

**Documentation of statistics for
Handicap Documentation 2015 Quarter 1**

1 Introduction

The municipal service indicators for handicap is generated on the basis of a set of register data containing all services provided to individuals on the basis of the service law. The register contains data going back to 2013 and the first publication is in 2015. The registry replaces the collection of summarized data on handicap services, collected from municipalities by Statistics Denmark. The purpose of the registry is to document the number of recipient, but especially the ability to cross reference the register data with other data that might shed light on the living conditions of the group of people receiving handicap services under the service law. This combination of registries is the foundation for the indicator set.

2 Statistical presentation

The dataset contains the population of individuals who receive handicap services after the service law. The dataset count individual services, and not just the number of individuals. Furthermore the registry contains information on the service providers who deliver the individual service. One service provider can be the care home where a handicapped person lives. The dataset also contain information on the target group that the handicapped person is a member of, and which is the basis for the provided service. An example of a target group is cognitive disability, social problem, or blindness. The individual service can be given on the basis of several target group classifications.

2.1 Data description

The dataset contains the population of individuals who receive handicap services after the service law. The dataset count individual services, and not just the number of individuals. Furthermore the registry contains information on the service providers who deliver the individual service. One service provider can be the care home where a handicapped person lives. The dataset also contain information on the target group that the handicapped person is a member of, and which is the basis for the provided service. An example of a target group is cognitive disability, social problem, or blindness. The individual service can be given on the basis of several target group classifications. The categorization of the services, the target group and the service provider categories are derived from the VUM method. The municipality is responsible for translating its actual services to the categories defined by Statistics Denmark. Therefore two services are not always exactly the same, as there can be differences in terms of the exact services provided and the costs of each service. One example can be two municipalities classifying a handicap person on long term stay in a care home, and another municipality classifying the individual as a person receiving social pedagogical support in his own home, depending on the administrative governance of the municipality funded home of the individual. This is up to the municipalities themselves, but are primarily an expression of an administrative difference and should be noted while interpreting the numbers.

2.2 Classification system

The primary classification is the VUM guide. Which is a method for social workers to classify cases and provide the necessary services in the different municipalities. It is developed and maintain by the association of municipalities and the ministry for social affairs. The material is not available in English, contact Statistics Denmark if you have questions concerning it. One of the published services is Socialpedagogical support with no service provider, this is not defined in VUM, but rather a calculated classification simply counting all those §85 service which are not made in conjunction with a stay service, or without an affiliated service provider.

2.3 Sector coverage

The Danish municipalities.

2.4 Statistical concepts and definitions

Service: A service is the concrete help that a handicapped person is given by the municipality. It can be a stay at an specialized care institution, a cash subsidy, social pedagogical support or something similar. Common to all the registered services is that the legal basis is the law on social services, otherwise referred to as the service law.

Service provider: A service provider is the physical institution providing a given services. It can be the actual care facility, training center etc, which is delivering the actual service.

Target group: A target group is connected to all services, and describes the background for the provision of the services. Target groups are distributed on three main groups, namely physical, psychiatric/cognitive or social problems. Under each main category are a number of subcategories, except for social problem. A service can have multiple target groups connected to it.

2.5 Statistical unit

The statistic is published in individuals, or unit, depending on the table in question.

2.6 Statistical population

The service recipients are all the persons in Denmark, receiving handicap related services defined by the social service law.

2.7 Reference area

Denmark, at the municipal level.

2.8 Time coverage

2013 and onwards.

2.9 Base period

Not relevant for these statistics.

2.10 Unit of measure

The unit of measurement can be the number of individuals or the number of services provided, depending on the table in question.

2.11 Reference period

01-01-2015 - 31-03-2015

2.12 Frequency of dissemination

Yearly.

2.13 Legal acts and other agreements

Law on legal rights and administration in the social domain §82 - §84.

2.14 Cost and burden

The burden on municipalities varies quite a bit. For the municipalities with system-to-system solutions, the burden is estimated to be quite low. For all the municipalities with manual reporting, the burden is estimated to be substantive and proportional to the number of services the municipality provides.

2.15 Comment

More information can be seen at the subject page handicap.

3 Statistical processing

Data is gathered from the relevant IT system and the web solution provided by Statistics Denmark. Data is summarized in relation to publication, but is only altered in the process of error processing and error correction. Data is received monthly, but only published yearly.

3.1 Source data

Data originates primarily from the municipal IT systems used to administer handicap services. These data is transferred directly to Statistics Denmark through system-to-system solutions. A number of municipalities use a manual web solution. Here they maintain the data, alongside their standard administration of the services. Typically because their IT system is not VUM based. At some point all municipalities are expected to use a system-to-system solution.

3.2 Frequency of data collection

DST received data on a monthly basis from the different IT systems.

3.3 Data collection

All data is received using a system-to-system solution or DST's own web based solution. The web solution is a system for reporting of cases and services at the individual level, which some municipalities use for entering data.

3.4 Data validation

There are a number of logical checks on microdata. There are checks of overlapping services to the same individual of the same type, and these are adjusted automatically to the extent possible. One example of this could be a citizen being registered as having stayed at two different locations in the same time frame. The first one will then be adjusted in length, so that its end coincides with the start of the last stay. Another example is misspelled codes for services, which are corrected automatically if they are very close to the expected code. Data is checked for around 30 known error types, and these are reported back to municipalities. Municipalities are asked to approve of their own number, as represented in a detailed report by Statistics Denmark.

3.5 Data compilation

Today imputation is not used, but there are error corrections, as described in the section on data validation. Besides error corrections, data is not processed. Only municipalities with approved data are published in official publications.

3.6 Adjustment

There are no adjustment of data besides the ones already described in under data validation.

4 Relevance

Overall the statistic is estimated to cover a major need for users, as no comparative material have been published before. Because this is the first publication, user satisfaction cannot yet be evaluated.

4.1 User Needs

There is a broad group of users of the statistic, such as handicap organization, municipalities, ministries, scientists and the public in general. The user need is primarily to show the development of services for handicapped people over time. This fundamental need can the registry meet today, and in combination with other registries it can yield information on the general conditions for handicapped people. The data contains only individuals who receives services after the service law. Which is a narrow definition in comparisons with how some scientists and handicap organizations define the population.

4.2 User Satisfaction

Because this is the first publication, user satisfaction cannot yet be evaluated.

4.3 Data completeness rate

Data for this first publication contain only a small subset of municipalities. Data cannot be said to be complete.

5 Accuracy and reliability

The precision and reliability of the statistics is primarily affected by the differences in administrative practices in the municipalities. Because this is the first version of the statistic, one can expect some revision of these numbers in the future.

5.1 Overall accuracy

The precision and reliability of the statistics is primarily affected by the differences in administrative practices in the municipalities.

5.2 Sampling error

Not relevant for these statistics.

5.3 Non-sampling error

A key systematic uncertain in the collection of the population are the coverage errors that arise from difference in administrative practices. An example could be a case where one municipality reported some treatment services, administered after the the service law. Where another municipality would have a small amount, because they have a different administrative distribution of responsibility of certain cases between the handicap department of the municipality and the relevant health authorities.

5.4 Quality management

Statistics Denmark follows the recommendations on organisation and management of quality given in the Code of Practice for European Statistics (CoP) and the implementation guidelines given in the Quality Assurance Framework of the European Statistical System (QAF). A Working Group on Quality and a central quality assurance function have been established to continuously carry through control of products and processes.

5.5 Quality assurance

Statistics Denmark follows the principles in the Code of Practice for European Statistics (CoP) and uses the Quality Assurance Framework of the European Statistical System (QAF) for the implementation of the principles. This involves continuous decentralized and central control of products and processes based on documentation following international standards. The central quality assurance function reports to the Working Group on Quality. Reports include suggestions for improvement that are assessed, decided and subsequently implemented.

5.6 Quality assessment

The statistic is associated with some uncertainty, Partly because of municipalities who have not yet delivered approved data, but also in relation to administrative differences in the individual municipalities. These administrative differences can mean that some services in some municipalities will not get registered, while they are included in other municipalities. This risk is biggest for the types of services which are rarely used by the handicap department, because practices varies the most around these services. The number of delivered services is underestimated for the earliest quarters, because more services have been reported in the systems over time. Another quality issue is the classification of target groups, which vary significantly between municipalities. Some service providers might be miss classified because their information cannot be checked against the database of service providers. Some municipalities will have significantly more social pedagogical support with service provider reported, because they have reported the implicit social pedagogical support contained in long term care at a home separately from the care stay, other municipalities have not. One can expect significant revisions of the statistics over time.

5.7 Data revision - policy

Statistics Denmark revises published figures in accordance with the [Revision Policy for Statistics Denmark](#). The common procedures and principles of the Revision Policy are for some statistics supplemented by a specific revision practice.

5.8 Data revision practice

No revision have been made, but future revisions will go back 3 years in time.

6 Timeliness and punctuality

The first publication is not indicative of the future timetable, therefore timeliness is not evaluated.

6.1 Timeliness and time lag - final results

There is no established timetable for publication. This first publication is not indicative of future publication times.

6.2 Punctuality

There is no established timetable for publication. This first publication is not indicative of future publication times.

7 Comparability

The time series can most obviously be compared to previously published tables on handicap services. These included the tables RESV01 and RESV05. These tables are made from summarized information reported by the municipalities from to the social resource survey. Here one should consider the data break that occurs due to differences in counting the services.

7.1 Comparability - geographical

The statistic is not comparable to other international statistics, because the individual services and concepts are only used in the danish context.

7.2 Comparability over time

The time series can most obviously be compared to previously published tables on handicap services. These included the tables RESVO1 and RESVO5. These tables are made from summarized information reported by the municipalities from the social resource survey. Here one should consider the data break that occurs due to differences in counting the services. One major difference is the fact that the new data is distributed on the municipality which decided on the course of action for the individual citizen, the old data was distributed on the paying municipality. This can mean very big differences in the number of services for the individual municipality.

7.3 Coherence - cross domain

Denmark Statistics does not know of comparable statistics.

7.4 Coherence - internal

Data has a high degree of internal consistency. Differences in classification of cases can mean difference between municipalities as described elsewhere.

8 Accessibility and clarity

The statistics is available as a twice yearly news article, in the Statbank and in the publication on incomes for 2015.

8.1 Release calendar

The publication date appears in the release calendar. The date is confirmed in the weeks before.

8.2 Release calendar access

The Release Calendar can be accessed on our English website: [Release Calendar](#).

8.3 User access

Statistics are always published at 8:00 a.m. at the day announced in the release calendar. No one outside of Statistics Denmark can access the statistics before they are published.

8.4 News release

News article is published twice yearly, in conjunction with the publication of new data.

8.5 Publications

The statistics is part of the income statistics publication for 2015. See link [here](#)

8.6 On-line database

The following tables are planned for the statbank.

- [HAND01](#) - Overview of handicap services and service providers.
- [HAND02](#) - Overview of the service recipients highest completed education
- [HAND03](#) - Overview of target groups on service and service provider
- [HAND04](#) - Overview of service recipients on benefits and handicap service.
- [HAND05](#) - Overview of benefits and offers on year.

8.7 Micro-data access

Microdata is made available to scientists and ministries through through specialized services. Data is made available with the unique and de-identified personal ID. No summary results can be withdrawn from Statistics Denmark if they are directly or indirectly identifiable.

8.8 Other

Data is made available through specialized services to scientists. Prices follow the standard price calculations from those services.

8.9 Confidentiality - policy

[The confidentiality policy of DST.](#)

8.10 Confidentiality - data treatment

In tables where it is possible to extract information about an individual, because of very few individuals for a given combination of variables these data points will be subject to discretionary measures.

8.11 Documentation on methodology

An extensive description of the reporting requirements are defined in the document [B3](#) (only in Danish).

8.12 Quality documentation

Results from the quality evaluation of products and selected processes are available in detail for each statistics and in summary reports for the Working Group on Quality.

9 Contact

The administrative placement of these statistics are in the division of Welfare. The person responsible is Kiki Jørgensen, tel. +45 39 17 31 09, e-mail: kjr@dst.dk

9.1 Contact organisation

Statistics Denmark

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