



EUROPEAN WOMEN'S
LOBBY
EUROPEEN DES FEMMES



EUROPEAN
disability
forum

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EUROPEAN WOMEN'S LOBBY AND EUROPEAN DISABILITY FORUM CONTRIBUTION TO THE EUROPEAN COMMISSION PUBLIC CONSULTATION WITH A VIEW TO A EUROPEAN ACCESSIBILITY ACT

1. WHAT IS THE EUROPEAN WOMEN'S LOBBY?

The European Women's Lobby (EWL) is the largest non-governmental umbrella organisation of women's associations in the European Union. The EWL strives to promote women's rights and equality between women and men. EWL membership extends to organisations in all 27 European Union member states and three of the five candidate countries, representing a total of more than 2000 organisations.

The European Disability Forum (EDF) is an independent NGO that represents the interests of 80 million Europeans with disabilities. EDF is the only European platform run by persons with disabilities and their families.

The EWL has an impact nationally in those countries where it has member organisations. Its activities focus on the European level, and it also works internationally. EWL's identification number on the *Register of interest representatives* is 1630447697-77.

2. WOMEN WITH DISABILITIES IN THE EUROPEAN UNION

The ad hoc module of the 2002 EU Labour Force Survey (LFS), based on self-reporting, suggests that women with disabilities constitute approximately 16% of the total population of women in Europe¹. This figure is based on a current female population of just below 250 million, so in the 27 European Union member states there are approximately 40 million women and girls with disabilities.

Available data, however, is scarce and the lack of information means we have no reliable data on women with disabilities in general. Furthermore, we know little about the specific status of women with disabilities in rural settings, immigrant women with disabilities, women with disabilities and high support needs and women with disabilities who are victims of violence, among others.

We do know that the main characteristic of this population of women is that it is a highly heterogeneous group that shares the common issue of falling victim to high levels of discrimination as a result of suffering from double stigmatisation due to sex and due to disability.

In most cases, the marginalisation women with disabilities have traditionally faced is far greater than the isolation faced by men with disabilities. In general terms, the consequences for women are: higher illiteracy rates, lower educational attainment, lower levels of participation in the labour market and/or a tendency to hold lower-paid jobs with less responsibilities, greater social isolation, lower self-esteem, greater economic reliance on their families and/or care persons, higher levels of socioaffective and emotional dependence, greater risk of falling victim to all types of violence, reduced personal and social development, serious lack of knowledge regarding sexuality and many harmful myths surrounding it, lack of protection in terms of social and health care, low self-esteem regarding their body image, among others.

The European Union ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in December 2010, and the principles and values enshrined in the Convention have been part of European Union law since January 2011. The UNCRPD recognises the particular discrimination faced by girls and women with disabilities and

¹ Ad hoc module of the EU Labour Force Survey (LFS) on people with disabilities and long-term health problems, 2002



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underlines the need to take special measures to ensure their full development and advancement. Equality between men and women is one of the guiding principles of the Convention, and this implies mainstreaming gender in all programmes and policies for persons with disabilities.

3. GENDER EQUALITY ASPECTS IN THE AREAS INCLUDED IN THE EUROPEAN UNION CONSULTATION

The EWL and EDF very much welcomes the opportunity to contribute to this public consultation with a view to a European Accessibility Act that guarantees equality and provides equal opportunities to women and men. It is necessary to ensure that women and girls with disabilities are able to live independently and participate fully in all areas of life on an equal basis with others, and especially on an equal basis with their reference populations.

The EWL and EDF would like to point out that women's rights and gender equality issues have traditionally been ignored when addressing accessibility; none of the stakeholders addresses gender equality issues, but it is highly necessary to consider what potential differences there are between men and women in terms of enjoying accessibility.

On initial reflection one may believe that accessibility, by its very nature, is gender-neutral and enables women and men to enjoy goods and services equally. A deeper study of the issue, however, shows that this is not the case.

Article 9 of the United Nations Convention on the Rights of Persons with Disabilities (which specifically addresses accessibility) recognises that appropriate measures must be taken to ensure girls and women with disabilities enjoy real access to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.

In order to properly mainstream gender equality in accessibility measures, planning, projects, programmes and reporting; safeguards must be in place to ensure that women with disabilities participate in such processes in the relevant bodies or authorities - preferably as consultants, advisors or experts - to make sure that in designing environments, goods and services, the specific needs and demands of the female population with disabilities are taken into consideration.

3.1. Access to the built environment

It is vital to ensure the gender perspective is mainstreamed in designing, developing and executing urban planning policies for public and private facilities, based on physical and communication accessibility, independence, sociability and habitability criteria. Taking into account that women with disabilities have low incomes, limited participation in the labour market, difficulties living independently, often do not own a private vehicle and live longer than their male counterparts, measures should be taken to promote neighbourhood proximity, building and housing refurbishments, pedestrian mobility, and reduce the need to use means of transport, reclaiming the street as a meeting point and location for social relations.

The built environment and urban design must be planned in accordance with civil security guidelines to enable citizens to circulate safely on foot, while ensuring that groups facing greater risk of violence and abuse (such as women, boys and girls, older people and persons with disabilities) feel protected.

3.2. Access to transport

Transport must be accessible for all persons with disabilities to ensure independent mobility. While it is widely-known that women outnumber their male counterparts and comprise the majority of public transport users, fewer women than men have access to a private vehicle, and their daily travel patterns are more complex than men's - as many frequently care for other people and have homecare commitments - it is therefore essential that in designing, developing and monitoring transport policies, the intersection of aspects related to disability and gender are considered



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to ensure women with disabilities enjoy equal opportunities and do not fall victim to discrimination. To this end, it is important to invite (women) experts with disabilities to take part as consultants in all stages of the process.

With regard to access to methods of transport, and in view of the limited financial resources women with disabilities enjoy, regulatory processes in terms of measures to ensure persons with disabilities or reduced mobility are able to use and enjoy methods of transport must, in their implementation, take into consideration and give priority to greater use of different means of transport (bus and coach, train, by air or by sea) at lower cost, not just in urban settings, but also and especially in rural environments. Mothers with disabilities and mothers of boys and girls with disabilities should have the option of travelling with their children free of charge or at an affordable price, as and when required, and such measures should be compatible with travelling accompanied by a care person.

3.3. Access to information and communication technologies (ICT)

Equal access to the different components of the information society should be ensured for women and girls with disabilities. When developing information and communication technologies, economic factors, the need for training and equal opportunities regardless of age should be taken into account to allow girls and women with disabilities at risk of social exclusion or poverty access to them.

Digital literacy for women with disabilities who wish to join the labour market should be secured, offering complementary funding or soft credits to purchase equipment and any adaptive products required for access and connectivity. Particular attention should be paid to groups at risk of exclusion (among others older women, women living in rural areas, immigrants, women belonging to ethnic minorities and women with high support needs due to disability), who should be given preference when allocating the aforementioned financial support.

In addition, active ageing policies must offer innovative and useful learning opportunities for older women with disabilities, digital literacy training and training in the use of technologies enhancing their personal independence within their communities.

3.4. Access to goods and services

It is necessary to ensure universal accessibility, design for all and a gender equality perspective in products, objects, instruments, tools and devices, in order to ensure that those commonly used by women and girls are also accessible for women and girls with disabilities, can be used safely and comfortably and as independently and naturally as possible. Special attention should be paid to those related to the sexual health of women with disabilities (among others contraceptives, gynaecologist's examination bed and mammography equipment), and to motherhood (among others babies' bottles with handles, prams designed to be attached to wheelchairs or pushed with one hand and wheelchair-accessible nappy changers, light and vibrating assistive devices, baby-cry signallers...), and should be included in publicly-available catalogues at affordable cost.

In addition, manufacturers must be encouraged to design commonly-used objects not only for use by men but by both sexes (such as watches, wheelchairs, cars, and so on), and such objects should also be available in versions designed for women.

National and European institutions responsible for developing and standardising support products must take gender issues into account and include experts in such matters with disabilities in their working groups. Those companies which include design for all when manufacturing goods aimed at assisting persons with disabilities should receive public funding or tax reductions.

All care and support services for women (and especially those related to health, motherhood, violence against women and childcare) must be fully accessible for women and girls with disabilities.



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4. ACCESSIBILITY ASPECTS NOT COVERED BY THE SCOPE OF THE EUROPEAN UNION CONSULTATION

4.1. Access to information and communications

There must be no discrimination on the grounds of sex when prioritising and granting access to communication support services. Mainstream specific services and materials, including services for violence against women and childcare services, must be accessible for all girls and women with disabilities and provided in all languages, forms and formats possible and must be easily-accessible and safe. If such services are provided by means of a not in person channel such as by telephone hotline or tele-assistance, they should also be accessible for deaf and deaf blind women, in all the advising process.

All specific services and material addressing women with disabilities must also be accessible to women and girls with intellectual disabilities. Easy-to-read formats, pictograms or having a support person to assist with communication when necessary, are resources which should be considered to address this matter properly.

The advertising of all services offered, mainstream services for women as well as specific services for persons with disabilities, should be carried out in accessible ways and formats for persons with disabilities. Furthermore, documents related to women and girls with disabilities and their rights must be understandable and available in local languages, sign language, subtitled, Braille, augmentative and alternative formats of communication, and all other accessible modes, means and formats of communication, including electronic ones.

4.2. Access to healthcare

Primary healthcare, urgency, teleassistance and previous appointment required services, sexual and reproductive health services, programmes and healthcare addressing violence against women, as well as mental health services, must be accessible to women and girls with disabilities. Hydraulic gynaecology examination beds and height-adjustable mammography equipment for wheelchair users, sufficient space in waiting rooms for crutch and wheelchair users, including dressing and undressing areas, health assistants available to help women with reduced mobility both during their time with the doctor and their visit to the health centre, sign language interpreters and guide-interpreters for autonomous deaf blind people, support services for oral communication (such as induction loops, FM equipment, text panels for transcribing sound messages, lip-reading assistants and augmentative communication), providing information in accessible formats and allowing extra estimated time for the visit, among others, are key to ensuring women and girls with disabilities receive proper healthcare in the areas mentioned above.

All health services personnel should be adequately trained on disability so that they are able to answer properly in their professional development the specific requirements of girls and women with disabilities.

Such services should be provided as close as possible to their place of residence, or even in their own homes, including in rural areas. ICT-based health services must also be fully accessible for women with disabilities.

Mainstream public health campaigns aimed at women must be inclusive of and accessible to those who have a disability. In addition, health services and early detection and intervention programmes should be established, as appropriate, to prevent and minimize the emergence of secondary disabling diseases which are more common in the female population, including rare diseases and especially in rural and remote areas.