**Finland**

**SOURCE**

**Name of source:** Labour Force Survey ad hoc module 2011

**Institution responsible for the statistics:** P.O. Box 5B, FIN-00022 Statistics Finland Street address: Työpajankatu 13, Helsinki, Tel: 00 358 9 1734 1, Fax: 00 358 9 1734 32 64, e-mail: irmeli.penttila@stat.fi

**Type of source:** Household survey

**Periodicity:** Ad hoc module

**Objectives:** To comply with EU regulations.

**COVERAGE**

**Disabilities:** All types (seeing, hearing, walking, communicating, longstanding health condition, basic activity difficulty)

**Population groups:** Persons aged 15-64 years living in private households

**Total population covered:** All

**Economic activities:** All economic activities

**Sectors covered:** All sectors

**Labour force status:** Employed persons, unemployed persons, persons not economically active

**Status in Employment:** Employees, employers, own-account workers, contributing family workers, members of producers’ cooperatives

**Geographic areas:** Whole country

**Establishments:** NR

**Other limitations:** Na

**TERMS AND DEFINITIONS**

**Term used to denote 'disability':** ‘Longstanding health condition or disease’

**Definition of this term:** Health problems, which limit the ability of a person to do daily activities (limitation in their nature, duration and quality).

**Source of this definition:** Commission Regulation EC N°317/2010
Questions used to identify persons with disabilities: ‘In your opinion, is your state of health compared to people your age at present...’ Possible answers: very good, good, average, poor or very poor.

‘How many marks on the scale of 0 to 10 would you give to your present working capacity, if 0 means totally disabled and 10 means working capacity at its best?’ ‘Do you have any of the following illnesses or health problems: with arms or hands; with legs or feet; with back, neck or shoulders; heart or circulation problems; diabetes; respiratory diseases; cancer; with stomach or digestion; migraine or other severe headache; skin condition; learning difficulties; epilepsy; depression; chronic anxiety; other mental or emotional problem; progressive illness like MS, Alzheimer’s disease, Parkinson’s disease; some other longstanding illness or health problem that was not mentioned here?’ Possible answers: yes, no.

‘What other health problem do you have?’ ‘Which of the health problems you mentioned affects your daily life the most?’ ‘Which of the health problems you mentioned is the second most severe?’ ‘Do you have longstanding or permanent difficulties in the following activities: seeing, even with glasses; hearing, even if using a hearing aid; walking and climbing steps; standing or sitting; remembering or concentrating; producing or understanding speech or written text; reaching or stretching; lifting or carrying; bending; holding, gripping or turning?’ ‘Which of the activity difficulties you mentioned causes the most problems in daily life?’ ‘Which one causes the second most problems?’

‘Are your health problems the main reason for not being employed?’ Possible answers: yes, no.

‘Despite of your health problems, would you like to work either full-time or part-time?’ Possible answers: yes, full time; yes, part time; no.

‘Does your health restrict: the type of work you can do; the number of hours you can work in a week; your mobility between home and the workplace; your mobility between home and a possible workplace?’ Possible answers: yes, no.

‘Is the restriction caused by your...?’ Possible answers: health problem, activity difficulty, both.

‘Do you use special equipment or is the workplace adapted to your needs? Should the employer offer any special equipment or adapt the workplace due to your health for you to be able to work?’ ‘Has your work been made easier by special arrangements like lighter work, altering the working times or shortening the working hours?’ ‘Do you use a personal assistant in order to be able to work?’ ‘Are you / would you be work limited due to: lack of qualifications/experience; lack of appropriate job opportunities; lack or poor transportation to and from workplace; employers’ lack of flexibility; affect to receipt of benefits (would not receive or receive less); family/caring responsibilities; personal reasons; other reasons?’ Possible answers: yes, no.

Minimum duration to be considered as a person with disability: 6 months

CLASSIFICATION

Classifications: Sex, age, level of education (classification system: ISCED), status in employment, occupation (classification system: ISCO-88), type of disability, all LFS classifications are available.

The Labour Force Survey in 2011 included: the Standard Industrial Classification (TOL 2008, NACE Rev. 2), the Classification of Occupations 2010 (ISCO-08), the Classification of Socio-economic Groups 1989 and the Classification of Education 1997 (ISCED 1997) as well as the regional classification into Major Regions, Regional State Administrative Agencies (AVI), Centres for Economic Development, Transport and the Environment (ELY Centre) and Regions.

Cross-classifications: No
REFERENCE PERIOD: Week

DISSEMINATION

National publications: No

Website: http://ec.europa.eu/eurostat/c/portal/layout?p_l_id=53652&p_v_l_s_g_id=0