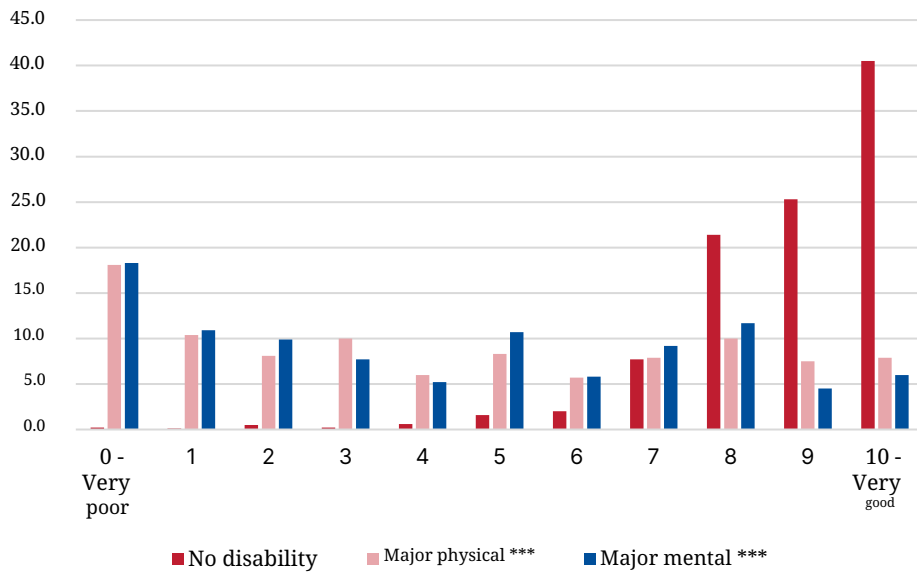
Figure 6.9 Respondents distributed by the average number of workdays they have been absent from work due to their own illness in the last 12 months. Specifically for type of disability and for people without disabilities and years. 2012-2020. Days.



Note: Conditional on being employed N = 9.750; 10.797; 9.766 (no disability), 604; 820; 723 (major physical disability), 103; 128; 134 (severe mental disability). Note: The difference between people without disabilities and the two disability groups, as well as the difference between 2012 and 2020 within the three groups, has been tested with the z-test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012. 2016, 2020.

The respondents in SHILD were asked the question: "How do you think your work ability is overall on a scale from 0-10, where 0 is very poor and 10 is very good?" In Figure 6.10, we show how the answers are distributed for people without disabilities, as well as with severe physical and mental disabilities, respectively. The figure shows that, not surprisingly, there are significant differences in work ability between people with and without disabilities. On average, the work ability is 8.8 among people without disabilities and 4.4 and 4.2 among people with severe physical and severe mental disabilities, respectively (the difference between people with and without disabilities is statistically significant at a 0.1 %-level) (the averages are not shown in the figure). Self-assessed work ability for people with severe physical or mental disability has not changed since 2012 (for people without disabilities, it has decreased from 8.9 to 8.8). This means that more people with disabilities have entered (supported) employment during the period, even though the work ability in the group has not improved.

Figure 6.10 Respondents distributed by self-assessed work ability. Specifically for type of disability and for people without disabilities. 2020. Percent.

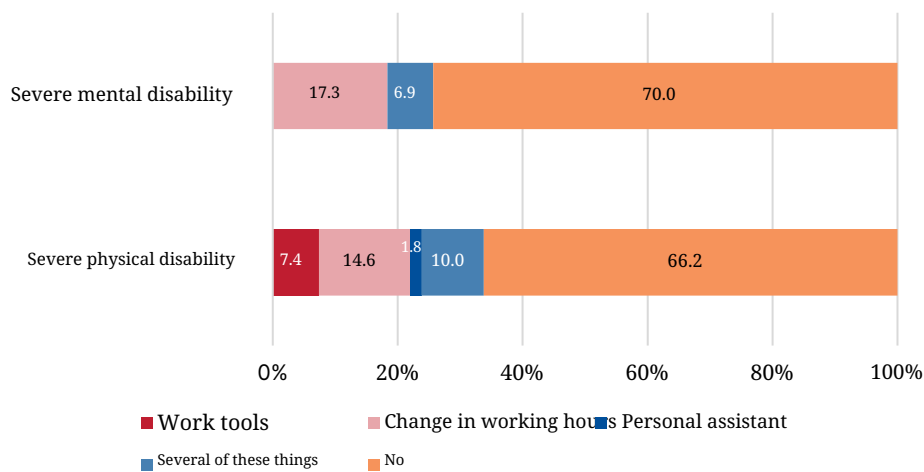


Note: N = 12.363; 1.473; 446. The difference between people without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

6.4 Adjustments and Assistive devices

Figure 6.11 shows the proportion of respondents with disabilities who indicate that adjustments have been made at their current or previous workplace due to their health or disability (respondents with disabilities who are currently, within the last 4 years, or have ever been employed have answered the question). The vast majority of respondents, 66 % among people with severe physical disabilities and 70 % among respondents with severe mental disabilities, indicate that no adjustments have been made at the workplace. Among those who respond that adjustments have been made, changed working hours is the most common adjustment that has been made for both groups. It is primarily for people with physical disabilities that adjustments have been made at the workplace. In this group, just over 7 % have gained access to special work tools, nearly 2 % have a personal assistant, and for 10 %, more than one of the mentioned adjustments has been made.

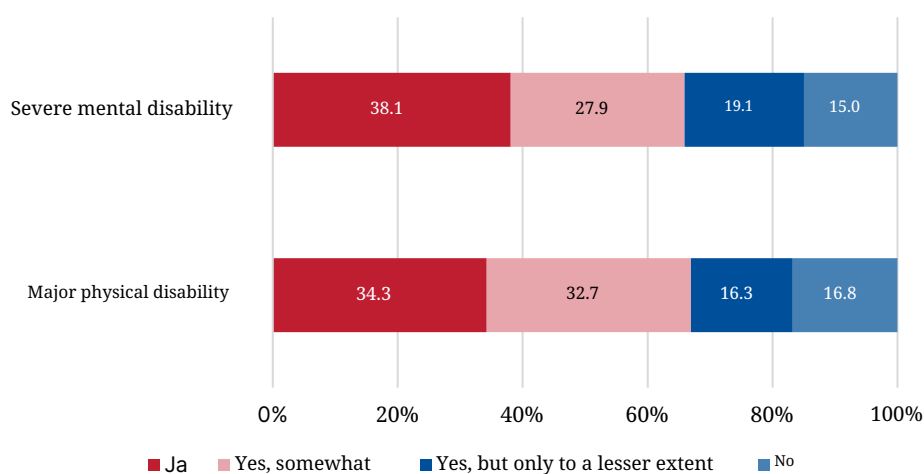
Figure 6.11 Respondents distributed according to adjustments at their current or previous workplace due to health or disability. Specifically for type of disability. 2020. Percent.



Note: N = 1.295 (severe physical disabilities); 344 (severe mental disabilities). Source: SHILD 2020.

Figure 6.12 shows whether the adjustments at the workplace have been sufficient and timely, enabling the respondent to perform their job. Only respondents who indicate that adjustments have been made at their current or previous workplace due to their health or disability have answered the question. Only 15-17 % of the respondents state that the adjustments were not sufficient or timely. The majority of citizens in both groups (physical and mental disability) thus believe that the adjustments have been sufficient and timely to a greater or lesser extent.

Figure 6.12 Respondents who have had adjustments made at the workplace, categorized by the extent to which the adjustments have been sufficient and timely, enabling them to perform their work. Specifically for type of disability. 2020. Percent.

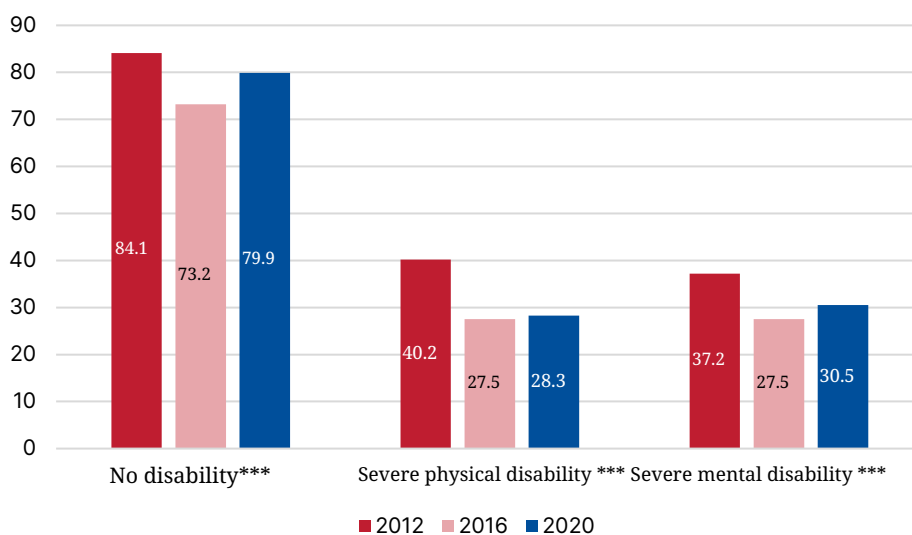


Note: Conditional on adjustments being made at the current/previous workplace due to health or disability. N = 472 (severe physical disability); 110 (severe mental disability). Source: SHILD 2020.

6.5 Firing and voluntary job change

In Figure 6.13, we examine the more long-term consequences of disability on employment, as the figure investigates the proportion of respondents who are currently not employed but have been employed within the last 4 years. Among those who are currently not working, approximately 80 % of the group of people without disabilities have been employed within the last 4 years. In the two disability groups, the groups currently not in employment but who have been employed within the last four years have decreased from approximately 40 % in 2012 to about 30 % in 2020 in both groups. Since the proportions among people with disabilities in some form of employment have overall increased during this period, a possible explanation is that the group that is long-term out of employment is increasingly a selected group that is very far from the labor market and therefore has been employed to a decreasing extent within the last four years.

Figure 6.13 Percentage of respondents who are currently not employed but have had a job within the last 4 years. Specifically for type of disability and for people without disabilities. 2012-2020. Percent.



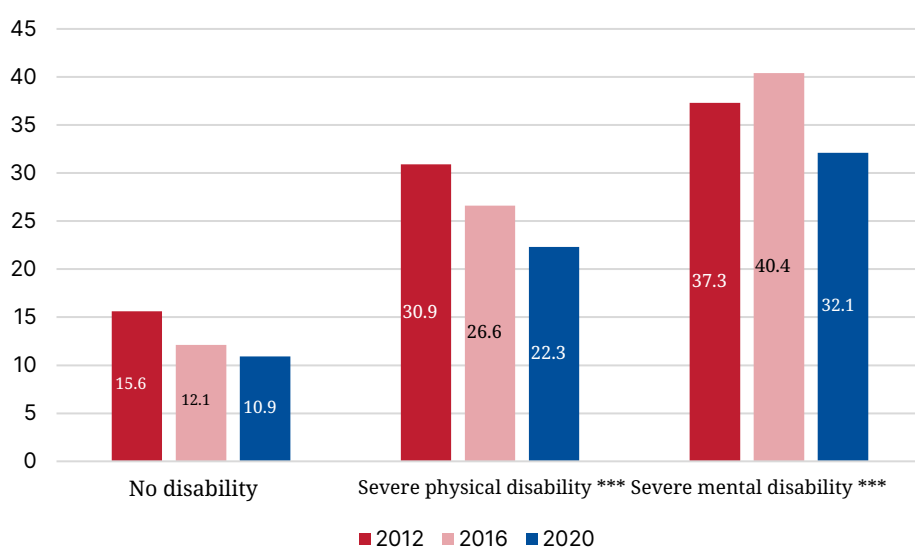
Note: N = 3.621; 991; 642 (no disability), 875; 794; 588 (severe physical disability), 306; 267; 221 (severe mental disability). The difference between people without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

Among people with disabilities who are currently not employed and have not been employed within the last 4 years, approximately 90% have ever had a job (not shown in a figure). This percentage has not changed significantly during the period 2012-2020. However, it is possible that the disability did not arise at the time when these respondents were employed, making the result difficult to interpret.

Figure 6.14 shows the proportion of respondents who are either currently employed or have been employed within the last four years and have been fired within the last four years. The figure indicates that people without disabilities have been fired to a significantly lesser extent than people with disabilities. Approximately one-third of respondents with severe mental disabilities (32%) and nearly one-quarter among respondents

with severe physical disabilities (22%) had been fired during the last four years in 2020. Among people without disabilities, this concerns about one in ten (11%). The proportions that have been fired have decreased during the period 2012-2020 in all three groups (however, this decrease is not statistically significant for people with severe mental disabilities). The lower proportion of those fired in 2020 is noteworthy in light of the coronavirus situation and the increase in the proportion of unemployed nationwide.

Figure 6.14 Percentage of respondents who have been fired from their job within the last 4 years, 2012-2020. Specifically for type of disability and for people without disabilities. Percent.



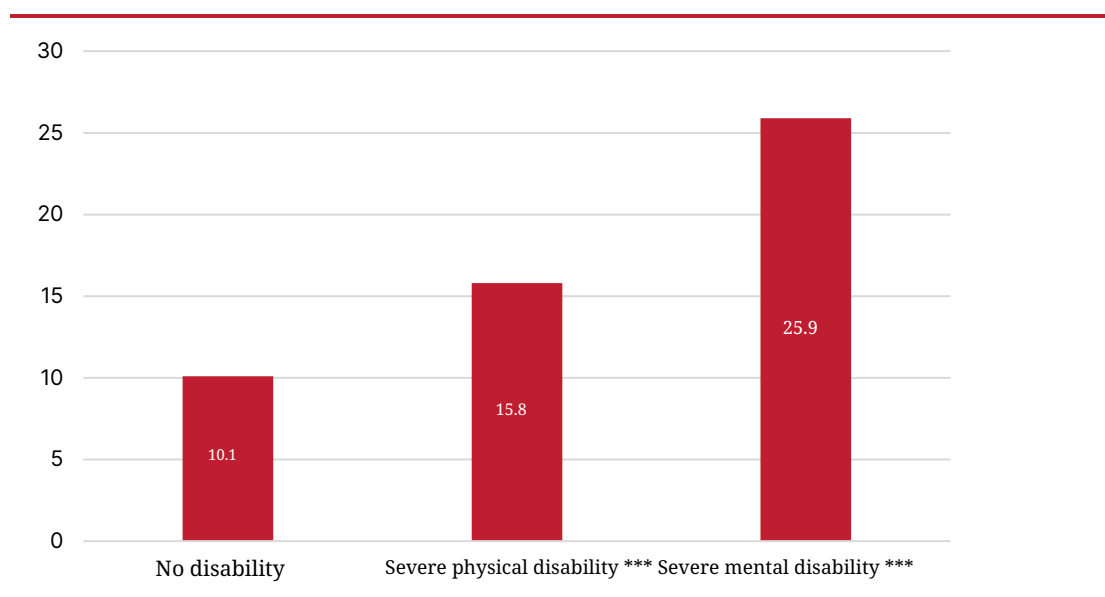
Note: Conditional on currently being employed or having been employed within the last 4 years. N = 12,855; 11,574; 10,455 (no disability), 1,020; 1,089; 944 (severe physical disability), 237; 208; 213 (severe mental disability). Note: The difference between people without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

37 % of people without disabilities, who are either currently employed or have been within the last 4 years, have voluntarily changed jobs in the last 4 years. Among people with severe physical and mental disabilities, the corresponding proportions are 27 % and 36 % respectively (not shown in a figure, the proportions have not changed during the period 2012-2020). This means that there is no statistically significant difference in the likelihood of changing jobs between people without disabilities and those with severe mental disabilities. The lower proportion of people with severe physical disabilities who have changed jobs in the last 4 years may be due to adjustments at the workplace making it harder for individuals in this group to change jobs, as it is not certain that the corresponding adjustments can be made at the new workplace. It cannot be ruled out that some employers discriminate against people with severe physical disabilities, making it more difficult for individuals in this group to change jobs.

6.6 Contact with the job center

In this section, we focus on citizens' contacts with the job center and their satisfaction with the support offered by the job center. Unsurprisingly, given the higher unemployment and greater need for tailored employment, citizens with disabilities have received support from the job center to find a job to a greater extent than citizens without disabilities. This is evident from Figure 6.15, which shows the proportion of respondents who have received support from the job center to find a job in the last 3 years. It is particularly people with severe mental disabilities (26 %) who have received support from the job center. Among people without disabilities and those with severe physical disabilities, the proportions are 10 % and 16 %, respectively.

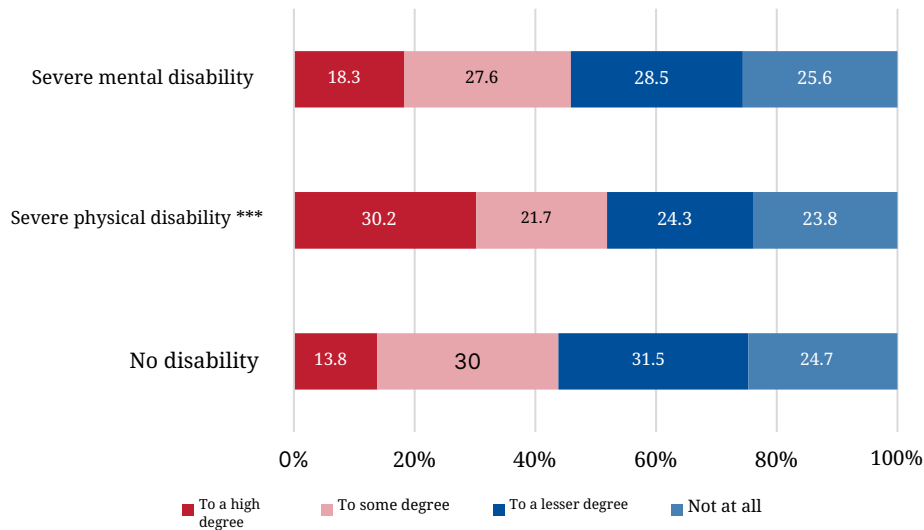
Figure 6.15 Respondents who have received support from the job center to find jobs in the last 3 years. Specifically for type of disability and people without disabilities. 2020. Percent.



Note: N = 12.370 (no disability); 1.434 (severe physical disability); 443 (severe mental disability). Note: The difference between people without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Figure 6.16 shows the extent to which citizens believe that the support from the job center was helpful in finding a job. Among people with severe physical disabilities, 52% believe that the job center's support was helpful to a high or some degree. Among people with severe mental disabilities and those without disabilities, the corresponding proportions were approximately 45%. The difference between people with severe physical disabilities and the other two groups is mainly due to the fact that the proportion of citizens who believe that the job center's support was helpful to a high degree is significantly higher among citizens with severe physical disabilities than among citizens in the other two groups (those with severe mental disabilities and those without disabilities). The result may possibly be attributed to the fact that severe physical disabilities are often visible, and the caseworker at the job center may therefore perceive the citizen's need for support as more concrete and well-defined than if the disability is less visible and the need for help is more diffuse (which may be the case for mental disabilities) (Kohl et al., 2021).

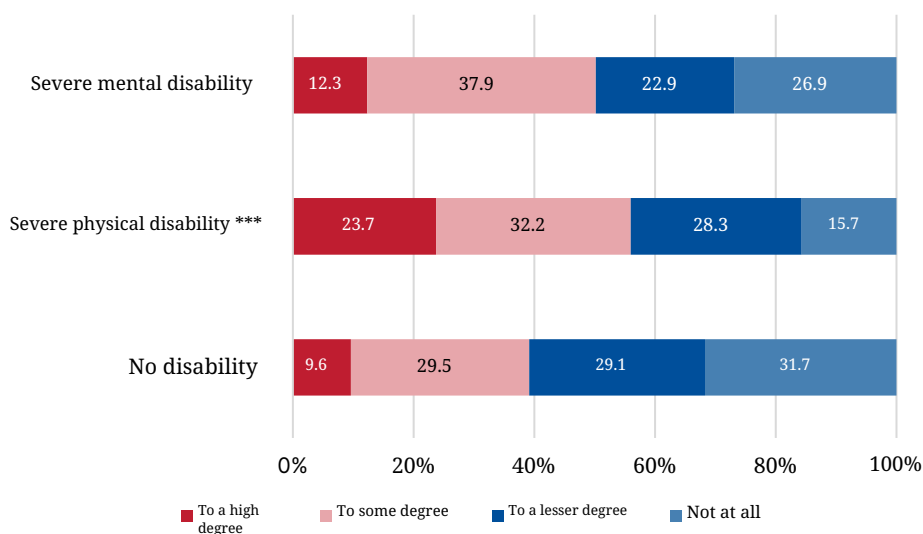
Figure 6.16 Respondents distributed according to their experience of whether the support from the job center was helpful in finding a job. Specifically for type of disability and for people without disabilities. 2020. Percent.



Note: Conditional on having received support from the job center within the last 3 years. N = 1.004 (no disability); 203 (severe physical disability); 110 (severe mental disability). Note: The difference between people without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Figure 6.17 shows the degree to which respondents experience that the social administration and the job center collaborated to help find jobs for the citizens. Again, the results indicate that people with severe physical disabilities are the most satisfied. In this group, 24% experienced to a high degree that the job center and the social administration collaborated to find a job for the citizen, and an additional 32% experienced that the two authorities collaborated to some degree. Among people with severe mental disabilities, the corresponding proportions were 12% and 38%, respectively. People without disabilities experience less than the two disability groups that the social administration and the job center collaborate. Only 10% and 30%, respectively, experience that the two authorities collaborate to a high and some degree. A more concrete need for help among people with severe physical disabilities and thus a greater clarity about which interventions can be expected to benefit the citizen's employment may probably explain the differences between the groups.

Figure 6.17 Respondents distributed according to the degree to which they experienced collaboration between the municipality's social administration and the job center regarding help to find jobs. Specifically for type of disability and for people without disabilities. 2020. Percent.



Note: Conditional on having received support from the job center within the last 3 years. N = 984 (no disability); 204 (severe physical disability); 109 (severe mental disability). Note: The difference between people without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

6.7 Income

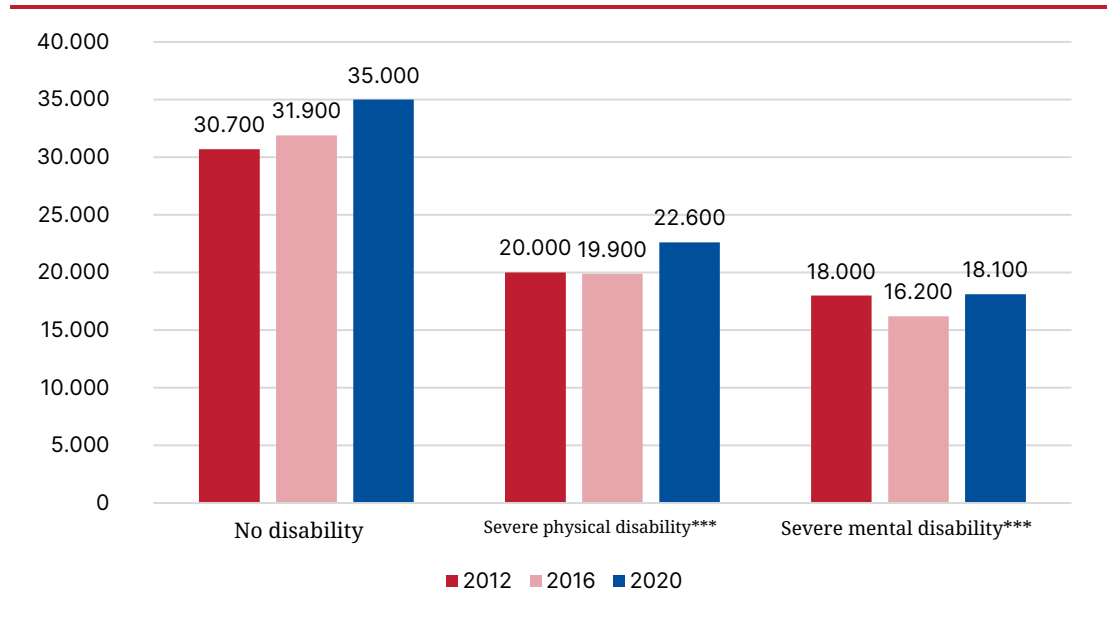
A larger proportion of people with disabilities are outside the labor market or are in supported employment, and people with disabilities who are employed work, on average, fewer hours than people without disabilities. The often weaker attachment to the labor market among people with disabilities can have negative consequences for income and the perceived economic situation. In this section, we examine self-reported monthly income and the subjective experience of the economic situation among people with and without disabilities. We limit the analyses to people in the age group of 25-60 years. People under 25 years are often expected to be in various forms of education, and people over 60 years may, to a greater or lesser extent, have begun to reduce their presence in the labor market, which can negatively impact the economy. The group we are looking at in this section is therefore a group that can be expected to be highly active in the labor market.

As shown in Figure 6.18, people without disabilities have a significantly higher monthly income before tax (35,000 DKK) than people with severe physical disabilities (22,600 DKK) and people with severe mental disabilities (18,100 DKK). For the two disability groups, income was lowest in 2016, while it was lowest in 2012 for people without disabilities.¹⁷ In addition to having a higher individual income, a larger proportion of the group without disabilities has a partner (cf. section 4.1). They will probably be more

¹⁷ We have not accounted for inflation in the calculation of average income. The development of income in real terms is than what is shown in Figure 6.18.

likely to be associated with households with two incomes, which can also be expected to contribute positively to the economy of the group.¹⁸

Figure 6.18 Average self-reported monthly income. Specifically for type of disability and for people without disabilities and years. Ages 25-60. 2012-2020. Kroner.

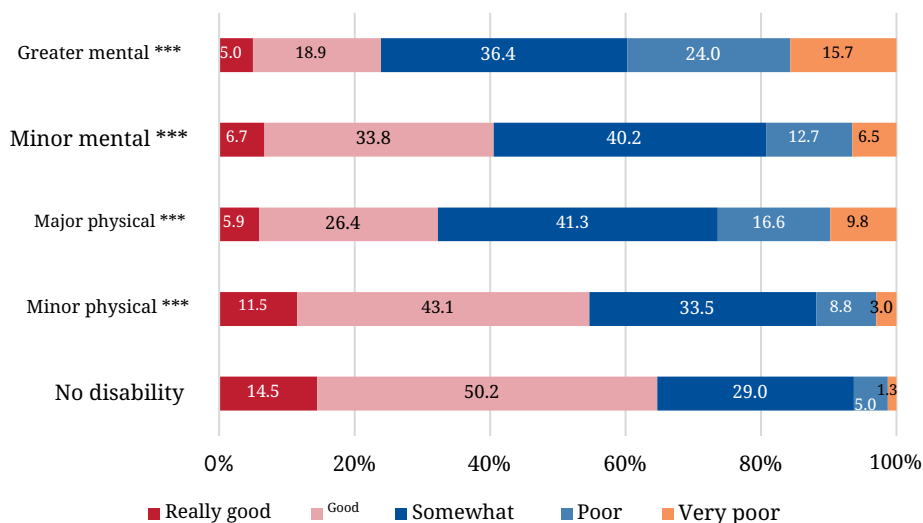


Note: N = [9.760, 10.457, 9.360]; [1.171, 1.379, 1.063]; [322, 383, 338]. Note: The difference between people without disabilities and the two disability groups has been tested with a t-test. *** p<0,001, ** p<0,01, * p<0,05. For people without disabilities and people with severe physical disabilities, there has been a significant increase in income from 2012 to 2020. For people with severe mental disabilities, there has been a significant increase in income from 2016 to 2020. Source: SHILD 2012, 2016, 2020.

Figure 6.19 shows the respondents' assessment of their economy. The figure indicates that people with disabilities more often believe that the economy is very poor or poor. As previously noted, people with severe mental disabilities are the most vulnerable group. Among people with severe mental and physical disabilities, 50% and 26%, respectively, assess that the economy is very poor or poor. The corresponding proportion among people without disabilities is 5%.

¹⁸ People with mental disabilities have fewer children, which means that the incomes in this group often have to be divided among fewer individuals. However, we expect that the economic advantage of having two caregivers outweighs the costs of having children in most families, partly due to economies of scale.

Figure 6.19 Respondents distributed by their experience of their economic situation. Separated by type of disability and for people without disabilities and by year. Ages 25-60. 2020. Percent.

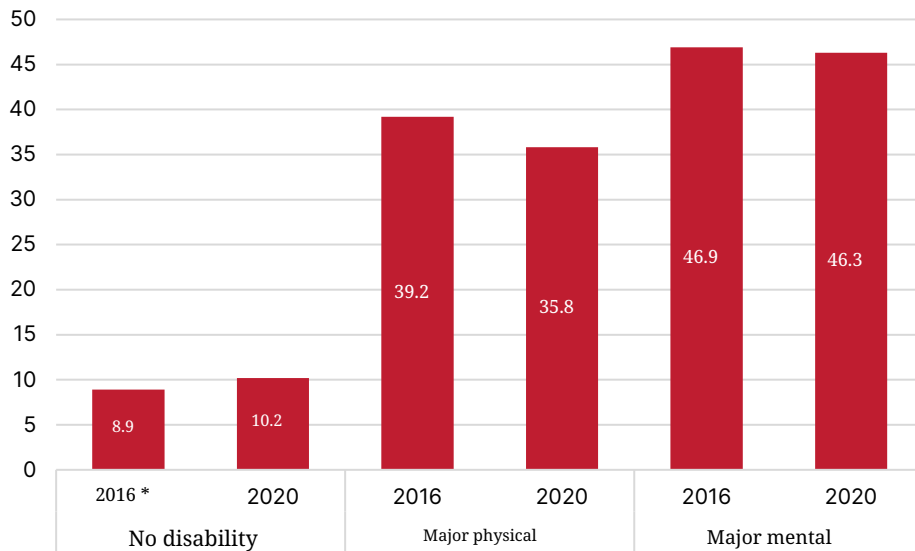


Note: N = 9.356 (no disability); 2.386 (lesser physical disability); 1.063 (severe physical disability); 803 (minor mental disability); 338 (severe mental disability). Note: The difference between people without disabilities and the four disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

We have demonstrated a positive development in the proportion of people with disabilities in employment for the period from 2012 to 2020 (Figure 6.1) as well as an increase in income from 2016 to 2020 (Figure 6.18). However, we do not find the corresponding positive development in the respondents' assessment of their economic situation. For both people with and without disabilities, the proportions that are satisfied and dissatisfied with their economy are the same in 2012 as they are in 2020 (not shown in a figure).

The subjective experience of the economic situation is expected to be linked to the opportunities one has to live a normal life. The results also show that there are significantly more individuals among the groups with disabilities who report that they have experienced periods within the last 3 years where they were prevented from living a normal life due to economic reasons (Figure 6.20). Particularly, people with severe mental disabilities report having been hindered from living a normal life in the last 3 years (46 % in 2020). For the group with severe physical disabilities, the percentage is 36 %. Among people without disabilities, the proportion who experience being prevented from living a normal life is markedly lower (10 %).

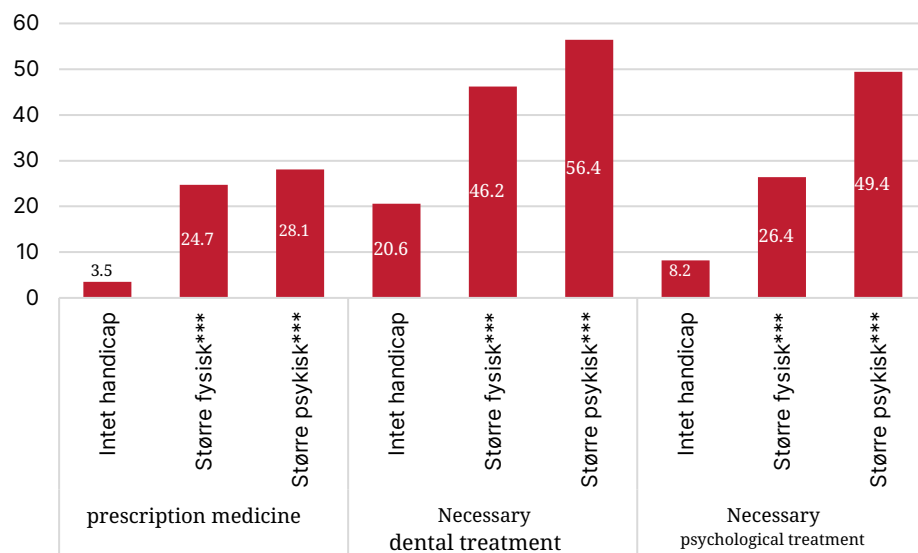
Figure 6.20 Respondents aged 25-60 years, categorized by whether they have experienced periods in the last 3 years where they were unable to live a normal life due to economic reasons. Specifically for type of disability and for people without disabilities. 2016 and 2020. Percent



Note: N = 10,447, 9,350 (no disability); 1,370, 1,063 (severe physical disability); 379, 338 (severe mental disability). Note: The difference between people without disabilities and the four disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2016, 2020.

When we specifically look at the proportion of respondents who have refrained from purchasing prescription medicine and necessary dental or psychological treatment due to economic reasons, the proportions are significantly higher among people with disabilities than among people without disabilities (Figure 6.21). The difference between the groups may partly be due to the fact that the need for health-related treatments and prescription medicine is probably significantly greater among people with disabilities than among those without disabilities, while the average income is lower (cf. Figure 6.18). The proportions that have refrained from purchasing prescription medicine due to economic reasons are thus 25 % and 28 % among individuals with severe physical and severe mental disabilities, respectively. Among people without disabilities, the proportion is just under 4 %. It is especially people with severe mental disabilities who have refrained from necessary treatments due to economic reasons. More than half of the individuals in this group, 56 %, have refrained from necessary dental treatment, and nearly half, 49 %, have refrained from necessary psychological treatment. The results thus show that large proportions among people with disabilities cannot afford necessary health-related expenditures.

Figure 6.21 Respondents aged 25-60 years, distributed according to whether they have refrained from purchasing prescription medicine for economic reasons and have also avoided necessary dental or psychological treatment within the last 3 years. Specifically for type of disability and for people without disabilities. 2020. Percent



Note: N = [9.358, 1.063, 338], [9.357, 1.062, 337], [9.351, 1.062, 338]. The difference between people without disabilities and the four disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

7 Case Processing and Housing Situation

People with disabilities often have needs for and rights to compensatory arrangements as well as guidance and counseling regarding support opportunities. Counseling and guidance on compensatory arrangements and support options, as well as the decision on what actions to take, typically occur through municipal case processing. People with disabilities are therefore often in contact with municipal case processing, which is crucial for whether people with disabilities receive the compensation and support they need. This can, for example, involve support related to obtaining assistive devices and adjustments in the home.

Previous studies show that there is a significant gap between the experience of case processing among citizens with disabilities and that of municipal caseworkers. For example, when it comes to the citizen's influence on the measures initiated by the municipality and whether citizens receive the help they need, citizens significantly less often than caseworkers believe that this is the case (Kohl et al., 2021; Skov-Carlsen & Holm Thøgersen, 2015).

In all three waves of SHILD, questions about the respondents' experiences with municipal case processing are included. In this section, we primarily focus on the difference in the experience of municipal case processing between citizens who have contacted the municipality due to their own, a partner's, or a child's disability, and citizens who have contacted the municipality for other reasons. Thus, we primarily examine whether the reason for contact (due to disability or not) is significant, and not, as in the other chapters of the report, whether there are differences between citizens with and without disabilities. We also investigate whether there has been a development in the experience of municipal case processing during the period 2012-2020.

The main results are:

- A larger proportion of citizens with disabilities compared to citizens without disabilities have contacted the municipality in the past year. It is particularly citizens with greater disabilities who have contacted the municipality. Among citizens with significant mental and physical disabilities, 46 % and 35 %, respectively, have contacted the municipality at least once in the past year. The proportion among people without disabilities is 10 %.
- Among those who have been in contact with the municipality in the past year, “own disability” is the most important reason among citizens with disabilities. Among citizens without disabilities, “child's disability” is the most frequently cited reason.
- The proportion of citizens who have contacted the municipality due to (own, a partner's, or a child's) disability and who to a high or some extent feel they have influence over the initiatives the municipality implements is higher (49%) than among citizens who contact the municipality for other reasons (42%). For both groups, there has been a shift towards a greater feeling of influence since 2012.
- The proportion that experiences to a high or some degree having received the help they need is the same, approximately 64%, regardless of the reason for contact (disability-related or not).

- Significantly larger proportions among individuals who have had contact with the municipality due to disability report having many changing caseworkers. In total, 43% in the group with contact due to disability indicate that this is the case to a high or some degree. The corresponding proportion among individuals who contact the municipality for other reasons is 34%. It is possible that the higher proportion of those with many changing caseworkers among people in contact with the municipality due to disability is partly due to the fact that their cases may be more complex.

- A larger proportion of people who have contact with the municipality due to disability (28%) feel that their caseworkers are prepared. Among people who have contact with the municipality for other reasons, the proportion is 24%.

- 17% of citizens in contact with the municipality have appealed at least one case in the past 3 years. Of these, 11% have appealed one case and 6% have appealed two or more cases. There is no difference in the proportion that has appealed one or more cases, depending on whether the contact with the municipality is due to disability or other reasons. For both groups, there has been a significant decrease from 2012 to 2020 in the proportion of citizens who have appealed at least one case.

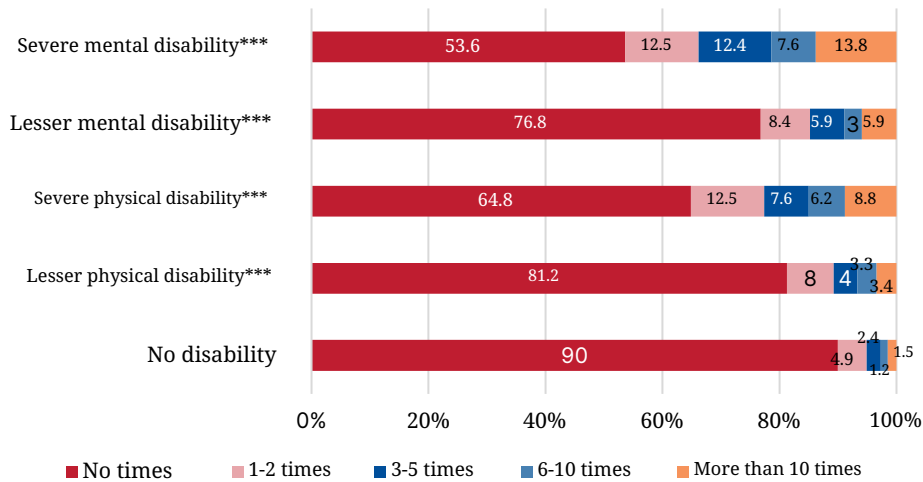
- Among people with severe mental and severe physical disabilities, 19% and 13%, respectively, reported experiencing "very large" or "some" difficulties the last time they were looking for a new home. Among people without disabilities, the corresponding proportion was 10%.

- Regardless of disability, the most frequently cited reason for experiencing difficulties in finding new housing is that the properties are too expensive. However, among people with severe physical disabilities, approximately one in five respondents, 22 %, indicate that the lack of accessible housing, or that they can only move if they are referred to another property, is the greatest difficulty.

7.1 Contact with the municipality

To investigate the extent to which citizens with and without disabilities have had contact with the municipality, respondents in all three waves of SHILD were asked the question: "How many times have you or your partner had contact with the municipality in connection with your, your partner's, or your children's illness, or your economy in the past year?" The results in Figure 7.1 show that citizens with disabilities have had contact with the municipality to a significantly greater extent than citizens without disabilities. In particular, citizens with severe mental disabilities have had contact with the municipality many times. Almost 14% in this group report having had contact with the municipality more than 10 times in the past year. Among citizens with severe physical disabilities, the proportion is 9%, while the corresponding proportion among citizens without disabilities is just under 2%. Among citizens without disabilities, 90% have not had any contact with the municipality in the past year. The same applies to nearly 54% with severe mental disabilities and almost 65% with severe physical disabilities. Among citizens with lesser mental disabilities, a total of 23% have been in contact with the municipality at least once, while this applies to just under 19% among citizens with lesser physical disabilities.

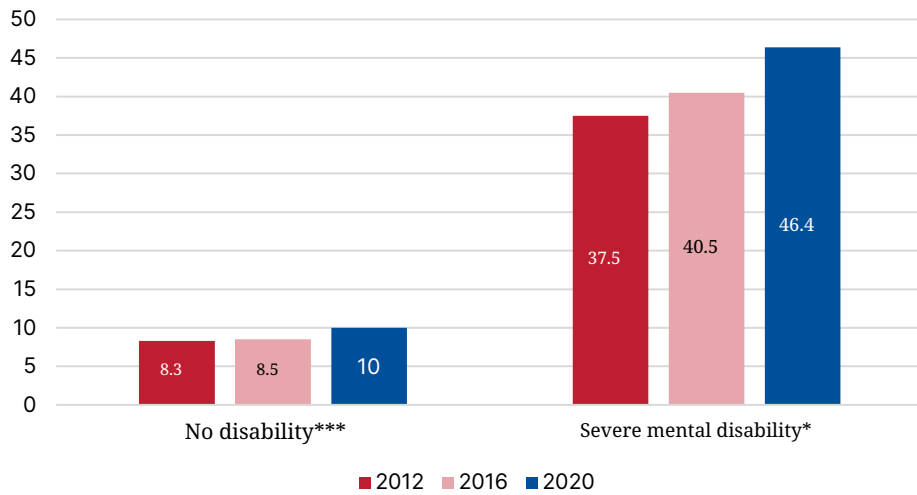
Figure 7.1 Respondents categorized by whether they have had contact with the municipality in connection with their own, a partner's, or children's illness, or due to financial reasons in the past year. Specifically for types of disability and people without disabilities. 2020. Percent.



Note: N = [12.345, 3.169, 1.427, 1.093, 442]. The difference between people without disabilities and the four disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Looking at the development from 2012 to 2020 in the proportion that has had contact with the municipality regarding their own, their partner's, or their children's illness, or due to the economy at least once in the past year (Figure 7.2), we find that this proportion has increased from 8% to 10% among citizens without disabilities. At the same time, the proportion has risen from 38% to 46% among citizens with severe mental disabilities. Although the development in absolute numbers is greater for citizens with severe mental disabilities (almost 10 percentage points) than for citizens without disabilities (2 percentage points), the development in relative terms is approximately the same in both groups (an increase of about 25%). For citizens with severe physical disabilities, there has not been a significant development over time (not shown in the figure).

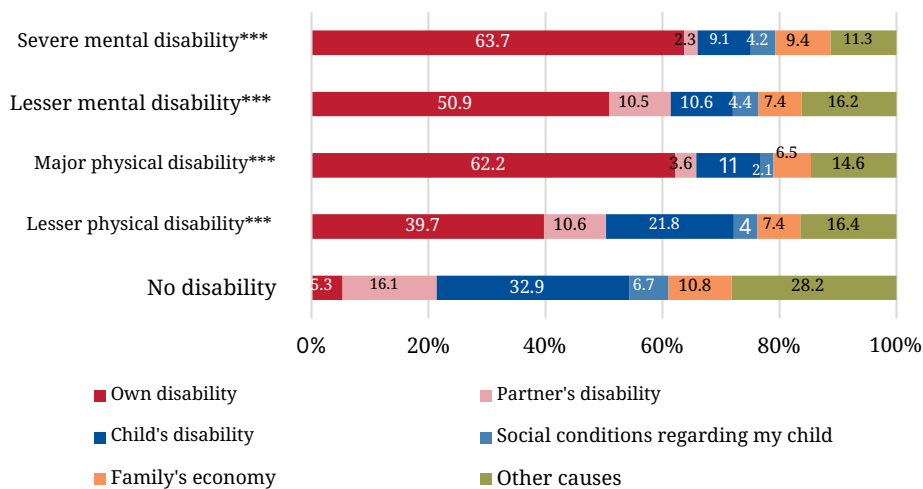
Figure 7.2 Respondents categorized by whether they have had contact with the municipality in connection with their own, their partner's, or their child's/children's illness or due to economic reasons at least once in the past year. Separate for people without disabilities and people with severe mental disabilities. 2012, 2016, 2020. Percent.



Note: N = [13.366, 14.232, 12.345]; [405, 485, 442]. The difference within the disability group across years has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

In Figure 7.3, we examine the main reasons for contact with the municipality for respondents who have had contact with the municipality at least once in the past year. Among citizens with greater mental and physical disabilities, the majority indicate that the main reason for contact is their own disability (64% and 62%, respectively). There has been no development in the main reasons for contacting the municipality for people with disabilities during the period 2016-2020 (not shown in the figure).

Figure 7.3 Respondents categorized by the main reason for contact with the municipality. Separate for disability group. 2020. Percent.



Note: N = [1.186, 572, 495, 259, 205]. The difference between people without disabilities and the four disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

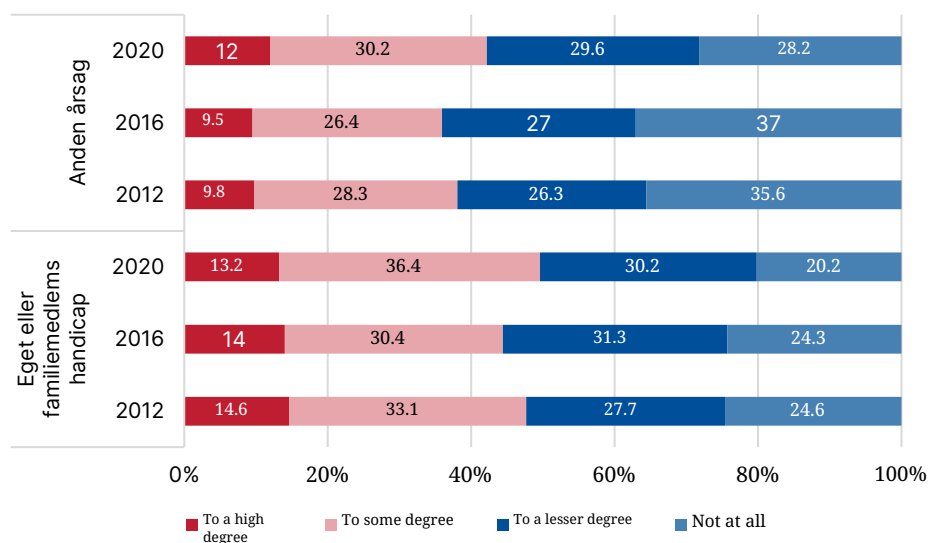
It is also evident from Figure 7.3 that over half of the respondents who do not have a disability (according to our definition) indicate that the main reason for contacting the municipality has been due to a child's (33%), partner's (16%), or their own disability (5%). It is also noted that 23-28% of people with disabilities indicate that the main reason for contacting the municipality is not related to disability (i.e., they primarily contacted the municipality due to "family economy," "social conditions regarding my child," or "other reasons"). In the analyses in sections 7.2-7.4, we therefore distinguish between citizens who indicate that the main reason for contact with the municipality is disability (own, partner's, or child's) and citizens who indicate that the main reason for contact with the municipality is due to economy, social conditions regarding a child, or "other reasons."¹⁹ Thus, we compare disability-related case processing and "other" case processing in the continued analyses, without considering whether the person contacting the municipality has a disability or not.

7.2 The “good” case processing

In Figure 7.4, we examine to what extent respondents who primarily contact the municipality for either disability-related reasons (their own, a partner's, or a child's disability) and other reasons perceive that they have influence over the initiatives or assistance that the municipality should implement. Previous studies have shown that influence regarding case processing can contribute to the citizen's empowerment, self-respect, and autonomy, thereby fostering an equitable and trusting relationship between the citizen and the caseworker (Elstad & Eide, 2009; Weiste et al., 2020). The figure indicates that approximately 49% of those who had contact with the municipality due to disability to a high or some degree felt they had influence over the initiatives in 2020. The corresponding proportion among individuals contacting the municipality for other reasons was 42%. We thus find that citizens in contact with the municipality due to disability experience a greater sense of influence over the assistance provided than citizens contacting the municipality for other reasons. For both groups, there has been a shift towards a greater perception of influence since 2012.

¹⁹ We have also conducted the analyses in sections 7.2-7.4 separately for people without disabilities and people with major physical and severe mental disabilities. There were generally few significant differences between people without disabilities and the two disability groups.

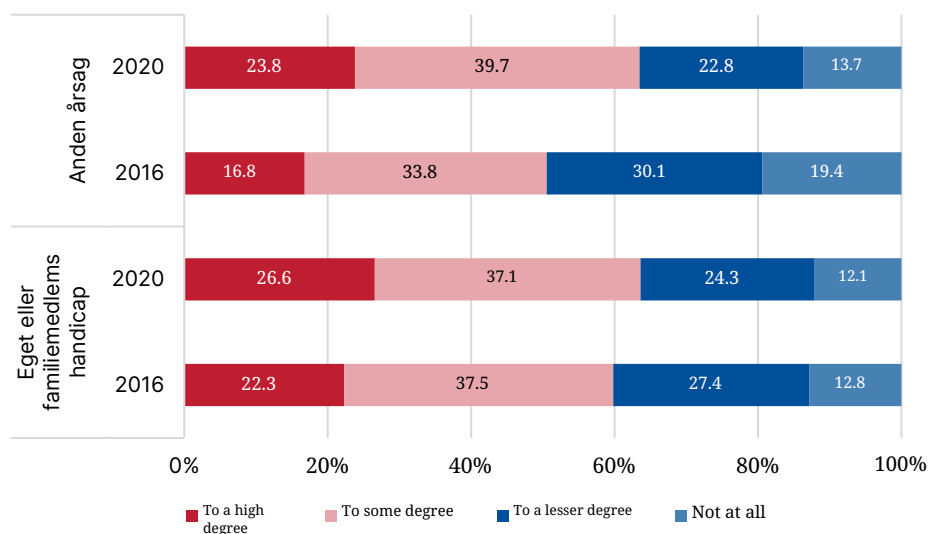
Figure 7.4 Respondents distributed according to their experience of the level of influence on which measures or what help should be initiated by the municipality. Specifically for the reason for contact with the municipality and the years 2012, 2016, 2020. Percent.



Note: N = [1.557, 1.736, 1.739] [751, 735, 694]. The difference in 2020 between people who have been in contact with the municipality due to disability and those who have been in contact with the municipality for other reasons has been tested with the Chi2 test and is significant at a 99% level. The difference across years within the contact reason group has been tested with the Chi2 test and is significant at a 99% level (contact due to disability) and at a 95% level (contact due to another reason). Source: SHILD 2012, 2016, 2020.

In Figure 7.5, we investigate to what extent citizens who have contact with the municipality due to disability or for other reasons feel they have received the assistance from the municipality that they need. Individuals in contact with the municipality due to disability report a higher degree of receiving relevant assistance from the municipality than those contacting for other reasons. Among individuals in contact with the municipality due to disability, nearly 27% indicated that they have received the assistance they need to a high degree, while the corresponding proportion was 24% among those in contact with the municipality for other reasons. Furthermore, we find a significant positive development since 2016 in both groups (the question was not included in the 2012 wave of SHILD). Among individuals in contact with the municipality due to disability, it is particularly the proportion that experiences receiving the assistance they need to a high degree that has increased (from 22% in 2016 to 26% in 2020).

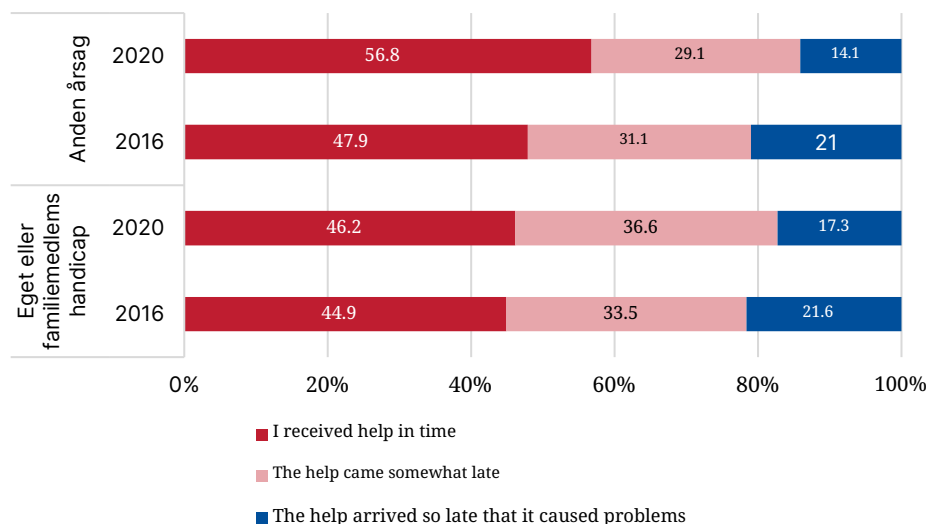
Figure 7.5 Respondents distributed according to their experience of the extent to which they have received the help from the municipality that they need. Specifically for the reason for contact with the municipality. 2016, 2020. Percent.



Note: N = [1.739, 1.736]; [736, 695]. The difference in 2020 between people who have been in contact with the municipality due to disability and people who have been in contact with the municipality for other reasons has been tested with the Chi2 test and is not significant. The difference across years within the contact reason group has been tested with the Chi2 test and is significant at a 95% level (contact due to disability) and at a 99.9% level (contact due to another reason). Source: SHILD 2016, 2020.

Respondents who indicated to a high, some, or lesser degree that they received the help from the municipality that they needed (cf. Figure 7.5) were asked the question: "Did you receive the help you needed in a timely manner, or was it too late?" As shown in Figure 7.6, the proportions who feel that the help came somewhat late, or so late that it caused problems, are significantly higher among individuals who had contact with the municipality due to their own or a family member's disability (54%) compared to those who had contact with the municipality for other reasons (43%). However, for both groups, we find that the proportion indicating that the help came so late that it caused problems has decreased over time. For the group that was in contact with the municipality due to a disability, the proportion who felt that the help came so late that it caused problems dropped from 22% in 2016 to 17% in 2020. For the group that was in contact with the municipality for other reasons, the proportion fell from 21% in 2016 to 14% in 2020.

Figure 7.6 Respondents distributed by their experience of the timeliness of municipal help. Specifically for the reason for contact with the municipality. 2016, 2020. Percent.

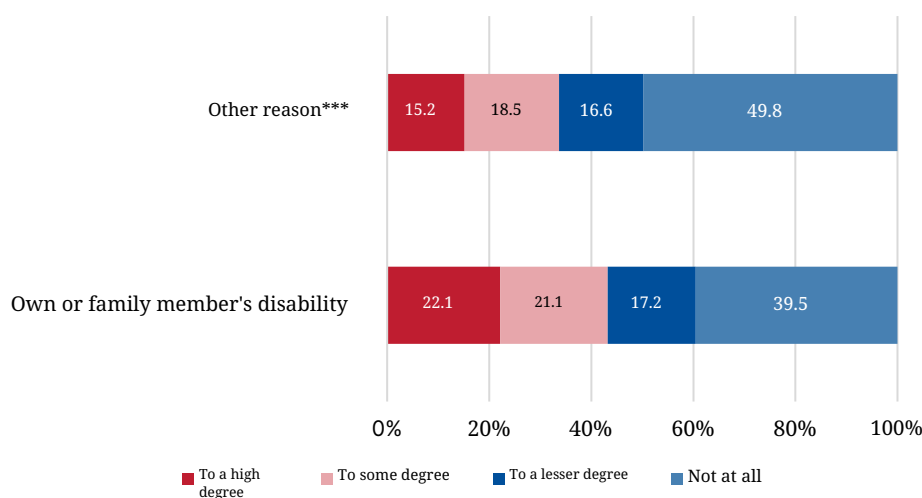


Note: N = [1.506, 1.519] [587, 593]. The difference in 2020 between people who have contacted the municipality due to disability and those who have contacted the municipality for other reasons has been tested with the Chi2 test and is significant at a 99.9% level. The difference across years within the contact reason group has been tested with the Chi2 test and is significant at a 95% level (contact due to disability) and at a 99% level (contact due to another reason). Source: SHILD 2016, 2020.

Another significant aspect of good case processing is that the caseworker takes the citizen's individual needs into account when initiating help for the citizen. Respondents' experiences of the extent to which they feel the municipality considers their individual needs regarding the help they initiate do not depend on whether they are primarily in contact with the municipality due to a disability or for other reasons. In both groups, approximately 20% indicated that the municipality takes individual needs into account to a high degree, while an additional 43% stated that this was the case to some degree. In both groups, there has been a parallel significant development from 2016 to 2020 towards larger proportions feeling that the municipality takes individual needs into account (not shown in a figure).

Figure 7.7 shows the proportions among respondents with contact with the municipality due to disability versus other reasons, who experience having many changing caseworkers (the question was only included in the 2020 wave of SHILD). A significantly larger proportion among individuals who have had contact with the municipality due to disability report having many changing caseworkers. In total, 43% indicate that this is the case to a high degree or to some degree. The corresponding proportion among individuals who have contact with the municipality for other reasons is 34%. It is possible that the difference is due to the fact that disability-related cases can be more complex, which may lead to an increased need for the involvement of multiple caseworkers, for example, from several municipal departments.

Figure 7.7 Respondents distributed according to their experience of having many changing caseworkers. Specifically for reasons for contact with the municipality. 2020. Percent.



Note: N = [1.711, 679]. The difference between individuals who have contacted the municipality due to disability and those who have contacted the municipality for other reasons has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

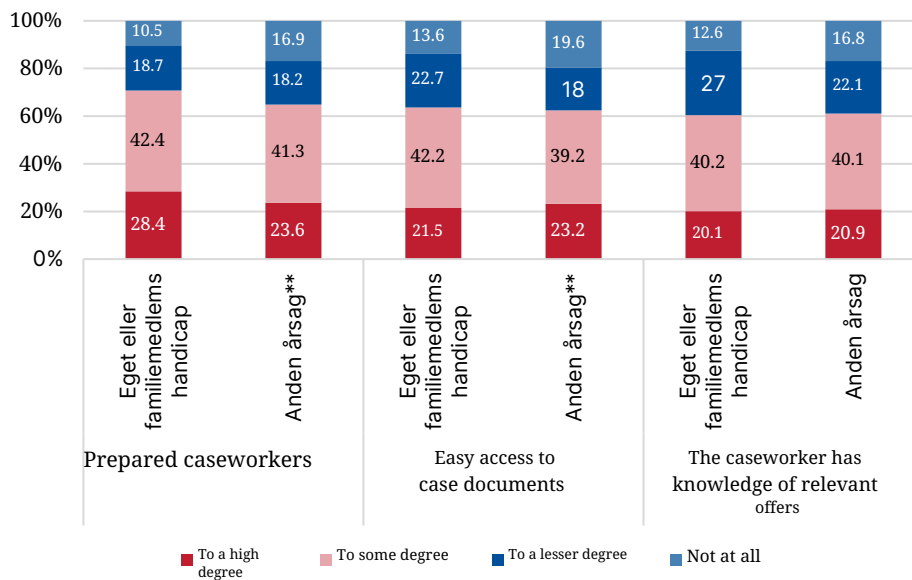
As mentioned, there is often a need for collaboration across municipal departments or with the health sector in case processing for citizens with disabilities. A well-functioning interdisciplinary collaboration has been shown in previous research to be significant for the citizen's coping and quality of life (Hjortbak et al., 2011). We do not find a difference between citizens with contact with the municipality due to disability versus other reasons regarding the question of authorities' collaboration. Approximately 17% and 35% in both groups indicate that the authorities collaborate across departments to a high or some degree. There has been no development in these proportions since 2016 (the question was not included in the 2012 wave of SHILD) (not shown in a figure).

As shown in Figure 7.8, 71 % of citizens who have contact with the municipality due to their own or a family member's disability experience that the caseworker is sufficiently prepared for meetings and other contact with him/her to a high or some degree. Among people who have contact with the municipality for other reasons, the corresponding proportion is 65 %. Furthermore, the figure shows that among people who have contact with the municipality due to disability, 64 % indicate to a high or some degree that they have easy access to case documents. In the group that has contact for other reasons, the proportion is 62 %. Additionally, the proportion that has "no" easy access to case documents is 20 % among people who have contact with the municipality for other reasons. Among people who have contact with the municipality due to their own or a family member's disability, the proportion is just under 14 %. Moreover, the figure shows to what extent people with contact with the municipality due to disability and for other reasons experience that the caseworker is aware of the offerings that may be relevant for the citizen. For this question, the difference between citizens who had contact with the municipality due to disability and for another reason was on the verge of being statistically significant. Approximately 20 % in both groups experience that the caseworkers are highly aware of the offerings that may be relevant for them, and an additional 40 % experience that this is to some degree.

grad is the case. In contrast, the proportion that "does not at all" experience that the caseworker is aware of relevant offers is higher among people who have contact with the municipality for other reasons (17 %) than among people who have contact due to disability (13 %).

Overall, the results in Figure 7.8 indicate a higher satisfaction with municipal case processing among people who have contact with the municipality due to disability, compared to those who have contact with the municipality for other reasons, regarding the extent to which they feel that caseworkers are prepared, the ease of access to their own case documents, and the extent to which they feel they have easy access to their own case documents.

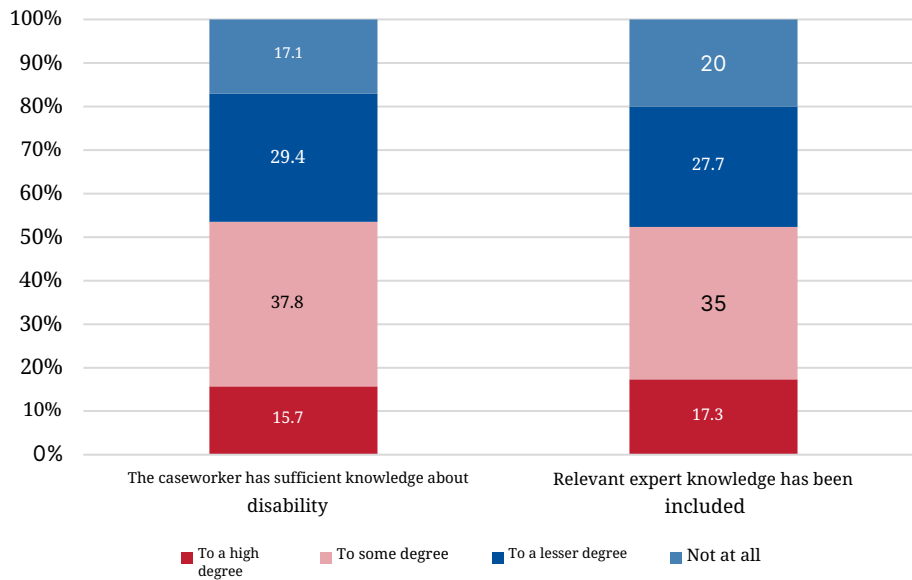
Figure 7.8 Respondents distributed according to their experience of having sufficiently prepared caseworkers, easy access to their own case documents, and knowledge of relevant offers. Specifically for the reason for contact with the municipality. 2020. Percent.



Note: N = [1.689, 673], [1.655, 665]. The difference between individuals who have contacted the municipality due to disability and those who have contacted the municipality for other reasons has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Respondents who had contact with the municipality due to disability were asked in the 2020 wave of SHILD: "To what extent do you feel that your caseworkers have enough knowledge about your, your partner's, or your child's specific disability?" This group of respondents was also asked: "To what extent do you feel that relevant expert knowledge has been incorporated regarding the measures or help provided by the municipality?" About 50% of the respondents indicate to a high or some degree that the caseworkers have enough knowledge, and that relevant expert knowledge has been included in the case processing (Figure 7.9).

Figure 7.9 Respondents with contact with the municipality in the last year due to their own, partner's, or child's disability, distributed according to the experience that the caseworker has sufficient knowledge about the relevant disability, and that relevant expert knowledge was included. 2020. Percent.



Note: N = [1.682, 1.667]. Only individuals with contact with the municipality due to their own, partner's, or child's disability have answered the question. Source: SHILD 2020.

7.3 Trust in the municipality

Research has emphasized the importance of a trusting relationship between caseworkers and citizens (Grell et al., 2020). Another significant aspect of good case processing is that citizens trust they will receive the help from the municipality to which they are entitled. The results from SHILD 2020 show that this is the case to some degree. Approximately 21% and 38% of respondents in contact with the municipality indicate that they, to a high or some degree, trust that the municipality provides the help to which they are entitled. These figures are the same, regardless of whether the primary reason for contact with the municipality is due to disability or other reasons. For individuals who primarily contact the municipality due to their own or a family member's disability, there has been an improvement towards greater trust from 2016 to 2020. For individuals who contact the municipality for other reasons, there has not been a significant change over time (not shown in a figure).

17% of citizens in contact with the municipality have appealed at least one case in the last 3 years. Of these, 11% have appealed one case, and 6% have appealed two or more cases. There is no difference in the proportion that has appealed one or more cases, depending on whether the contact with the municipality is due to one's own, a partner's, or a child's disability, or whether the contact is for other reasons. For both groups, there has been a significant decrease from 2012 to 2020 in the proportion of citizens who have appealed at least one case. Among those who indicated in the 2020 wave of SHILD that they had appealed at least one case in the last 3 years, 41% reported that the appeal led to a result that was better than the municipality's original decision.

People who are in contact with the municipality can seek external advice on many cases – for example, because they need more information about their case, or because they are unsure about which services or offers they may be entitled to. Larger proportions among people who primarily contact the municipality due to their own or a family member's disability have sought advice from sources other than the municipality compared to those who primarily contact the municipality for other reasons (41% and 26% in the two groups have sought advice from sources other than the municipality). People who primarily contact the municipality due to disability and who have sought advice from sources other than the municipality have mostly sought advice from "others" (55%), followed by "private social organization or counseling" (27%) and "disability organization" (12%). Relatively few have sought advice from the independent consultancy service in the area of disability (DUKH) (just under 3%). Approximately 80% of those who have sought external advice report that they received the advice they needed. Due to a limited data basis, it is not possible to investigate whether the level of satisfaction varies depending on where one has sought advice.

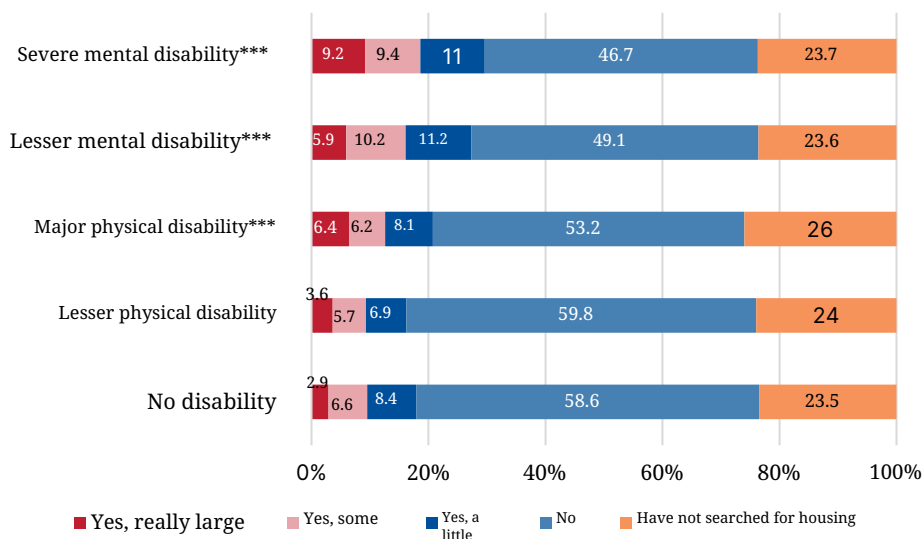
7.4 Knowledge about disability councils

All municipalities must have a disability council, which is tasked with working for equal conditions for people with disabilities in the municipality (KL & Danish Disability Organizations, 2018). The awareness of the disability council is relatively low among respondents who have contact with the municipality in SHILD: 29 % know that the municipality has a disability council. There is no difference between people who have contact with the municipality due to disability and those who have contact for other reasons. For people who have contact with the municipality due to disability, there has been a decline in the proportion that is aware of the disability council since 2016. Among those who are aware that the municipality has a disability council, most (27 %) have heard about it "from other sources," while 26 % have heard about it "from people they know." Additionally, many have read or heard about the disability council in the press (21 %) or received information about the council from the municipality (21 %), and 6 % have received information about the council from an organization. There has been no development in these proportions since 2012.

7.5 Housing Situation

In this section, we examine the housing situation of the respondents. We look at whether they have experienced problems finding housing, if they have been referred to different types of residential offers, and whether they receive help from the public sector or from family and friends with practical matters. The focus is on any differences between people with disabilities and those without disabilities. In Figure 7.10, we investigate the extent to which the respondents report having encountered difficulties the last time they sought to find new housing. As shown in the figure, it is particularly people with severe mental disabilities, followed by those with lesser mental disabilities, who have encountered problems to the greatest extent when trying to find new housing. Additionally, people with severe physical disabilities have experienced difficulties more frequently than people without disabilities. The difference between people with minor physical disabilities and those without disabilities is on the verge of being statistically significant ($p=5, 7$ %). Since 2016, there have been no changes in the proportions that have experienced difficulties the last time they sought to find new housing (not shown in the figure).

Figure 7.10 Respondents distributed according to their experiences of difficulties in finding a new home. Separate for types and degrees of disability as well as for people without disabilities. 2020. Percent.

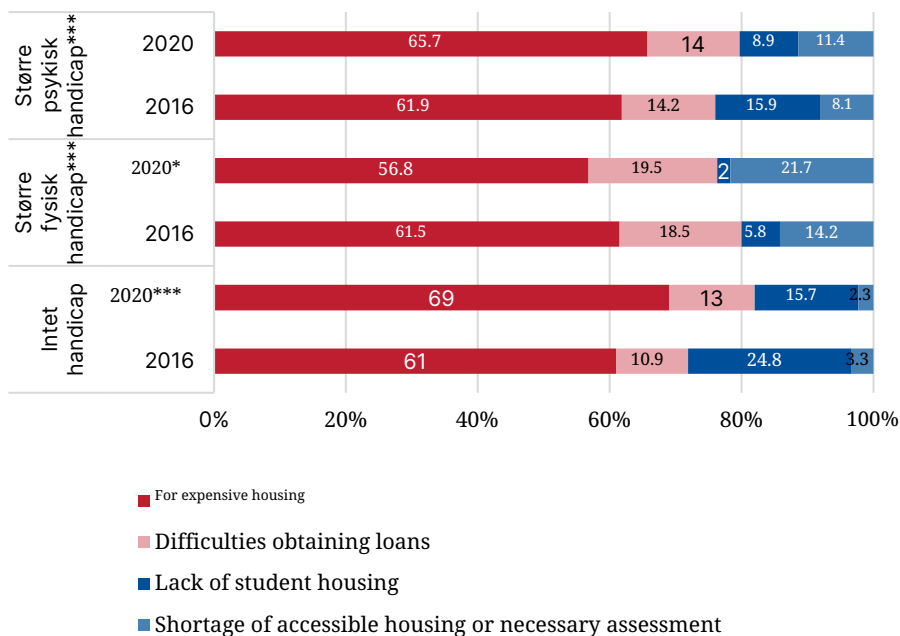


Note: N = [12.342; 3.176, 1.435, 1.100, 443]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 7.11, we investigate the difficulties reported by respondents who indicated that they experienced challenges finding new housing. Regardless of disability, the most frequently cited reason is that the housing is too expensive. Among people with severe physical disabilities, about one in five, 22 %, indicates that the greatest difficulty is the shortage of accessible housing, or that they can only move if they are referred to another residence.²⁰ Among people with severe mental disabilities, the proportion that cites the shortage of accessible housing as the greatest difficulty is 11 %, while it is just over 2 % among people without disabilities. The proportion citing the shortage of accessible housing as the greatest difficulty, or that they can only move if they are referred to another residence, has increased in the two disability groups since 2016. In all three groups, the proportion indicating "lack of student housing" as a difficulty has significantly decreased since 2016.

²⁰ As the largest difficulty in 2020, this group reports 13.9% lack of accessible housing and 7.1% that they can only move if they are referred to another home. For people with severe mental disabilities and those without disabilities, it is not possible to distinguish between these two categories for discretion reasons (we have therefore combined them in the figure).

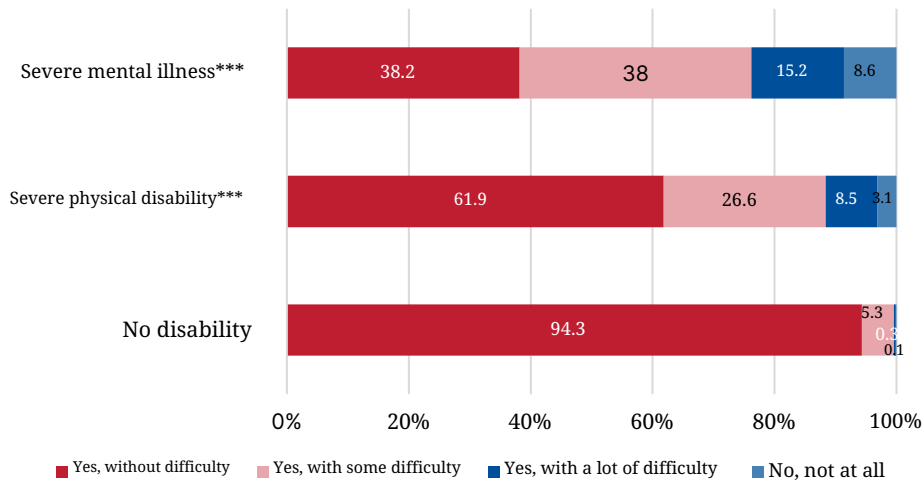
Figure 7.11 Respondents distributed according to the greatest difficulties they encountered the last time they were looking for a new home. Separate for types of disabilities as well as for individuals without disabilities. 2016 and 2020. Percent.



Note: Only respondents who indicated having encountered difficulties the last time they were looking for a new home have answered the question. N = [2.033, 1.591]; [300, 237]; [126, 118]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. The difference within disability groups between years has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2016, 2020.

In Figure 7.12, we examine the respondents' answers to the question: "Can you organize your daily life on your own?" Unsurprisingly, it is primarily people with severe mental disabilities who experience problems with this. Almost 9% in this group indicate that they "cannot at all" organize their daily life, and an additional 15% indicate that they have "a lot of difficulty" doing so. Among people without disabilities, these proportions are 0.1% and 0.3%, respectively. People with severe physical disabilities also experience problems with organizing their daily life to a greater extent than people without disabilities. In this group, 3% and almost 9% indicate that they "cannot at all" or can only do so "with a lot of difficulty."

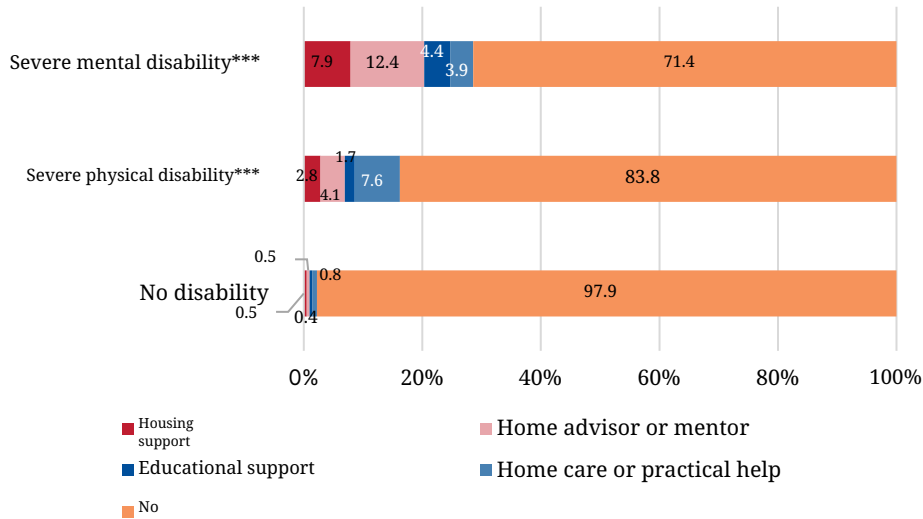
Figure 7.12 Respondents distributed according to whether they can independently structure their daily lives. Specifically for the type of disability and for people without disabilities. 2020. Percent.



Note: N = [12,378, 1,440, 446]. The difference between the group without disabilities and the two disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

The respondents who indicated that they have problems structuring their daily life, or who in previous questions in SHILD indicated that they have problems remembering or concentrating or with communicating, were asked the question: "Do you have housing support, a home advisor, a mentor, educational support, a home helper, or practical help that comes and assists you with practical matters?" Respondents who received more than one type of help were asked to indicate the most important one. It is particularly people with severe mental disabilities who receive some form of help at home. In this group, 12% indicate that they receive help from a home advisor or mentor, and 8% report receiving housing support. 4% receive home care or practical help. Among people with severe physical disabilities, home care or practical help is the most frequently reported type of help. 8% of respondents with severe physical disabilities receive home care or practical help, while 4% have a home advisor or mentor, and 3% receive housing support. The differences across the two disability groups reflect that people with physical and mental disabilities can be expected to have different types of needs. People with severe physical disabilities are more likely to need help with more practical tasks, while people with severe mental disabilities are more likely to need help creating structure. Among people who report not having a disability, very few (2%) receive any form of help and support at home.

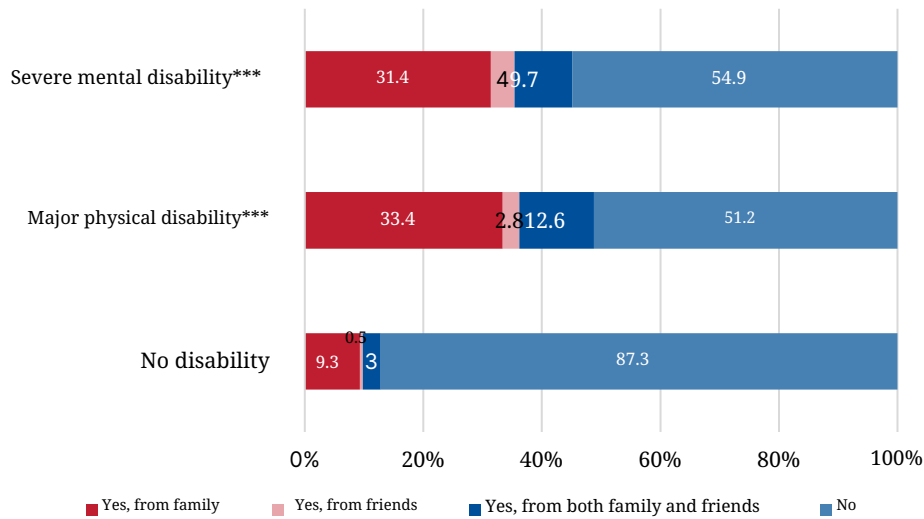
Figure 7.13 Respondents distributed according to whether they receive different types of help from the public sector. Specifically for type of disability and for people without disability. 2020. Percent.



Note: N = [3.479. 1.008, 400]. The difference between the group without disability and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Only respondents who have indicated in previous questions in SHILD that they have problems structuring their daily life, remembering or concentrating, or communicating, have received the question. Source: SHILD 2020.

In Figure 7.14, we examine what proportion of the respondents receive practical help from family or friends, e.g., for cleaning, shopping, transportation, etc. Only respondents who indicated that they have problems structuring their daily life, remembering, concentrating, or communicating received the question. In this group, over half of the individuals with major physical disability (51%) and severe mental disability (55%) report that they do not receive help. Among those who receive help, the most common is to only receive help from family: 33% and 31% among people with major physical and mental disability, respectively, indicate this. Additionally, nearly 13% and 10% of people with major physical and mental disability, respectively, report that they receive help from both friends and family.

Figure 7.14 Respondents distributed according to whether they receive help from family and friends. Specifically for the type of disability and for people without disabilities. 2020. Percent.



Note: N = [3.943. 1.209, 406]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Only respondents who have indicated in previous questions in SHILD that they have problems structuring their daily life, remembering or concentrating, or communicating, have received the question. Source: SHILD 2020.

Respondents who indicated in SHILD that they have problems walking, alternatively problems with remembering or concentrating, or problems with communicating or structuring their daily life, or that they have a (greater or lesser) mental or physical disability, were asked whether they had been referred to a disability housing, a nursing home, a co-housing, or a residential offer. In total, 1.4 % of the respondents who were asked the question indicated that they had been referred to either a disability housing, a nursing home, a co-housing, or a residential offer. Among those who had been referred to a disability housing, a nursing home, a co-housing, or a residential offer, 66 % indicated that they were assigned one housing (i.e., that they could not choose between multiple housing options). 15 % could choose between two opportunities, and 7 % could choose between three or more opportunities. 12 % indicated that they had not yet been assigned a housing (not shown in a figure).

8 Quality of Life and Health

The focal point of this chapter is self-reported health and quality of life, as well as risk behavior among people with and without disabilities. As in previous chapters, we consistently investigate whether there are differences between the groups. We base our analysis on questions regarding how respondents evaluate various aspects related to health. We examine, among other things, loneliness and quality of life, weight and exercise, sleep and pain, as well as smoking and alcohol habits. As far as possible, we also look at whether there has been any development in these health-related aspects since the first two waves of SHILD.

It is possible that the coronavirus situation in 2020 may have affected the results in this section, although it is uncertain in which direction. Social distance, remote work, and increased isolation (even though Denmark was not locked down during the data collection period) may have had negative consequences for respondents, e.g., in the form of greater loneliness. On the other hand, the coronavirus situation may have had positive consequences, e.g., in the form of reduced stress and lower demands or expectations regarding being active or participating in communities. It cannot be ruled out that the consequences of the coronavirus situation may have affected people with and without disabilities in different ways and to varying degrees.

The main results are:

- People with disabilities are more likely to feel lonely than people without disabilities. This is especially true for people with (severe) mental disabilities, who experience loneliness.
- People with disabilities are more dissatisfied or very dissatisfied with their lives than people without disabilities. One third of people with severe mental disabilities are very dissatisfied or dissatisfied with their lives (33%). Among people with severe physical disabilities, the corresponding proportion is one fifth (20%). Among people without disabilities, one twenty-fifth (4%) are either very dissatisfied or dissatisfied with their lives.
- For people with severe mental disabilities, the proportion who are dissatisfied or very dissatisfied with their lives has decreased from 2016 (40%) to 2020 (33%).
- Among people without disabilities, 5% feel that they "definitely" deserve a better life than the one they have. The proportion is about seven times higher (35% and 38%, respectively) among people with severe physical and mental disabilities.
- People with disabilities have a higher BMI and are physically active fewer days per week than people without disabilities. The average BMI has increased from 2012 to 2020 and, in 2020, is above the threshold for overweight, both among people without disabilities and among people with severe physical and mental disabilities.
- The proportion of those who sleep poorly or very poorly is significantly higher among people with mental (45%) and physical (40%) disabilities than among people without disabilities (9%).
- 74% of people with severe physical disabilities often or always experience pain. The proportion among people with severe mental disabilities is 48%, while 11% of people without disabilities always or often have pain.
- There are also people with severe physical disabilities who particularly experience 'severe' pain: 43% among people with severe physical disabilities report experiencing

pain, describing it as severe. The proportion that experiences severe pain, is 27% among people with severe mental disabilities and 4% among people without disabilities (only those who reported having pain responded to the survey).

- The proportions with either very high or very low alcohol consumption are greater among people with major physical and mental disabilities than among people without disabilities. People with disabilities who drink alcohol at least once a week consume, on average, more drinks than people without disabilities.
- The proportion of smokers is approximately twice as high (26%) among people with severe physical or mental disabilities than among people without disabilities (13%). In all three groups, the proportion of smokers has decreased during the period 2012-2020.

8.1 Quality of life and loneliness

People with disabilities experience loneliness to a greater extent than people without disabilities (Emerson et al., 2021; Macdonald et al., 2018). Low attachment to the labor market, poor economy, and lack of physical accessibility in areas such as transport and the built environment (Macdonald et al., 2018), as well as prejudices against people with disabilities (Tarvainen, 2020), are factors that have been highlighted as causes. Loneliness can lead to lower quality of life, and research shows that this is particularly true for people with disabilities (Emerson et al., 2021). Therefore, this section examines loneliness and quality of life among people with and without disabilities.

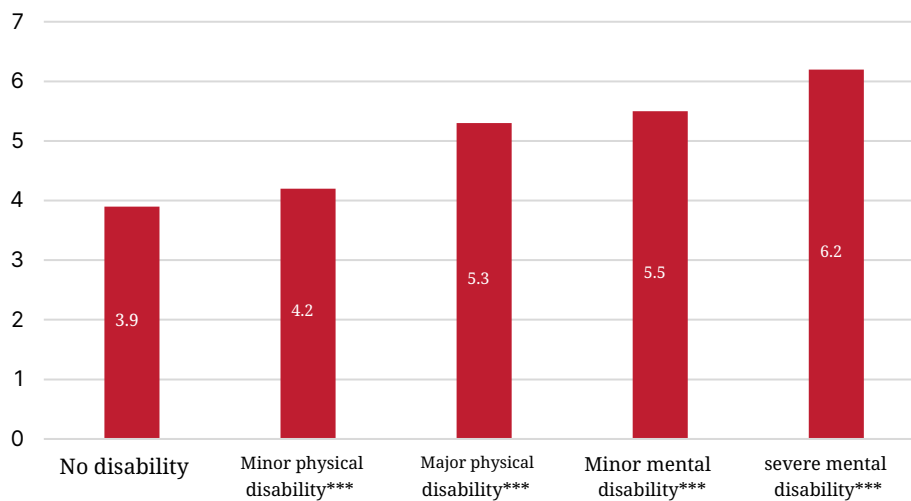
8.1.1 Loneliness

In section 9 of this report, we show that people with disabilities participate less in various types of activities and see their friends less regularly than people without disabilities. It is therefore possible that people with disabilities are lonelier than people without disabilities. To investigate this hypothesis, we start with the short version of the UCLA loneliness scale. The questionnaire includes the following three questions:

- How often do you feel isolated from others?
- How often do you feel that you miss someone to be with?
- How often do you feel left out?

It has been possible to answer the questions with "rarely," "sometimes," or "often." Based on the responses, it is possible to calculate an overall loneliness score ranging from 3 to 9 (Campaign to End Loneliness, 2004), where higher values indicate a greater degree of loneliness. In Figure 8.1, we examine the average score of the respondents. The figure shows that people without disabilities have the lowest loneliness score, followed by people with smaller and larger physical disabilities. People with smaller and larger mental disabilities have the highest loneliness scores.

Figure 8.1 Respondents distributed according to average scores for loneliness. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Score.



Note: N = [12,378, 3,184, 1,440, 1,104, 447]. The difference between people with and without disabilities has been tested with a t-test. *** p < 0,001 Source: SHILD 2020.

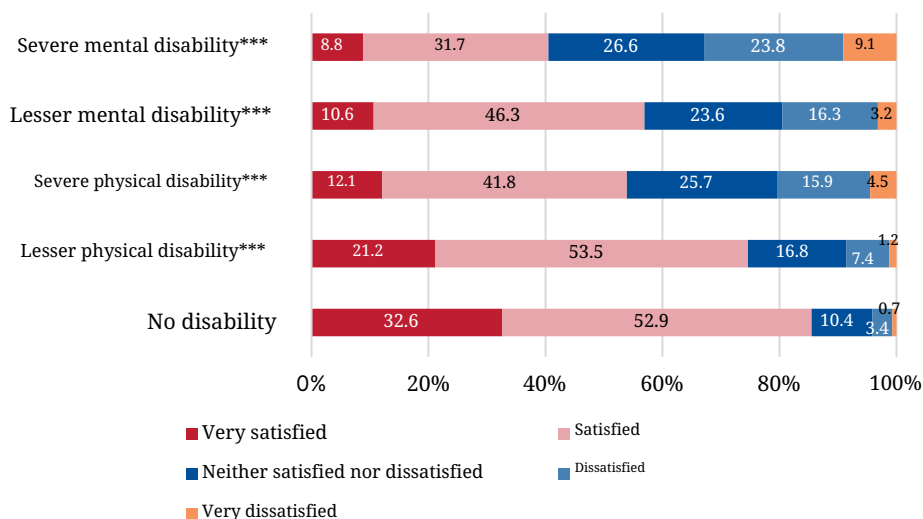
We can therefore conclude that especially people with mental disabilities are significantly more lonely than people without disabilities. The UCLA loneliness scale is only included in the 2020 wave of SHILD, and therefore it is not possible to investigate any potential development in loneliness for people with and without disabilities.

We have examined whether there are age differences in experienced loneliness by calculating loneliness scores specifically for two age groups: 16-39 years old and 40-64 years old. The results show that 16-39 years old individuals are significantly lonelier in the group without disabilities, as well as in the groups with (minor and major) physical disabilities. We find no age differences in the degree of loneliness among people with (minor and major) mental disabilities (not shown in a figure).

8.1.2 Satisfaction with life

To investigate the respondents' quality of life, we asked the question: "Considering everything, how satisfied or dissatisfied are you currently with your life?" As shown in Figure 8.2, all disability groups express a lower degree of satisfaction with their lives compared to people without disabilities. It is particularly people with severe mental disabilities who are dissatisfied with life. In this group, 9% indicate that they are very dissatisfied with their lives, and an additional 24% are dissatisfied. Thus, about one-third of the respondents with severe mental disabilities are either very dissatisfied or dissatisfied with their lives. Among people with severe physical disabilities, the corresponding proportion is about one-fifth (5% in this group are very dissatisfied, and 16% are dissatisfied). The overall proportion among people without disabilities is significantly lower, with a total of 4% being either very dissatisfied or dissatisfied with their lives.

Figure 8.2 Respondents distributed by how satisfied they are with their lives. Specifically for types and degrees of disability as well as for people without disabilities. 2020. Percent.

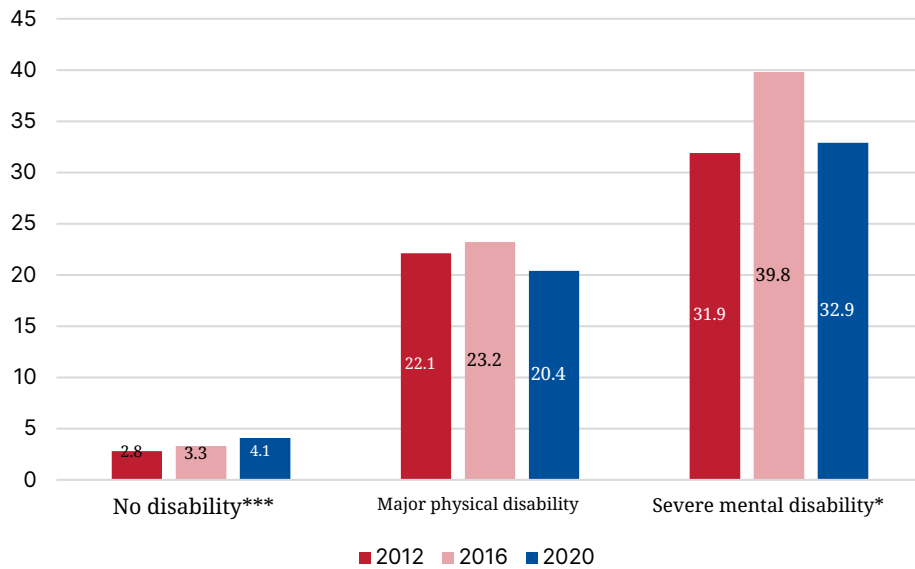


Note: N = [12.375; 3.183, 1.440, 447]. The difference between the group without disabilities and the two disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 8.3, we examine the development since 2012 in the proportions that are either very dissatisfied or dissatisfied with their lives. The figure shows a significant increase in the proportion of people without disabilities who are dissatisfied with life from just under 3% in 2012 to over 4% in 2020. For both people with severe physical disabilities and severe mental disabilities, the proportion expressing dissatisfaction or being very dissatisfied with life was highest in 2016 (the difference across years is not statistically significant for people with severe physical disabilities). However, for people with severe mental disabilities, we find a significant decrease in the proportion that is dissatisfied or very dissatisfied with their lives from 2016 (40%) to 2020 (33%). The proportion that is dissatisfied or very dissatisfied with their lives is still about 8 times higher among people with severe mental disabilities (33%) and 5 times higher among people with severe physical disabilities (20%) than among people without disabilities (4%) in 2020.

We have investigated whether there were differences across age groups (16-39 years old vs. 40-64 years old) in the proportions that were dissatisfied or very dissatisfied with their lives in 2020. The results showed that there were no significant differences across ages for any of the three groups (no disability, severe physical disability, severe mental disability) (not shown in a figure).

Figure 8.3 Respondents who are dissatisfied or very dissatisfied with their lives. Specifically for type of disability and for people without disabilities. 2012, 2016, 2020. Percent.



Note: N = [13.386, 14.263, 12.375]; [1.480, 1.776, 1.440]; [411, 493, 447]. The difference between years within the disability group is tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

Table 8.1 examines the relationship between disability and the probability of being very satisfied, satisfied, or neither satisfied nor dissatisfied with life (and not dissatisfied or very dissatisfied with life), when controlling for demographic and socioeconomic characteristics, such as age, gender, education level, and employment. The table indicates that the probability of being very satisfied, satisfied, or neither satisfied nor dissatisfied with life is about 12 percentage points lower among people with severe mental disabilities than among people without disabilities. For people with lesser mental disabilities, the probability is 8 percentage points lower, and for people with severe physical disabilities, it is 6.5 percentage points lower. People with lesser physical disabilities have a nearly 2 percentage points lower probability of being very satisfied, satisfied, or neither satisfied nor dissatisfied with life than people without disabilities. Overall, the probability of being satisfied with life has decreased over time (from 2012 to 2020) – this is, however, to a lesser extent for people with severe physical disabilities, where the difference between 2012 and 2020 overall (taking into account the significant interaction effect between 2012 and severe physical disability) is close to zero.

The other results show that people who have one or more children without disability have a higher probability of being very satisfied or satisfied with life than, respectively, childless individuals and people who have at least one child with disability. People who have a partner with disability, however, have a higher probability of being satisfied with life than those who have no partner, although those who have a partner without disability have the relatively highest probability of being satisfied with their lives. Furthermore, there is a negative correlation between age and the probability of being satisfied with life. Probability-

The likelihood of being satisfied decreases by approximately 7 percent points every ten years. However, the positive marginal effect of age highlighted in the second shows that the negative correlation between being satisfied with life and age weakens as one gets older.

Table 8.1 Regression model estimating the probability of being very satisfied, satisfied, or neither satisfied nor dissatisfied with life. Marginal effects and t-values.

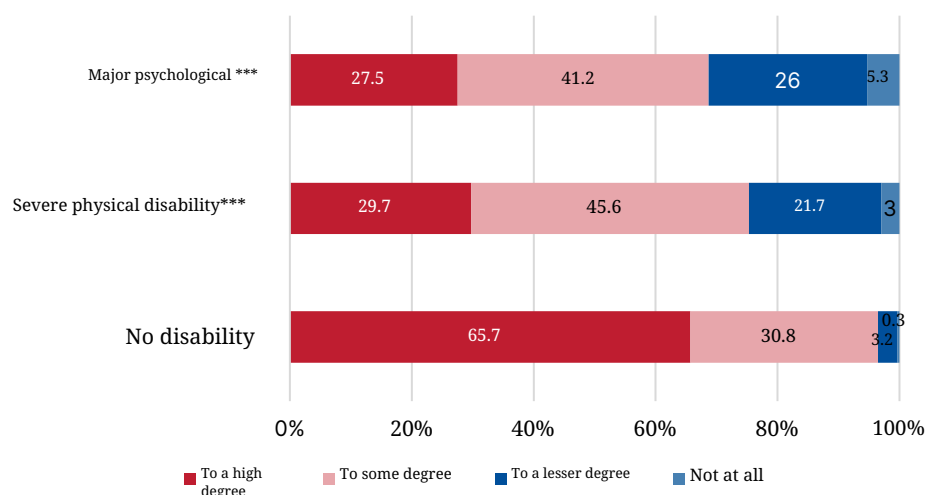
	Marginal effect	t-value
Å		
2020	Reference	
2016	0.0125**	(3.04)
2012	0.0174***	(4.34)
Disability		
Without physical disability	Reference	
Lesser physical disability	-0.0165**	(-2.99)
Major physical disability	-0.0653***	(-7.09)
Without mental disability	Reference	
Lesser mental disability	-0.0801***	(-7.12)
Severe mental disability	-0.122***	(-6.97)
Without physical disability*2012	Reference	
Minor physical disability*2012	-0.00565	(-0.72)
Major physical disability*2012	-0.0257**	(-2.61)
Family situation		
Does not have a child	Reference	
Child without disability	0.0121***	(3.54)
Child with disability	0.00208	(0.42)
Does not have a partner	Reference	
Partner without disability	0.0401***	(10.91)
Partner with disability	0.0264***	(5.90)
Age	-0,0072***	(-9,20)
Age ²	0,0001***	(9,76)
N	56.716	

Note: The model includes control variables for gender, education level, as well as an indicator for being in education, employment status, an indicator for having been placed as a child, and interaction variables between 2016 and greater/lesser physical disability, 2016 and greater/lesser mental disability, as well as 2012 and greater/lesser mental disability. Interaction variables between year and disability status that are not shown in the table were not statistically significant. Source: SHILD 2012, 2016, 2020.

Experiencing influence over one's own life can have significance for quality of life among people with disabilities (e.g., Rizza et al., 2017). Figure 8.4 shows the extent to which respondents in SHILD experience having influence over their own lives. It appears from the figure that larger proportions among people with severe mental and severe physical disabilities experience "to a lesser extent" or "not at all" having influence over their own lives compared to people without disabilities. Among people without disabilities, 0.3% and 3% report that they, respectively, to a lesser extent or not at all have influence over their own lives. Among people with severe mental disabilities,

the proportions of 5 % and 26 %, and among people with severe physical disabilities, they are 3 % and 22 %, respectively. For the two disability groups, there have been no significant changes in the response distribution from 2016 to 2020 (not shown in the figure).

Figure 8.4 Respondents distributed according to the extent to which they feel they have influence over their own lives. Specifically for type of disability and for people without disabilities. 2020. Percent.

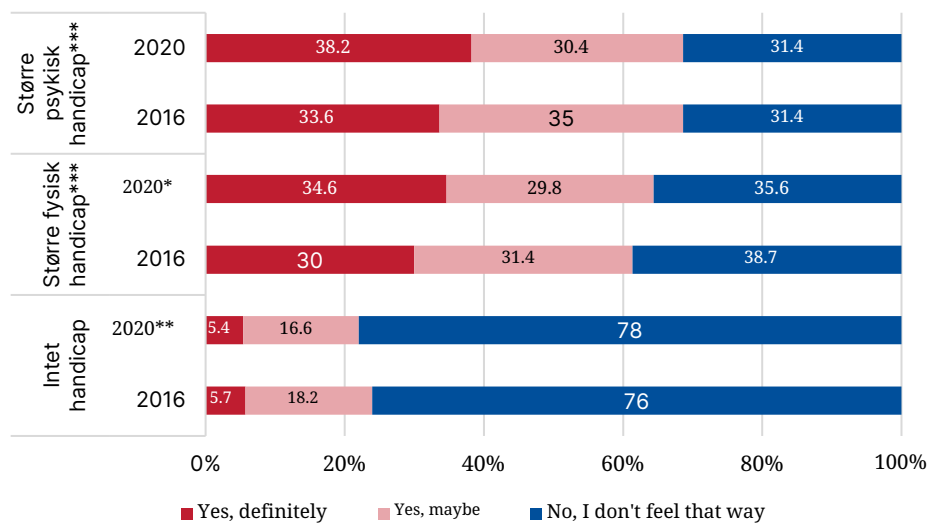


Note: N = [12.369; 1.439.; 447]. The difference between the group without disability and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

8.1.3 A Better Existence

In Figure 8.5, we investigate the extent to which respondents with and without disabilities feel they deserve a better life than the one they have. Among people without disabilities, 78% of the respondents in 2020 reported that they do not feel they deserve a better life. The corresponding proportions are significantly lower in the two disability groups. Among people with severe mental disabilities, 31% reported that they do not feel they deserve a better life, while among people with severe physical disabilities, the proportion is 36%. This means that a large majority in both disability groups feel "definitely" or "maybe" that they deserve a better life. Among people with severe physical disabilities, the proportion who feel "definitely" they deserve a better life has increased from 30% in 2016 to nearly 35% in 2020 (for people with severe mental disabilities, there is a tendency for a similar development, but the difference between the years is not statistically significant).

Figure 8.5 Respondents distributed by whether they feel they deserve a better life. Specifically for type of disability and for people without disabilities. 2016 and 2020. Percent.

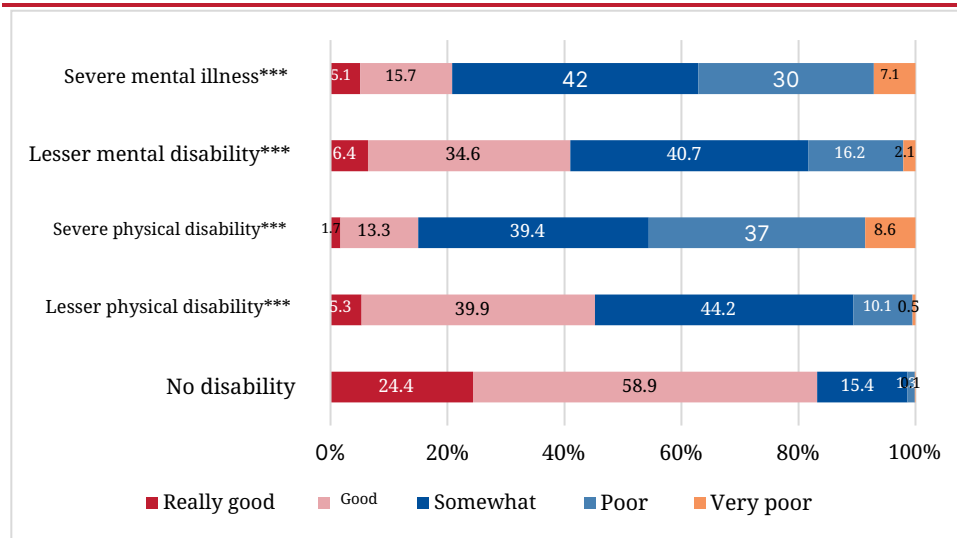


Note: N = [14.246, 12.357]; [1.769, 1.435]; [490, 445]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. The difference between years within the disability group has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2016, 2020.

8.1.4 Self-assessed health

To examine the respondents' self-assessed health, we asked them: "How do you think your health is overall?" Figure 8.6 shows how the responses are distributed for people with and without disabilities. Unsurprisingly, the figure shows that a larger proportion of people without disabilities report having "very good" or "good health" (a total of 83%) compared to people with severe physical (15%), severe mental (21%), minor mental (41%), and minor physical (45%) disabilities. It is particularly people with severe physical disabilities who report having significant health-related problems. In this group, nearly 9% report that their health is "very poor," and an additional 37% indicate that their health is "poor." Among people without disabilities, just over 1% report that their health is very poor or poor.

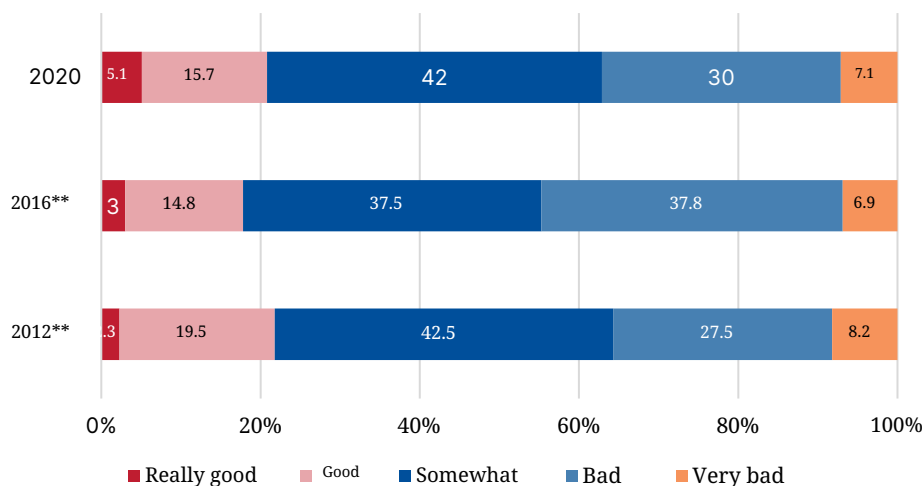
Figure 8.6 Respondents distributed by self-reported health. Specifically for disability types and degrees as well as for people without disabilities. 2020. Percent.



Note: N = [12,374; 3,184, 1,440, 447]. The difference between the group without disabilities and the four disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

For people with severe mental disabilities (but not for the other groups), there are significant differences in self-reported health across the years. As shown in Figure 8.7, it appears that the difference is primarily due to the fact that self-reported health was worse in 2016 than in 2012 and 2020, respectively. However, the proportion reporting very good health has increased from 2% in 2012 to 5% in 2020, while the proportions reporting good health have decreased (from 20% to 16%). Thus, the proportions with either very good or good health are approximately 21% in both years. We see the same trend at the other end of the spectrum with a decrease in the proportion with very poor health (from 8% to 7%) and a parallel increase in the proportion with poor health (from 28% to 30%). The proportion with very poor or poor health has thus been approximately 36% in both years.

Figure 8.7 Respondents with severe mental disabilities distributed by self-reported health. Specifically for the years 2012, 2016, 2020. Percent.



Note: N = [411, 493, 447]. The difference between years within the disability group has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

8.2 Weight and exercise

Physical activity has a number of positive effects for people with and without disabilities, including on BMI, fitness, muscle mass, and bone density (Ives et al., 2021). Physical activity also contributes to a reduced risk of chronic diseases and can have a positive impact on the social life of people with disabilities (Pagan, 2021). However, research shows that people with disabilities participate less in physical activity than people without disabilities. Costs for transport and activities, as well as fear of being subjected to judgmental behavior, are examples of barriers that people with disabilities may experience in relation to physical activity (Ives et al., 2021). Furthermore, a physical disability in itself can lead to a different movement pattern or completely limit the possibilities for physical activity.

Previous research shows that individuals with severe mental disabilities are significantly overrepresented among those who are overweight and obese, and therefore have an increased risk of weight-related diseases such as diabetes and cardiovascular diseases (Daumit et al., 2013). This may be partly due to lifestyle factors such as physical inactivity and unhealthy eating habits, but also because the medication typically prescribed to individuals with severe mental disabilities often increases appetite or removes the sensation of fullness (ibid.).

To investigate the respondents' risk of overweight and obesity, we calculated their BMI based on information about height and weight. The most widely used measure for assessing overweight or underweight is BMI (Body Mass Index)²¹ We base our analysis on the WHO classification, and the defined weight categories according to BMI are presented in Table 8.2.

²¹ BMI is calculated as body weight in kg divided by the square of height measured in meters (kg/m²).

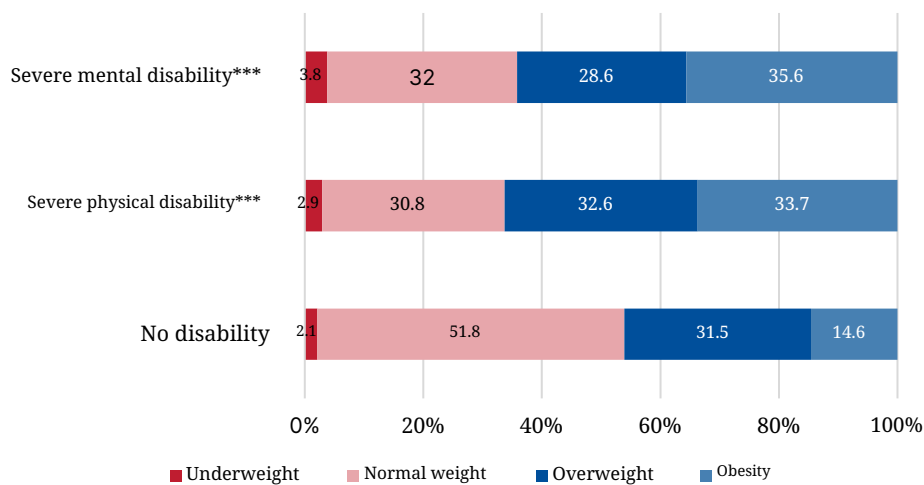
Table 8.2 WHO's weight categories classified by BMI for adults

Underweight	<18,5
Normal weight	18.5-< 25
Overweight	25-<30
Obesity	≥30

Source: (WHO, 2021)

As shown in Figure 8.8, a larger proportion of people with disabilities suffer from overweight or obesity compared to people without disabilities. Among people without disabilities, nearly 15% of respondents exceed the obesity threshold, while this is the case for more than twice as many among people with physical and mental disabilities (34% and 36%, respectively). The proportion that is overweight is approximately 30% in all three groups, and the proportion of underweight individuals is also greater among people with disabilities. Nearly 4% and nearly 3% in the group with greater mental and physical disabilities, respectively, are underweight, while the proportion is 2% in the group without disabilities. Overall, the results indicate that especially significantly larger proportions in the disability groups suffer from obesity, but also that relatively more in the disability groups are underweight compared to people without disabilities.

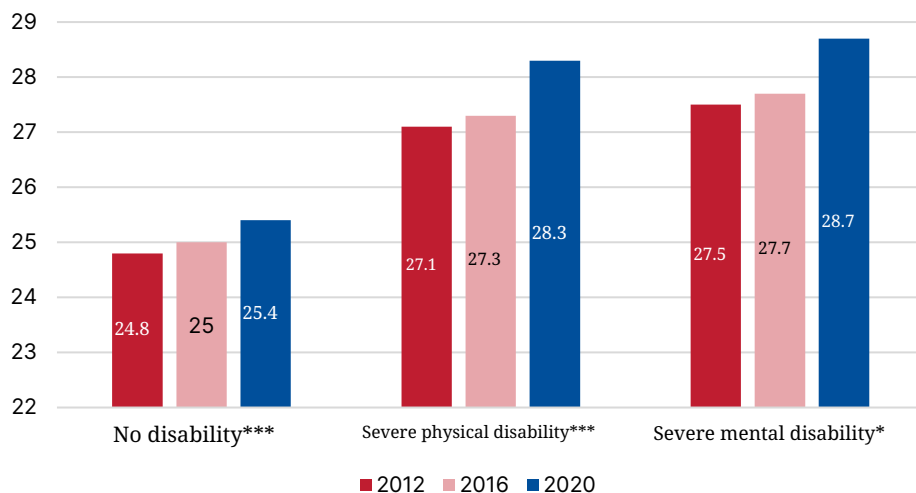
Figure 8.8 Respondents distributed by BMI category. Specifically for type of disability and for people without disabilities. 2020. Percent.



Note: N = [12.294, 1.428, 442]. The difference between the group without disability and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 8.9, we show the development of average BMI since 2012 for the two disability groups as well as for people without disabilities. The figure shows that average BMI has significantly increased since 2012 in all three groups. The increase in BMI scores from 2012 to 2020 is steeper in the two disability groups than in the group without disabilities. In 2020, the average BMI in all three groups is above the threshold for overweight.

Figure 8.9 Respondents distributed by BMI. Specifically for type of disability and for people without disability. 2012, 2016, and 2020. BMI.

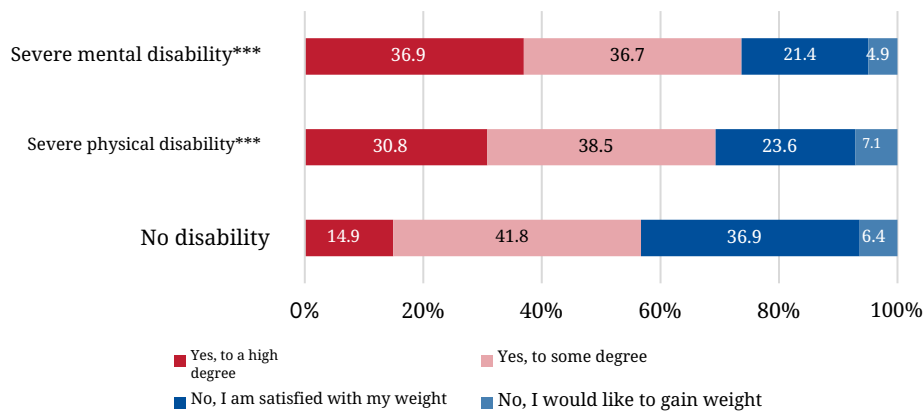


Note: N = [13.393, 14.268, 12.378]; [1.483, 1.776, 1.440]; [411, 493, 447]. The difference within groups across years has been tested with t-test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

As shown in Figure 8.10, the proportions of those wanting to lose weight follow the proportions that exceed the thresholds for overweight and obesity concerning BMI (shown in Figure 8.8). However, the proportions of those wanting to lose weight to a high degree or to some degree are higher than the proportion with overweight or obesity in all three groups, indicating that some people with a normal weight also wish to lose weight. The proportion that is satisfied with their weight is highest among people without disabilities (37 %). Among people with major physical and mental disabilities, the proportions that are satisfied with their weight are 24 % and 21 %, respectively.

The proportion of those who wish to lose weight to a high or moderate degree has significantly increased from 2016 to 2020 for people without disabilities (from 55% to 57%) as well as among people with severe physical disabilities (from 64% to 69%). For people with severe mental disabilities, we see a similar trend (71% and 74% wished to lose weight to a high or moderate degree in 2016 and 2020, respectively), but the development is not statistically significant (not shown in a figure).

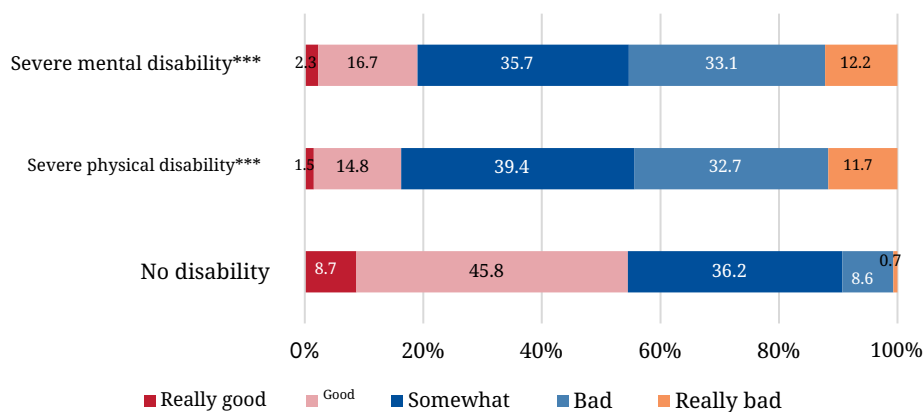
Figure 8.10 Respondents distributed according to whether they wish to lose weight. Separate for type of disability and for people without disabilities. 2020. Percent.



Note: N = [12.377, 1.440, 447]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 8.11, we examine the respondents' self-assessed physical condition. Unsurprisingly, larger proportions among people with severe physical and mental disabilities assess their physical condition as "really poor" (13% and 12% in the two groups, respectively). Among people without disabilities, the proportion in "really poor" physical condition is only 0.7%. At the other end of the spectrum, about 2% of people with severe physical and mental disabilities assess their physical condition as "very good." The proportion is significantly higher, at 9%, among people without disabilities. A little over one-third (36-39%) of respondents in all three groups assess their physical condition as "somewhat adequate." Thus, it is at the extremes of the distribution where we see the largest differences, meaning that significantly larger proportions among people with disabilities assess that they are in really poor or poor physical condition, while significantly smaller proportions assess that they are in really good or good physical condition compared to people without disabilities.

Figure 8.11 Respondents distributed according to self-reported physical condition. Separate for type of disability and for people without disabilities. 2020. Percent.



Note: N = [12.375, 1.440, 447]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

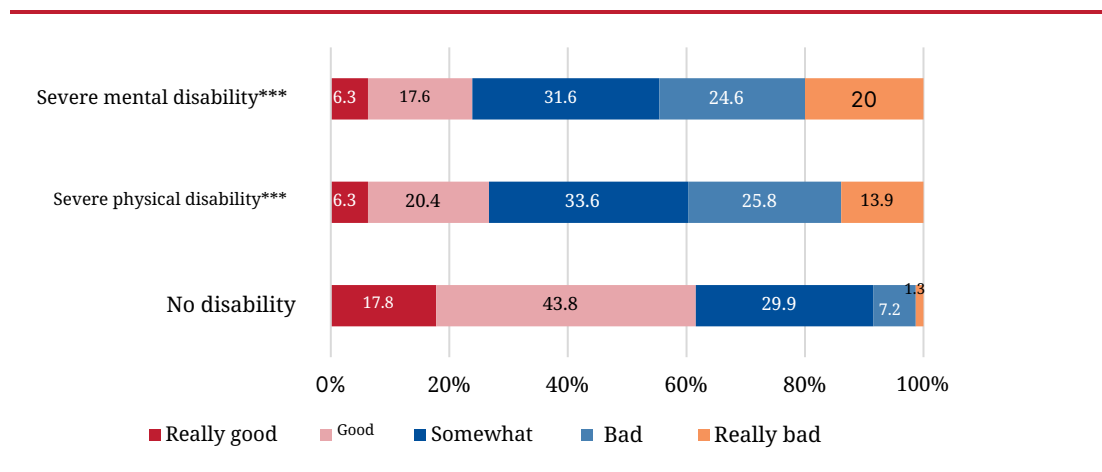
To investigate physical activity, we compared the respondents' answers to the question: "How many days a week are you physically active for at least 30 minutes a day? (e.g., exercise or sports, gardening, brisk walking, cycling, or physically demanding work, during leisure time or at work)" across the three groups. People without disabilities are, on average, physically active for 4.2 days a week, while the average number of days of physical activity is 3.7 and 3.4 among people with major physical and severe mental disabilities, respectively. Thus, we find a higher level of physical activity among people with disabilities than among people without.

8.3 Sleep and Pain

Research shows that there is a correlation between poor sleep and a wide range of mental and physical illnesses and health problems (Aschbrenner et al., 2021; Freeman et al., 2020; Hanson & Huecker, 2021). Good sleep can contribute to improved mental health among people with mental disorders (Freeman et al., 2020) and is also significant for mood, physical health, cognitive function, and quality of life (Harvey, 2009).

As shown in Figure 8.12, respondents with disabilities experience sleep disturbances to a greater extent than people without disabilities. Among those with greater mental and physical disabilities, 45% and 40% respectively report sleeping "poorly" or "very poorly." Among people without disabilities, the proportion is just under 9%. Conversely, the proportion of those who sleep "very well" is significantly lower in the two disability groups (6% in both groups) compared to people without disabilities (18%). The pattern in Figure 8.12 has not changed since 2016.

Figure 8.12 Respondents categorized by how they feel about their sleep. Specifically for type of disability and for people without disabilities. 2020. Percent.

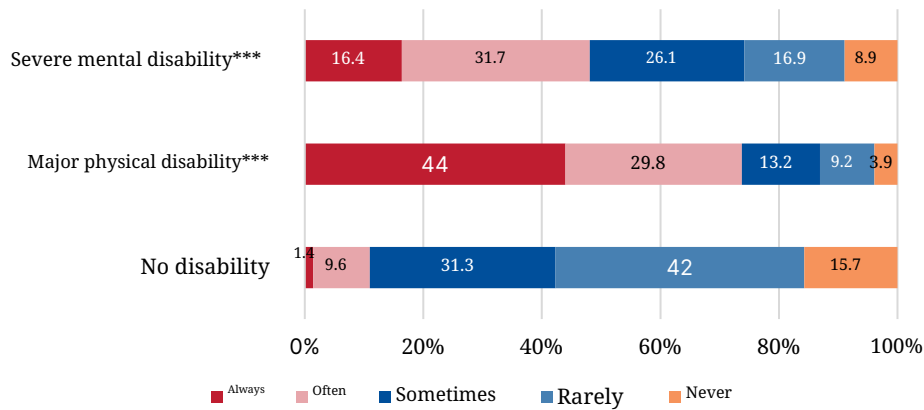


Note: N = [12,378, 1,440, 447]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

One of several possible explanations for sleep disturbances may be pain. As shown in Figure 8.13, people with physical disabilities experience pain significantly more often than people without disabilities. Among those with severe physical disabilities, 44% report that they "always" have pain, and an additional 30% indicate that they "often" have pain (a total of 74%).

Among people with severe mental disabilities, 48% experience pain always or often, while the proportion is 11% among people without disabilities.

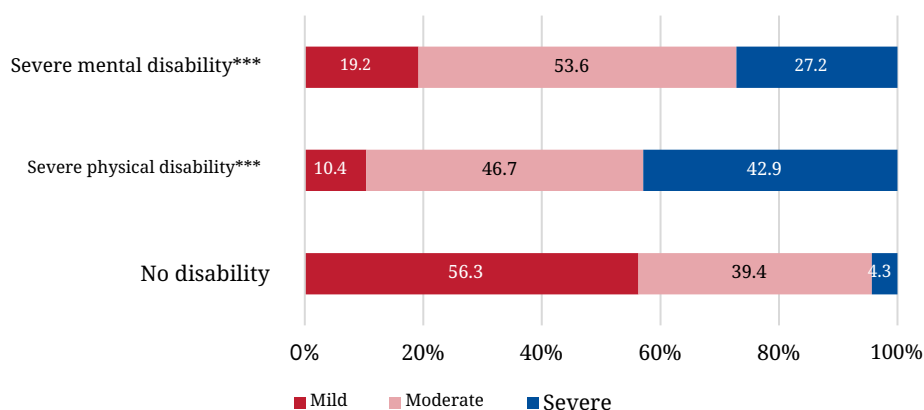
Figure 8.13 Respondents distributed according to how often they experience pain.¹ Specifically for type of disability and for people without disabilities. 2020. Percent.



Note: N = [12,371, 1,440, 446]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Note: ¹The respondents have been explicitly asked to disregard pain following a fall, accident, and similar events. Source: SHILD 2020.

Respondents who report experiencing pain (i.e., those who did not answer "never" to the question about how often they experience pain, cf. Figure 8.13) were asked to assess the intensity of their pain. The response distributions are shown in Figure 8.14 and indicate that it is particularly people with severe physical disabilities who experience "severe" pain (43%). Among people with severe mental disabilities, 27% of those who experience pain report it as severe, while the corresponding percentage is 4% among people without disabilities.

Figure 8.14 Respondents who experience pain, distributed according to which word best describes their pain. Specifically for type of disability and for people without disabilities. 2020. Percent.

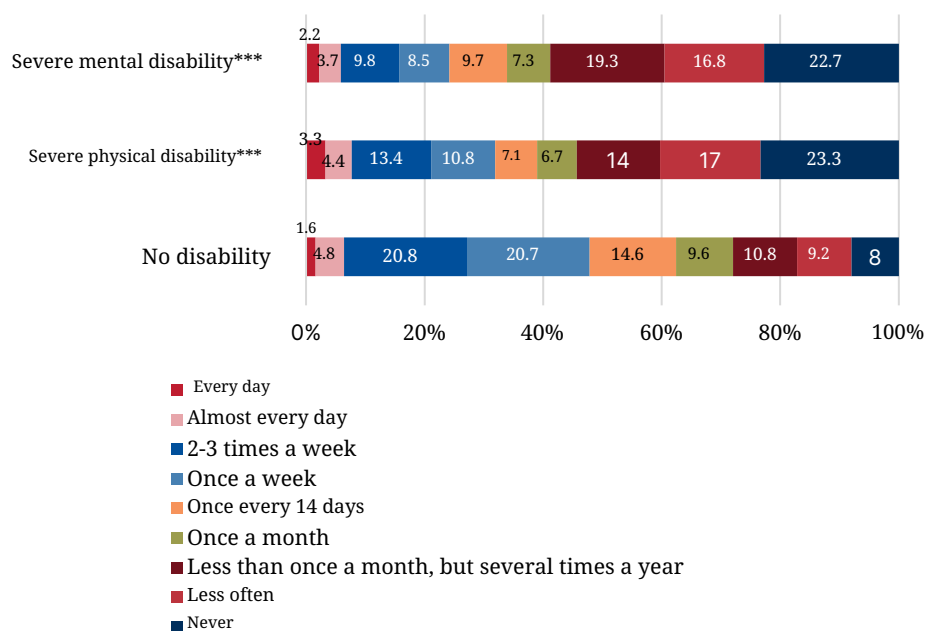


Note: N = [10,607, 1,380, 411]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Only respondents who answered that they always, often, sometimes, or rarely experience pain answered the question. Source: SHILD 2020.

8.4 Alcohol consumption and smoking

Smoking is the leading single cause of a wide range of diseases, such as COPD, diabetes, cardiovascular diseases, and several cancers (Frederiksen, 2018) – diseases that often result in functional impairments, which in turn can lead to disabilities. Alcohol consumption is also related to a variety of diseases, including diseases of the digestive system and cardiovascular diseases (WHO, 2018). Additionally, individuals with high alcohol consumption face an increased risk of injury in accidents and violent incidents. Alcohol is also linked to mental disorders such as depression and dementia (ibid.). Therefore, it is possible that individuals with high alcohol consumption and smokers are overrepresented among people with disabilities.

Figure 8.15 Respondents categorized by alcohol consumption, separately for type of disability and for people without disabilities. 2020. Percent.



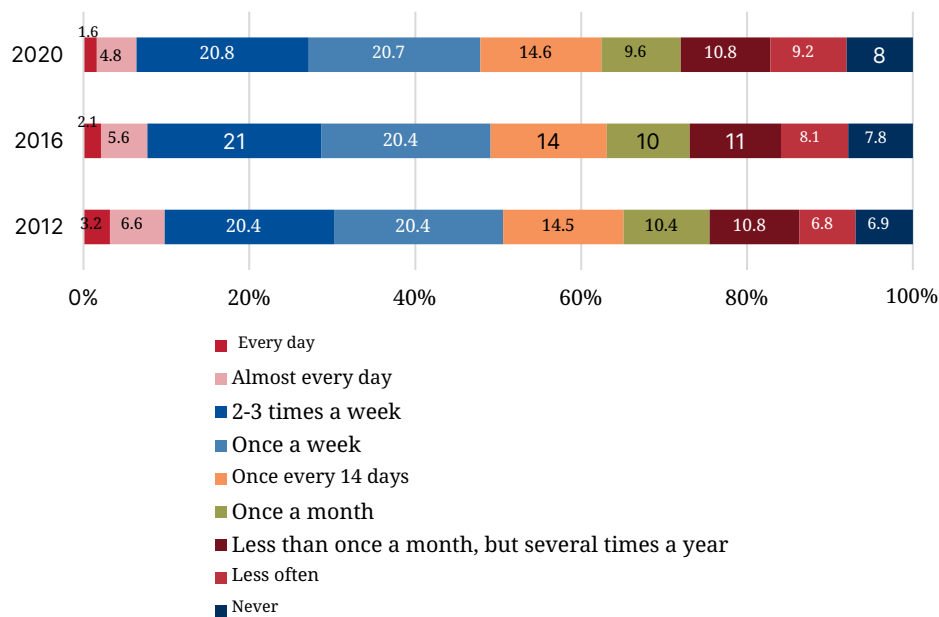
Note: N = [12,377, 1,440, 417]. The difference between the group without disability and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

As shown in Figure 8.15, the proportions with both very high and very low alcohol consumption are greater among people with disabilities than among people without disabilities. For example, 1.6% of people without disabilities report drinking alcohol every day, while this proportion is 3.3% and 2.2% among people with severe physical and mental disabilities, respectively. This means that the proportion who drink alcohol every day is more than double among people with severe physical disabilities compared to people without disabilities. Looking at people who drink alcohol "less often" than several times a year or "never," the proportion is about 17% among people without disabilities. Among people with severe physical and severe mental disabilities, the proportions are approximately 40% (in both groups), i.e., more than double. In particular, the proportions who "never" drink alcohol are significantly (about three times) higher among people with disabilities than among people without disabilities.

happens without disability (regardless of the type of disability). It is possible that people with disability to some extent completely avoid drinking alcohol because it is not compatible with their medication, or because it negatively affects their health problems.

As shown in Figure 8.16 and Figure 8.17, the proportions of those who drink alcohol "every day" or "almost every day" have decreased since 2012 for both people without disabilities and people with severe physical disabilities. In parallel, the proportions of those who drink alcohol rarely or never have increased in both groups. However, the development over time is more pronounced among people with severe physical disabilities than among people without disabilities.²²

Figure 8.16 Respondents without disability categorized by alcohol consumption. Specifically for the years 2012, 2016, 2020. Percent.

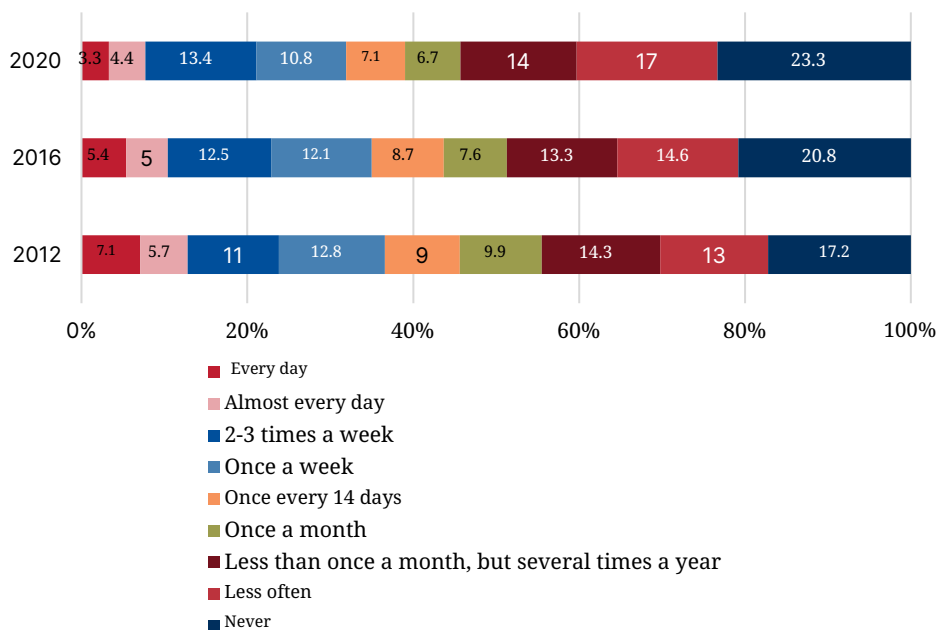


Ann.: N = [13.389, 14.265, 12.377]. The difference between years has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05.

Source: SHILD 2012, 2016, 2020.

²² For people with severe mental disabilities, there is a trend towards a corresponding development: fewer with very high alcohol consumption, and more with very low consumption. However, the difference between the year 2020 and the other two years (2016 and 2012) is not statistically significant and therefore does not appear in a figure.

Figure 8.17 Respondents with severe physical disabilities categorized by alcohol consumption. Specifically for the years 2012, 2016, 2020. Percent.

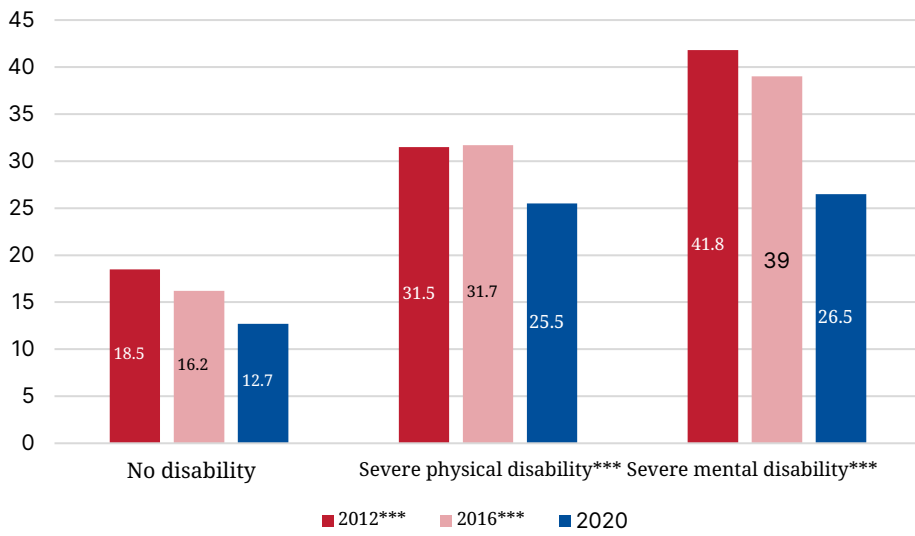


Note: N = [1.482, 1.774, 1.440]. The differences between years have been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

Respondents who indicate that they drink alcohol at least once a week have been asked how many drinks they typically consume in a week. People without disabilities who drink alcohol at least once a week typically consume just under 7 drinks per week. Among people with severe physical and mental disabilities, the corresponding number of drinks is about 9 and 11, respectively. According to the Danish Health Authority's statements on alcohol, the threshold for being at high risk of becoming ill due to alcohol is 14 drinks per week for women and 21 drinks per week for men. Although the average does not exceed these limits, the results indicate that the proportion of people with problematic alcohol consumption is greater among people with severe physical and severe mental disabilities than among people without disabilities.

In Figure 8.18, we show the proportion of respondents who report smoking daily. The proportion of smokers has significantly decreased from 2012 to 2020 in all three groups. In 2020, the proportion of daily smokers was still approximately twice as high among people with severe physical and mental disabilities (26% and 27%, respectively) compared to people without disabilities (13%).

Figure 8.18 Respondents indicating that they smoke daily. Specifically for disability type and people without disabilities. 2012, 2016, 2020. Percent.



Note: N = [13.393, 14.256, 12.376]; [1.482, 1.773, 1.440]; [411, 490, 446]. The difference between the group without disabilities and the two disability groups in 2020 was tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. The difference within groups across years was tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2012, 2016, 2020.

9 Social participation

In this chapter, we examine social participation among people with disabilities. We look at the respondents' use of public transport and investigate whether they can access information on public websites. Additionally, we consider participation in cultural and social activities. We also explore democratic participation, including whether individuals have voted in the most recent parliamentary election, are members of a political party, or have run for election. As in the other chapters, groups with physical and mental disabilities are compared to people without disabilities. Where possible, we look at the development since the previous two waves of SHILD.

The main findings are:

- People with major physical disabilities have difficulty using public transport. 22 % in this group do not use buses or trains, and approximately 20 % can either not use buses or trains at all or can only use buses and trains "with great difficulty."
- The proportion of people with severe physical disabilities who can use public transport has significantly decreased since 2016. While two-thirds (66%) of people with severe physical disabilities used buses or trains "without difficulty" or "with some difficulty" in 2016, this proportion had dropped by nearly 10 percentage points to 57% in 2020.
- All four disability groups experience greater difficulties in finding the information they seek on public websites compared to people without disabilities. Particularly, people with severe physical or severe mental disabilities face challenges in this regard. Approximately 7% of those in the groups with severe physical or mental disabilities do not use public websites, and an additional approximately 8% can "not find" the information they are looking for at all. Among people without disabilities, the corresponding proportions are 3% and 1%, respectively.
- Both people with and without disabilities have become better at finding the information they seek on public websites from 2016 to 2020.
- There are significantly fewer individuals in the disability groups than in the group without disabilities who feel it is possible to communicate digitally with the public using digital mail and self-service solutions. Among people with major physical or mental disabilities, approximately 65% believe that it is very or somewhat easy to communicate digitally with the public. The corresponding figure among people without disabilities is 89%. There has been no significant development in these proportions since 2016.
- People with disabilities are more often together with parents and non-resident children than people without disabilities. Conversely, we find the opposite when it comes to interactions with other family members and especially friends: people with disabilities see friends and other family members less frequently than people without disabilities.
- People with disabilities have attended various types of social and cultural events less frequently in the last year, such as cinema, concerts, or theater; cafés, bars, or restaurants; parks, green areas, or forests, as well as amusement parks and water and play areas compared to people without disabilities.

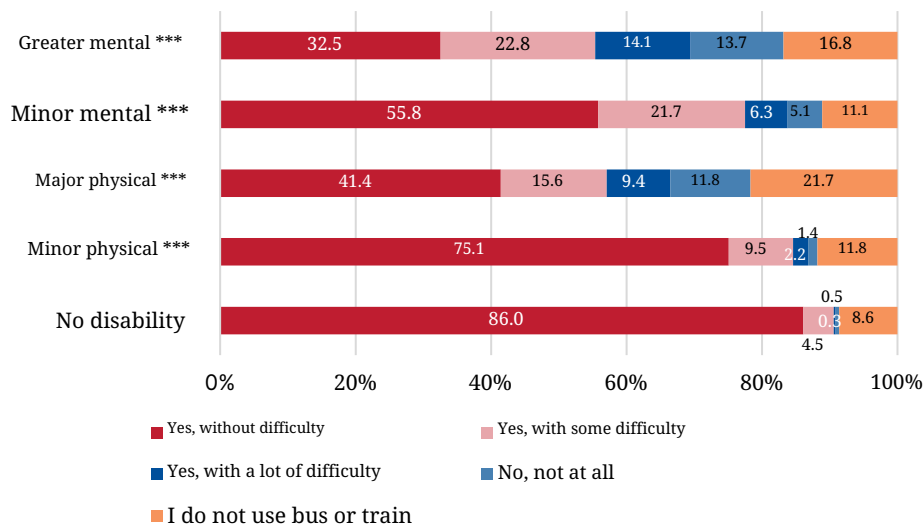
- It is evident, not surprisingly, that good physical access is particularly important for people with severe physical disabilities. In this group, about one in four (26%) reports that good physical access has a very significant or some importance for the cultural offerings they choose or where they go out in the local area. Among people without disabilities, the proportion is 13%. The proportions of those who believe that good physical access is important for the choice of cultural offerings or where they go out in the local area have increased since 2016 for people with severe physical disabilities.
- People with disabilities have less awareness of social offers and activity offers in the municipality compared to people without disabilities. Among people without disabilities, 39% indicated in 2020 that they are aware of municipal activity offers, while the corresponding proportions were 32% and 33% among people with major physical and severe mental disabilities, respectively.
- Among people with disabilities who are aware of municipal offers, 35% (regardless of the type of disability) feel that the offers do not adequately consider disability, while this proportion is only 6% among people without disabilities. It is therefore likely that more people with disabilities would be able to utilize municipal offers if these were organized in a more disability-friendly manner.
- The proportions indicating that they voted in the most recent parliamentary election are the same for people with and without disabilities. The proportions who are members of a political party, as well as those who ran for a political party in either municipal elections, regional elections, or parliamentary elections, are higher among people with disabilities than among people without. Thus, we find no signs of lower democratic participation among people with disabilities.

9.1 Transport

Safe, efficient, and accessible transport is essential for people with disabilities to participate in society on equal terms with others. Lack of accessibility in transport can reduce participation in employment, leisure activities, and social activities among people with disabilities. In addition to the purely physical barriers that people with disabilities may encounter in relation to transport, negative attitudes and ignorance among travel personnel regarding the special needs of people with disabilities can create a barrier (Park & Chowdhury, 2018).

As shown in Figure 9.1, people with disabilities experience problems using public transport to a significantly greater degree than people without disabilities. Unsurprisingly, people with severe physical disabilities face the greatest challenges. In this group, approximately one third of respondents report that they either do not use buses or trains (22%) or that they cannot use buses or trains at all (12%). An additional 9% of the group experience that they can only use buses and trains "with great difficulty." People with severe mental disabilities also experience significant problems using buses and trains. Interestingly, people with lesser mental disabilities encounter issues related to using buses or trains more frequently than those with lesser physical disabilities. The fact that people with mental disabilities largely experience problems related to public transport indicates that physical accessibility is not the only barrier.

Figure 9.1 Respondents distributed according to whether they can use bus and train, even when there are many passengers. Specifically for disability group. 2020. Percent.

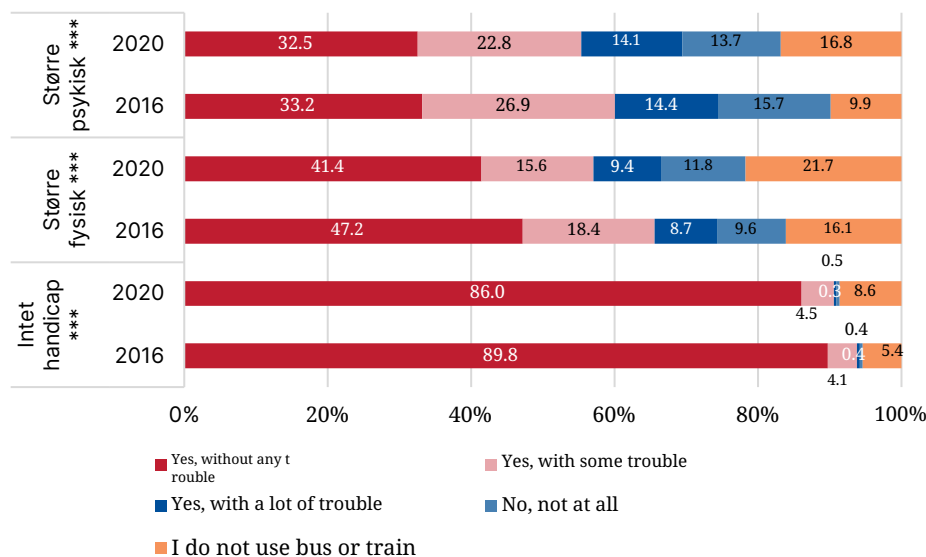


Note: N = 12.378 (no disability); 3.184 (lesser physical disability); 1.440 (severe physical disability); 1.104 (lesser mental disability); 447 (severe mental disability). Note: The difference between the group without disability and the four disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

The results in Figure 9.2 show that there has been no improvement regarding physical accessibility in public transport since 2016. On the contrary, the proportions among people with severe physical disabilities who do not use buses or trains, who cannot use buses or trains at all, or who can only use buses or trains "with great difficulty" have increased since 2016. However, the rise in all three groups in the proportions that do not use buses or trains may be attributed to the coronavirus situation in 2020.

While just under two-thirds (66 %) of people with severe physical disabilities used buses or trains "without difficulty" or "with a little difficulty" in 2016, this share had fallen by nearly 10 percentage points to 57 % in 2020. A report from the Institute for Human Rights also indicates that the accessibility of Danish buses has decreased since 2014, and that this may partly be due to fewer transport companies in 2020 allowing bus drivers to offer help to travelers with disabilities to board, compared to 2014 (Dabelsteen & Frandsen, 2021).

Figure 9.2 Respondents categorized by whether they can use buses and trains, even when there are many passengers. Specifically for disability group. 2016 and 2020. Percent.



Note: N = 13.388, 12.378 (no disability); 1.776, 1.440 (severe physical disability); 493, 447 (severe mental disability). Note: The difference between 2016 and 2020 within the three disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2016, 2020.

9.2 Access to information

Being able to use digital sources for information and communication has become increasingly important as both public and private services have increasingly moved online. Digital media and the growing degree of digitalization can create both new opportunities and new barriers for people with disabilities. On one hand, digital media can help provide people with disabilities the opportunity to participate in digital events or social events that they would otherwise find difficult to access. On the other hand, technology can be difficult to use, for example, for people with visual impairments, or for those who have issues with their hands and arms.

According to the Ministry of Finance (2018), all public websites must comply with accessibility requirements since September 2020, so that people with disabilities can use them. Accessibility may, for example, mean that the website is set up in a way that allows a citizen with visual impairments to navigate it, or that it can be read aloud with a screen reader.

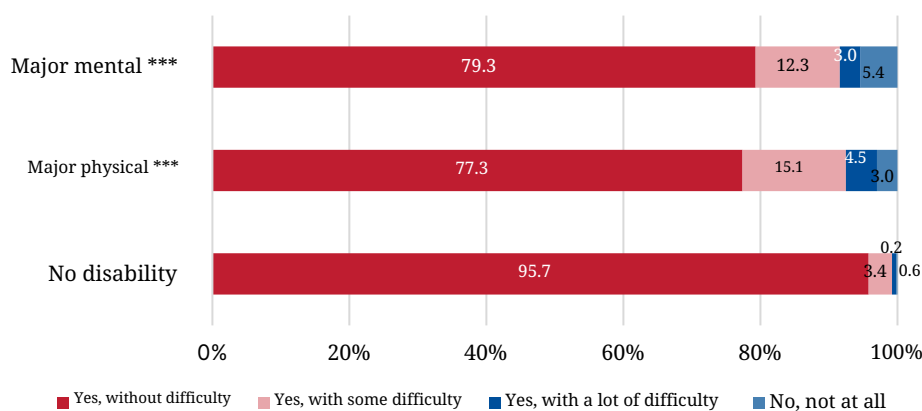
In this section, we investigate four questions regarding access to information via public websites, two of which were also included in SHILD 2016. The law on accessibility for public websites had not come into effect when the 2016 wave of SHILD was implemented. It is therefore interesting to examine whether there has been an improvement for people with disabilities regarding the use of public websites since then.

We have examined whether there are differences between the responses of younger and older citizens for all questions in this section. Overall, young people use IT to a greater extent than

older citizens (Tassy & Nilsen, 2020). However, we find no significant age-related differences and therefore present results combined across age groups in this section. The lack of age differences may be due to the fact that we are investigating communication with the public in this section, where the age gradient is less pronounced than, for example, the use of social media (ibid.).

Figure 9.3 examines the extent to which respondents can read and write on paper or screen. The figure shows that there are significant differences between people without disabilities and people with major physical and mental disabilities. For example, 0.6% of people without disabilities indicate that they cannot read at all on paper or screen. Among people with major physical and mental disabilities, the proportions are 3% and 5%, respectively. Slightly surprisingly, the differences between people with major mental and major physical disabilities are overall small. Nearly 80% in both groups can read and write on paper or screen without difficulty, and about 8% in both groups cannot do so at all or have significant problems with it. There has been no significant development since 2016 in these proportions (not shown in a figure). A possible explanation for the widespread problems with reading and writing on paper or screen, even among people with mental disabilities, may be that there is a correlation between mental disorders such as depression, mania, and prolonged stress and difficulties with memory and concentration, which can lead to problems with reading (Miskowiak & Petersen, 2019).

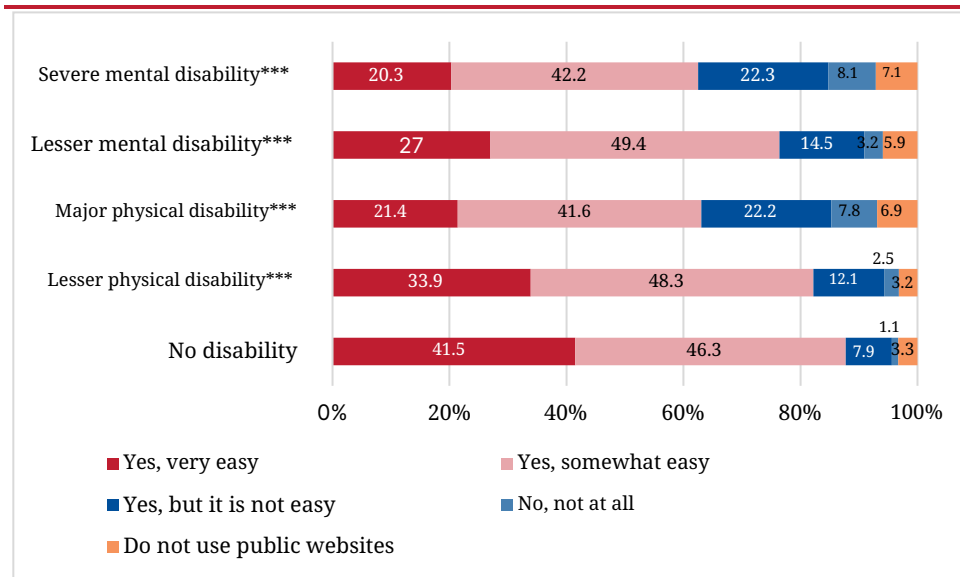
Figure 9.3 Respondents distributed according to whether they can read and write on paper or screen. Specifically for type of disability and for people without disabilities. 2020. Percent.



Note: N = 12.378 (no disability); 1.440 (severe physical disability); 447 (severe mental disability). Note: The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 9.4, we show the extent to which people with and without disabilities can find the information they seek on public websites in 2020. It appears that all four disability groups experience greater difficulties accessing information on public websites compared to people without disabilities. In particular, individuals with major physical or mental disabilities encounter significant challenges. Approximately 7% of the groups with major disabilities do not use public websites, and an additional approximately 8% can "not at all" find the information they are looking for. Among people without disabilities, the corresponding proportions are 3% and 1%, respectively.

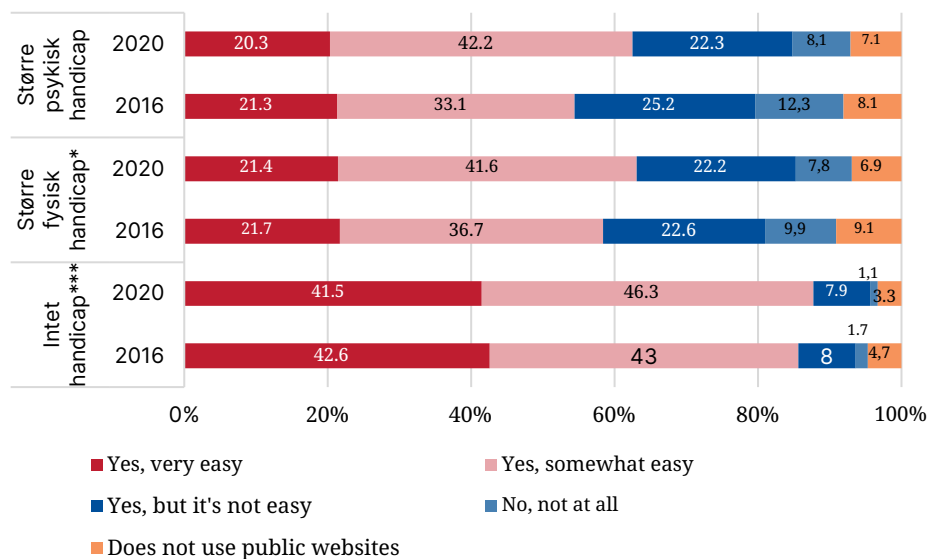
Figure 9.4 Respondents distributed according to whether and to what extent they can find the information they are looking for on public websites. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



Note: N = [12.376; 3.183; 1.440; 1.104; 447]. The difference between the group without disabilities and the four disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 9.5, we investigate the development since 2016 regarding whether and to what extent people with and without major disabilities can find the information they seek on public websites. We find a significant positive development for people without disabilities and for those with major physical disabilities. For individuals with mental disabilities, we also observe the same positive trend (statistically significant at the 10% level). For the two disability groups, there has particularly been a positive development in the proportions that can find information on public websites "somewhat easily." At the same time, the proportions that "cannot at all" find information and those that do not use public websites have decreased.

Figure 9.5 Respondents distributed according to whether and to what extent they can find the information they are looking for on public websites. Specifically for type of disability and survey years. 2016 and 2020. Percent.



Note: N = [14.262; 12.376], [1.775; 1.440], [493, 447]. The difference between 2016 and 2020 within each disability group is tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2016 and 2020.

However, there may be other factors beyond disability that vary across respondent groups, such as age, education level, gender, etc., which also affect how easily one can find the information they are looking for on public websites. Therefore, we have investigated the relationship between disability and the probability of not being able to find the information one is looking for on public websites, or not using public websites at all, in a logistic regression model (Table 9.1).

In a regression model, we can estimate the relationship between disability and whether one can find information on public websites, taking into account a number of factors that may also affect how easily information can be found (such as education, age, and employment status). However, there may be other factors, beyond those we have included in the regression models here, that can influence the probability of easily finding information on public websites, such as interest in technology. Therefore, the coefficients in Table 9.1 cannot be interpreted as causal effects.

We see that people with severe physical disabilities and severe mental disabilities have significantly higher probability of not being able to find the information they are looking for on public websites compared to people without disabilities when we take into account other differences between the groups. People with severe physical disabilities have 8 percentage points higher probability of assessing that they cannot find the information they are looking for on public websites than people without disabilities (the reference category). For people with severe mental disabilities, the difference is 4 percentage points. The difference between people without disabilities and people with minor physical or mental disabilities is not statistically significant. We find that there is a level difference between 2016 and 2020, as the probability of not being able to find the information one is looking for,

var 2 percentage points higher in 2016 than in 2020. This change over time is the same for all groups (regardless of type of disability). This means that all groups have become better at finding the information they are looking for on public websites during the period from 2016 to 2020, regardless of type of disability.

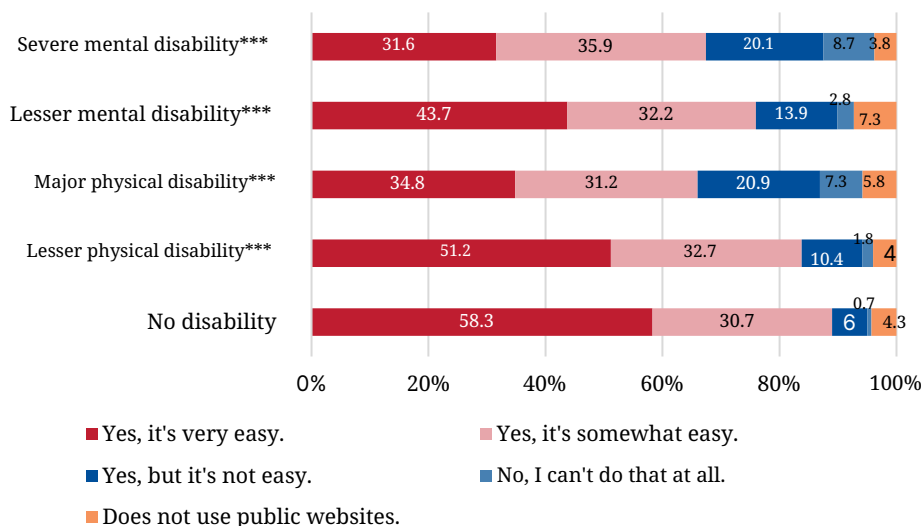
Table 9.1 Logistic regression for the probability of not being able to find the information they are searching for on public websites. Specifically for disability type and degree. Marginal effect and t-statistic. 2016 and 2020.

	Marginal effect	t-statistic
Without disability	ref.	
Lesser physical disability	0.009	1.24
Major physical	0.077 ***	6.25
Lesser mental disability	0.014	1.42
Severe mental disability	0.037 *	2.49
Lesser physical disability * 2016	0.003	0.30
Major physical * 2016	-0.000	-0.00
Lesser mental disability * 2016	-0.012	1.22
Severe mental disability * 2016	-0.011	0.97
2016	0.022 ***	5.47
2020	ref.	
Number of people	37.886	

Note: Variables in the form of "disability group*2016" are interaction variables between disability group and year, measuring the situation for the affected disability group in 2016 relative to the situation in 2020. The regression includes the following control variables: gender, age, age in second, education level, employment, indicators of whether the respondent has a child with or without disability, indicators of whether the respondent has a partner with or without disability, an indicator of whether the respondent has been placed outside the home as a child, and indicators for survey rounds in 2016 and 2020. *** p<0,001, ** p<0,01, * p<0,05 Source: SHILD 2016 and SHILD 2020.

Figure 9.6 shows that there are significantly fewer individuals in the disability groups than in the group without disabilities who feel it is possible to communicate digitally with the public through the use of digital mail and self-service solutions. Again, we see that the groups with severe disabilities encounter the greatest barriers. In these groups, only about 65% feel that it is very or somewhat easy to communicate digitally with the public. The corresponding figure among people without disabilities is 89%. There has been no significant development in these proportions since 2016 (not shown in a figure).

Figure 9.6 Respondents distributed by the extent to which they experience that it is possible to communicate digitally with the public using digital mail and self-service solutions. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.

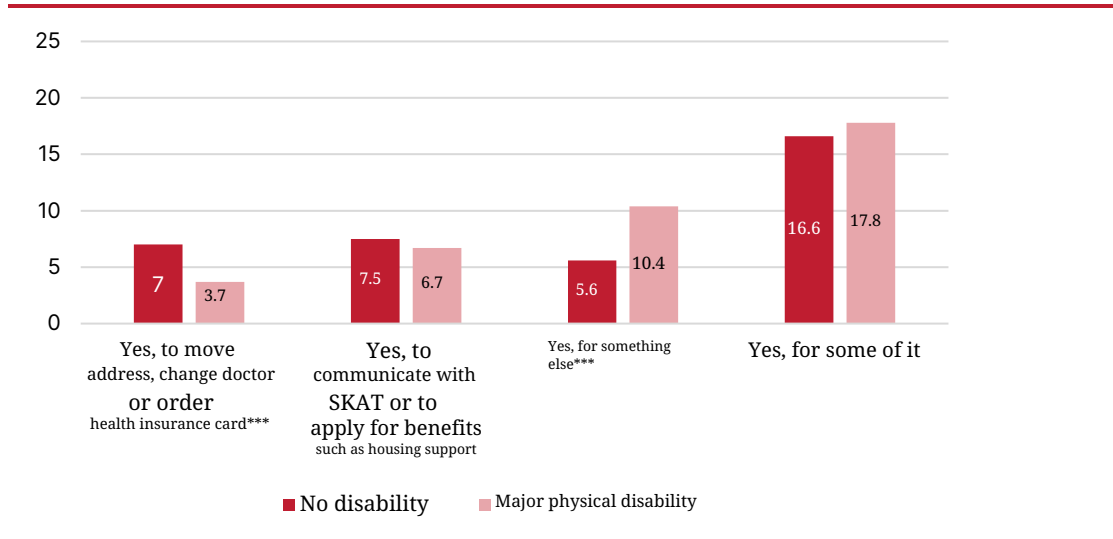


Note: N = [12.370; 3.180; 1.439; 1.103; 446]. The difference between the group without disabilities and the four disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Citizens who have difficulties communicating digitally with the public, for example due to a disability, have the right to receive help and guidance for this. It is the responsibility of each authority to provide guidance and assistance to citizens who inquire about questions within the authority's area of responsibility, including advising on how to apply digitally and how to use specific self-service solutions (Digitaliseringsstyrelsen, 2021).

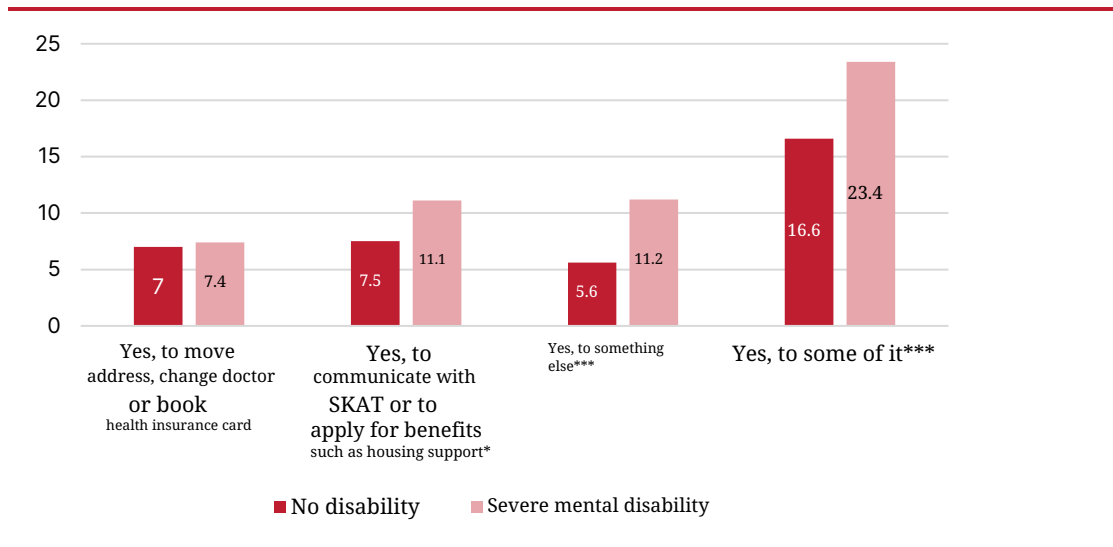
Figure 9.7 and Figure 9.8 examine whether people with severe physical and severe mental disabilities, respectively, have received help and guidance to use digital self-service solutions from public authorities to a greater extent than people without disabilities. We find that people with mental disabilities have received help and guidance for the surveyed activities to a greater extent than people without disabilities, except for "... changing address, switching doctors, or ordering health insurance cards," where the proportion is approximately 7 % for both groups. For people with physical disabilities, the differences are less pronounced. The proportion that has received help for "other" is significantly higher among people with physical disabilities than among people without disabilities (10 % and 6 %, respectively). Conversely, the proportion that has received help and guidance "... to change address, switch doctors, or order health insurance cards" is higher among people without disabilities than among people with severe physical disabilities (7 % and 4 %, respectively).

Figure 9.7 Respondents distributed by whether they have received help and guidance to use digital self-service solutions from public authorities. Specifically for people with severe physical disabilities and people without disabilities. 2020. Percent.



Note: N = [12.354; 1.438]. The difference between the group without disabilities and people with severe physical disabilities has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Figure 9.8 Respondents distributed by whether they have received help and guidance to use digital self-service solutions from public authorities. Specifically for people with severe mental disabilities and people without disabilities. 2020. Percent.

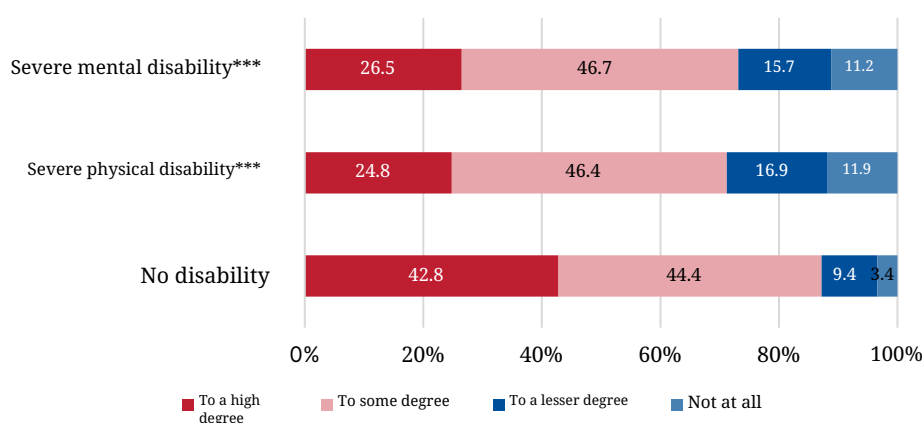


Note: N = [12.354; 446]. The difference between the group without disabilities and people with severe mental disabilities has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Figure 9.9 shows the extent to which respondents feel they received sufficient help from the public to use digital self-service solutions. Only respondents who indicate that they have received help and guidance from the public in connection with the use of digital

Self-service solutions have answered the question. It appears that people with disabilities significantly less often experience that the help was sufficient compared to people without disabilities. For example, 11% among people with severe mental disabilities and 12% among people with severe physical disabilities indicate that the help was "not at all" sufficient. Among people without disabilities, the proportion is approximately 3%.

Figure 9.9 Respondents distributed according to the extent to which they feel they have received sufficient help and guidance from the public to use digital self-service solutions. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



Note: N = [1.634; 227; 94]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Only individuals who report having received help and guidance to use public websites have answered the question. Source: SHILD 2020.

9.3 Cultural and Social Activities

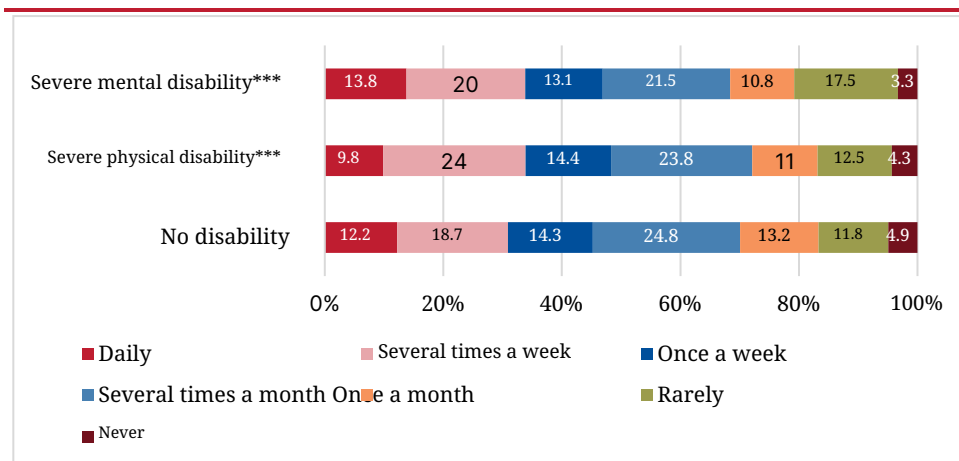
Participation in cultural and social activities can have a significant positive impact on the quality of life for people with disabilities (Connell et al., 2012; Jespersen et al., 2019). SHILD includes a series of questions related to the frequency of contact with family members and friends, as well as how often one has attended cultural and social events.²³ It is thus implicitly assumed that frequent contact is positive, even though the quality of the contacts and relationships, which has also been shown to affect quality of life, is not addressed (Connell et al., 2012).

In Figure 9.10, we show how often respondents have spent time with children and parents living outside the home in the last year. The figure indicates that a slightly larger proportion of people with greater physical (48 %) and mental disabilities (47 %) see their children or parents living outside the home at least once a week compared to people without disabilities (45 %). This difference may possibly be due to the fact that people with disabilities to a greater extent

²³ SHILD also includes questions regarding whether the respondents have engaged in voluntary work or attended evening school or leisure education within the last year. There are no significant differences between people with and without disabilities concerning these questions. In all three groups, approximately 16% have engaged in voluntary work, and about 7% have attended leisure education at least once a month in 2020. In all three groups, there is a trend of declining participation in both voluntary work and evening school education from 2012 to 2020, which may be attributed to the corona situation in 2020.

than people without disabilities receive help from children or parents living outside the home for various types of everyday activities to a greater or lesser extent (cf. Figure 7.14). For the disability groups, there has been no change since 2016 regarding how often they see parents or children living outside the home (not shown in the figure).

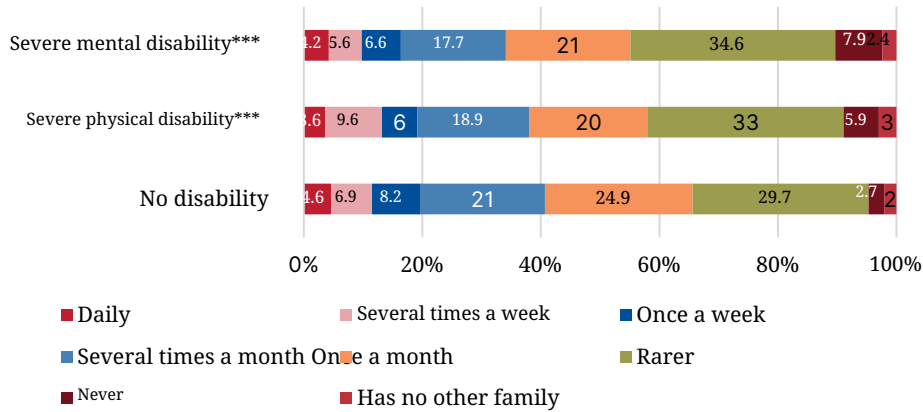
Figure 9.10 Respondents distributed according to how often they have spent time with children and parents living outside the home in the last year. Specifically for type of disability and people without disabilities. 2020. Percent.



Note: N = [12.305, 1.419, 440]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05 Source: SHILD 2020.

As shown in Figure 9.11, the frequency of contact with other family members beyond parents or children living away from home is more sporadic among people with disabilities than among people without disabilities. For example, 43% and 39% of people with severe mental and severe physical disabilities, respectively, report spending time with other family members less frequently than once a month or never. The corresponding proportion among people without disabilities is 32%. There has been no change in the frequency of seeing other family members among disability groups since 2016 (not shown in the figure).

Figure 9.11 Respondents distributed by how often they have spent time with other family members in the last year. Specifically for type of disability and people without disabilities. 2020. Percent.

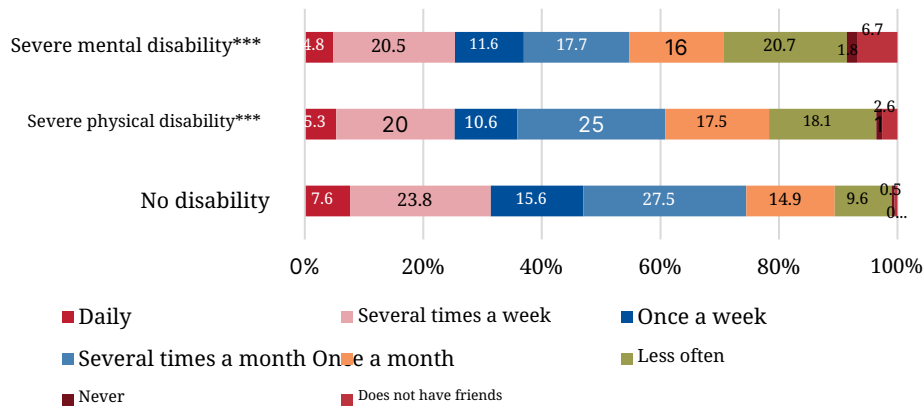


Note: N = [12,369, 1,439, 446]. The difference between the group without disabilities and the two disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

However, when it comes to the frequency of contact with friends and acquaintances, we find the largest differences between people with and without disabilities. As shown in Figure 9.12, 31% of people without disabilities see friends and acquaintances either daily or several times a week. Among people with severe mental or physical disabilities, the proportion is 25% (the same proportion for both groups). At the other end of the spectrum, a total of 11% among people without disabilities report that they have no friends, that they never see their friends, or that they see them less frequently than once a month. Among people with severe physical and mental disabilities, the proportions are 22% and 29%, respectively, which means more than double the rates.

For people without disabilities and those with severe physical disabilities, there has been a change in the direction of relatively fewer seeing their friends and acquaintances once a week or more often in 2020 than in 2016 (not shown in the figure). It is possible that this change is partly due to the coronavirus situation in 2020. Among people with severe mental disabilities, we do not find a change in contact frequency over time.

Figure 9.12 Respondents distributed according to how often they have spent time with friends and acquaintances in the last year. Specifically for type of disability and people without disabilities. 2020. Percent.

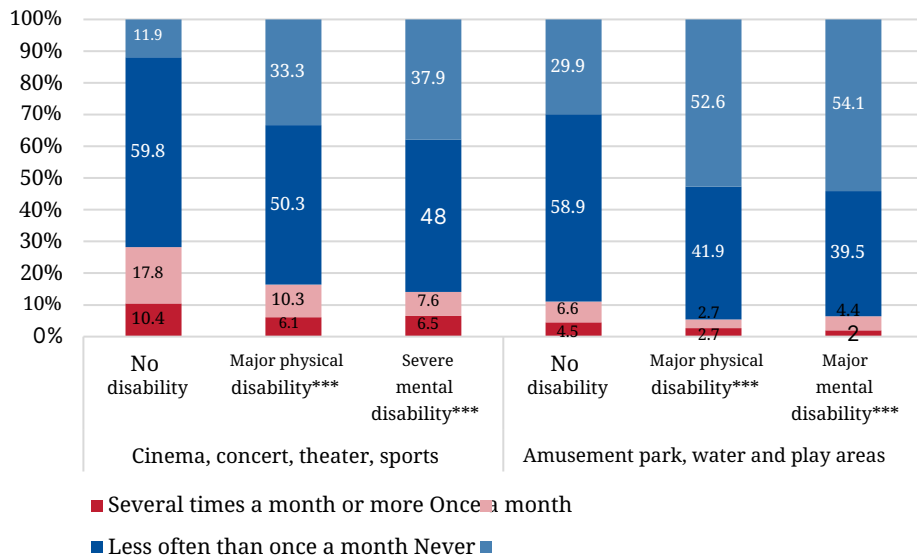


Note: N = [12,371, 1,438, 445]. The difference between the group without disability and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05 Source: SHILD 2020.

In Figure 9.13, we examine the respondents' participation frequency in two types of activities: firstly, how often they have been to the cinema, concerts, the theater, or attended sports events and similar activities, and secondly, how often they have visited amusement parks, water parks, and similar places in the last year.

As shown in the figure, participation in this type of activity is more sporadic among people with disabilities than among people without. For example, 7% and 6% of people with severe mental and severe physical disabilities, respectively, have been to the cinema, etc., several times a month or more in the past year, while the corresponding proportion among people without disabilities is 10%. If we instead look at visits to amusement parks, etc., 3% and 2% of people with severe physical and mental disabilities, respectively, have visited them several times a month or more. Among people without disabilities, the proportion is 5%. For all three groups, the proportions of those who have participated in the mentioned two types of activities at least once a month have decreased in 2020 (not shown in the figure). This may, however, be partly due to the lockdown of Denmark in connection with the coronavirus pandemic.

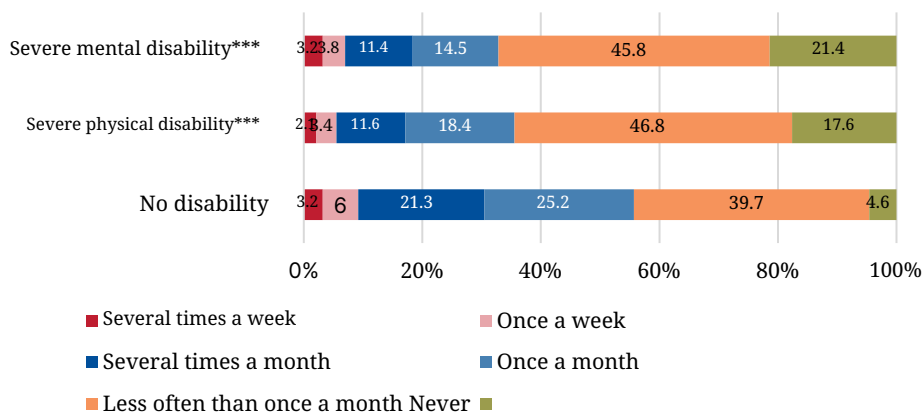
Figure 9.13 Respondents distributed by how often they have attended the cinema, concert, theater, or sports events, respectively, to amusement parks, swimming and play areas, and similar activities within the last year. Specifically for the type of disability and people without disabilities. 2020. Percent.



Note: N = [12.372, 1.440, 447]; [12.352, 1.434, 446]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05 Source: SHILD 2020.

As shown in Figure 9.14, people with disabilities go to cafés, bars, restaurants, or nightclubs with colleagues, friends, or family less frequently than people without disabilities. For example, 56% of people without disabilities indicate that they have been to a café, etc., at least once a month, while the corresponding proportions among people with physical and mental disabilities are 36% and 33%, respectively. For the disability groups, there has been no change in the proportions during the period 2012-2020 (not shown in the figure).

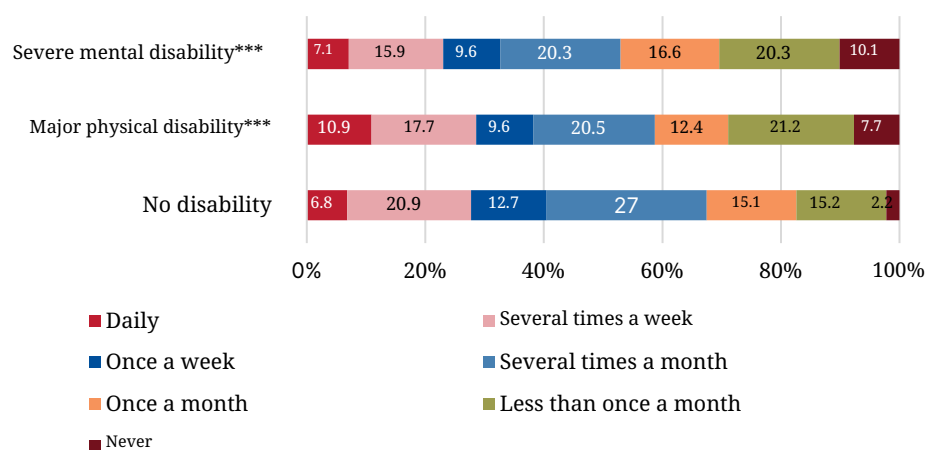
Figure 9.14 Respondents distributed by how often they have been to a café, bar, restaurant, or nightclub with colleagues, friends, or family within the last year. Specifically for the type of disability and people without disabilities. 2020. Percent.



Note: N = [12.371, 1.440, 447]. The difference between the group without disability and the two disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05 Source: SHILD 2020.

Figure 9.15 shows how often respondents with and without disabilities have been outdoors in nature, including in parks, other green areas in the city, or in forests and coastal areas within the last year. Among people without disabilities and people with severe physical disabilities, approximately 28% have been outdoors at least once a week over the past year. Thus, we do not see a difference between the two groups here. In contrast, among people with mental disabilities, a significantly lower proportion, 23%, have been outdoors at least once a week. Although we did not find differences between people without disabilities and people with severe physical disabilities regarding the proportion of people who are outdoors several times a week or daily, we find marked differences when it comes to the proportions with very low participation. 29% of people with severe physical disabilities are never or less than once a month in parks, green areas, or similar places. Among people with mental disabilities, the proportion is 30%, while it is significantly lower, 17%, among people without disabilities. Among people without disabilities, there has been an increase from 2016 to 2020 in the proportions that are outdoors several times a month or more often, while the proportions that are outdoors less than once a month have decreased. In the two disability groups, there have been no changes between the two years (not shown in the figure). It is possible that the increase in the group without disabilities is due to the corona situation, which has led more people to use nature as a social meeting place (Friluftsrådet, 2021). If so, the results indicate that people with disabilities have been less able (or willing) than people without disabilities to use nature as a social meeting place in connection with the coronavirus pandemic.

Figure 9.15 Respondents distributed by how often they have visited parks, other green areas in the city, or forests and coastal areas within the last year. Separate for type of disability and people without disabilities. 2020. Percent.

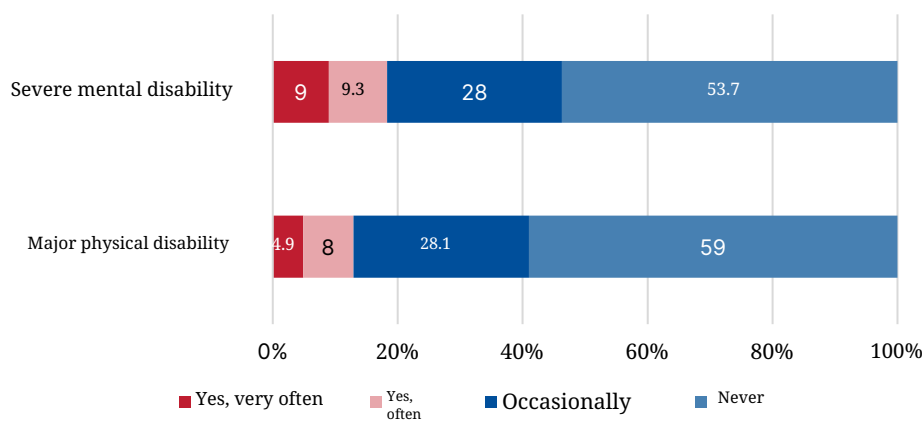


Note: N = [12,373, 1,440, 447]. The difference between the group without disabilities and the two disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05 Source: SHILD 2020.

Respondents with disabilities have been asked whether they sometimes experience that the necessary considerations are not made for them to participate on equal terms with others. Figure 9.16 shows that nearly 18% of people with severe mental disabilities and nearly 13% of people with severe physical disabilities indicate that very often or often the necessary considerations are not taken for them to participate on equal terms with others. An additional 28% in both groups indicate that sometimes the necessary considerations are not made.

However, it should be emphasized that the majority (over 50%) in both groups feel that the necessary considerations are being made. These proportions have not changed since 2016 (not shown in the figure). Thus, it is especially people with severe mental disabilities who experience that sometimes the necessary considerations are not taken for them to participate on equal terms with others. The results show that for people with disabilities, it is not only physical accessibility that can constitute a barrier to participation in cultural and social events.

Figure 9.16 Respondents distributed according to the extent to which they feel that sometimes the necessary considerations are not taken for them to participate on equal terms with others. Specifically for people with major physical and severe mental disabilities. 2020. Percent.



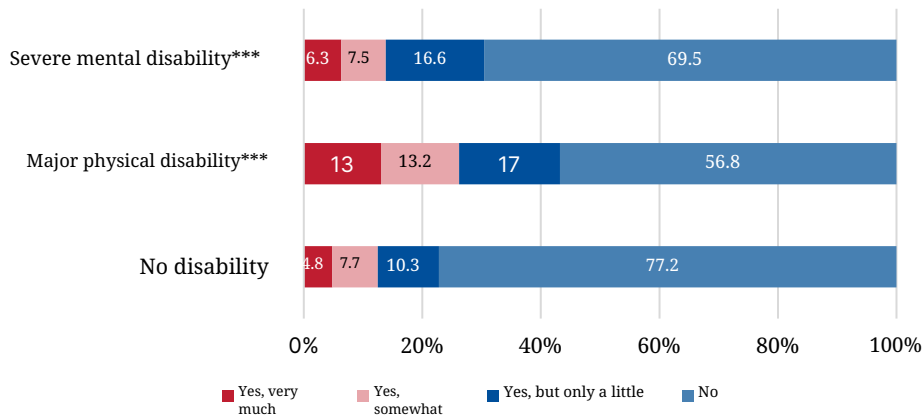
Note: N = [1.424; 440].
Source: SHILD 2020.

To investigate what could help reduce barriers related to participation for people with disabilities, respondents with disabilities were asked: "Would you need more help from others to be more actively involved than you are now?" Among people with major physical and severe mental disabilities, 27% and 39% respectively answered "yes" (i.e., that they would need more help from others to be more actively involved). Again, it is particularly people with mental disabilities who indicate needing more help regarding participation.

9.3.1 Physical access

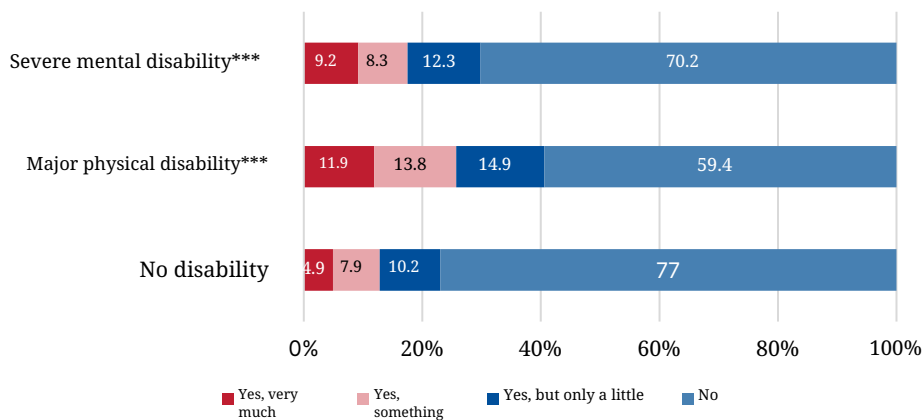
Accessibility, including good physical access to the built environment and suitable transport, can be a prerequisite for participation in social and cultural events, especially for people with physical disabilities. The respondents in SHILD have been asked whether good physical access matters, both for which cultural offerings they choose (e.g., cinema, concerts, theater, sports, etc.), and for where they go out in the local area (café, bar, restaurant, disco, etc.). Figure 9.17 and Figure 9.18 show the extent to which respondents with and without disabilities indicate that good physical access matters. It appears, not surprisingly, that good physical access is particularly important for people with severe physical disabilities. In this group, approximately one in four (26%) responds that good physical access is very important or somewhat important for which cultural offerings they choose, or where they go out in the local area. Among people without disabilities, the proportion is about 13%.

Figure 9.17 Respondents distributed according to the extent to which good physical access matters for the cultural offerings they choose. Specifically for type of disability and for people without disabilities. 2020. Percent.



Note: N = [12.362; 1.437.; 445]. The difference between the group without disabilities and the two disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Figure 9.18 Respondents distributed according to the extent to which good physical access matters for where they go out in the local area. Specifically for type of disability and for people without disabilities. 2020. Percent.

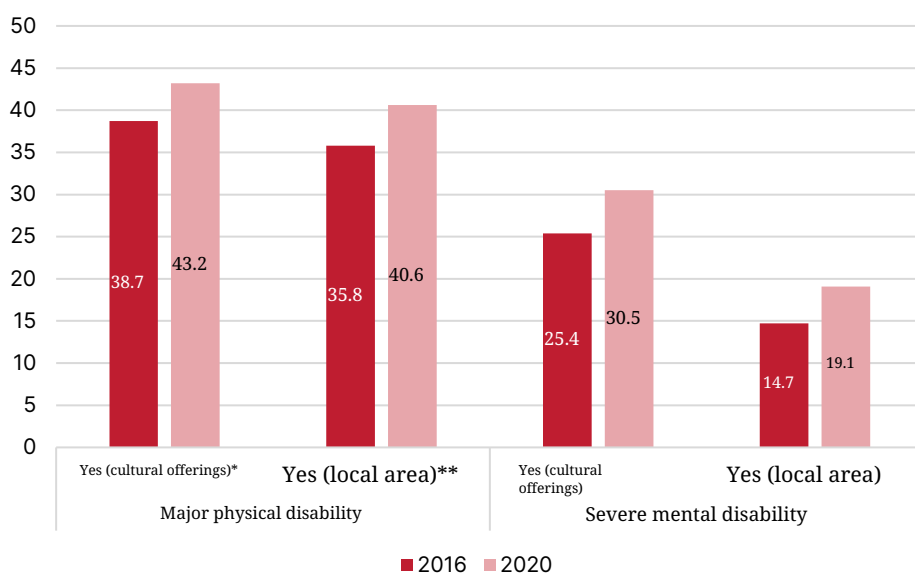


Note: N = [12.361; 1.438.; 446]. The difference between the group without disabilities and the two disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

In Figure 9.19, we examine changes over time in the proportions in the two disability groups that experience that good physical access has (a lot, some, or little) significance for their choices of cultural offerings, as well as where they go out in the local area. We find that the proportions that believe good physical access is significant have increased since 2016 for people with severe physical disabilities. For people with severe mental disabilities, we also find a trend that the proportion who believe good physical access is significant has increased over time (the increase is statistically significant at a 90% level). We have previously shown that there have been no changes since 2016 in the average age of people with severe physical disabilities (section 3.2.2) or in the type of disability one has (section 3.3). The increasing significance of

Good physical access is therefore probably not due to changes in the group's physical functioning level.

Figure 9.19 Respondents distributed according to whether good physical access influences which cultural offerings they choose and where they go in the local area. Specifically for type of disability and survey years. 2016 and 2020. Percent.

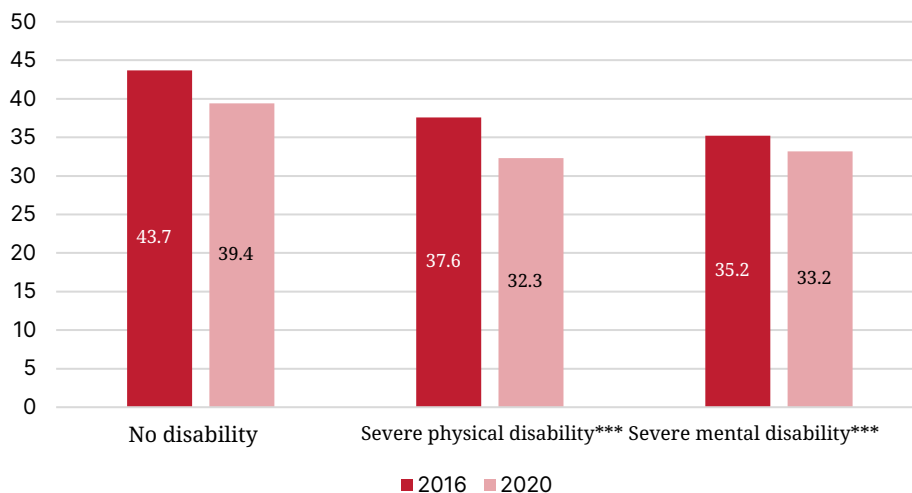


Note: N = [1,767; 1.437], [1,768; 1,438], [488; 445], [488; 446]. The difference between years within the disability group has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. For people with severe mental disabilities, p<0,11 (cultural offerings) and p<0,10 (local area). Source: SHILD 2016 and 2020.

9.3.2 Municipal Activity Offers

Danish municipalities typically offer various types of free activities, such as sports programs, leisure education, cultural events, etc. For people with disabilities to participate in these offerings on equal terms with others, it is required that the offerings are designed in an accessible way, but also that people are aware of their existence. Figure 9.20 shows that people with major physical and severe mental disabilities are significantly less aware of publicly supported offerings in the municipality than people without disabilities. Among people without disabilities, 39% in 2020 reported being aware of municipal activity offers, while the corresponding proportions were 32% and 33% among people with major physical and mental disabilities, respectively. For all three groups, the proportions aware of municipal activity offers have decreased since 2016 (the decrease is not statistically significant for people with severe mental disabilities).

Figure 9.20 Respondents categorized by whether they are aware of publicly supported offerings in the municipality. Separate for type of disability and for people without disabilities. 2016 and 2020. Percent.



Note: N = [14,151, 12,257], [1,754, 1,426], [483, 441]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. The difference between years within the disability group and within the group of people without disabilities has been tested with the Chi2 test. The development from 2016 to 2020 is statistically significant for people without disabilities (p<0,000) and for the group with severe physical disability (p<0,01). Source: SHILD 2016 and 2020.

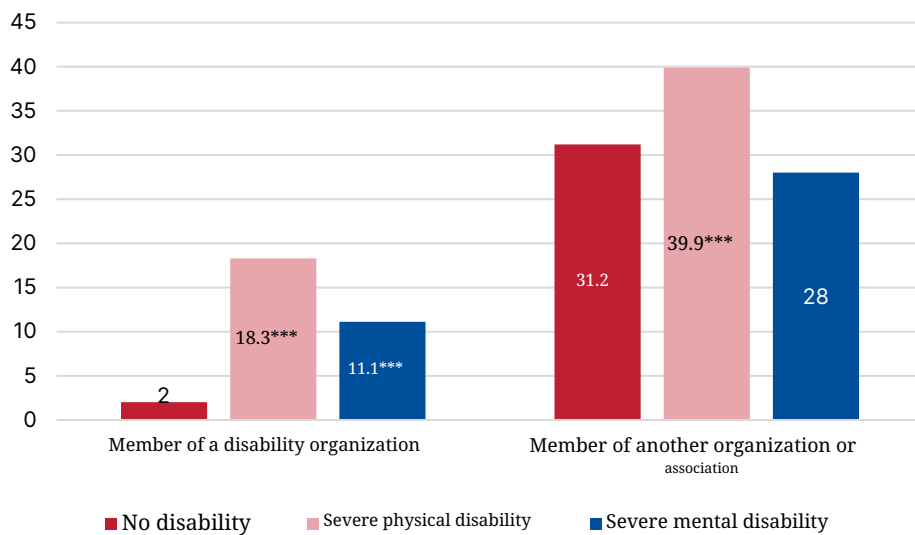
Among those who are aware of the municipal activity offers, 85% of people without disabilities experience that the offerings are organized in a way that allows "you, your family, and anyone else you might want to include" to use them. The corresponding proportion is significantly lower among people with major physical and mental disabilities (77% and 76%, respectively). This indicates that people with disabilities are less able to take advantage of municipal offerings than people without disabilities. Respondents who indicated that they feel the offerings are not organized in a way that allows them and their family and friends to use them were asked whether this is due to the offerings not reasonably accommodating health problems or disabilities. Among people with disabilities, 35% (in both groups) responded that the offerings do not reasonably accommodate, while this proportion is only 6% among people without disabilities (not shown in a figure). It is therefore likely that more people with disabilities and their families and friends could take advantage of municipal offerings if these were organized in a more disability-friendly manner.

9.3.3 Association life

Being a member of an organization or association can contribute to providing experiences that positively influence the citizen's social life and, consequently, the quality of life. As shown in Figure 9.21, the proportion of members in a disability organization is higher among people with severe physical disabilities (18%) and severe mental disabilities (11%) compared to people without disabilities (2%). Additionally, the proportion of people with severe physical disabilities who are members of other associations or organizations beyond a potential disability organization is higher among people with severe physical disabilities (40%) than among people without disabilities (31%). There is no significant difference in the proportion of those who

are members of another (non-disability-related) organization or association between people with severe mental disabilities and people without disabilities. Thus, we find that people with disabilities are members of associations and organizations to at least the same degree as people without disabilities. For people with severe physical disabilities, there is a tendency for the proportion of those who are members of a disability organization to have decreased over time (from 21% in 2012 to 18% in 2020, $p=0,06$). Membership in other (non-disability-related) organizations and associations has decreased for people without disabilities from 2012 (41%) to 2020 (31%), while the proportions have not changed for the two disability groups. Thus, the differences between people with and without disabilities regarding membership in associations have decreased over time (not shown in a figure).

Figure 9.21 Respondents distributed according to whether they are members of a disability organization, as well as whether they are members of one or more associations or organizations beyond any potential disability organization. Specifically for type of disability and for people without disabilities. 2020. Percent.



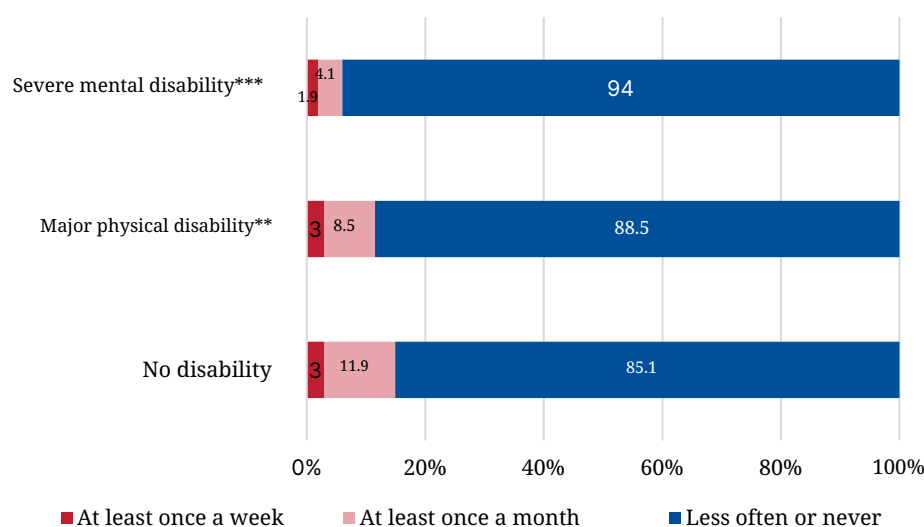
Note: $N = [12.376, 1.439, 445], [12.360, 1.438, 424]$. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** $p < 0,001$, ** $p < 0,01$, * $p < 0,05$. Source: SHILD 2020.

Among those who are members of either a disability organization or another organization or association, 34% of people without disabilities hold a trust position in the association, e.g., on the board or as an auditor, chairman, or deputy. Among people with disabilities, the corresponding proportions are significantly lower: 21% among people with severe physical disabilities and 13% among people with severe mental disabilities hold some form of trust position in an organization or association of which they are a member. The proportion of those holding a trust position has significantly increased since 2016 among people without disabilities (from 30 to 34%), while no change has occurred for the two disability groups. Thus, the difference between people with and without disabilities in the proportion holding a trust position in an association or organization has grown over time.

In Figure 9.22, we examine participation frequency, i.e., how often the respondents have participated in various types of association or organization meetings (e.g., housing association, school board, sports associations, political organizations, trade union, disability organization, and similar) within the last year.

The figure shows that nearly 15% of people without disabilities participate at least once a month, while the corresponding share is just under 12% among people with severe physical disabilities and 6% among people with severe mental disabilities. Thus, people without disabilities participate more frequently in association or organization meetings than people with disabilities, and especially people with severe mental disabilities have low participation in this type of meetings.

Figure 9.22 Respondents distributed according to how often they have participated in an association or organization meetings in, for example, housing associations, school boards, sports associations, political organizations, trade unions, disability organizations, and similar within the last year. Specifically for type of disability and for people without disabilities. 2016 and 2020. Percent.



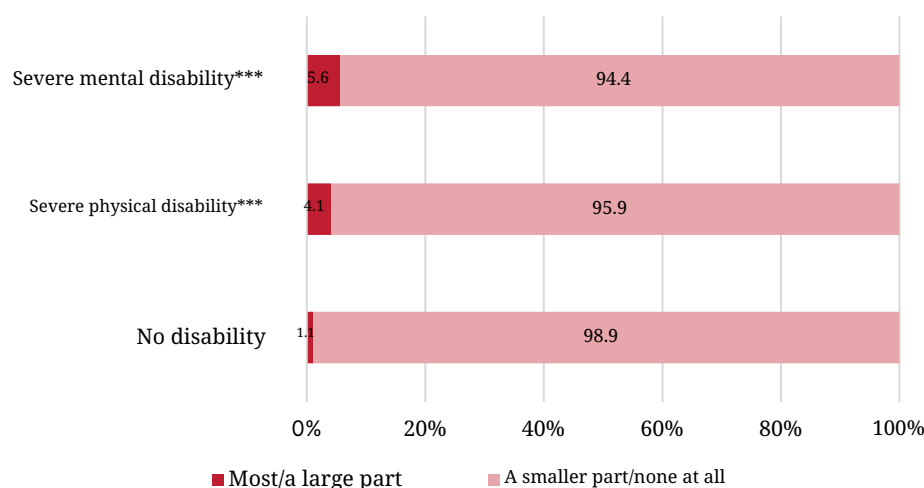
Note: N = [12.371, 1.439, 447]. The difference between the group without disabilities and the two disability groups has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

When we look at the development since 2012 in the proportions participating in association or organization meetings, there is a trend of decreasing participation for all three groups (i.e., relatively more participants attend less frequently than once a month or never in association and organization meetings in 2020 compared to 2012) (not shown in the figure). The negative development regarding the proportions participating in association or organization meetings may be due to the coronavirus situation in 2020.

In SHILD 2016 and 2020, questions about the respondents' participation in contexts related to disability are included. In Figure 9.23, we examine the responses to the question: "What proportion of your activity takes place in disability associations or other disability-related contexts?" The categories "most" and "a large part" are combined with "a smaller part" and "none at all," as very few respondents answered that "most" or "a smaller part" of their activity took place in disability associations or disability-related contexts. For all three groups, it is evident from the figure that the majority of activities take place outside of disability-related contexts. The proportion of non-disability-related activities is, however, significantly higher among people without

disability (99 %) among people with major physical (96 %) or greater mental disability (94 %). For the two disability groups, there has been no change in these proportions since 2016 (not shown in the figure).

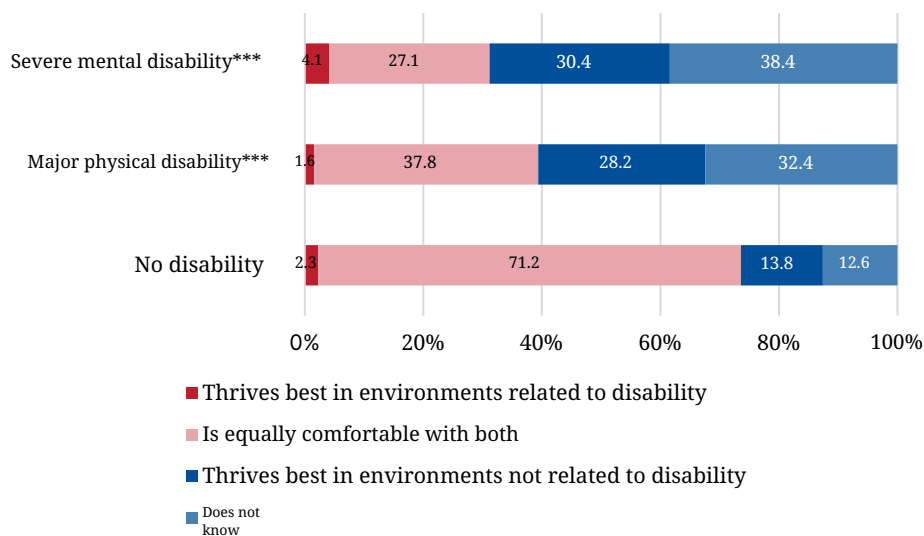
Figure 9.23 Respondents distributed according to the extent of their activities occurring in disability associations or other disability-related contexts. Specifically for types and degrees of disability as well as for people without disabilities. 2020. Percent.



Note: N = [12.370; 1.439.; 446]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Respondents who answered that "most," "a large part," or "a smaller part" of their activity took place in disability-related contexts were asked in SHILD 2016 and SHILD 2020 where they feel best accommodated: in environments related to disability or in environments not related to disability. Figure 9.24 shows how the responses are distributed for the three groups in 2020. Slightly surprisingly, the proportions that either "thrive best in environments related to disability" or "feel equally good in both" are largest among people without disabilities (74%). Among people with major physical and mental disabilities, the proportions are 39% and 31%, respectively. One possible explanation for why people without disabilities feel better accommodated in environments related to disability may be that moving in environments related to disability can be a more active choice among people without disabilities than among people with disabilities.

Figure 9.24 Respondents distributed according to the environment in which they thrive best. Specifically for disability types and degrees, as well as for people without disabilities. 2020. Percent.



Note: N = [484; 1,440; 447]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Only individuals who indicated that "most", "a large part", or "a small part" of their activities took place in disability-related contexts have answered the question. Source: SHILD 2020.

For people with severe physical disabilities, there has been a significant change regarding which environment they thrive best in since 2016 (not shown in a figure). The change is towards the proportion that thrives best in disability environments, or has no preference for either, has decreased (from 42 % in 2016 to 39 % in 2020) while the proportion that thrives best in environments unrelated to disability has increased (from 23 % in 2016 to 28 % in 2020).²⁴ It is possible that environments unrelated to disability have become more inclusive over time, and that people with severe physical disabilities therefore thrive better in this type of environment in 2020 than in 2016. A more negative but also possible interpretation of the result could be that it is perceived as a greater stigma to be part of a disability-related context in 2020 than in 2016, and that the proportion of people with severe physical disabilities who thrive best in this type of environment has therefore decreased.

9.4 Democratic participation

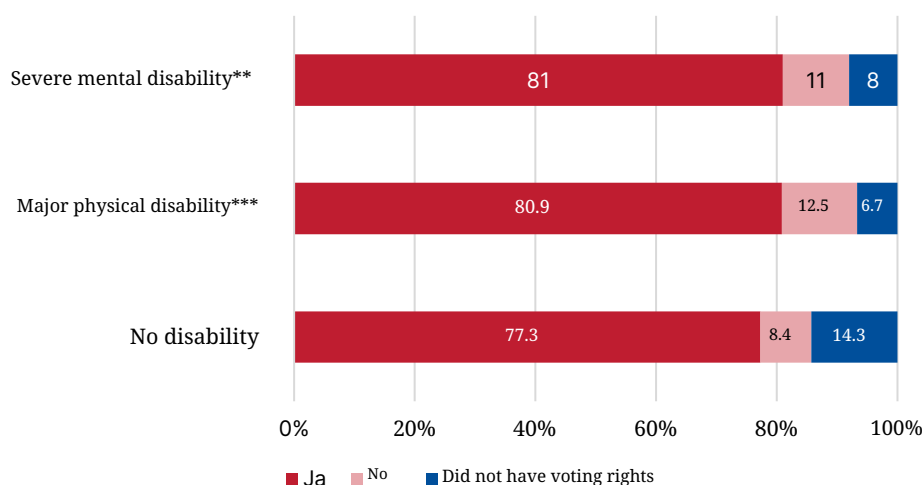
It is crucial for potentially vulnerable population groups to participate in democratic processes, both for the legitimacy of the democratic system and for these groups' ability to influence politics and decisions. SHILD includes a series of questions aimed at contributing knowledge about democratic participation for people with disabilities. Respondents in SHILD 2016 and 2020 were asked if they had seen people with disabilities speaking in the news, debates, or similar media in the past week. The proportions who answered "yes" in 2020 were 23% among people without disabilities, 29% among people with severe physical disabilities, and 26% among people with severe

²⁴ The proportion that answered "don't know" has decreased from 35 % in 2016 to 32 % in 2020.

mental disabilities.²⁵ For people with mental disabilities, the proportion has significantly increased since 2016 (when it was 20%), while there has been no significant development for people with severe physical disabilities. The fact that larger proportions of people with disabilities have seen people with disabilities speaking in the media may be due to the likelihood that people with disabilities are more inclined than people without disabilities to seek news related to disabilities.

To enable democratic participation, people with disabilities have the right to receive personal assistance when voting. Additionally, it is possible to vote by mail, for example, in hospitals and care homes for people with disabilities (Ministry of Social Affairs and Interior, 2020). However, previous research shows that voter turnout in the 2016 municipal election was lower among people with disabilities than among people without disabilities (Amilon et al., 2021). In Figure 9.25, we examine the extent to which respondents in SHILD 2020 voted in the 2019 parliamentary election. The figure shows that voter participation was actually lower among people without disabilities than in the two disability groups. This is partly due to the fact that the proportion of those without voting rights was significantly higher in the group without disabilities. The vast majority of those without voting rights in the parliamentary election are individuals who do not have Danish citizenship. However, it may also involve individuals who are legally incapacitated (e.g., due to a major cognitive disability). If we exclude individuals who did not have voting rights, the difference between the groups is no longer statistically significant, meaning the tendency to report having voted in the most recent parliamentary election does not vary significantly across the three groups.

Figure 9.25 Respondents distributed based on whether they voted in the 2019 parliamentary election. Separate for types and degrees of disability as well as for people without disabilities. 2020. Percent.



Note: N = [12.374; 1.440.; 446]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

²⁵ For the difference in the proportion that answered 'yes' between people without disabilities (23 %) and people with greater psychiatric disability (26%), is not statistically significant.

Another aspect of democratic participation is membership in political parties. Among people without disabilities, 4% indicated in 2020 that they were members of a political party, while the proportion was 5% among people with major physical and mental disabilities (the same proportion in both groups, not shown in a figure). Thus, the proportion of members in a political party is significantly higher among people with disabilities than among people without disabilities.²⁶

The respondents were also asked if they had run for a political party in the last 3 years for either municipal, regional, or parliamentary elections. For this question, it was necessary to combine the two disability groups for reasons of discretion. The proportion that has run for election is significantly higher among people with disabilities (0.7%) than among people without disabilities (0.4%) (not shown in a figure). Due to the few observations, we cannot comment on whether the probability of being elected varies between people with and without disabilities. Overall, the results in this section indicate that democratic participation is at the same level, or even stronger, among people with disabilities than among people without disabilities.

²⁶F For people with mental disabilities, the p-value is = 0,09, which means that the difference between people with mental disabilities and people without disabilities is not due to chance with 90% probability.

10 Discrimination and Violence

Research shows that people with physical and mental disabilities often experience stigma or discrimination due to their disabilities (Erler & Garstecki, 2002; Russinova et al., 2011). People with disabilities, for example, more frequently report being treated disrespectfully or being insulted, and they have an increased risk of facing employment-related discrimination as well as discrimination in connection with various types of services, including banking, healthcare personnel, and craftsmen (Namkung & Carr, 2019). There is an age gradient in the experience of discrimination, such that younger people are more likely to experience discrimination due to disability than older people (Erler & Garstecki, 2002; Namkung & Carr, 2019). This may be due to expectations and prejudices that young people, more than older individuals, should be physically and mentally healthy (ibid.).

On July 1, 2018, a new law came into effect in Denmark that prohibits discrimination based on disability outside the labor market (Ministry of Social Affairs and Interior, 2018). Before the new law took effect, discrimination against people with disabilities was only prohibited in the labor market. Thus, there was nothing to be done if a person with a disability was subjected to discrimination as long as the discrimination occurred outside the labor market. The new law means, among other things, that people with disabilities can no longer be denied access to, for example, public events, cafés, and cinemas if the reason for the denial is that the person has a disability. However, the law does not impose an obligation for reasonable accommodation or accessibility (ibid.).

In contrast to other studies, this section examines both discrimination based on disability and discrimination based on other reasons. This allows us to answer whether people with disabilities experience discrimination to a greater extent than people without disabilities, both due to disability and because of factors such as gender, ethnicity, age, and sexual orientation. We also investigate, as far as possible, whether there has been a change in the proportion of people with disabilities who experience discrimination since the 2016 wave of SHILD. However, the report's results cannot be seen as an evaluation of the new law prohibiting discrimination based on disability, as other factors that we cannot account for in the analyses may also have changed since the 2016 wave of SHILD. It should also be noted that we base our findings on the respondent's own assessment of whether they have been discriminated against. Discrimination here is based on two parameters:

1. The definition of discrimination presented in SHILD: "Discrimination occurs when people are discriminated against because they are perceived as different from others."
2. The respondent's own assessment of whether he/she feels that he/she has been discriminated against.

Thus, it is the experienced, subjective discrimination that we describe in this section. This means that it does not necessarily concern an actual (objective) discrimination that involves a specific, demonstrable, and potentially illegal discrimination.

We additionally investigate the extent to which people with disabilities have been subjected to various types of violence. Previous research shows that people with disabilities face a

significantly higher risk than people without disabilities of being subjected to both physical and material violence (Christoffersen, 2019; Harrell & Rand, 2008; Hollomotz, 2012).

The main findings are:

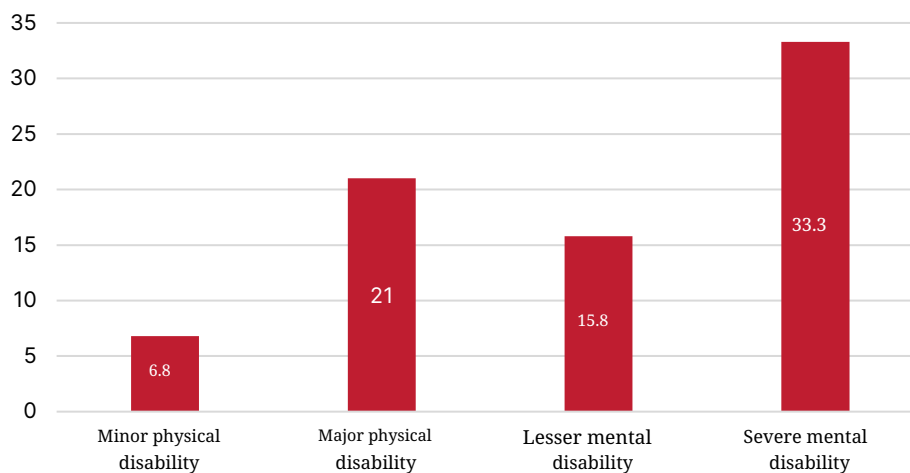
- One in three (33%) among people with severe mental disabilities experiences discrimination due to their disability. Among people with severe physical disabilities, it is one in five (21%).
- People with disabilities also experience more discrimination due to other reasons than people without disabilities. In particular, people with severe mental disabilities experience to a high degree that they are discriminated against. For example, 20% of people with severe mental disabilities report being discriminated against due to "appearance, height, or weight." Among people with severe physical disabilities, the proportion is 12%, and among people without disabilities, 8% have experienced the same.
- 22% and 20% of people with severe physical and mental disabilities, respectively, have experienced discrimination in the workplace. Among people without disabilities, the proportion is 14%.
- Overall, there have been no changes in the proportions indicating experiences of discrimination during the period 2012-2020.
- 31 % of respondents with severe physical disabilities and 23 % of respondents with severe mental disabilities have experienced being denied insurance coverage based on their health or disability.
- Additionally, respondents with severe physical and mental disabilities have experienced limited coverage (17 % and 10 %, respectively), increased premiums (7 % and 6 %), or other conditions (6 % and 5 %, respectively) based on their health issues or disabilities.
- Similar to previous research, we find that people with disabilities face a significantly higher risk of experiencing violence compared to people without disabilities, whether it is physical, mental, economic, or sexual violence. In simple terms, the probability of experiencing violence is approximately twice as high for individuals with severe physical disabilities and nearly three times as high for individuals with severe mental disabilities compared to people without disabilities.
- The most common type of violence is being “demeaned or humiliated, ridiculed, constantly criticized, or called names,” which between 11 % (people without disabilities) and 31 % (people with severe mental disabilities) of respondents have experienced.
- 7 % of respondents with severe mental disabilities have been hit or kicked in the last year. The proportions are 2 % and 4 % among people without disabilities and those with severe physical disabilities, respectively.

10.1 Discrimination based on disability

As mentioned at the outset, people with disabilities may experience discrimination due to their disability, as well as discrimination for other reasons. Figure 10.1 illustrates the proportion of respondents with disabilities who report that they have been discriminated against due to a disability, a long-term health problem, or a mental illness.

The question has only been posed to people with disabilities. The results show that particularly people with severe mental disabilities feel that they have been discriminated against due to their disability. In this group, 33% report that they feel they have been discriminated against due to a disability, a long-term health problem, or a mental illness. Among people with severe physical disabilities, the proportion is 21%. There has been no significant development in these proportions during the period 2012-2020.

Figure 10.1 Respondents who feel that they have been discriminated against due to disability, a long-term health problem, or a mental illness. Specifically for types and degrees of disabilities. 2020. Percent.

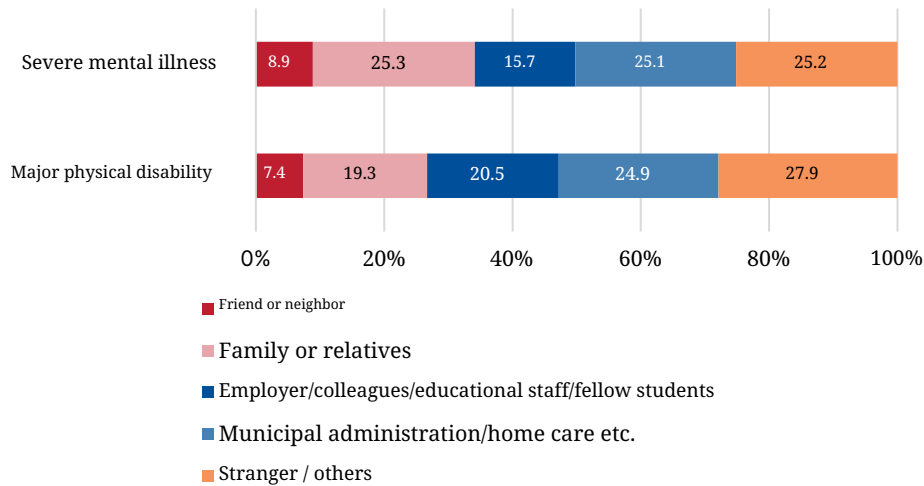


Note: N = [3.180, 1.426, 1.095, 442]. Only respondents with disabilities have answered the question. Source: SHILD 2020.

Respondents who reported being discriminated against due to disability, a long-term health problem, or a mental illness were asked who it was that discriminated against them. Figure 10.2 shows that a larger proportion of people with severe mental disabilities have been discriminated against by a "friend or neighbor" (9%) or by "family or relatives" (25%) compared to people with severe physical disabilities (where the corresponding proportions are 7% and 19%, respectively). People with severe physical disabilities, on the other hand, have been discriminated against more by employers, colleagues, education sector staff, or fellow students (21%). Among people with severe mental disabilities, the proportion is 16%. The difference may partially be due to the fact that people with severe mental disabilities are less likely to be employed or in education than people with severe physical disabilities (cf. Figure 6.1). In both disability groups, approximately 25% report having been discriminated against by staff in municipal administration, home helpers, support staff, or healthcare personnel, and an additional approximately 25% in both groups report being discriminated against by a stranger or others.²⁷

²⁷ The category includes the categories "people from association life, e.g., sports clubs and resident associations," "personale in shops and cinemas" and "staff in buses, trains, etc.". The categories were merged for discretion reasons.

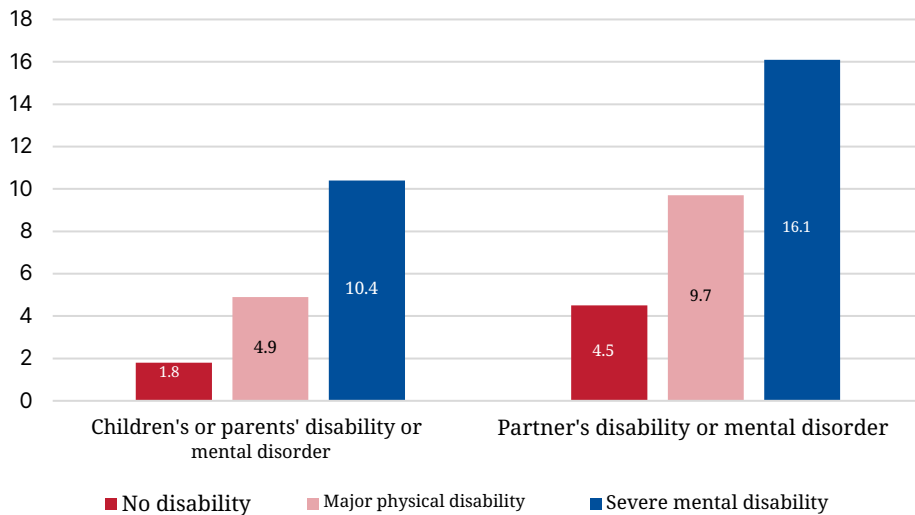
Figure 10.2 Respondents who feel that they have been discriminated against due to disability, a long-term health problem, or a mental illness, distributed according to who discriminates against them. Specifically for type of disability. 2020. Percent.



Note: N = [257, 138]. Only respondents who indicated that they have been discriminated against due to disability, a long-term health problem, or a mental illness have answered the question. Source: SHILD 2020.

In Figure 10.3, we examine the proportions of those who feel they have been discriminated against either due to their children's or parents' disabilities or mental illnesses, or due to a partner's or spouse's disability or mental illness. Only respondents who indicate having either children or parents, alternatively a spouse or partner, with physical or mental disabilities have answered the question. For both questions, it is primarily individuals who themselves have a severe mental illness that have experienced discrimination due to a family member's disability or mental illness, followed by people with severe physical disabilities. Additionally, the proportions who have experienced discrimination due to a partner's disability or mental illness in all three groups are greater than those who have experienced discrimination due to children's or parents' disabilities or mental illnesses. For example, 16% and 10% of people with severe mental disabilities have experienced discrimination due to a partner's and children's or parents' disabilities or mental illnesses, respectively. Among people without disabilities, the proportions are 5% and 2%, respectively.

Figure 10.3 Respondents who feel that they have been discriminated against due to their children's or parents' disabilities or mental illnesses, or their partner's disabilities or mental illnesses. Specifically for the type of disability and people without disabilities. 2020. Percent.



Note: N = [4,879, 884, 291]; [1,856, 348, 88]. The difference between people without disabilities and the two disability groups has been tested with the Chi2 test. The difference between people without disabilities and people with disabilities is significant at least at the 1% level. Only respondents who indicate having children or parents or a partner with disabilities or mental illnesses have answered the question. Source: SHILD 2020.

10.2 Discrimination due to other reasons

In addition to examining whether respondents have been subjected to discrimination due to disabilities, SHILD includes a series of questions regarding whether the respondent has experienced discrimination for other reasons, including age, gender, ethnicity, religion, sexual orientation, and appearance, height, or weight. Figure 10.4 shows the proportion of respondents who feel discriminated against due to some of these factors (we only show the cases where there is a statistically significant difference in the proportion that experiences discrimination between people without disabilities and at least one of the two disability groups (major physical or severe mental disability)).²⁸

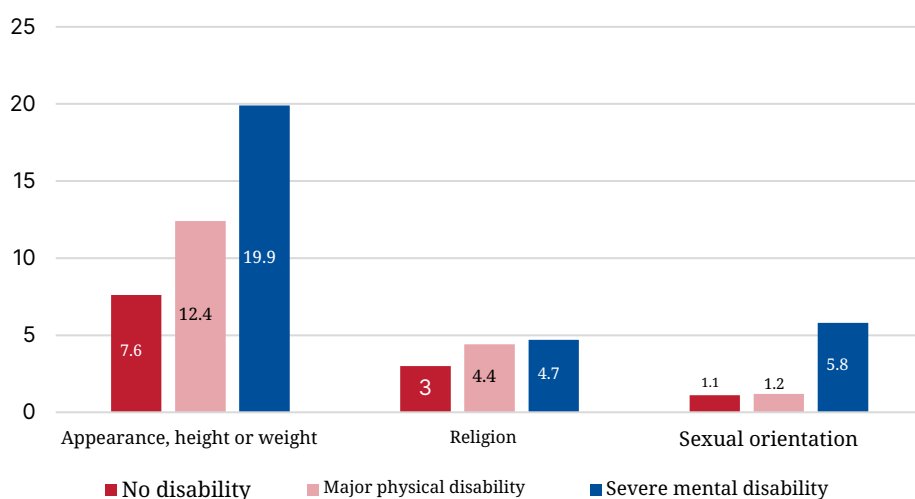
It appears from Figure 10.4 that "appearance, height, and weight" is the reason for discrimination that is most frequently mentioned by the respondents, regardless of disability status. The proportion that is discriminated against due to appearance, etc., is significantly higher among people with severe mental disabilities (20%) and among people with severe physical disabilities (12%) than among people without disabilities (8%). A possible explanation for the higher proportions of people who have experienced discrimination due to appearance, height, and weight in the disability groups may be that people with disabilities are more likely to suffer from obesity or overweight (cf. Figure 8.8). International research shows that people who are overweight

²⁸ For age and ethnicity, there is no significant difference between people with disabilities and people without disabilities. A significantly larger proportion of people without disabilities than among people with severe physical disabilities report having been discriminated against due to gender in 2020.

are subjected to massive stigma and discrimination in a number of areas, including in the workplace and in the health system (Rubino et al., 2020).

Slightly larger proportions among people with disabilities (approximately 4.5% in both groups) than among people without disabilities (3%) indicate that they have been discriminated against due to religion. Additionally, 6% among people with severe mental disabilities report that they have been discriminated against due to sexual orientation. Among both people without disabilities and those with severe physical disabilities, the proportion is just over 1%. There has been no development in the period 2012-2020 in the proportions experiencing discrimination based on appearance, religion, or sexual orientation.

Figure 10.4 Respondents who feel they have been discriminated against due to appearance, height or weight, religion, or sexual orientation. Specifically for type of disability and people without disabilities. 2020. Percent.



Note: N = [12.369, 1.437, 444]; [12.372, 1.438, 447]; [12.373, 1.436, 447]. The difference between people without disabilities and the two disability groups has been tested using the Chi2 test. The following differences are not statistically significant at least at the 5% level: the difference between people without disabilities and people with severe mental disabilities (religion) as well as the difference between people without disabilities and people with severe physical disabilities (sexual orientation). Source: SHILD 2020.

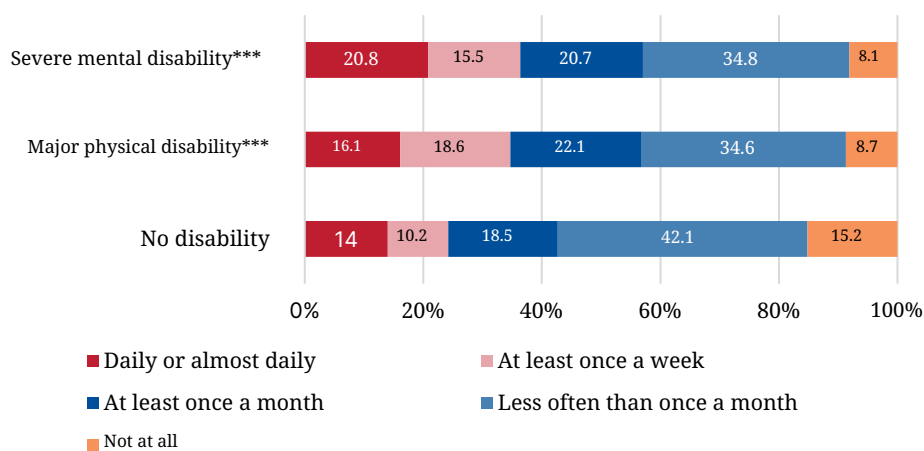
Respondents who were employed at the time of the interview were asked if they had experienced discrimination in the workplace within the past year. 14 % among people without disabilities and 22 % and 20 % among people with severe physical and mental disabilities reported having experienced discrimination in the workplace (not shown in a figure). The proportion that has experienced discrimination in the workplace has not changed for the two disability groups during the period 2016-2020.

10.3 Knowledge and Attitude towards People with Disabilities

That people with disabilities are integrated into society can help reduce discrimination and prejudice. In this section, we therefore examine the extent to which people with and without disabilities have contact with individuals with disabilities. Just under half of the respondents without disabilities, 48%, indicate that they know someone with a disability, e.g., fa-

mily, friends, acquaintances, colleagues, or classmates. The proportions are, not surprisingly, significantly higher among people with major physical and mental disabilities (approximately 69% in both groups). In Figure 10.5, we show how often the respondents who know someone with a disability have been together with that person or those persons. Among people with major physical and mental disabilities, 35% and 36%, respectively, have been with the person on at least a weekly basis, while the corresponding proportion is 24% among people without disabilities. We can thus conclude that people with disabilities more often know and have frequent contact with other people with disabilities compared to people without disabilities.

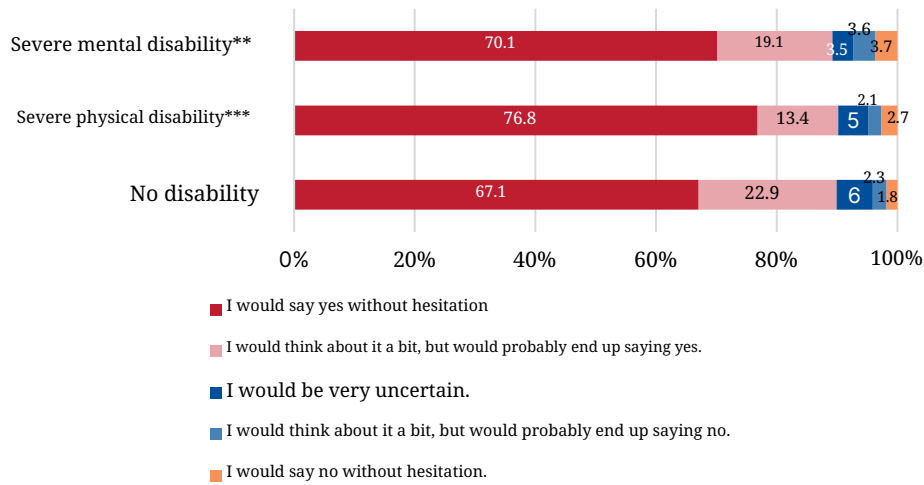
Figure 10.5 Respondents who know someone with a disability, distributed according to how often they have been with that person or those persons. Specifically for the type of disability and people without disabilities. 2020. Percent.



Note: N = [6,273, 994, 318]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

Figure 10.6 and Figure 10.7 show the respondents' answers to questions regarding what they would say about working with a person with either a physical disability or a mental illness. The figures indicate that regardless of disability status, the vast majority would say yes without hesitation to working with a person with a physical disability. The proportion that is positive is highest among individuals who themselves have a severe physical disability (77%), followed by people with a lesser mental disability (70%). Among people without disabilities, 67% would say yes without hesitation to working with a person with a physical disability. Somewhat surprisingly, the proportion that would say no without hesitation to working with a person with a physical disability is also higher in the two disability groups than among people without disabilities. 4% of both those with severe physical and severe mental disabilities would say no without hesitation, while the proportion is 2% among people without disabilities.

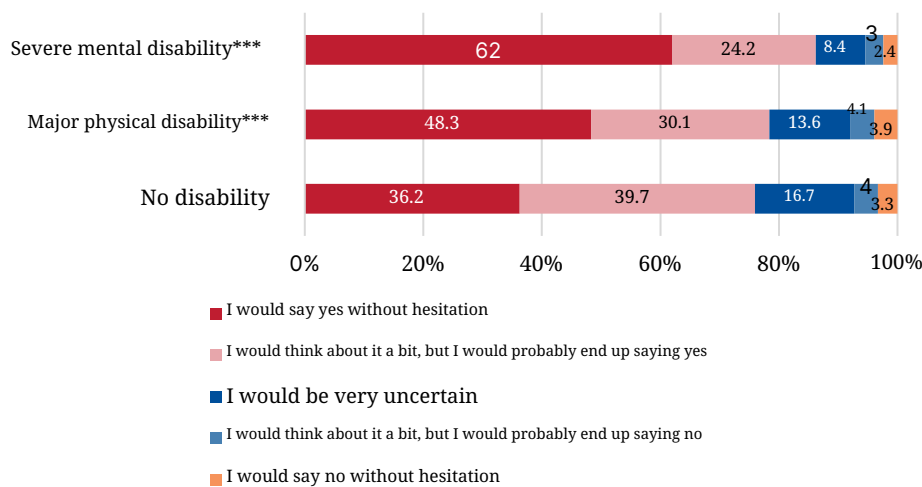
Figure 10.6 Respondents distributed according to what they would say about working with a person with a physical disability. Separate for type of disability and people without disabilities. 2020. Percent.



Note: N = [12,341, 1,429, 443]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

The proportions that are positively inclined to work with a person with a severe mental illness are significantly lower than the proportions that were positively inclined to work with a person with a physical disability, regardless of disability status. 62% of individuals who themselves have a severe mental disability would say yes without hesitation to working with a person with a mental illness. Among people with severe physical disabilities and those with no disabilities, the proportions are 48% and 36%, respectively. The proportion that would say no without hesitation is highest among people with a severe physical disability (4%), followed by people without disabilities (3%) and individuals with a severe mental disability (2%). There has been no change in the distribution of answers to questions about working with a person with a physical disability or a mental illness during the period 2012-2020.

Figure 10.7 Respondents distributed according to what they would say about working with a person with a mental illness. Separate for type of disability and people without disabilities. 2020. Percent.



Note: N = [12.332, 1.427, 444]. The difference between the group without disabilities and the two disability groups has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Source: SHILD 2020.

10.4 Discrimination in relation to drawing insurance

Although the new “Act on Prohibition of Discrimination on the Grounds of Disability” applies to all public and private enterprises in all areas of society, the law states that discrimination is not in violation of the law when it is objectively justified by a legitimate purpose (Ministry of Social Affairs and Interior, 2018).

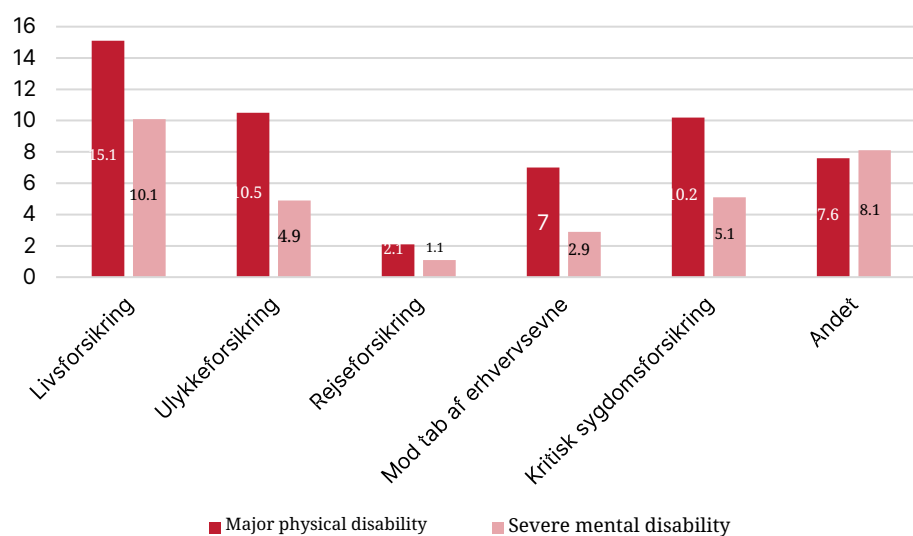
Differentiation based on risk profile in relation to obtaining insurance is precisely an area where one can argue that discrimination against individuals with illnesses or disabilities may be justified. Therefore, this chapter focuses on experiences of discrimination and discrimination in connection with obtaining insurance. In total, 31% of respondents with severe physical disabilities and 23% with severe mental disabilities have reported being denied the opportunity to obtain insurance, with the denial justified by their health or disability. These proportions have not changed since 2016 (i.e., from before to after the new law).

Figure 10.8 shows which type of insurance the respondents have experienced being denied the opportunity to take out. It was possible to indicate multiple types of insurance.²⁹ For both disability groups, life insurance is the type of insurance that the most respondents indicate having experienced being denied. 15 % and 10 % of people with severe physical and mental disabilities, respectively, have experienced being denied life insurance. Among people with severe physical disabilities, 11 % have also been denied the opportunity to take out accident insurance, and 10 % have been denied the opportunity to take out critical illness insurance. For people with mental disabilities, 8 % have experienced being denied

²⁹ It was also possible to indicate that one had experienced being denied the opportunity to obtain contents insurance. It is not possible to show the proportion of respondents who had experienced this due to confidentiality reasons (i.e., very few respondents have reported being denied the opportunity to obtain contents insurance based on a health problem or disability).

rejections for an "other" type of insurance, and 5 % have been denied critical illness insurance. For people with severe physical disabilities, the proportion that has experienced rejection for signing insurance against loss of earning capacity has significantly increased from 2016 to 2020 (from 4 % to 7 %). The same pattern is observed for the proportion that has been denied critical illness insurance (where the proportion has grown from 7 % to 10 %). For people with mental disabilities, the proportion that has experienced rejection for signing accident insurance has significantly decreased, from 8 % in 2016 to 5 % in 2020 (development over time is not shown in the figure).

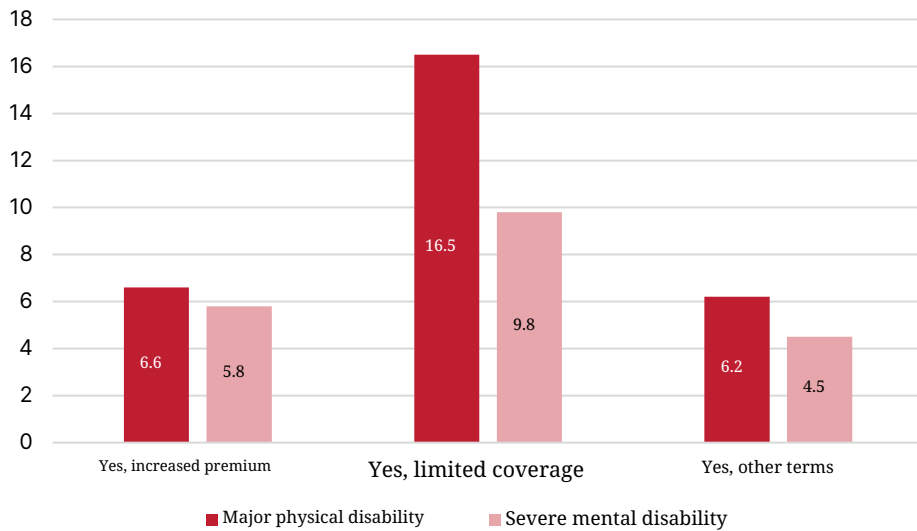
Figure 10.8 Respondents with disabilities who have experienced being denied insurance based on their health or disability, categorized by type of insurance. Specifically for disability type. 2020. Percent.



Note: N = [1.440, 447]. It was possible to provide more than one answer. Source: SHILD 2020.

Another way that insurance companies can discriminate against people with disabilities is by imposing stricter conditions based on health or disability. Figure 10.9 shows the proportion of respondents who have experienced this. Limited coverage is the most common type of special condition that has been applied to respondents. 17% of people with severe physical disabilities and 10% of people with severe mental disabilities have experienced being offered insurance with limited coverage. Additionally, 7% and 6% of people with severe physical and mental disabilities, respectively, have experienced increased premiums, and 6% and 5% have encountered other terms being imposed.

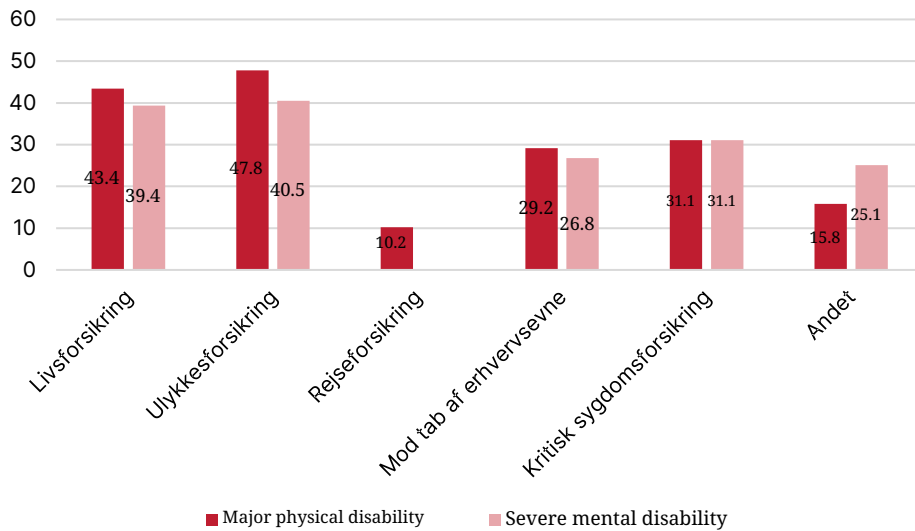
Figure 10.9 Respondents with disabilities who have experienced that pension funds or insurance companies impose stricter conditions justified by the respondent's health or disability, categorized by condition type. Specifically for disability type. 2020. Percent.



Note: N = [1,422; 437]. It was possible to provide more than one answer. Source: SHILD 2020.

Respondents who have experienced that pension funds or insurance companies impose stricter conditions justified by their health or disability were asked to specify what type of insurance it concerned (multiple answers were allowed). A little surprisingly, accident insurance is the type of insurance for which the most respondents have experienced stricter conditions being applied. 48% and 41% of respondents with severe physical and mental disabilities, respectively, have reported that stricter conditions were imposed for this type of insurance. Furthermore, 43% and 39% of people with severe physical and mental disabilities have experienced stricter conditions for life insurance, and 31% in both groups have encountered stricter conditions for critical illness insurance.

Figure 10.10 Respondents with disabilities who have experienced that pension funds or insurance companies impose stricter conditions justified by the respondent's health or disability, categorized by type of insurance. Specifically for disability type. 2020. Percent.



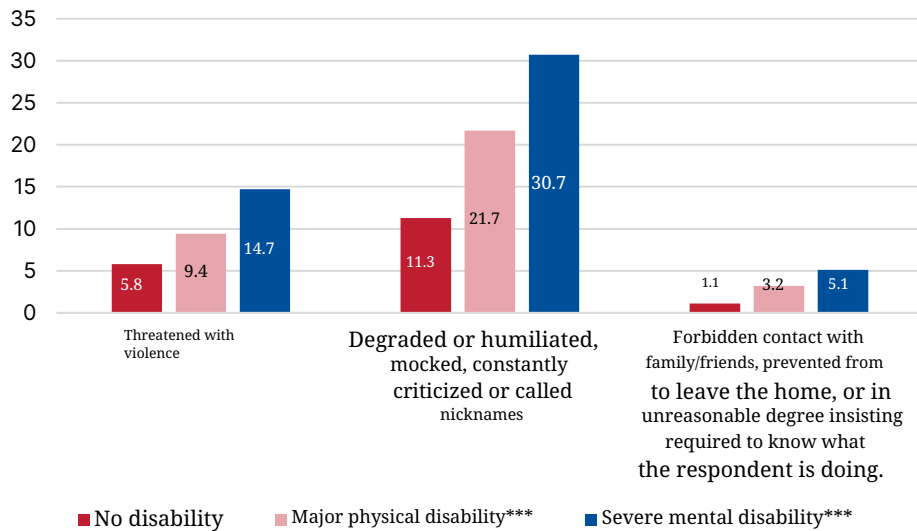
Note: N = [376, 79]. It was possible to provide more than one answer. Source: SHILD 2020.

10.5 Violence

In this section, we examine the extent to which respondents in SHILD 2020 have been subjected to violence. In this context, we investigate several types of violence, including physical, psychological, economic, and sexual violence.

It appears from Figure 10.11 that people with disabilities have been subjected to psychological violence to a significantly greater extent than people without disabilities in the last year. 6% of people without disabilities have been threatened with violence in the last year. The proportions are nearly double as high (9%) and three times as high (15%) among people with severe physical and mental disabilities, respectively. We see the same pattern for the proportion of people who have been "degraded or humiliated, ridiculed, constantly criticized, or called names." The proportion is 11% among people without disabilities, 23% among people with severe physical disabilities, and 31% among people with severe mental disabilities.

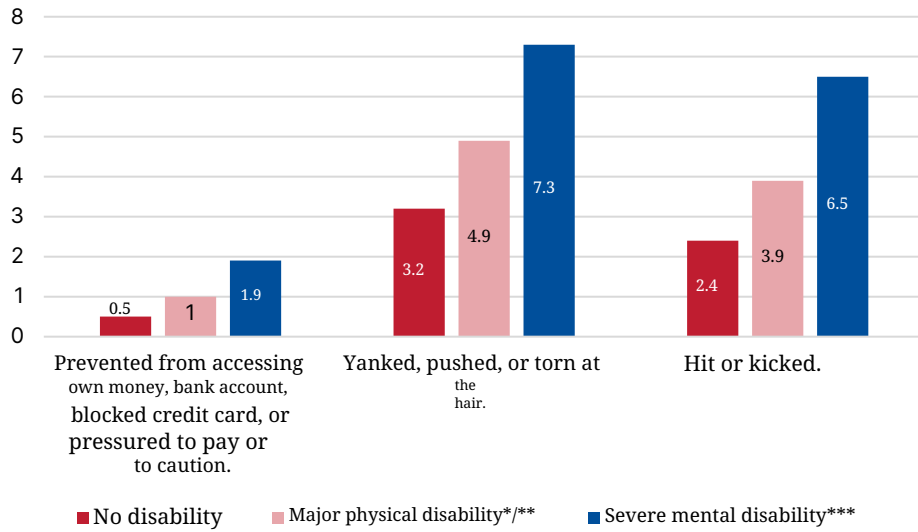
Figure 10.11 Respondents who have experienced various types of psychological violence in the last year. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



Note: N = [12.375; 1.437.; 447]; [12.335; 1.428.; 442]; [12.370; 1.438.; 447]. The difference between the group without disabilities and the two disability groups for all three questions has been tested with the Chi2 test. *** p < 0,001, ** p < 0,01, * p < 0,05. Source: SHLD 2020.

The pattern from Figure 10.11 is repeated in Figure 10.12, which shows the proportion of respondents in the three groups who have been subjected to economic and physical violence, respectively. Among people with severe mental disabilities, 2% have experienced economic violence (defined here as being prevented from accessing their own money, bank account, having their credit card blocked, or being pressured to pay or act as a guarantor). Among people without disabilities and those with severe physical disabilities, the proportions are 0.5% and 1%, respectively. Significantly larger proportions have been subjected to physical violence. Among people with severe mental disabilities, 7% have experienced being "shaken, pushed, or had their hair pulled," and the same proportion (7%) has been "hit or kicked." Among people with severe physical disabilities, the proportions are 5% and 4%, respectively. The proportions of those who have been subjected to physical violence are lowest among people without disabilities. Specifically, 3% and 2% in this group have either been "shaken, pushed, or had their hair pulled" or "hit or kicked."

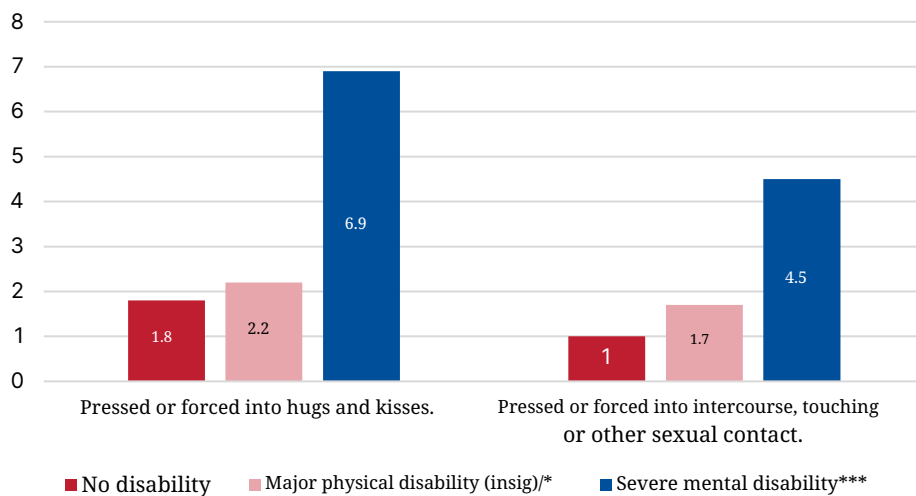
Figure 10.12 Respondents who have experienced various types of economic or physical violence in the last year. Specifically for types and degrees of disabilities as well as for people without disabilities. 2020. Percent.



Note: N = [12.375; 1.439.; 447]; [12.372; 1.438.; 447]; [12.377; 1.439.; 447]. The difference between the group without disability and the two disability groups for all three questions has been tested using the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. The difference between people without disabilities and people with severe physical disabilities is significant at a 95 % level for the question regarding economic violence and at a 99 % level for the two questions regarding physical violence. Source: SHILD 2020.

Finally, we examine the proportions that have been subjected to sexual violence in Figure 10.13. It again appears that the proportions of victims of violence are highest among people with mental disabilities. 7% in this group have been "pressured or forced into kisses and hugs," and 5% have been "pressured or forced into sexual intercourse, touching, or other sexual acts." The corresponding proportions among people with severe physical disabilities or no disabilities are 2.2% and 1.7%, as well as 1.8% and 1.0%.

Figure 10.13 Respondents who have experienced various types of sexual violence in the last year. Specifically for type of disability and for people without disabilities. 2020. Percent.



Note: N = [12.373; 1.438.; 446]; [12.373; 1.437.; 447]. The difference between the group without disabilities and the two disability groups for both questions has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. The difference between people without disabilities and people with severe physical disabilities is not significant for the question of whether one has been pressured or forced to kiss or hug, and at a 95 % level for the question of whether one has been pressured or forced to engage in intercourse, touching, or other sexual activities. Source: SHILD 2020.

Overall, 40% of respondents with severe mental disabilities and 28% of respondents with severe physical disabilities have experienced at least one form of violence in the last year. Among people without disabilities, the proportion is 17% (not shown in a figure). In total, 3% and 4% of respondents with severe physical and mental disabilities, respectively, report having shaken, pushed, hit, or kicked another person in the last year. Among people without disabilities, the proportion is 1.5%. Higher proportions among people with disabilities compared to those without disabilities thus engage in violence (not shown in a figure). The number of perpetrators is therefore significantly lower than the number of victims in SHILD, which is likely due to respondents who commit violence underreporting this.

Respondents who reported having experienced violence were asked various follow-up questions, including whether the violence was reported to the police by the respondent, or if the police became aware of the violence in another way. In Table 10.1, we examine the proportion of respondents who indicate that the violence did not come to the attention of the police. The fact that the violence does not come to the police's attention is a sign that there is a dark figure regarding the proportion of individuals who have been subjected to violence, for example, in public statistics. The table shows that the dark figure is generally larger among people without disabilities than in the two disability groups. The dark figure is greatest concerning the proportion who have been degraded or humiliated, ridiculed, constantly criticized, or called names, with only between 4% and 11% of the violence coming to the police's attention. This type of violence has only been explicitly prohibited in the penal code (§ 243) since April 1, 2019, when subjecting individuals who belong to or are closely linked to one's household (e.g., spouse, partner, parents, or foster parents) to psychological violence, including grossly degrading, offensive, or abusive behavior, was made illegal (Live Without Violence, 2019). The short period during which psychological violence has been punishable may help explain the large dark figure for this type of violence.

Table 10.1 Respondents who report that the violence has not been reported or come to the police's attention in any other way (“dark figure”). Separate for type of disability and for people without disabilities. 2020. Percent.

	No disability	Major physical disability		Severe mental disability	
Psychological violence					
Threatened with violence	75.1	64.5	*	65.9 insights.	
Degraded or humiliated, ridiculed, constantly criticized or called names	95.9	94.3 insights.		89.2	**
Prohibited contact with family/friends, prevented from leaving the home, or in an unreasonable degree insistently demanded to know what the respondent is doing	88.5	83.2 significant.		-	-
Physical violence					
Shaken, pushed, or pulled by the hair	88.1	72.6	*	69.4	*
Hit or kicked	80.3	64.3 sig.		58	*

Note: The difference between the group without disability and the two disability groups for both questions has been tested with the Chi2 test. *** p<0,001, ** p<0,01, * p<0,05. Note: sig. = insignificant. - = not possible to report for reasons of discretion. Source: SHILD 2020.

11 Conclusion

This report aims to provide a broad picture of living conditions in 2020 among people with disabilities and to examine the developments since the previous data collections of SHILD (conducted in 2012 and 2016, respectively). Although the proportion of the population with a greater or lesser physical or mental disability has not changed since 2012—approximately 31 % of the population has at least one (greater or lesser) disability in all 3 years—the composition of the group has changed. Thus, relatively more individuals have a mental disability, and relatively fewer have a physical disability in 2020 compared to 2012/2016. Additionally, we find signs that the composition of the group with mental disabilities has shifted towards including more young people with ADD and ADHD.

The results show that it is precisely the group with severe mental disabilities that faces the greatest challenges in almost all the parameters examined in the report. People with severe mental disabilities are less likely to have a partner or children, have a lower level of education, and are more likely to have dropped out of an education program. They have lower employment rates and quality of life and feel more lonely. Additionally, they are more likely to be subjected to violence and experience higher levels of discrimination. This applies both when we compare them with people without disabilities and when we compare them with people with severe physical disabilities. It should be noted, however, that people with severe physical disabilities are consistently worse off in the examined conditions than people without disabilities. Both groups – people with severe physical and severe mental disabilities – are therefore vulnerable in most of the conditions examined in the report.

However, we find signs of a positive development regarding employment among people with disabilities – especially the proportion in flex jobs has increased significantly since 2012. Concurrently with the rise in employment, the number of sick days among people with disabilities has decreased. The result indicates that people with disabilities have been increasingly included in the labor market, without this having negative consequences for their health. Employment is a central aspect of well-being and self-fulfillment for most individuals. We also find signs of increased life satisfaction among people with disabilities during the examined period.

However, we do not find that the rising employment has had an impact on living conditions more generally for people with disabilities – on the contrary, there are overall few of the other examined conditions that have changed significantly over time. This may be due to the fact that the proportion of people with disabilities who are employed or in education is still low – more than 50% of people with disabilities overall were neither employed nor in education in 2020.

We conclude that although there are signs of progression in employment among people with disabilities, there is still a long way to go before people with disabilities are included on equal terms with others in society. It is therefore essential to continue monitoring living conditions, social participation, and well-being among people with disabilities.

Literature

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