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AUTHORITY

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PRESS RELEASE

Access to childcare for children up to 12 years old, formal education and training, lifelong learning, healthcare and homecare services

2016 SURVEY ON INCOME AND LIVING CONDITIONS OF HOUSEHOLDS (EU-SILC)

The Hellenic Statistical Authority (ELSTAT) announces the results on Access to Services (Childcare, Formal Education and Training, Lifelong Learning, Healthcare, Homecare) deriving from the data of the 2016 Survey on Income and Living Conditions of Households (EU-SILC).

The data on Lifelong Learning were collected for household members who, during the conduct of the survey, were aged 16 years old and over. The data on all other categories were collected both at household and individual level, with Childcare referring to households with at least one child aged up to 12 years old during the conduct of the survey. This Press Release presents the key statistical findings of the survey by thematic unit.

A. Childcare

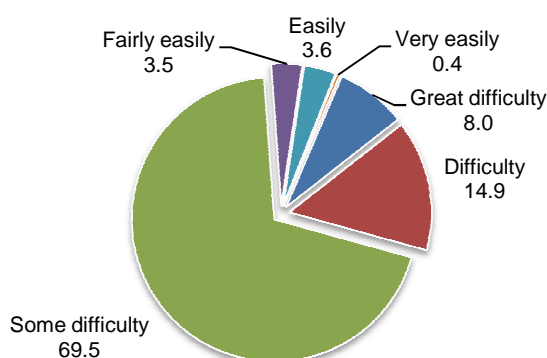
Formal childcare is defined as the participation of children 0-12 years old at childcare programs offered by schools of public or private sector (taking place at school premises or not) before or after school hours (early childhood education including) or by specialized day-care centers such as youth care centers of local authorities, baby parking, etc. Childcare provided by public schools of pre-school and school age, offered mainly to children of working persons, is also, included. Childcare does not include participation in cultural, sporting or other similar activities as far as these activities are not used as a childcare activity but rather for the child's leisure.

- For 2016 12.6% of the country's population is children 0-12 years old (1,343,990 children), living in 863,315 households (20.7% of the country's households).
- 60.6% of the households with at least one child 0-12 years old do not use childcare services (523,453 households).
- Taking into account the households with at least one child 0-12 years old, that use childcare services for which a fee should be paid (105,480 households), 92.5% of them reported some level of difficulty in affording the cost (Table A1, Graph 1).
- 16.5% of the households with at least one child 0-12 years old would like to use childcare services even though they do not use at the moment or make more use of such services than they do at the moment (Table A2).

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- The main reason for not making use of childcare services or not making more use of them is the financial difficulty in affording the related cost (61.1%), followed by non availability of the services (18.7%) - (Table A3).
- For 30.2% of the children 0-12 years old participating in childcare programs, a member of their household pays or contributes to the cost for their childcare. For 85.7% of these children the household member pays the full cost of the childcare, while for the rest 14.3% of them the household contributes to the cost (reduced price due to subsidy by state, employer, other organization or private person, etc) - (Tables A4, A5).
- For 94.1% of the children 0-12 years old for whom no household member pays the cost of their childcare or even not contributes to this, the cost (fully or partly) is covered by the state (Table A6).

Graph 1: % distribution of households with at least one child aged 0-12 years old, covering (fully or partly) the cost for childcare, according to the degree of difficulty, 2016



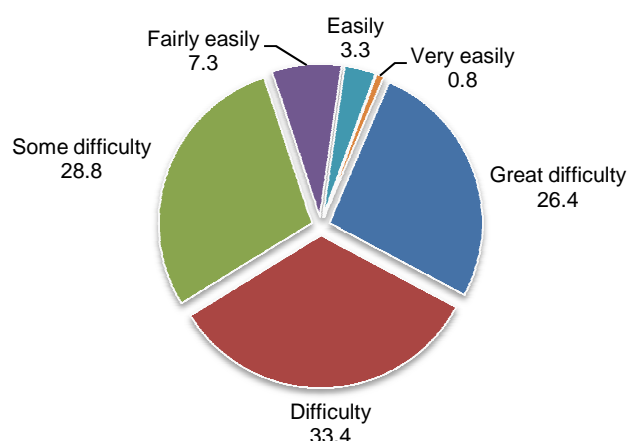
B. Formal Education and Training

Formal education and training refers to educational programs of all levels of formal education provided in the country by public and private sector that is programs of early childhood, primary, secondary, post-secondary –not leading to a degree of tertiary education, e.g. colleges, vocational training institutions, etc.– and tertiary education.

- For 2016, 19.5% of the country's population (2,078,214 persons) attended formal education. For 17.9% of those persons, a member of their household covers (fully or partly) the cost related to their tuition fees (Table B1).
- For 80.7% of the cases where tuition fees are required, these are fully covered by the household, while for the rest 19.3% these are partly covered by the household (reduced price due to subsidy by the state, the employer, other organization or private individual, etc) - (Table B2).
- For 96.8% of the persons that attend formal education but no tuition fees are fully paid by the household or partly covered by it, the related cost (fully or partly) is covered by the state. It is noted, however, that the greatest part of this percentage refers to public (no tuition fees required) education of all levels. Thus, it is actually related to imputed tuition fees and no tuition fees that the household would have to pay (Table B3).

- 88.6% of the country's households with at least one member attending formal education or training (254,829 households), reported some level of difficulty in affording the related cost. Here, cost includes not only tuition fees but also other costs related to education such as purchase of books, exam fees, registration fees, school excursions, cost of canteens, etc. (Table B4, Graph 2).
- 7.6% of the country's population 16 years old and over (680,391 persons) participated in some program of formal education and training. 1% of the population 16 years old and over that did not participate in any formal education or training program reported that would like to have participated, but did not manage to. In 66.0% of these cases due to financial difficulty and in 25.8% of the cases due to lack of time (Tables B5, B6).

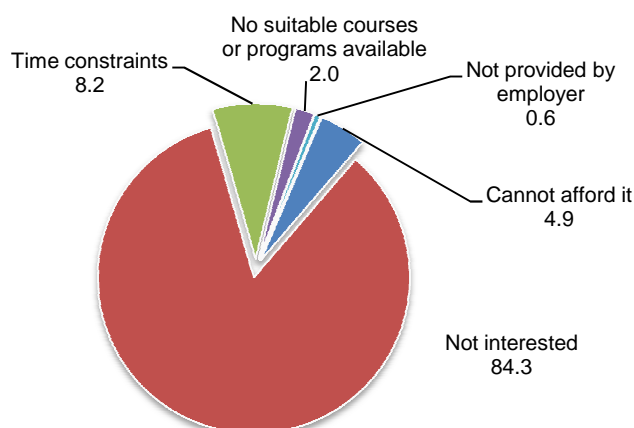
Graph 2: % distribution of households with at least one member participating in formal education / training, according to the degree of difficulty for covering the cost, 2016



C. Lifelong Learning

- During the last twelve (12) months before the conduct of the survey 9.9% of the population 16 years old and over participated in some training, course, seminar, etc. related to their personal interests and more specifically related to leisure time, sports or hobbies including e-learning (*training/courses/seminars related either to formal education or to the current or future job of the person are not included*) - (Table C1).
- During the same period, 4.5% of the population 16 years old and over participated in some training, course, seminar, etc. of vocational training related to their professional activity including e-learning (*it is not necessary the training/courses/seminars to be exclusively related with the current or future job of the person*) - (Table C2).
- The main reason for not participating in any training/course/seminar of vocational training was lack of interest (84.3%), followed by lack of time (8.2%). No participation due to financial difficulty was reported as the third most important reason (4.9 %) - (Table C3, Graph 3).

Graph 3: % distribution of population 16 years old and over not participating in any training/ course/seminar of vocational training, according to the main reason for no participation, 2016



D. General Health Status – Use of Healthcare Services

Information was collected for the general health status and the need for medical and dental examination or treatment for population 16 years old and over as well as for the use of healthcare services by the households.

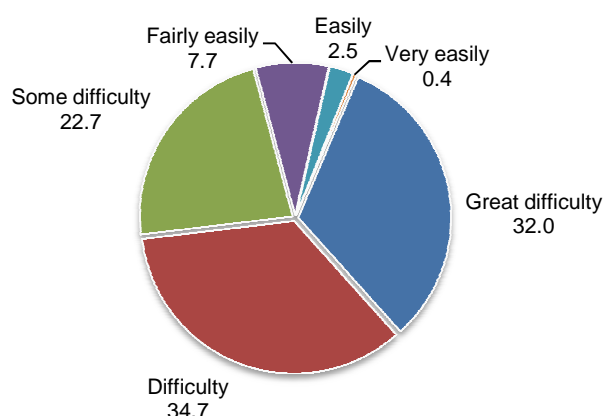
- 74.0% of the population 16 years old and over (6,676,330 persons) reported very good or good health, 15.7% (1,410,768 persons) fair health and the rest 10.3% (929,149 persons) bad or very bad health (Table D1).
- GALI (Global Activity Limitation) Indicator assesses to what extent a person has been limited in activities people usually do, for a period of at least six months, on account of health problems (physical, mental, emotional), illness/disability or age and not due to financial or other reasons. According to the indicator 24.7% of the population 16 years old and over (2,231,196 persons) reported limitation (severe or not) in activities (Table D2).

In order to measure the unmet needs for medical or dental examination or treatment, the survey collects information on the existence of at least one case where the person was in such a need but was not examined or cared by a health professional, as well as on the main reasons this need was not covered.

- For 14.4% of the population 16 years and over, there was at least one case, during the last 12 months, that they really needed medical examination or treatment but they were not examined or cared by a health professional (Table D3).
- The main reason this need was not covered was financial difficulty (83.2%). The other reasons as reported in descending order of importance were: long waiting list (6.1%), waiting to see if the problem gets better on its own (4.8%) and lack of time (2.6%) - (Table D4).
- Respectively, for 14.9% of the population 16 years old and over there was at least one case, during the last 12 months, that they really needed dental examination or treatment but they were not examined or cared by a dental health professional. The main reason for not covering this need was financial difficulty (90.4%) and waiting to see if the problem gets better on its own (3.3%) - (Table D5, D6).

- 71.2% of the country's households (2,970,175) used healthcare services during the last 12 months (Table D7)¹.
- 89.5% of the households (2,659,029) that made use of healthcare services during the last 12 months, paid (fully or partly) for these services (Table D8).
- 89.4% of the households (2,655,033) that made use of healthcare services faced some level of difficulty in covering the cost of these services (Table D9, Graph 4).

Graph 4: % distribution of households that used health care services according to the degree of difficulty met for covering the cost, 2016



E. Homecare services

As pre-mentioned, health care services also include nursing and/or social care provided to elderly people and individuals with chronic diseases, health problems or disability. Health care services can be provided from the public or private sector, either on a voluntary basis for free or with a cost, by health professionals, individuals or groups, and aim to ensure that the elderly, chronically ill, disabled people live independently in their home, ensure their stay in their familiar/ social environment, prevent their referral to closed care structures and protect them from social exclusion.

The adequacy or not of homecare services is partly related to the care or assistance provided at home to the elderly or to individuals with health, chronic or disability problems, by other members of the same household or members of other households, without payment, on a voluntary basis, not necessarily regularly, but, at least, repeatedly.

- 5.1% of the population 16 years old and over (463,399 individuals) provide homecare services or assistance exclusively to one or more members of their household being elderly or facing problems due to chronic disease or disability and 1.5% (131,701 individuals) provide assistance only to other households' members (Table E1).

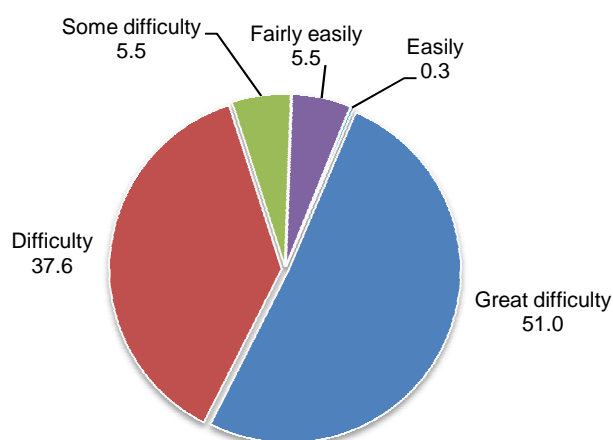
¹ Healthcare services include in-patient care (provided at hospitals/clinics/health centers, with or without overnight stays) as well as out-patient care (communication with doctors of any specialty at the doctors' offices, Outpatient departments of hospitals, clinics, nursing homes, institutes etc., emergency departments, health centers or regional centers, health care units of Primary National Health Network (IIEAY / ex EOIIITY), afternoon appointments of National Health System (EZY), medical laboratories, patients' homes, etc). They also include rehabilitation services (physiotherapies, kinesiotherapies), mental health services and homecare services.

- Regarding the hours of care services, whether provided to members of the same household or to other households' members, more than twenty (20) hours per week were reported by 45.6% of the respondents (Table E2).

Regarding homecare services provided on a professional basis:

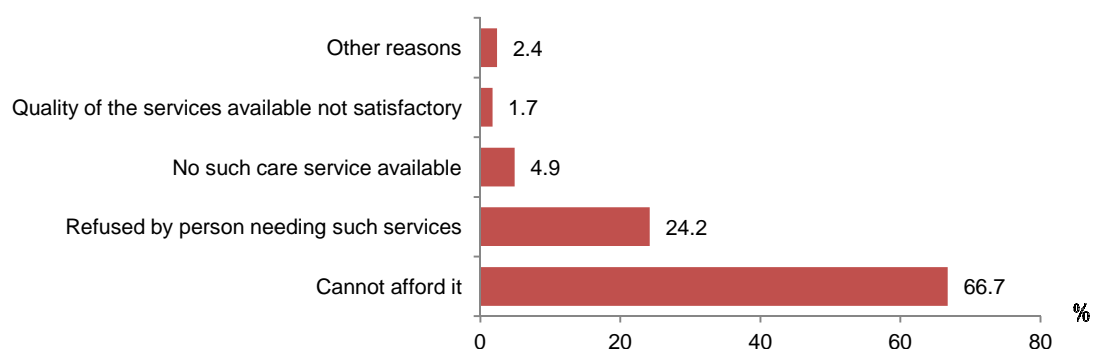
- 15.0% of the country's households (627,113 households) reported living with at least one member in need of homecare services due to chronic disease, body or mental health problem, disability or age (Table E3).
- 12.1% of households (76,107 households) with at least one member in need of homecare services, use professional homecare services provided either by health professionals or by individuals providing social assistance (meal preparation, housekeeping, transportation, companionship) for profit (Table E4).
- Regarding the hours of care services received (health care services or social assistance) from professionals, less than ten (10) hours per week were reported by 54.1% of the reference households (Table E5).
- 84.9% of households (64,596) receiving homecare services cover the respective cost, fully or partly (Table E6).
- 94.2% of households covering the cost (fully or partly) of homecare services reported some level of difficulty in covering the cost (Table E7, Graph 5).

Graph 5: % distribution of households covering (fully or partly) the cost of homecare services according to the degree of difficulty, 2016



- 60.2% of the households with at least one household member in need of homecare services reported they wish to use such or wish to use more (Table E8).
- 66.7% of the households with at least one household member in need of homecare services and not receiving them or receiving less than required, reported as main reason financial difficulty (Table E9, Graph 6).

Graph 6: % distribution of households not receiving/receiving less than required professional homecare services according to the main reason, 2016



For further information on the survey please visit ELSTAT's webpage at
[Statistics on Income and Living Conditions \(EU-SILC\)](#)

TABLES

A. CHILDCARE

Table A1. Affordability of households with at least one child up to 12 years old to cover (fully or partly) the cost of the childcare services: 2016

Affordability of childcare services	%
With great difficulty	8.0
With difficulty	14.9
With some difficulty	69.5
Fairly easily	3.5
Easily	3.6
Very easily	0.4

Table A2. Unmet needs for formal childcare services of households with at least one child up to 12 years old: 2016

Unmet needs	%
Yes	16.5
No	83.5

Table A3. Main reason for households with at least one child up to 12 years that do not make (more) use of formal childcare services: 2016

Main reason	%
Cannot afford it	61.1
No places available	18.7
Places available but not nearby	6.5
Places available but opening hours not suitable	8.1
Places available but the quality of the services available not satisfactory	5.0
Other reasons	0.6

Table A4. Household members up to 12 years old who participate in formal childcare programs and cost: 2016

Payment for the cost	%
Yes	30.2
No	69.8

Table A5. Household members up to 12 years old who participate in formal childcare programs and proportion of the cost: 2016

Proportion of the cost	%
Full price (full cost)	85.7
Reduced price (subsidised by state, employer, private person, etc.)	14.3

Table A6. Household members up to 12 years old who participate in formal childcare programs and payment/contribution to the cost from others: 2016

Who pays/contributes	%
State or local authorities	94.1
Employer	0.6
Other institutions	3.5
Private persons who are not household members	1.7

B. FORMAL EDUCATION AND TRAINING

Table B1. Household members and payment for tuition fees: 2016

Payment for tuition fees	%
Yes	17.9
No	82.1

Table B2. Household members participating in formal education/training and proportion of the tuition fees: 2016

Proportion of the tuition fees paid	%
Full price (full cost)	80.7
Reduced price (subsidised by state, employer, private person, etc.)	19.3
Do not Know	0.1

Table B3. Household members participating in formal education/training and payment/contribution to the tuition fees from others: 2016

Who pays/contributes	%
State or local authorities	96.8
Employer	0.4
Other institutions	2.4
Private persons who are not household members	0.4

Table B4. Affordability of households with at least one member participating in formal education/training that entails education costs: 2016

Affordability of formal education	%
With great difficulty	26,4
With difficulty	33,4
With some difficulty	28,8
Fairly easily	7,3
Easily	3,3
Very easily	0,8

Table B5. Household members 16 years old and over that did not participate in formal education/training during the last 12 months: 2016

Unmet needs for formal education	%
Yes	1.0
No	99.0

Table B6. Main reason for which household members 16 years old and over did not participate in formal education/training during the last 12 months: 2016

Main reason	%
Cannot afford it	66,0
Not admitted to the course program	2,7
Time constraints (schedule, family responsibilities, etc.)	25,8
No suitable course or programs available	5,5
Other reason	0,1

C. LIFELONG LEARNING

Table C1. Household members 16 years old and over and participation in training related to hobbies during the last 12 months: 2016

Participation in training related to hobbies	%
Yes	9.9
No	90.1

Table C2. Household members 16 years old and over and participation in training related to professional activity during the last 12 months: 2016

Participation in training related to professional activity	%
Yes	4.5
No	95.5

Table C3. Main reason for which household members 16 years old and over did not participate in training related to professional activity during the last 12 months: 2016

Main reason	%
Cannot afford it	4.9
Not interested	84.3
Time constraints (schedule, family responsibilities, etc.)	8.2
No suitable courses or programs available	2.0
Not provided by employer	0.6

D. HEALTH STATUS – HEALTH CARE

Table D1. Self-perceived general health status for household members 16 years old and over: 2016

Self-perceived general health status	%
Very good- good	74.0
Fair	15.7
Very bad - bad	10.3

Table D2. Limitation in activities because of health problems for household members 16 years old and over: 2016

Limitation in activities	%
Yes, strongly limited	11.2
Yes, limited	13.5
No, not limited	75.3

Table D3. Unmet need for medical examination or treatment for household members 16 years old and over: 2016

Unmet need for medical examination or treatment	%
Yes, there was at least one occasion when the person really needed examination or treatment but did not receive it	14.4
No, there was no occasion when the person really needed examination or treatment but did not receive it	85.6

Table D4. Main reason for unmet need for medical examination or treatment for household members 16 years old and over: 2016

Main reason	%
Could not afford to (too expensive)	83.2
Waiting list	6.1
Could not take time because of work, care for children or for others	2.6
Too far to travel/no means of transportation	1.4
Fear of doctor/hospitals/examination/treatment	1.2
Wanted to wait and see if problem got better on its own	4.8
Other reasons	0.7

Table D5. Unmet need for dental examination or treatment for household members 16 years old and over: 2016

Unmet need for dental examination or treatment	%
Yes, there was at least one occasion when the person really needed examination or treatment but did not receive it	14.9
No, there was no occasion when the person really needed examination or treatment but did not receive it	85.1

Table D6. Main reason for unmet need for dental examination or treatment for household members 16 years old and over: 2016

Main reason	%
Could not afford to (too expensive)	90.4
Waiting list	1.6
Could not take time because of work, care for children or for others	1.5
Too far to travel/no means of transportation	0.9
Fear of doctor/hospitals/examination/treatment	1.6
Wanted to wait and see if problem got better on its own	3.3
Other reasons	0.7

Table D7. Households and use of healthcare services during the last 12 months: 2016

Use of healthcare services	%
Yes	71.2
No	28.8

Table D8. Households that used healthcare services during the last 12 months and payment (fully or partly) of the cost: 2016

Payment for healthcare services	%
Yes	89.5
No	10.5

Table D9. Households that used healthcare services during the last 12 months and affordability: 2016

Affordability of health care services	%
With great difficulty	32.0
With difficulty	34.7
With some difficulty	22.7
Fairly easily	7.7
Easily	2.6
Very easily	0.4

E. HOMECARE SERVICES**Table E1. Population 16 years old and over and provision of homecare or assistance: 2016**

Care or assistance provided	%
Yes – only to household members	5.1
Yes – only to persons who are not the household members	1.5
Yes- to household members and to persons who are not the household members	0.2
Other reasons	93.2

Table E2. Number of hours per week of care or assistance provided to household and/or non-household Members by population 16 years old and over: 2016

Number of hours per week	%
Less than 10 hours per week	45.6
At least 10 but less than 20 hours per week	25.8
20 hours per week or more	28.6

Table E3. Presence in the household of people in need of homecare: 2016

Presence in the household of people who need help	%
Yes	15.0
No	85.0

Table E4. Households with members in need of homecare and professional homecare: 2016

Professional homecare received	%
Yes	12.1
No	87.9

Table E5. Number of hours per week of professional homecare received by households with members in need: 2016

Number of hours per week	%
Less than 10 hours per week	54.1
At least 10 but less than 20 hours per week	19.9
20 hours per week or more	26.0

Table E6. Households with members in need of homecare and payment (fully or partly): 2016

Payment for professional homecare	%
Yes	84.9
No	15.1

Table E7. Affordability of households that receive professional homecare services: 2016

Affordability	%
With great difficulty	51.0
With difficulty	37.6
With some difficulty	5.5
Fairly easily	5.5
Easily	0.3
Very easily	0.0

Table E8. Households with members in need of homecare that do not make (more) use of homecare services: 2016

Unmet needs	%
Yes	60.2
No	39.8

Table E9. Main reason for households with members in need of homecare that do not make (more) use of homecare services: 2016

Main reason	%
Cannot afford it	66.7
Refused by person needing such services	24.2
No such care services available	4.9
Quality of the services available not satisfactory	1.7
Other reasons	2.4

EXPLANATORY NOTES

European Union - Statistics on Income and Living Conditions –

The Survey on Income and Living Conditions (EU-SILC) is part of a European Statistical Program to which all Member States participate and which replaced in 2003 the European Household Panel Survey with a view of improving the quality of statistical data concerning poverty and social exclusion.

The basic aim of the survey is to study, both at national and European level, the households' living conditions mainly in relation to their income. This survey is the basic source for comparable statistics on income distribution and social exclusion at European level. The use of commonly accepted questionnaires, primary target variables and concepts – definitions ensures data comparability.

Access to Services: Childcare, Formal Education and Training, Lifelong Learning, Health Care and Homecare

Taking into consideration that (i) part of the variables relate to the household member (some to all current household members, some to members 16 years old and over and some to all current household members up to 12 years old) and part of them to the household and (ii) the complexity of the flow of questions, we did not design a separate, ad hoc questionnaire. We used the questionnaires of the Survey (Members' Register, Household Questionnaire and Household Member (16 years old and over) Questionnaire) adjusted accordingly in order to collect the requested information.

Legal basis

The survey is in compliance with the Regulation (EC) No 1177/2003 of the European Parliament and of the Council concerning Community Statistics on Income and Living Conditions (EU-SILC) and is being conducted upon decision of the President of ELSTAT

Coverage

The survey covers all private households throughout the country irrespectively of their size or socio-economic characteristics. The following are excluded from the survey:

- Institutional households of all types (boarding houses, elderly homes, hospitals, prisons, rehabilitation centres, camps, etc.). Households with more than five lodgers are considered institutional households.
- Households with foreigners serving in diplomatic missions.

Methodology

The survey is conducted under a simple rotational design, which was selected as the most suitable for a single cross-sectional and longitudinal survey. The final sampling unit is the household. The sampling units are the households and their members.

Every year the sample consists of 4 replications, which have been in the survey for 1-4 years. With the exception of the first three years of the survey, any particular replication remains in the survey for 4 years. Each year, one of the 4 replications from the previous year is dropped and a new one is added. In order to have a complete sample the first year of the survey, the four panels began simultaneously. For the EU-SILC longitudinal component, the people who were initially selected are interviewed for a period of four years, equal to the duration of each panel.

EU-SILC survey is based on a two-stage stratified sampling of households from a frame of sampling which has been created on the basis of the results of the 2011 population census and covers completely the reference population.

There are two levels of area stratification in the sampling design.

i) The first level is the geographical stratification based on the division of the total area of the country into thirteen (13) formal administrative regions corresponding to the European NUTS II level. The two major city agglomerations of Greater Athens area and Greater Thessalonica area constitute two separate major geographical strata.

ii) The second level of stratification entails grouping municipalities and communes within each NUTS II Region by degree of urbanization. i.e. according to their population size. The scaling of urbanization was finally designed in four groups:

- $\geq 30,000$ inhabitants
- 5,000-29,999 inhabitants
- 1,000-4,999 inhabitants
- 0-999 inhabitants

The sample of households is selected in two stages. At the first stage, from any ultimate stratum (crossing of Region with the degree of urbanization). -say stratum h , nh primary units were drawn; where the number nh of draws was approximately proportional to the population size X_h of the stratum (number of households according to the 2011 population census as updated before the survey). At the second stage, from each primary sampling unit (selected area) the sample of ultimate units (households) is selected. Actually, in the second stage we draw a sample of dwellings. However, in most cases, there is one to one relation between household and dwelling. If the selected dwelling

consists of one or more households, then all of them are interviewed.

Sample size In 2016, the survey was conducted on a final sample of 18,255 households and on 44,094 members of those households, 37,850 of them aged 16 years and over. The average household size was calculated at 2.4 members per household.

Weightings For the estimation of the survey characteristics, the data of each person and household of the sample were multiplied by a reductive factor. The reductive factor results as product of the following three factors (weights):

- a. The reverse probability of selection of the individual, that coincides with the reverse probability of selection of the household.
- b. the reverse of the response rate of households inside the strata.
- c. A corrective factor, which is determined in a way that:

i) The estimation of persons by gender and age groups that will result by geographic region (NUTSII) coincides with the corresponding number that was calculated with projection based on vital statistics (2011 population census, births. deaths. immigration) for the reference year of the survey.

ii) The estimation of the number of households by size class (1, 2, 3, 4 or 5+ members) and by tenure status coincides with the corresponding numbers calculated with projection based on the trend of the 2001 and 2011 population censuses for the reference year of the survey.

Variables Information on the following variables was collected:

Household level

- Affordability of childcare services
- Unmet needs for formal childcare services
- Main reason for not making (more) use of formal childcare services
- Affordability of formal education
- Use of health care services
- Payment for health care services
- Affordability of health care services
- Presence on the household of people who need help due to long term physical or mental ill-health or because of old age
- Professional homecare received
- Number of hours per week of professional homecare received
- Payment for professional homecare services
- Affordability of professional homecare services
- Unmet needs for professional homecare services
- Main reason for not receiving (more) professional homecare services

Individual level

- Payment for the cost of formal child care services
- Proportion of the cost of formal childcare services
- Who pays/contributes to the cost of formal childcare services
- Payment for tuition fees
- Part of the tuition fees
- Who pays/contributes to the tuition fees
- Unmet needs for formal education
- Main reason for non-participation in formal education
- Participation in training related to hobbies
- Participation in training related to professional activity
- Main reason for non-participation in training related to professional activity
- Care or assistance provided
- Number of hours per week of care or assistance provided

References More information on the survey is available on the webpage of EL.STAT. www.statistics.gr. Section: Statistics→ Population and Social Conditions → Income and Living Conditions».