Survey Critique 1a: Pan European VulnerABLE survey

This critique examines a core methodological issue in the European Commission sponsored VulnerABLE survey of people living in vulnerable and isolated situations. It focuses on the combination of a mixed-mode design, comparing online Computer-Assisted Web Interviews (CAWI) with offline Paper-Assisted Personal Interviews (PAPI), and the use of local stakeholders as PAPI survey administrators. Together, these features create mode and interviewer effects, which lead to measurement error on sensitive questions and make valid cross-country comparisons much more difficult.

The survey covered respondents from nine target groups of vulnerable people across 12 countries. Six countries used a mix of CAWI and PAPI, France relied entirely on CAWI, and five countries relied entirely on PAPI. Incentives were offered in both modes. No quotas were set for the different target groups, and no attempts were made to measure the representativeness of the sample with reference to the population of isolated and vulnerable groups overall (ICF Consulting Services, 2017).

PAPI respondents were selected by local stakeholders such as social workers, charity workers, and NGO staff, who also acted as interviewers. This mode was mainly used for hard-to-reach vulnerable groups. These stakeholders are not neutral, especially from the perspective of the respondent, particularly if they have any control over or influence on access to benefits, housing, and health services. This leads to classic interviewer and social desirability effects, where respondents may have a strong incentive to present themselves as good clients in front of a gatekeeper. Using PAPI mode on sensitive topics may lead to under-reporting of stigmatized experiences and over-reporting of resilience, satisfaction, and positive health behaviors.

By contrast, CAWI respondents answer online, in private, through a panel provider. This allows anonymity, reduces social desirability pressures, and makes it easier to report negative emotions, health problems, or dissatisfaction with services.

As a result, answers to the same questions can differ between PAPI and CAWI not only because of who is surveyed, but also because of the interview mode and the presence of stakeholders. Some countries rely mostly on stakeholder-led PAPI, while others rely heavily on anonymous CAWI. This means that when we compare countries, we may be mixing up real differences with differences caused by the survey methodology. Because mode is closely linked to both country and target group, it becomes hard to know whether observed differences are genuine or just methodological. This confounding weakens the internal validity of the survey and makes its international conclusions much less reliable.

The survey could be improved by separating recruitment from interviewing and redesigning PAPI to maximize privacy. Local stakeholders such as social workers and NGO staff can retain the recruitment role but not the survey administrator role. Instead, surveys should be self-administered (paper or tablet) to allow more authentic responses to sensitive questions. For people with low literacy or disabilities who require question narration or further assistance to self-complete, survey-specific, trained neutral interviewers could be introduced after stakeholders make the initial contact.

The survey design should also include a mode indicator (e.g., CAWI = 1, PAPI = 0) in regression models and check whether these mode indicators predict any reported health outcomes, barriers, or satisfaction. Differences between countries and target groups should always be interpreted alongside information on how much of each sample was collected via PAPI or CAWI. Because this was a pilot program, with the vision and resources to scale up in future, these methodological improvements are both realistic and timely, and could be adopted before the design is expanded, making later large-scale comparisons more credible.

Overall, the VulnerABLE survey is a valuable and ambitious effort that successfully reaches various vulnerable groups across Europe. However, given its unresolved mode and interviewer biases, it is not yet sufficient as a standalone basis for European-level health policymaking.

References

ICF Consulting Services, I. C. S. (Ed.). (2017). *VulnerABLE Pilot Project*. eurohealthnet.eu. https://eurohealthnet.eu/wp-content/uploads/documents/2017/171201_Projects_VulnerABLE_PanEuropeanSurvey.pdf