

# Study on discrimination on grounds of religion and belief, age, disability and sexual orientation outside of employment

---

***FINAL REPORT***

**To the European Commission**

**Directorate-General Employment, Social Affairs and Equal Opportunities**

**Service Order Form No. VT/2007/0262**

**Accounting No. SI2.472063**

**Under Framework Contract No.**

**DG BUDG Ref. 2006/S-64-06621 – Lot 2**

**ABAC 101922**

***EPEC***

13 June 2008

Contact name and address for this study:

GHK Consulting Ltd

25 rue de la Sablonnière – B-1000 Brussels

Katarina Granath

[katarina.granath@ghkint.com](mailto:katarina.granath@ghkint.com)

European Policy Evaluation Consortium (EPEC)

Brussels contact address: 25 rue de la Sablonnière – B-1000 Brussels

Tel: +32 (0)2 275 0100 Fax: +32 (0)2 275 0109

E-mail: [contact@epec.info](mailto:contact@epec.info) URL: [www.epec.info](http://www.epec.info)

## CONTENTS

<b>CONTENTS</b> .....	<b>2</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>1</b>
<b>1 INTRODUCTION</b> .....	<b>11</b>
1.1 Objectives of the assignment .....	11
1.2 The scope of the assignment .....	12
1.2.1 The grounds for discrimination and policy domains covered in the study .....	12
1.2.2 The spheres of discrimination of interest in the assignment .....	12
1.2.3 The targets of discrimination .....	12
1.2.4 The types of discrimination.....	13
1.2.5 Geographical scope of the assignment.....	13
1.3 Method of approach and challenges to the study .....	13
1.4 The structure of the report.....	14
<b>2 PROBLEM ASSESSMENT: THE NATURE, SCALE AND COSTS OF DISCRIMINATION</b> ...	<b>15</b>
2.1 Introduction.....	15
2.2 Sexual orientation.....	16
2.2.1 Education.....	16
2.2.2 Housing .....	18
2.2.3 Health .....	19
2.2.4 Transport .....	21
2.2.5 Information and advice .....	21
2.2.6 Social security .....	22
2.2.7 Social services.....	23
2.2.8 Insurance and financial services .....	24
2.2.9 Goods and services in general.....	25
2.3 Disabilities .....	26
2.3.1 Education.....	27
2.3.2 Housing .....	29
2.3.3 Health .....	30
2.3.4 Transport .....	31
2.3.5 Information and advice .....	32
2.3.6 Social security .....	34
2.3.7 Social services.....	35
2.3.8 Insurance and finance services.....	36
2.3.9 Goods and services in general.....	37
2.4 Age .....	38
2.4.1 Education.....	39
2.4.2 Housing .....	40

2.4.3	Health .....	41
2.4.4	Transport .....	43
2.4.5	Information and advice .....	44
2.4.6	Social security .....	45
2.4.7	Social services.....	45
2.4.8	Insurance and finance .....	46
2.4.9	Goods and services in general.....	47
2.5	Religion and belief .....	48
2.5.1	Education.....	50
2.5.2	Housing .....	51
2.5.3	Health .....	51
2.5.4	Transport .....	52
2.5.5	Information and advice .....	52
2.5.6	Social security .....	53
2.5.7	Social services.....	53
2.5.8	Insurance and finance .....	54
2.5.9	Goods and services in general.....	54
2.6	Costs to service providers .....	54
2.7	Costs for information dissemination about new legislation .....	57
<b>3</b>	<b>DEFINITION AND ASSESSMENT OF POLICY OPTIONS .....</b>	<b>60</b>
3.1	Definition of policy options.....	60
3.2	Method for assessing the impacts of the policy options.....	64
3.3	Assessment of impacts .....	66
<b>4</b>	<b>COMPARISON OF POLICY OPTIONS.....</b>	<b>76</b>
4.1	Sexual orientation; Education (Type 2 action): yyyyyyyyyyy***** .....	77
4.2	Disabilities; Transport (Type 2 action): yyyyyyyyyyy***** .....	78
4.3	Disabilities; Education (Type 2 action): yyyyyyyyyyy***** .....	78
4.4	Disabilities; Information and advice (Type 2 action): yyyyyyyyyyy***** .....	79
4.5	Sexual orientation; Health (Type 2 action): yyyyyyyyyyy***** .....	80
4.6	Disabilities; Social Services (Type 2 action): yyyyyyyyyyy***** .....	81
4.7	Disabilities; Health (Type 2 action): yyyyyyyyyyy***** .....	81
4.8	Sexual orientation; Information and advice (Type 2 action): yyyyyyy***** .....	82
4.9	Age; Social Services (Type 2 action): yyyyyyy***** .....	82
4.10	Religion and belief; Health (Type 2 action): yyyyyyy***** .....	83
<b>5</b>	<b>CONCLUSIONS .....</b>	<b>84</b>
5.1	The scale, nature and effects of discrimination .....	84
5.2	Costs to victims and society .....	85
5.3	Costs to service providers .....	87
5.4	Costs for information dissemination about new legislation .....	87
5.5	Current legislation and enforcement measures .....	87
5.6	Types of interventions and costs.....	88

## EXECUTIVE SUMMARY

### (1) Introduction

This is the executive summary of the 'Study on discrimination on grounds of religion and belief, age, disability and sexual orientation outside of employment', commissioned by Directorate-General Employment, Social Affairs and Equal Opportunities (DG EMPL). The assignment was undertaken by the European Policy Evaluation Consortium (EPEC) under the Framework Contract for Evaluation and Evaluation-Related Services between DG BUDGET and EPEC. Two EPEC partners carried out the work; GHK and Tavistock Institute. Inputs were also provided by three external experts: John Vincke (expert on sexual orientation), Wasilios Katsioulis (expert on disabilities) and Hamid Rehman (expert on religion and belief).

The assignment was undertaken between August 2007 and June 2008.

### (2) Objectives, scope and methodology

#### *Objectives of the assignment*

The present study informs the Commission's work on new initiatives to prevent and combat discrimination outside the field of employment and vocational training on grounds of religion and belief, disability, age and sexual orientation. Under the current EC legal framework, racial discrimination is prohibited in the areas of employment, training, education, social protection, social benefits and access to goods and services (Directive 2000/43/EC). The scope of protection against discrimination on grounds of religion or belief, age, disability and sexual orientation is limited to employment and vocational training (2000/78/EC).

This preparatory study provides the Commission with necessary information and assessments for the Commission Impact Assessment to determine what action, if any, should be undertaken to improve the level of protection against discrimination on the relevant grounds in the EU Member States. The specific objectives of this assignment were to provide the Commission with independent information on:

- The extent of discrimination on the grounds of religion and belief, age, disability, and sexual orientation outside of employment and vocational training in the Member States.
- The costs and benefits of the possibilities of extending such protection against such discrimination.
- The costs and benefits of *not* extending protection against such discrimination.

These specific objectives are relevant to all aspects of the Impact Assessment process but of greatest relevance to the problems to be addressed, the costs and aspects of feasibility and the expected impacts and results of the identified policy options<sup>1</sup>.

### ***The scope of the assignment***

As indicated in the terms of reference, the grounds for discrimination of interest in this assignment are:

- religion and belief;
- age;
- disability (including learning difficulties, mental health and physical disabilities); and,
- sexual orientation.

The assignment concerns discrimination in accessing goods and services. A distinction has been made between the following nine policy domains: education, housing, health, transport, information and advice, social security, social services, insurance and finance, and, goods and services in general.

The terms of reference specifically excludes discrimination concerning employment. Employment services and vocational training are also excluded as these areas are covered by the already existing Directives.

The main spheres of discrimination of interest include: (i) Rights and the consequences of legislation; (ii) Access to public services; and, (iii) Access to private services.

During the assignment different types of discrimination have been taken into account, for example:

- 'Institutionalised' discrimination, which is embodied in the practice of public agencies and companies, and 'occasional and individual' discrimination, where for example a 'gatekeeper' within a public service agency may exercise discrimination and favouritism;
- 'Direct' discrimination, which occurs when a law, public agency or company discriminates against an individual, and 'indirect' discrimination, which occurs when an apparently neutral provision, criterion or practice disadvantages people on the grounds of religion or belief, disability, age or sexual orientation unless the practice can be objectively justified by a legitimate aim; and,
- 'Positive' and 'negative' discrimination (e.g. private companies providing 'clubs', bars or holiday services may wish to target specific groups and perceive that

---

<sup>1</sup> The full Impact Assessment includes the identification and elaboration of: (a) Problems to be addressed; (b) Relevant lessons from existing practice and legislation; (c) General and specific objectives; (d) Different policy options, including 'alternative zero' (status quo); (e) Costs and aspects of feasibility; (f) Expected results and impacts of the identified policy options and actions; (g) Added value of the Community level action; (h) Assessment of risks related to the policy options; and (i) Monitoring and evaluation criteria.

catering for others is 'bad for business' because their core clients prefer exclusivity).

Consideration has also been given to the causes and triggers of discrimination. As well as considering discrimination at the level of the individual, social groups potentially affected were also considered.

The geographical coverage of the assignment was the 27 EU Member States.

### ***Method of approach and challenges to the study***

In carrying out the assignment, a number of substantive and other challenges had to be addressed. These are listed below and detailed in Annex 2 of the final report.

Substantive challenges:

- Multiple forms of discrimination;
- Intersection with discrimination on the grounds of race or ethnic origin;
- Crossing the line with employment; and,
- The definition of discrimination, which is to some extent dependent on the national legislation, social protection system etc.

Other challenges:

- Challenges in relation to data (e.g. relevant statistical data, sensitivity);
- Perceived discrimination as a precondition to the observation and recording of discriminatory acts or experiences;
- The lack of clearly defined policy options;
- Assessing the administrative and compliance costs of non-legislative and legislative measures; and,
- Short timescale.

The method of approach is also detailed in Annex 2 and consisted, in short, of:

- Extensive desk based research;
- Country research of the 27 EU Member States;
- Case studies of a selected number of Member States;
- A survey with equality bodies (or equivalents);
- Review and analysis of the written responses of European level NGOs to the Commission consultation;
- Participation in the conference on the Year of Equal Opportunities for All, in meetings organised by the European Commission (involving the

European level NGOs and social partners) and in the launch of the Equinet;

- An initial mapping outlining the nature of discrimination;
- Two brainstorming meetings with external experts held on 21 November 2007 and 22 January 2008; and,
- Internal brainstorming meetings.

### **(3) Main findings**

#### ***The scale, nature and effects of discrimination***

There is no doubt that discrimination in accessing goods and services is a problem in the current situation in the EU for individuals belonging to – or being perceived as belonging to – the grounds covered in this assignment (sexual orientation, disabilities, age and religion and belief). Surveys with potential victims, i.e. persons belonging to these groups, confirm that discrimination is a widespread phenomenon across the EU.

With respect to the nine policy domains covered (i.e. health; education; housing; transport; information and advice; social security; social services; insurance and financial services; and, goods and services in general) there are of course variations in the nature, extent and effects of discrimination due to the specifics of the different grounds and policy domains. However, some of the problems of discrimination are similar in all policy domains and for all grounds. For example, discrimination often refers to not being able to access services or goods at all, degrading treatment (including bullying and harassment) when accessing services or goods, and, for people with disabilities, lack of adaptations.

Furthermore, common effects on individuals due to discrimination are often health-related (e.g. stress, mental health problems, ill-health, less uptake of preventative services, higher levels of suicide attempts than the general population etc.), lower educational attainment, fewer employment prospects and decreased participation in society and social life. This in turn impacts on the costs for service providers and society as a whole: higher unemployment costs money; health costs spiral-up; and lower levels of consumption impact on the economy as a whole.

Although not all individuals that belong to each of the relevant groups covered in this assignment are discriminated against, the share or number of potential victims provides a picture of how many individuals are potentially affected by having a legislative proposal in this area:

- *Proportion of homosexual and bisexual people:* Estimations range from 1.5% to 10% of the population. In this assignment, a share of 3% has been deemed most appropriate on the basis of available evidence. This would be equal to approximately 14,915,962 individuals in 2008.
- *Proportion of disabled people:* Reports indicate that disability affects 15-20% of every country's population, or 74,579,811 individuals across the EU (15% of the EU population in 2008). This includes: (1) Individuals with movement disabilities (6.4%); (2) Individuals with sight impairment (4.5%); Individuals with hearing impairment (2.1%); and, Individuals with mental, nervous or emotional problems (9.3%).

- *Proportion of younger and older people:* Victims are mainly of a younger age or an older age. In terms of young people, 22.1% of the EU27 population was below the age of nineteen in 2006 (108,454,545 individuals), and 28.7% was below the age of 25. In relation to elderly people, 21.9% of the EU27 population was 60 years of age or above (i.e. approximately the same number as those under 19) and 4.1% were above the age of 80.
- *Proportion of individuals belonging to different faith groups:* In 2003, nearly 87% of the EU26 (no data are available for one country) population adhered to one of three world religions, i.e. Christianity, Judaism and Islam. On average, 84% presented themselves as Christians (408,758,636 individuals), 0.2% as Jews (973,235 individuals), and 1.7% as Muslims (8,272,496 individuals).

### **Costs to victims and society**

Estimations of costs to victims and society have been made on the basis of data on the share of individuals belonging to each of these four groups who feel discriminated against and on relevant socio-economic statistics. Assessments of costs of discrimination have been monetised where possible and sensible. The assessments point to high levels of costs both for individuals and society in the current situation.

The most important monetised costs are outlined in Table 1 below by policy domain (most assessments refer to disabilities and sexual orientation, as most data are available for these grounds):

<b>Table 1 – Costs to individuals and society by policy domain</b>	
<b>Policy domain</b>	<b>Costs to individuals and society</b>
<b>Education</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>▪ Health problem faced by gay and lesbian pupils in upper-secondary education due to bullying and harassment in school has been estimated to later reduce their earning capacity by on average 14.3%. This corresponds to an annual loss of 3,584 euro for an individual, and 452 million euro altogether (based on an estimation of 126,000 victims).</li> <li>▪ Early school leaving due to harassment in school leads to a reduction of net earning prospects by 10,706 euro on average per annum, adding up to 173 million euro (based on that 10% of gay or lesbian youth who have been harassed - 16,100 in the age group 15-19 - drops out of school).</li> <li>▪ The loss in GDP due to lower participation rate or qualification levels of LGB persons in the labour force is estimated to be around 872 million euro (loss in net wage and loss in tax revenue).</li> <li>▪ The direct tax revenue foregone due to lower earning capacity of harassed LGB youth with health problems is 1,275 euro per person, i.e. 161 million euro in total. The tax revenue foregone due to dropping out equals 76 million euro.</li> </ul> <p><i>Disabilities</i></p> <ul style="list-style-type: none"> <li>▪ The combined wage loss in the EU-25 due to that 3,592,000 severely or moderately disabled persons may have achieved a lower level of education than they would if all countries were as successful in narrowing the education gap as much as the best performer (Germany) is estimated to reach 28 billion euro per annum.</li> <li>▪ The lower economic performance (i.e. loss in GDP) due to lower participation rate or qualification level of individuals with disabilities in the labour force is estimated to add up to around 40.3 billion euro per annum.</li> </ul>



**Table 1 – Costs to individuals and society by policy domain**

<b>Policy domain</b>	<b>Costs to individuals and society</b>
	<ul style="list-style-type: none"> <li>Furthermore, the change in the net transfers to individuals with disabilities (benefits minus taxes) is estimated to be 12.3 billion euro, as individuals with lower educational achievement are more likely to take lower-paid jobs.</li> </ul> <p><i>Age</i></p> <ul style="list-style-type: none"> <li>Scholarship not granted to students above 26 may result in a loss of 3,464 euro on average to an individual.</li> </ul>
<b>Housing</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>A 10% hedonic surplus in housing expenditure of the gay and lesbian is attributed to the intention to avoid harassment and degrading treatment. This would correspond to a total of 4.1 billion euro for the gay and lesbian community.</li> </ul> <p><i>Disabilities</i></p> <ul style="list-style-type: none"> <li>For disabilities the key cost that lends itself to monetisation is the hedonic price surplus that owners/tenants would enjoy if they lived in amenities on upper floors. Estimating the share of wheelchair users affected to be 20%, and the surplus to be 10%, the total loss in consumer surplus is around 347 million euro.</li> </ul>
<b>Health</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>For LGB individuals, the total loss in net earnings on the grounds of ill-health is 3,584 euro per person (an average loss of 14.3%); 466 million euro in total. (Around 847,000 people with homo- or bisexual orientation experience some form of discrimination in health services; significant health problems occur to 16,900 of them. Another 113,000 people may face health problems because they avoid going to the doctor regularly).</li> <li>The economic value of life, relevant for those who die because of discrimination at health services, is estimated at a conservative 4 million euro. This is not grossed up, as the number of individuals affected is not known.</li> <li>The loss of GDP as a result of the diminishing workforce (due to the gap in the average number of years spent on the labour market between LGB persons and the total population) is estimated at 632 million euro. The direct tax revenue foregone due to reduced wage-earning capacity of gays and lesbians caused by ill-health is 1,275 euro per person per annum, i.e. 166 million euro in total (contained in the loss of GDP figure).</li> </ul> <p><i>Disabilities</i></p> <ul style="list-style-type: none"> <li>8.4 million severely or very severely disabled individuals are estimated to face discrimination when accessing health services. Resulting ill-health is calculated to effect a loss of 599 million euro in net wage per year.</li> <li>Ill health leads to lower economic performance and a loss of GDP as a result of diminishing workforce, estimated at 812 million euro per year.</li> <li>The direct tax revenue foregone is estimated to reach 213 million euro a year.</li> </ul>
<b>Social security</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>Social expenditure on survivors' benefits is estimated to increase by around 2%, or 2.5 billion euro, if widowers of same-sex marriages and partnerships were entitled to such benefits. Currently, these are often not granted, and are seen as the cost of discrimination in this area.</li> </ul>
<b>Social services</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>The loss of income - if inaccessible social services prevent mothers with small children in same-sex relationships to enter the labour market - may amount to up to 90.8 million euro.</li> </ul>

**Table 1 – Costs to individuals and society by policy domain**

Policy domain	Costs to individuals and society
<b>Insurance and finance</b>	<p data-bbox="448 387 624 412"><i>Sexual orientation</i></p> <ul data-bbox="448 434 1431 488" style="list-style-type: none"> <li data-bbox="448 434 1431 488">▪ Access to health and incapacity insurance with an annual fee of about 201 million euro may be denied for gay and lesbian individuals.</li> </ul> <p data-bbox="448 510 549 535"><i>Disabilities</i></p> <ul data-bbox="448 557 1431 611" style="list-style-type: none"> <li data-bbox="448 557 1431 611">▪ Disabled persons are excluded from private health and incapacity insurance contracts worth about an estimated 6.45 billion euro in fees.</li> </ul>

### **Costs to service providers**

The adoption of anti-discrimination legislation leads to costs for service providers in terms of making adaptations for disabled persons to ensure access to their services, as well as e.g. training of staff. Only scarce information concerning ‘reasonable’ costs for making adaptations was identified, as information from national authorities does not specify what ranges of monetised costs are considered reasonable, but only refer to (i) the type of adaptations that can be considered reasonable; and, (ii) on what basis it is determined what level of adjustments is deemed ‘reasonable’.

In relation to costs for individual service or goods providers, experience, however, shows that these are not onerous. For example, according to a study conducted for the Department for Work and Pensions in the UK (where the principle of non-discrimination already applies outside employment), 74% of the companies indicated that it had been easy to make physical adjustments, whereas only 9% commented that costs were an issue.

As an example of the level of costs in different sectors due to the introduction of anti-discrimination legislation outside employment, in the UK, assessments have been made of the costs to businesses in the housing; transport; and, private clubs sectors of adapting to the disability duty. The total *one-off costs* in these sectors were estimated at between €4.1 million and €8.3 million (£2.8 million and £5.7 million). The total *ongoing costs* to businesses were estimated at between €3.3 million and €6.9 million (2.3 million and £4.7 million) per year.

### **Costs for information dissemination about new legislation**

Only very scarce information on costs for raising awareness about new legislation (rights and obligations) in the Member States was identified; sources often describe the activities carried out only, rather than also providing details on the costs of the specific activities organised to disseminate information about new legislation.

Information was, for example, available for information dissemination initiatives in Sweden, where an awareness raising campaign was undertaken in connection with new anti-discrimination legislation in 2003. The overall cost for the campaign was around 818,554 euro (7.5 million SEK). The awareness raising campaign included the following activities: A campaign with advertisement and editorial participation in amongst others sectoral press and newspapers; The development of an informative film to show on TV and other similar types of media; A leaflet with basic information about the legislation; A

specific website ([www.oppnare.se](http://www.oppnare.se)); Information and education meetings; and, Posters; specifically developed for the local anti-discrimination activities and their target groups.

A more targeted project (ADIS) was also carried out in Sweden in 2006 to inform pupils about their rights not to be discriminated against in school, involving training of trainers (pupils), organisation of a seminar and production of a cartoon magazine. The total costs for the project were 206,436 euro.

### ***Current legislation and enforcement measures***

When assessing the benefits of adopting EU level legislative and non-legislative measures in the area of access to goods and services, existing initiatives at national level need to be taken into account. Available information indicates that most Member States do have some legislation in place. However, there is clearly a legislative gap, as even Member States which have well-functioning legislation for some grounds do not cover all four grounds, or all policy domains. Furthermore, it appears that separate legal acts generally provide better protection than provisions in the constitution, as separate legal acts most of the time are accompanied by a system of equality or advisory bodies.

Evidence clearly points to the importance of establishing advisory or equality bodies, to which individuals who feel discriminated can turn in order to obtain advice concerning their (potential) case. Few individuals in the current situation are taking their cases to court; equality bodies have assessed the share of court cases to 3% or 'very low'. Most Member States have established equality bodies covering the grounds where legislation is already in place. The bodies have very different competencies (ranging from provision of advice only, to giving sanctions). Stakeholders have commented that it is beneficial if advisory bodies not only have competences to provide advice, but also that their powers extend further so that they are able to contact the perpetrator and can establish an out of court settlement. Furthermore, whereas some bodies only cover one ground of discrimination, in other countries equality bodies have been given the competence to handle cases on the basis of various grounds. It seems that the trend is moving towards establishing one equality body (which often is supported by local advice offices), so as to deal with cases of multiple discrimination or cases where the ground is unclear.

The impact on cross-border issues of discrimination and anti-discrimination legislation and measures is an important issue although few studies exist. Documentation identified suggests that individuals are moving from countries with low protection against discrimination (e.g. Malta and Poland) due to their sexual orientation. However, no information on how wide-spread this phenomenon is has been identified or whether it relates to improved rights e.g. to marry rather than the existence of anti-discrimination legislation. However, it can be assumed that LGB (lesbian, gay and bisexual) persons move due to a combination of factors, including the openness of the society, economic opportunities etc. In relation to disabilities, no information on this topic has been identified, but it can be assumed that the social benefits already secured in one country may discourage movement to another country. For age and religion and belief no information has been found. It is unlikely that EU level anti-discrimination legislation would bring about any important cross border effects other than providing individuals with the protection against discrimination across the Union when attempting to access goods and services.

### ***Types of interventions and costs***

In addition to Status Quo (the 'do nothing' option) the following four types of intervention were identified:

- Type 1: EU level legislation and awareness raising;
- Type 2: EU level legislation, awareness raising, enforcement (including the requirement to establishment an equality body, and specification of the competences) and encouragement of networking between relevant actors;
- Type 3: EU level legislation with a punitive approach (i.e. a system which is similar to that in the USA with high sanctions); and,
- Type 4: Funding.

The three first types involve legislative action at the EU level, whereas Type 4 would imply only the funding of anti-discrimination initiatives. Anti-discrimination funding measures are already frequent at both EU and national levels, but are important to also consider here, in comparison with the adoption of EU level legislation.

The assessment of expected benefits and costs (administrative and compliance costs) for the public and private sectors as a consequence of adopting the four different types of legislative and non-legislative measures strongly suggests that Type 2 would be the option that would result in the greatest benefits. In fact, Type 2 led to the greatest benefits for all grounds. Costs are relatively high for this option (due to the requirement to undertake more extensive enforcement and advisory tasks), but overall, the benefits outweigh the costs.

The anticipated reduction of costs was assessed for the ten grounds and policy domains where the greatest benefits can be expected (compared to costs). It must be emphasised that it is not expected that the problem of discrimination would be eliminated for any of the grounds or domains covered in the present assignment. Typically, it is expected that the maximum reduction of the problem would be 5% to 20% (depending on ground and domain).

It is also necessary to point out that many of the benefits are anticipated to occur due to the capacity building of staff (which would be necessary in order to comply with legislation). Most of the positive effects due to capacity building measures are likely to appear in the long term, rather than immediately after the possible adoption of anti-discrimination legislation in accessing goods and services. Before initiating capacity building measures, it would be essential to build a knowledge-base concerning the problem, to identify relevant components of staff education in the various policy domains, as well as to define and develop the necessary training materials and courses.

The administrative costs to Member States are very difficult to estimate without further details on the actual policy options and in particular the enforcement procedures that would be specified in EU legislation, if any. At one level the administrative costs would be low if the EU legislation was not very specific and if Member States were able to take a 'softly softly' approach to enforcement. At another level if the EU legislation specified enforcement levels (e.g. all educational establishments should be visited every two years

in order to check their compliance with guidelines) then the administrative costs would be high, but predictable.

There would also be both administrative and compliance costs that would be incurred by service providers in both the public and private sector. The administrative costs would relate to any reporting requirements due to the legislation. The compliance costs would relate to changes that the supplier would need to make in their products and services. Again, the latter compliance costs would vary according to the precise specifications of the legislation and the timescales required for compliance. Whilst it is possible to estimate the relative importance of such compliance costs by policy area and grounds for discrimination, it is not possible to estimate the costs without specifying in detail the policy options.

Environmental costs are likely to be minor. The only area where impacts are likely to occur is in the policy domain of transport for the ground of disabilities, where increased access to public transport means could lead to a slight reduction in the use of taxis and own cars.

# 1 INTRODUCTION

This is the final report for the ‘Study on discrimination on grounds of religion and belief, age, disability and sexual orientation outside of employment’, commissioned by Directorate-General Employment, Social Affairs and Equal Opportunities (DG EMPL). The assignment was undertaken by the European Policy Evaluation Consortium (EPEC) under the Framework Contract for Evaluation and Evaluation-Related Services between DG BUDGET and EPEC. Two EPEC partners carried out the work; GHK and Tavistock Institute. Inputs were also provided by three external experts: John Vincke (expert on sexual orientation), Wasilios Katsioulis (expert on disabilities) and Hamid Rehman (expert on religion and belief)<sup>1</sup>.

The assignment was undertaken between August 2007 and June 2008.

The report takes account of four meetings between EPEC and DG EMPL<sup>2</sup> and feedback from the client during the course of the assignment. As the Commission was to draft their Impact Assessment in early 2008, it was agreed between EPEC and DG EMPL that the contractor would provide a number of interim submissions on the scale, nature, effects and costs of discrimination<sup>3</sup>. This report compiles and elaborates on the earlier submissions.

## 1.1 Objectives of the assignment

Under the current EC legal framework, racial discrimination is prohibited in the areas of employment, training, education, social protection, social benefits and access to goods and services (Directive 2000/43/EC). The scope of protection against discrimination on grounds of religion or belief, age, disability and sexual orientation is limited to employment and vocational training (2000/78/EC).

The present study informs the Commission’s work on new initiatives to prevent and combat discrimination outside the field of employment on grounds of religion and belief, disability, age and sexual orientation. The Commission is to undertake an Impact Assessment to determine what action, if any, should be undertaken to improve the level of protection against discrimination in the EU Member States.

This preparatory study provides the Commission with necessary information and assessments for the Commission Impact Assessment. The specific objectives of this assignment are to provide the Commission with independent information on:

- The extent of discrimination on the grounds of religion and belief, age, disability, and sexual orientation outside of employment and vocational training in the Member States.
- The costs and benefits of the possibilities of extending such protection against such discrimination.
- The costs and benefits of *not* extending protection against such discrimination.

These specific objectives are relevant to all aspects of the Impact Assessment process but of greatest relevance to the problems to be addressed, the costs and aspects of feasibility and the expected impacts and results of the identified policy options<sup>4</sup>.

## **1.2 The scope of the assignment**

The scope of the assignment includes specification of the grounds for discrimination covered in the study; the spheres of discrimination of interest; the targets of discrimination; the types of discrimination and geographical coverage.

### **1.2.1 The grounds for discrimination and policy domains covered in the study**

As indicated in the terms of reference, the grounds for discrimination of interest in this assignment are: religion and belief; age; disability (including learning difficulties, mental health and physical disabilities) and sexual orientation.

The grounds for discrimination that will not be considered include: race; gender; nationality; social class; place of residence or 'post code'; language ability; and, offending history.<sup>5</sup>

The assignment concerns discrimination in accessing goods and services. A distinction has been made between the following nine policy domains: education, housing, health, transport, information and advice, social security, social services, insurance and finance, and, goods and services in general.

### **1.2.2 The spheres of discrimination of interest in the assignment**

The main spheres of discrimination of interest include:

- Rights and the consequences of legislation.
- Access to public services, including: health, education, housing, transport, information and advice, social security and social services.
- Access to private services, including: health, education, transport, housing, information and advice, insurance and financial services, and goods and services in general.

The terms of reference specifically excludes discrimination concerning employment. Employment services and vocational training are also excluded as these areas are covered by the already existing Directives.

### **1.2.3 The targets of discrimination**

The (potential) targets / victims of discrimination of prime interest to the assignment are EU citizens and Third Country Nationals (TCN) with a legal right to stay or to reside in the EU. There are other potential victims of discrimination including asylum seekers and illegal migrants. However, in the case of illegal migrants they do not have full rights or are unlikely to use them due to their illegal status.

As well as considering discrimination at the level of the individual, social groups potentially affected are also considered.

### **1.2.4 The types of discrimination**

During the assignment different types of discrimination have been taken into account, for example:

- 'Institutionalised' discrimination<sup>6</sup>, which is embodied in the practice of public agencies and companies, and 'occasional and individual' discrimination, where for example a 'gatekeeper' within a public service agency may exercise discrimination and favouritism;
- 'Direct' discrimination, which occurs when a law, public agency or company discriminates against an individual, and 'indirect' discrimination, which occurs when an apparently neutral provision, criterion or practice disadvantages people on the grounds of religion or belief, disability, age or sexual orientation unless the practice can be objectively justified by a legitimate aim<sup>7</sup>; and,
- 'Positive' and 'negative' discrimination (e.g. private companies providing 'clubs', bars or holiday services may wish to target specific groups and perceive that catering for others is 'bad for business' because their core clients prefer exclusivity).

Consideration has also been given to the causes and triggers of discrimination. The roots of most discrimination are prejudices based on perceptions and attitudes. However, such prejudice may not necessarily be reflected in behaviour and cannot be legislated against. At the same time many anti-discrimination measures address perceptions and attitudes and their causes.

### **1.2.5 Geographical scope of the assignment**

The geographical coverage of the assignment is the 27 EU Member States.

## **1.3 Method of approach and challenges to the study**

In carrying out of the assignment, a number of substantive and other challenges had to be addressed. These are listed below and detailed in Annex 2.

Substantive challenges:

- Multiple forms of discrimination;
- Intersection with discrimination on the grounds of race or ethnic origin;
- Crossing the line with employment; and,
- The definition of discrimination, which is to some extent dependent on the national legislation, social protection system etc.

Other challenges:

- Challenges in relation to data (e.g. relevant statistical data, sensitivity);
- Perceived discrimination as a precondition to the observation and recording of discriminatory acts or experiences;



- The lack of clearly defined policy options;
- Assessing the administrative and compliance costs of non-legislative and legislative measures; and,
- Short timescale.

The method of approach is detailed in Annex 2 and consisted, in short, of:

- Extensive desk based research;
- Country research of the 27 EU Member States;
- Case studies of a selected number of Member States;
- A survey with equality bodies (or equivalents);
- Review and analysis of the written responses of European level NGOs to the Commission consultation;
- Participation in the conference on the Year of Equal Opportunities for All, in meetings organised by the European Commission (involving the European level NGOs and social partners) and in the launch of the Equinet;
- An initial mapping outlining the nature of discrimination;
- Two brainstorming meetings with external experts held on 21 November 2007 and 22 January 2008; and,
- Internal brainstorming meetings.

#### **1.4 The structure of the report**

This draft final report consists of the following sections:

*Section 2:* Problem assessment: The nature, scale and costs of discrimination;

*Section 3:* Definition and assessment of the policy options;

*Section 4:* Comparison of the policy options; and,

*Section 5:* Conclusions.

Supporting material is provided in annexes, including an outline of legislation currently in place and enforcement mechanisms in the Member States (see Annex 4).

## 2 PROBLEM ASSESSMENT: THE NATURE, SCALE AND COSTS OF DISCRIMINATION

### 2.1 Introduction

This section is structured according to the four relevant grounds of discrimination. For each of the nine policy domains discussed, the following is provided:

- A description of the key discrimination problems, i.e. the nature of discrimination;
- Data outlining causal links between the identified discriminatory practices, the direct and indirect effects for individuals (or groups of individuals) and impacts on society. Figures are provided, by ground of discrimination and policy domain, in Annex 11; and,
- A table describing: the direct effects on individuals (or groups); the indirect effects on individuals; the monetised costs to victims; the monetised and non-monetised costs for society<sup>8</sup>. The data and methods that have been used for estimating the costs are outlined for all grounds and policy domains in Annex 12.

In terms of the key problems of discrimination, what is regarded as discrimination in particular for some grounds (such as religion and belief) varies across the EU Member States, as well as political choices concerning, for example, what adaptations or assistance is made available for people with disabilities<sup>9</sup>. The team has therefore focused on describing the types of discrimination of 'greatest importance' to the study's objectives. While from an ethical point of view questions may be raised in relation to what constitutes 'the most important types of discrimination', at a practical level it was necessary to identify forms of discrimination to prioritise in the study, in terms of collecting data on the scale of the problem in the Member States, the effects to the victims and the wider society, and the costs attached.

The description of key problems includes some data on the scale of the problem. A document (Excel file) outlining the scale of the problem in terms of proportions of (potential) discrimination victims (i.e. individuals from the various grounds) who have experienced discrimination or felt discriminated against) has been submitted separately<sup>10</sup>. The assessments of the scale of discrimination in the current situation have informed the estimations of costs and benefits of non-legislative and legislative measures (identified in Section 3).

In accordance with the Terms of Reference for the study, information concerning (i) costs for service providers; and, (ii) costs for dissemination of information about new legislation was also collected as part of the present assignment. Since only very scarce information on these two topics was identified, the information compiled is presented in sections 2.6 (costs for service providers) and 2.7 (costs for dissemination of information) rather than by discrimination ground and area of discrimination.

## 2.2 Sexual orientation

When considering discrimination on the ground of sexual orientation the visibility of homosexuality or bisexuality is of primary importance. Homosexuality and bisexuality are to be perceived as multi-dimensional phenomena, consisting of: fantasies; sexual contacts; gay / lesbian / bisexual identity; and relationships.

Fantasies, sexual identities and sexual contacts between individuals of the same gender can be hidden, if the individual wishes to do so. The visibility of homosexuality or bisexuality is primarily tied to individuals' involvement in same-sex relationships or their public expression of sexual preference. Therefore, lesbians, gays or bisexuals (LGB) at the highest risk of discrimination are those who are in a relationship or who are publicly out.<sup>11</sup>

The scale of the gay and lesbian population in Europe is a highly debated topic. Surveys in this field use different methodologies, and are conducted in different cultural settings, while administrative data is obviously not available. Estimations range from 1.5% to 10% of the population<sup>12</sup>.

The key policy domains of relevance to discrimination on the ground of sexual orientation are: education and health (due to the severe effects discrimination in these areas result in). Other relevant domains are housing, information and advice, social security, insurance and financial services and access to goods and services in general.

### 2.2.1 Education

Discrimination on the ground of sexual orientation is not a major problem at the primary school level. It becomes an important issue for secondary schools, corresponding with the age at which pupils start to out or understand and express their sexual preferences. The age at which LGB individuals come out – the average is 16 years – is decreasing. Consequently, from the perspective of lifelong learning, discrimination on the basis of sexual orientation impacts upon – and potentially distorts – the educational pathway of LGB individuals during adolescence.

The main problems experienced by LGB individuals<sup>13</sup>: include harassment and bullying; lack of representation of LGB issues in the curriculum; discriminatory content in educational materials; insulting or degrading treatment during classes; and no or limited access to information about sexuality and sexual health.<sup>14</sup>

In terms of 'access to schools', safe access to schools is the primary concern for LGB pupils.<sup>15</sup> Fellow pupils may threaten or subject LGB pupils to verbal and physical abuse in the classroom and on the school grounds. Teaching and supporting staff may show contempt vis-à-vis the notion or pupils' expressions of homosexuality. Studies have indicated that LGB pupils attending schools where the educational qualifications of staff and pupils are low are particularly at risk of negative attitudes and behaviour because of their (presumed) homosexuality or bisexuality.<sup>16</sup>

The ideological framework that governs an educational institution (e.g. inspired by Catholicism, Islam) is an important determinant of the experiences of LGB pupils at secondary school, as well as during higher studies. This ideological framework governs understandings and attitudes vis-à-vis (particular) sexual preferences to its staff and pupils, which in turn affect LGB pupils' visibility and exposure to discrimination in education. The norms and values that govern a school are partly reflected in textbooks

and other educational materials used in schools. Research studies<sup>17</sup>, examining whether and how sexual orientation is included found that course material implicitly treats heterosexuality as the norm and only rarely mentions homosexuality, conveying the strange or atypical status of this 'condition' or sexual orientation.<sup>18</sup>

Repeated exposure to such condemning discourses results in a decreased willingness of young gays and lesbians to out their sexual preference, hereby rendering them more invisible. It also negatively affects their personal development, reducing their self esteem and confidence. Next to these effects on LGB pupils' mental health, the absence of homosexuality or bisexuality in courses, such biology, health or sexual education, can fail to address and prevent severe physical health risks, such sexually transmitted diseases.

As to their prospects of lifelong learning, the discrimination that young people experience on the basis of sexual orientation does not so much affect their access to schools, but rather their willingness or opportunities to stay and continue their education in general or in the specific school. Research studies have found that, in particular gay boys, often seek out educational institutions and professions with a high proportion of girls to avoid problems.<sup>19</sup> Similar effects on lesbian girls are less known and studied.

**Table 2.1 – Discrimination on the ground of sexual orientation in education: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or restricted access to preferred educational establishment (e.g. Catholic institutes) and specific courses</li> <li>▪ No access to high quality education</li> <li>▪ Higher drop out rates or early school leaving</li> <li>▪ Harassment of LGB pupils resulting in lower self esteem and reduction of educational achievement</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Failed education resulting in economic costs as employability and career prospects are drastically reduced;</li> <li>▪ Lack of self esteem, mental health problems and risk behaviour.</li> <li>▪ Drop outs and early school leavers get into 'street life'; prostitution</li> <li>▪ Higher level of suicide among LGB youth.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ An estimated 126,000 gay and lesbian pupils in upper-secondary education face health problems due to bullying and harassment at school, which will later reduce their earning capacity on average by 14.3%. This corresponds to an annual loss of 3,584 euro for an individual, and 452 million euro altogether.</li> <li>▪ 10% of gay or lesbian youth harassed (16.1 thousand in the age group 15-19) drop out of school. This reduces their net earning prospects by 10,706 euro on average per annum, adding up to 173 million euro.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Higher use of mental health services. Total annual cost of mental health services for LGB persons with mental health problems.</li> <li>▪ Lower economic performance due to lower participation rate or qualification level of LGB persons in the labour force. Loss in GDP is estimated to be around 872 million euro (loss in net wage + loss in tax revenue).</li> <li>▪ Burden on public budget due to lower participation rate or qualification level of LGB persons in labour force. Change in the net transfers to LGB persons (benefits minus taxes).</li> </ul>

**Table 2.1 – Discrimination on the ground of sexual orientation in education: Effects and costs**

Types of effects / costs	Description
	<ul style="list-style-type: none"> <li>▪ The direct tax revenue foregone due to lower earning capacity of harassed LGB youth with health problems is 1,275 euro per person per annum, i.e. 161 million euro in total. The tax revenue foregone due to dropping out equals 76 million euro.</li> </ul>

### 2.2.2 Housing

Discrimination on the basis of sexual orientation is primarily experienced in relation to accessing rental facilities and real estate agencies, and degrading treatment by neighbours.

In terms of sub-groups, it has been shown<sup>20</sup> that couples, more than individuals, become subject to discrimination in the process of renting a house or flat (e.g. when asking to view the property or securing the contract). Single individuals may seek to avoid such discrimination by opting not to disclose their sexual preference, but for couples, their sexual behaviour and relationships are more difficult to hide<sup>21</sup>. Furthermore, two males enquiring about accommodation are more likely to raise suspicion than two females doing so. Cases have occurred where individuals have been denied access to apartments as they have been *perceived* as being homosexual, or because they have homosexual relatives.<sup>22</sup>

In addition to not being able to access, and eventually secure a leasing contract, to a rental facility, discrimination perpetrated by neighbours and community members may also negatively affect their quality of life and the sense of safety that a home is expected to provide. As a result, LGB individuals move a lot, searching out areas which offer anonymity. While for the more economically advantaged LGB individuals this means moving to the city centre, the poorer ones are often forced to stay put.

**Table 2.2 – Discrimination on the ground of sexual orientation in housing: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to preferred accommodation or neighbourhood</li> <li>▪ Living in less socially integrated neighbourhoods with less social control but simultaneously less safe</li> <li>▪ Being shunned or exposed to verbal abuse by neighbours.</li> <li>▪ No/limited access to social housing projects as families with children are given priority on waiting lists.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Having to pay higher rents to be able to live in a safe neighbourhood and therefore spending a higher proportion of household income on accommodation.</li> <li>▪ Running more risk of being assaulted in unsafe neighbourhoods (e.g. when individual/couple does not have the financial means to move).</li> <li>▪ Frequent moving.</li> <li>▪ Mental health problems.</li> <li>▪ Having difficulty establishing social networks/relationships based on neighbourhoods, due to frequent moves and/or anonymity.</li> </ul>

**Table 2.2 – Discrimination on the ground of sexual orientation in housing: Effects and costs**

Types of effects / costs	Description
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ A 10% hedonic surplus in housing expenditure of the gay and lesbian is attributed to the intention to avoid harassment and degrading treatment. This would correspond to a total of 4.1 billion euro for the gay and lesbian community.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Segregation as LGB individuals 'flock together' in particular neighbourhoods. Changes in house prices in LGB neighbourhoods. Homogeneity of housing areas.</li> <li>▪ Social exclusion (public sector has to provide for individuals / households in difficulties). Number of interventions by social services in household. Public money spent on interventions.</li> </ul>

### 2.2.3 Health

Discrimination on the basis of sexual orientation is experienced in both public and private health care, at the level of prevention and treatment. Not only (potential) patients, but also their partners suffer discrimination on the ground of sexual orientation in health contexts.

Partners of LGB patients are often not treated as such by medical staff. As a result, they may be denied the rights to visiting or staying with the partner in hospital, to information on the health situation of their partner, and to being consulted in the treatment to be chosen.<sup>23</sup> Partners in same-sex relationships may also miss out on psychological support services (e.g. bereavement counselling) otherwise provided by the healthcare institutions. Furthermore, homophobic reactions by doctors and nurses are particularly problematic in that the sudden illness of the partner, or their admission to hospital, which may have triggered the couple's first public outing of their homosexual relationship.<sup>24</sup>

The key problem that LGB individuals experience in accessing and making effective use of healthcare services is that some medical staff have limited knowledge of the lifestyles of LGB individuals and how these may impact on these patients' health. Instead, medical institutions and their staff often operate on the assumption that patients are heterosexual.<sup>25</sup> Lack of adequate training and other types of capacity building is a recurrent observation, with patients indicating in surveys that they have to 'educate medical staff about homosexuality'. For this group, health problems may often relate to reproductive health or sexuality, making it even more difficult to discuss such sensitive issues with medical staff who are ignorant on the subject. Furthermore, recent studies, including an ILGA-Europe study on accessing health in Central and Eastern Europe, show that many physicians, clinicians, and therapists view LGB people and their lifestyles as 'strange or irrelevant'.<sup>26</sup> Experiences of LGB individuals range from degrading treatment by staff within health care systems, including commenting on a person's lifestyle in a reproving manner and using additional hygienic protection where they would not for other patients, to refusal to provide help or access to medical services.

The health of LGB persons suffers as staff fail to ask questions or gather data essential to determine health risks, to activate preventative measures, and to propose the appropriate treatment. For example, doctors or nurses, starting from the assumption that the patient is heterosexual; may fail to detect the increased risk for certain diseases, such as breast cancer for lesbian women who do not have children, or Hepatitis B for

gay men, and undertake necessary action (e.g. additional information provided to the patient, preventative screening, tests).

Other discriminatory experiences in relation to health care may be being subjected to a denigrating attitude or moralised (about LGB lifestyles) during treatment. Some patients report rough treatment or even physical assaults after having revealed their sexual identity<sup>27</sup>. Prejudice about homosexuality or bisexuality, such as gay men must have caught HIV or AIDS, also leads medical staff to feel uncomfortable or even refuse to examine or treat a LGB patient.<sup>28</sup>

Studies<sup>29</sup> have shown that the negative experiences that LGB individuals encounter in the health care system often lead to a reluctance to make use of its services. The barrier to medical services becomes so high, that LGB patients seek to avoid or delay seeking treatment, in particular with respect to gynaecologists or urologists.<sup>30</sup> Infrequent and ad hoc use of medical services by LGB individuals decreases the effectiveness of preventative campaigns and measures. This in turn not only increases the risks for members of the LGB group to become ill, but also to have it detected at a stage where medical knowledge and techniques can still cure the illness.

Finally, certain medical treatments are not covered or made available to LGB individuals through medical insurance schemes, such as a Hepatitis B vaccination.

**Table 2.3 – Discrimination on the ground of sexual orientation in health: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No access to optimal health care.</li> <li>▪ Knowledge of health risks and diagnosis of health problems is postponed or wrong as an individual's life style remains unknown to medical staff. (Fear for) discrimination preventing patient outing sexual orientation towards medical staff.</li> <li>▪ No access to preventative health measures.</li> <li>▪ Having to pay extra to get vaccinations and treatments specific for LGB not covered by medical insurance.</li> <li>▪ Higher levels of stress when seeking professional health (e.g. moralisation, having to out sexual orientation).</li> <li>▪ Partner denied rights that heterosexual partners have in health institutions and resulting stress as visiting, access to information and involvement in decision-making is (partly) denied.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Unnoticed and untreated health problems.</li> <li>▪ Higher probability of certain diseases as problems remain unnoticed or untreated.</li> <li>▪ Higher levels of infections due to lack of vaccinations.</li> <li>▪ Higher levels of diseases due to lack of preventative measures.</li> <li>▪ Deteriorating health conditions.</li> <li>▪ LGB individuals seeking categorical health services.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Around 847,000 people with homosexual or bisexual orientation experience some form of discrimination in health services, significant health problems occur for 16,900 of them. Another 113,000 people may face health problems because they avoid going to the doctor regularly. The total loss in net earning on the grounds of ill-health is 3,584 euro per person (an average</li> </ul>

**Table 2.3 – Discrimination on the ground of sexual orientation in health: Effects and costs**

Types of effects / costs	Description
	<p>loss of 14.3%), 466 million in total.</p> <ul style="list-style-type: none"> <li>▪ The economic value of life, relevant for those who die because of health discrimination, is estimated at a conservative 4 million euro. This is not grossed up, as the number of individuals affected is not known.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Higher curative costs resulting from lower preventative measures available to / accessed by LGB individuals (through medical insurance package). Additional average cost of therapy or rehabilitation as a result of insufficient prevention and late diagnosis (due to discriminatory practices) for a representative LGB person for certain disease groups. Total aggregated additional cost of therapy or rehabilitation.</li> <li>▪ Higher prevalence of certain sexually transmitted diseases. Prevalence of certain sexually transmitted diseases, as compared to total population. Proportion of the gap between LGB persons and the total population in the prevalence of certain sexually transmitted diseases explained by discriminatory practices. Lack of information to LGB on sexual health, on risks of catching HIV/AIDS, which fails to prevent this transmission and/or the care needed.</li> <li>▪ Loss of productive work force. Gap in the average number of years spent in the labour market between LGB persons and the total population. Loss of GDP as a result of diminishing workforce (estimated at 632 million euro).</li> <li>▪ The direct tax revenue foregone due to reduced wage-earning capacity of LGB persons caused by ill-health is 1,275 euro per person per annum, 166 million euro in total (contained in the loss of GDP figure).</li> </ul>

#### 2.2.4 Transport

Beyond the discriminatory behaviour that LGB individuals may experience by staff from public or private transport companies and their passengers, this policy domain is not a key problem area for LGB individuals. Here again, couples – i.e. LGB individuals who show or act out their sexual preference and do not hide their relationships – are at a higher risk of such denigrating or insulting behaviour.

In general, violent acts towards LGB individuals in public spaces are a reoccurring, and significant, problem across EU Member States (as reported by equality bodies in countries where national legislation forbids such hate crimes).

As only scarce evidence on discriminatory practices, effects and costs were identified, no 'Effects/costs' table was elaborated for this policy domain.

#### 2.2.5 Information and advice

Discrimination on the ground of sexual orientation is evidenced in the media, both private and public, through low visibility<sup>31</sup>, but also distorted portrayal, of LGB individuals and culture. The media tends to operate a bias towards more traditional couples and often fails to collect and present accurate information about the – often very diverse – lives and issues facing homosexual and bisexual individuals. LGB persons have no or limited opportunities to counter some of the views represented in the media or present their own. This in turn results in a lack of correct information being disseminated amongst the general population and other LGB individuals.

While in some EU countries media and public imagery indicate that there is a growing tendency to accept or tolerate homosexual and bisexual individuals, the step to adopting



a tolerating stance towards their culture (lifestyles, activities, norms, values) seems to be a more difficult one. Media coverage on a 'Gay Pride' parade or similar events may counter the very purpose of such events, such as to promote the visibility and positive image of homosexuality. Other indicators of intolerance can be observed in the small number of 'LGB characters' in television series or films and the roles that these are requested to play.<sup>32</sup> The proportion of PR photos in magazines that picture gay or lesbian couples constitutes another indicator.<sup>33</sup> In this policy domain, it becomes clear yet again that LGB do not only constitute a sexual minority, but also a cultural minority.

**Table 2.5 – Discrimination on the ground of sexual orientation in information and advice: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Inadequate representation of LGB individuals or group in media.</li> <li>▪ Stereotypical presentation of LGB people.</li> <li>▪ Low visibility of LGB individuals / group and the issues they face.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Stereotypical presentation affecting public opinion towards LGB individuals or group.</li> <li>▪ Limited number of role models for LGB youth in media or public imagery.</li> <li>▪ Lack of self esteem and mental health problems.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Negligible, not monetised</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Burden for mental health services (higher suicide / suicide attempts level of LGB youth). Total annual cost of mental health services for LGB persons with mental health problems.</li> <li>▪ Problem youth (research studies show link between stress and risk behaviour). Proportion of young LGB individuals with behaviour problems.</li> <li>▪ Intolerance, resulting in verbal and physical harassment. Intolerant attitudes towards LGB individuals or groups. Incidents or fear of incidents of harassment towards LGB individuals, on the part of these individuals. Incidents or fear of violent incidents (here directed towards LGB individuals) experienced by general population.</li> </ul>

### 2.2.6 Social security

The key problems of discrimination on the basis of sexual orientation in this policy domain are closely linked to family law, i.e. national legislation not allowing for same-sex marriages or the civil registration of same-sex partnerships. As a result, social security regulations only recognise heterosexual partnerships and do not grant provisions, such as survivor pensions, professional leave for caring for sick or disabled partner etc. to members of same-sex couples. Furthermore, a same-sex couple may be taxed as two individuals – and not as partners – and only be entitled to individualised unemployment compensations. The discriminatory nature of such differential access to social security due to the non-recognition of same-sex couples is slowly being established in jurisprudence<sup>34</sup> and opinions rendered by equality bodies<sup>35</sup>.

A sub-group at particular risk of the effects of this form of discrimination are lesbian couples, due to gender discrimination in the labour market. Their often lower level of

wages throughout their life course vis-à-vis men and the possible lower number of years they worked throughout their working life (e.g. caring for children in earlier marriage before acknowledging their sexual orientation) results in a higher chance of being poor at old age for lesbian couples. Here gender-based discrimination interacts with sexual orientation-based discrimination.

**Table 2.6 – Discrimination on the ground of sexual orientation in social security: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Widowers' pensions for same sex partners not given or being limited.</li> <li>▪ Exclusion from social benefits / tax reductions accessible for heterosexual couples (families).</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Less spending power due to higher tax burden / lower benefits.</li> <li>▪ Economic insecurity.</li> <li>▪ Stress resulting from non-recognition of the relationship.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Social expenditure on survivor benefits is estimated to increase by around 2%, or 2.5 billion euro, if widowers of same-sex marriages and partnerships are recognised as entitled to such benefits. Currently, these are often not granted, and are seen as the key cost of discrimination in this area.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Lower costs to society as the social security system does not extend benefits or compensations for heterosexual couples to same-sex households. Proportion of LGB persons not receiving benefits or compensations otherwise extended to (heterosexual) couples. The saving equals to the aforementioned 2.5 billion euro.</li> </ul>

### 2.2.7 Social services

The definition of family and the related provisions of family law yet again relate to, or are at the basis of, the discrimination that LGB individuals experience when accessing and using social services. The most important problem in relation to social services is that gay or lesbian couples and their children are often not recognised as a family unit and, therefore, remain invisible.<sup>36</sup>

The design and delivery of social services are often based on the assumption that heterosexual couples and families are its service users.<sup>37</sup> As a result:

- Staff are not trained or informed of the potentially different interests and needs of LGB users<sup>38</sup>
- Those designing social services use indicators to identify target groups or areas which do not take account of the social disadvantage or exclusion sometimes resulting from same-sex relationships
- Activities organised do not incorporate LGB themes and interests
- Social workers with negative attitudes towards homosexuality or bisexuality may seek to avoid contact with LGB individuals or treat them disrespectfully.

Throughout their life course LGB individuals experience different forms of discrimination when accessing social services. For example, same-sex couples have no or limited rights to adopt<sup>39</sup>; the forms that parents or carers of young children have to fill in to apply for childcare are designed on the assumption that they are a heterosexual couple; elderly same-sex couples often experience considerable difficulties if they wish to live together in a residential care home<sup>40</sup>; and assistance for bereavement of gay couples is often not provided or foreseen.

<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Not having access to preferred/high quality social service (e.g. not being able to live together in nursing home, no right to bereavement counselling).</li> <li>▪ Stress experienced when accessing social services due to procedures (e.g. forms) and treatment of staff.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Higher costs to access service, which is normally provided through social services.</li> <li>▪ Loss of productive hours as social service cannot be relied upon.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Around 9,700 gay or lesbian persons may be denied the right to live with partner in nursing or elderly homes. The cost of this discrimination is not being monetised.</li> <li>▪ The loss of income if inaccessible social services prevent mothers with small children in same-sex relationships to enter the labour market may amount to up to 90.8 million euro.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ No evidence at present of costs to society.</li> </ul>

### **2.2.8 Insurance and financial services**

Discrimination on the basis of sexual orientation is mainly experienced in relation to mortgages, health insurances, and life insurances.

As a LGB individual or couple, one is sometimes denied access to financial services offered to heterosexual individuals or couples. For example, there is no partner protection due to the fact that the registration of civil partnerships or marriages of same-sex couples is not allowed in all countries. Similarly, insurance premiums are not tax deductible because gay or lesbian partners are not always recognised by the financial institution.

In addition, LGB people may have to pay higher insurance premiums because the health risks associated with their life styles are presumed to be higher. The broad brush criteria that are used to calculate premiums are considered problematic and in need of replacement by better proxy indicators (e.g. focus on behaviour rather than on category). For example, higher premiums are requested from homosexuals, and especially gay men, because their risk of catching HIV/AIDS is considered high.<sup>41</sup>

<b>Table 2.8 – Discrimination on the ground of sexual orientation in insurance and finance: Effects and costs</b>	
<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No/limited financial protection of LGB people due to incorrect calculation or judgment (e.g. no use of data, incorrect proxy indicators).</li> <li>▪ No financial support due to incorrect calculation or judgment.</li> <li>▪ Having to pay higher premiums for same insurance services due to incorrect calculation or judgment (e.g. no use of data, incorrect proxy indicators or broad brush criteria).</li> <li>▪ No or limited access to health insurance due to incorrect judgment or calculation.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Postponing acquisition of material goods because of lack of financial guarantees.</li> <li>▪ Judicial problems resulting from inadequate insurances.</li> <li>▪ Deteriorating health due to lack of health insurance coverage.</li> <li>▪ Financial problems.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Access to health and incapacity insurance with an annual fee of about 201 million euro may be denied for gay and lesbian individuals.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Less consumption. Total loss in GDP due to postponed consumption.</li> </ul>

### **2.2.9 Goods and services in general**

Discrimination on grounds of sexual orientation in accessing goods and services<sup>42</sup> often occurs by virtue of being with a partner of the same-sex. LGB individuals rarely experience discriminatory treatment if they are on their own. Typical cases reported to equality bodies and NGOs include denied access to a service or good and degrading treatment once the service has been accessed.

Homosexual couples have been denied entry to restaurants, bars, saunas and health spa facilities or been forced to leave the premises. Couples have also been refused services or access to double rooms or double beds in hotels. There are examples where condom machines are unavailable in venues where same sex individuals meet, whereas it would be on offer if heterosexual individuals were to meet. Furthermore there are cases of unequal treatment in accessing special offers with airline travel<sup>43</sup> or entrance fees to museums, which are offered to 'mum and dad with children'. Furthermore, research indicates that many LGB persons experience insulting or degrading treatment by staff<sup>44</sup>.

<b>Table 2.9 – Discrimination on the ground of sexual orientation in goods and services: Effects and costs</b>	
<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Unable to purchase desired goods (e.g. car, puppy).</li> <li>▪ Unable to access or purchase a desired service.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Postponing acquisition of material goods because of denied access.</li> <li>▪ Additional time and costs for identifying alternative goods or services.</li> <li>▪ Use of 'LGB-friendly' services and goods providers.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ An estimated 652,000 openly gay or lesbian persons may experience discrimination in hotels, and an estimated 2,175,000 in bars or restaurants. However, the cost of personal discomfort has not been monetised.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Less consumption. Total loss in GDP due to postponed consumption.</li> </ul>

### **2.3 Disabilities**

The term "disability" comprises a large number of different functional limitations in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses can be permanent or temporary in nature.<sup>45</sup>

The European Disability Forum estimates that 10% of EU population, have some form of disability (50 million).<sup>46</sup> Using Eurostat figures on the prevalence of longstanding health problems or disability, we estimate that the number of people affected is 84.4 million in EU-27, representing about 17.1% of the total population.

As to discrimination on the ground of disability, the proportion of the total EU25 population at risk of such discrimination is estimated (2005) as follows<sup>47</sup>:

- Individuals with problems with their legs or feet (10.1 million, 2.0% of the total population);
- Individuals with back or neck problems (15.3 million, 3.1%);
- Individuals with visual impairments (3.7 million, 0.8%); and
- Individuals with hearing difficulties (1.8 million, 0.4%).

Both the causes and the consequences of disability vary throughout the world. The variations are due to different socio-economic circumstances and contexts and of the different provisions that states make for the well-being of their citizens.

There are four main reasons for discrimination on the ground of disability: (1) lack of adaptations; (2) lack of capacity building for staff in contact with disabled people; (3) lack of awareness; and, (4) deliberate discrimination.

Discrimination on the basis of disabilities is particularly relevant in the areas of education and health, but there is evidence of discrimination on the ground of disabilities in all policy domains discussed in the present assignment.

### **2.3.1 Education**

Discrimination on the ground of disability is felt in public and in private schools<sup>48</sup>, both in terms of access to school and degrading or discriminatory treatment once the school has been accessed.

There is no specific evidence on whether there is a difference between public and private schools in terms of making adaptations for disabled children.<sup>49</sup> As to the discussion on special schools versus integration into mainstream schools, the provision of education for disabled persons through specialised schools is in itself not problematic. It might be in the child's best interest to be educated in such schools, as the facilities there result in better learning. Discrimination occurs when disabled children are not *allowed* to access mainstream schools and are forced to go to special schools independent of the judgment of whether the child's learning might be greater if s/he could stay in a mainstream school.

Discrimination that occurs in (primary and secondary) schools is particularly problematic. As a child it is significantly more difficult to enforce one's rights and to file a complaint than as an adult<sup>50</sup>. Parents and guardians may not always be in a position to defend their child's rights. Here, age-related abilities, age discrimination and the power relationships that characterise this interact with discrimination on the basis of disability. At university, guidelines for students with disabilities (e.g. regarding access to classrooms and facilities for examinations) are more likely to be in place and, if not present or respected, constitute a basis for students to complain.

In order for disabled children to access educational institutions or facilities, to fully participate in their activities and to raise their educational achievement, four broad categories of requirements are to be addressed:

- 1) (Physical) adaptations, such as wide doors and corridors, lifts, ramps, special study material and equipment, etc;
- 2) Training and other types of capacity building for staff;
- 3) General awareness raising towards students, teachers and other staff, support to other students so they understand and are sensitive to the conditions pupils with disabilities have; and
- 4) Assistance, such as integration assistance (as now can be requested for example in Germany, paid by social and education departments of the German regions (Länder); and, in the UK, where schools can access special funds if a special needs assessment has been undertaken).

Disabled children can be discriminated as they cannot access study materials, class rooms or sports facilities, cannot participate in outdoor activities etc., although this is not always the case.<sup>51</sup>

In addition, discrimination of disabled children in educational contexts often springs from a lack of or insufficient knowledge on the part of teaching and support personnel concerning: the nature of the disability; how this disability affects the behaviour of the

child in general and in a learning environment in particular; and, how practices and activities can 'mould' this behaviour (e.g. correct it, compensate it, stimulate it).

Without this knowledge school personnel (teaching, support and management staff) may fail to promote the learning of the child, or in the worst case, may smother the child's educational interests. Some types of disability, which may not be 'visible' are of particular relevance in this sense, such as dyslexia.<sup>52</sup> Students with dyslexia or visual impairment may also experience problems at university level, where they need audio versions of the course literature. It takes time, often a couple of months, to record a book, and there are cases when individuals have not been able to participate in one or several exams due to the literature not being available in time.<sup>53</sup> There are also cases where students with hearing impairment have not been able to participate in exams, as oral exams have been undertaken in lecture rooms without sufficient technical aid, or students in wheelchairs have not been able to enter a room.<sup>54</sup>

While capacity building can ensure that staff is better informed, the need for assistance refers to the need of additional human and financial resources that is required when teaching a class consisting of disabled and non-disabled pupils. The exhaustion of resources may result in staff slipping into degrading treatment or ignoring the educational interests and needs of their disabled pupils.

**Table 2.10 – Discrimination on the ground of disabilities in education: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No access to preferred educational institution.</li> <li>▪ No access to high quality education.</li> <li>▪ No access to preferred study course.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Low educational attendance.</li> <li>▪ Higher risk of dropping out or early school leaving.</li> <li>▪ Low educational achievement.</li> <li>▪ Low self esteem and confidence.</li> <li>▪ Less contact with persons from peer group, less social networking opportunities.</li> <li>▪ Low educational qualifications of disabled people and resulting unemployment/limited employment.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ The key ultimate effect of discrimination in schools (including inadequate support) is a lower educational achievement amongst disabled persons, which will result in lower wage prospects. Altogether, an estimated 3,592 severely or moderately disabled persons may have achieved a lower level of education than they would if all countries were as successful in narrowing the education gap as much as the best performer (Germany). The combined wage loss in the EU-25 between the actual situation and this hypothetical case is estimated to reach 28 billion euro per annum.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Stress for parents due to disabled children not being able to access quality schooling or being unhappy at school. Proportion of parents of pupils/students with disabilities reporting stress.</li> <li>▪ Lower economic performance (i.e. loss in GDP) due to lower participation rate or qualification level of individuals with disabilities in labour force, which is estimated to add up to around 40.3 billion euro per annum.</li> </ul>

**Table 2.10 – Discrimination on the ground of disabilities in education: Effects and costs**

Types of effects / costs	Description
	<ul style="list-style-type: none"> <li>▪ Extra burden on social security provisions. The change in the net transfers to individuals with disabilities (benefits minus taxes) is estimated to be 12.3 billion euro, as individuals with lower educational achievement are more likely to take lower-paid jobs.</li> </ul>

### 2.3.2 Housing

In the domain of housing, disabled persons may experience discrimination in that they do not have access to appropriate housing, either because the existing housing stock does not have the necessary physical adaptations<sup>55</sup> or because private landlords refuse to lease their property to them. Such discrimination is particularly prevalent in the private housing sector.

Without financial incentives and/or regulations on the building of new housing units or the adaptations of the older housing stock, disabled persons may find it hard to find accommodation that allows him/her to access and use it to its full extent. Accommodation without wide doors and corridors, lifts, suitable sanitary provisions, housing units that are just on one floor, etc. may render it extremely difficult for disabled persons to lead an independent life and/or to fully participate in family life.

Concerning renting accommodation, landlords may discriminate disabled persons when renting out their property. They may refuse such potential tenants because of financial concerns (e.g. other neighbours may complain or leave; costs of physical adaptations required; having to cover medical costs if disabled person has an accident on his/her property<sup>56</sup>).

In addition, disabled persons may become victims of discriminatory behaviour as neighbours and community members avoid their company or treat them disrespectfully<sup>57</sup>. The negative attitudes of and relationships with neighbours may in turn result in complaints to the house owners, to the housing company, and ultimately in a situation where the disabled person does no longer feel safe and comfortable in his/her home.

**Table 2.11 – Discrimination on the ground of disabilities in housing: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to preferred accommodation.</li> <li>▪ Access to contracts denied by landlords.</li> <li>▪ Being exposed to discriminatory behaviour by landlords or neighbours.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Not being able to live independently or fully participate in family live.</li> <li>▪ Having to pay higher rents.</li> <li>▪ Living in less preferred accommodation.</li> <li>▪ Stress due to negative encounters with landlords.</li> <li>▪ Not feeling safe in accommodation due to behaviour of neighbours.</li> </ul>



<b>Types of effects / costs</b>	<b>Description</b>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Limitations in access of housing primarily concerns wheelchair users, who cannot access the upper floors of houses without, or with very narrow lifts or other physical barriers. The key cost that leads itself monetisation is the hedonic price surplus that owners/tenants would enjoy if they lived in amenities on upper floors. Estimating the share of wheelchair users affected to be 20%, and the surplus to be 10%, the total loss in consumer surplus is around 347 million euro.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Loss of productive hours of carers of disabled persons. Total monetary cost of loss of workforce from the labour market.</li> <li>▪ Disabled persons living in nursing homes rather than independently. Cost of disabled persons who are able live independently living in homes.</li> </ul>

### **2.3.3 Health**

Provision of high quality health services is not only of importance to a disabled person's health, but can also play a crucial role in supporting disabled people also in other areas of their lives. It may help them to stay in work and participate in family life and other activities.<sup>58</sup> Insurance regulations and premiums (see Insurance and Finance sections) impact on the extent to which disabled persons can access quality health care.

Disability-based discrimination is experienced in both public and private healthcare at the levels of prevention, treatment and rehabilitation. Discriminatory practices in the healthcare sector may include not letting a person bring their assistance dog into the hospital, not allowing individuals to make appointments by e-mail, fax or letter (if they find talking on the telephone difficult), insufficient methods for spreading information about (preventive) healthcare services<sup>59</sup>, not providing the possibility for a patient to give the receptionist initial details in a confidential environment such as a private side room, and placing the reception desks at an inaccessible height for persons in wheelchairs. Manual lifting and handling policies may also cause difficulties for disabled people, as well as only spoken announcements from a distance (instead of clear signage).<sup>60</sup>

Research<sup>61</sup> has, however, shown that the greatest barrier disabled people face when accessing healthcare is the negative or biased attitudes of some healthcare professionals.<sup>62</sup>

<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to preferred doctor, expert or medical institute.</li> <li>▪ No or limited access to high quality health care.</li> <li>▪ Diagnosis and treatment of health problems is postponed.</li> <li>▪ Extra costs in having to pay for quality health care in private facilities.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Prolongation of health problems.</li> <li>▪ Deteriorating health.</li> </ul>

<b>Types of effects / costs</b>	<b>Description</b>
	<ul style="list-style-type: none"> <li>▪ Loss of productive hours due to health problems.</li> <li>▪ Unemployment due to health problems.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ 8.4 million severely or very severely disabled individuals (with legs, feet, back, neck, sight or hearing problems) are estimated to face discrimination when accessing health services. Resulting ill-health is calculated to effect a loss of 599 million euro in net wages per annum</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Prolonged health problems result in higher costs for health care system. Additional average cost of therapy or rehabilitation as a result of inaccurate or postponed diagnosis and treatment (due to discriminatory practices) for a representative disabled person for certain disease groups. Total aggregated additional cost of therapy or rehabilitation.</li> <li>▪ Loss in productive workforce. Gap in the average number of years spent in the labour market between disabled persons and the total population.</li> <li>▪ Lower economic performance as a result of diminishing workforce. Loss of GDP as a result of diminishing workforce (812 million euro per year).</li> <li>▪ Burden on social security as persons may no longer be able to work. Change in the net transfers to disabled persons (benefits minus taxes). The direct tax revenue foregone is estimated to reach 213 million euro per annum.</li> </ul>

### **2.3.4 Transport**

The primary problem is the inaccessibility of the transport infrastructure due to a lack of physical adaptations, assistance and capacity building. The transport infrastructure comprises: the actual vehicles (e.g. buses, trains); the layout of the transport buildings (e.g. stations, bus stops); the communication of transport information (e.g. timetables, announcements of stops); and, the assistance that is made available to those wishing to access and use transportation<sup>63</sup>.

Discrimination on the ground of disability is a major problem in relation to transport, both in the public and the private sector. This is particularly so in relation to buses, trams, trains and airplanes<sup>64</sup>. People with disabilities are less likely to drive and more likely to be dependent on public transport or lifts from family and friends. Public transport is often experienced as inaccessible<sup>65</sup>. This leads to that disabled people often experience a lack of flexibility in their travel choices. Many times travelling involves planning ahead (for example, booking assistance for rail travel, or booking community transport 48 hours in advance), which makes it difficult to act upon spontaneous invites, calls for meetings or travel ideas. Even when travel is meticulously planned, uncertainty about whether services will be provided as expected or requested often remains.<sup>66</sup>

Disabled individuals' travel is therefore limited both by a lack of accessible services and by a lack of confidence that they will be able to complete journeys without encountering problems (i.e. that all stages of the journey will be safe and accessible, including the street environment and getting on and off buses and trains; and that anticipated support will be available). This can be a barrier to social inclusion with regard to making it difficult for people with disabilities to access education and employment, services and social networks.<sup>67</sup>

While the use of taxis still allows disabled persons to travel for professional and private or social reasons, taxi companies may exploit disabled persons' vulnerability and dependence on their services or refuse services to a disabled person in a wheelchair or with a guide dog.

In addition, disabled persons can be the victims of degrading or insulting treatment by transport personnel and other passengers.<sup>68</sup>

<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to transport means</li> <li>▪ Loss of productive hours to arrange transport that is accessible</li> <li>▪ Having to pay extra to use alternative transport means (e.g. taxi) or car rental</li> <li>▪ Stress due to degrading treatment.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Choosing profession that does not require (a lot of) travel / commuting</li> <li>▪ Being effectively unable to find (new) job due to inaccessible transportation</li> <li>▪ Limited access to social networks</li> <li>▪ Mental health problems due to dependency, stress experienced and lack of social support.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ An estimated 5.7 million wheelchair users, 1.6 million persons with severe and very severe visual impairments, and 764,000 with hearing difficulties have problems accessing public transportation.</li> <li>▪ Consequences of limited access for disabled people to be assessed on the basis of survey figures and statistics (average wage, employment rate), monetised value of free time (equals hourly net wage) spent with friends and relatives.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Loss of productive hours of carers having to drive disabled person to work/friends.</li> <li>▪ Loss of potential passengers and their purchases.</li> <li>▪ Environmental disadvantages (if disabled persons need to rely on taxis and their own cars instead of public transport).</li> <li>▪ Economic effects: Fewer visits to shopping malls, fewer trips, etc.</li> </ul>

### **2.3.5 Information and advice**

Discrimination on the basis of disability may restrain access to information and advice, including access to libraries (mainly public), media, such as newspapers, Internet, TV, radio (mainly private) and information provided by various types of advice bureaus (mainly public). It may also relate to stereotypical or lack of portrayal of disabled in media.

In terms of access to libraries, there is evidence that disabled persons are not able to use libraries on equal terms with other citizens because the library authorities are not aware of the needs of disabled persons.<sup>69</sup> Discrimination issues in terms of access to

libraries includes three aspects: (1) physical access<sup>70</sup>; (2) media formats<sup>71</sup>; and, (3) service and communication<sup>72</sup>.

More and more information and services are provided via the Internet. An investigation of 1,000 UK-based websites by the UK Disability Rights Commission (DRC) found that 81% fail to meet the most basic needs of disabled people. Ability Net undertook another investigation of the UK's ten most widely read newspapers, which all failed to meet minimum accessibility standards on their websites<sup>73</sup>. For many disabled people, especially those with restricted mobility and/or visual impairment, access to on-line news is an important way of staying in touch and abreast of the knowledge that most take for granted. Furthermore, with a potential market of 1.6 million registered blind users in the UK, as well as a further 3.4 million with disabilities preventing them from using the standard keyboard, screen and mouse set-up with ease, e-businesses are losing out on some 68 to 82 billion euro per year of purchasing power. Many disabled people are also being excluded from the advantages of up-to-the-minute on-line information and current affairs provided by the newspapers.<sup>74</sup>

As concerns TV, one increasing problem due to the switch over from analogue to digital television is that television manufacturers have not ensured that channel navigation is possible with spoken output, which provides a significant problem for blind or visually impaired people.

Various studies have been conducted about the portrayal of disabled people in terms of stereotypical representation in different forms of media, in particular TV, newspapers and radio. However, according to some it is the images that mass media and pop culture do not portray that present the greatest adverse effect on people's perceptions. Few wheelchair using characters are, for example, shown as parents or even drivers<sup>75</sup>. This vacuum of broad and accurate portrayals results in a lack of general knowledge about wheelchair users' abilities and quality of life potential. Disabled people also have no or limited opportunities to present views or reactions in the media, other than in programmes about disability.

**Table 2.14 – Discrimination on the ground of disabilities in information and advice: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to enter and move around in libraries.</li> <li>▪ No or limited access to information, literature and media in libraries.</li> <li>▪ Websites inaccessible.</li> <li>▪ No access to digital television for blind or visually impaired.</li> <li>▪ Low visibility and bias in portrayal of disabled persons in the media.</li> <li>▪ Stress due to degrading treatment.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Information and services on websites inaccessible;</li> <li>▪ eCommerce products inaccessible for the disabled</li> <li>▪ Stereotypical presentation in media and public imagery affecting public opinion towards disabled individuals or group.</li> </ul>

<b>Types of effects / costs</b>	<b>Description</b>
	<ul style="list-style-type: none"> <li>▪ Absence of role models for disabled youth.</li> <li>▪ Lack of self esteem and mental health problems.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ No figures that serve the purpose of making estimations of costs have been identified for the extent of exclusion from eCommerce. If available, estimates could be made using turnover data of the industry.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Loss of revenue for businesses that do not make their services or information available on the Internet. Loss of revenue for the businesses concerned.</li> <li>▪ Higher healthcare costs due to stress-related illnesses. Total annual cost of mental health services for disabled persons with mental health problems (resulting from instances of discrimination).</li> </ul>

### **2.3.6 Social security**

Discriminatory practices in this field include:

- Inadequate income support to persons with disabilities who, due to disability or disability-related factors, have temporarily lost or received a reduction in their income or have been denied employment opportunities. The provision of support needs to take into account the costs frequently incurred by persons with disabilities and their families as a result of the disability.
- Social security, social insurance or other social welfare schemes that exclude or discriminate against persons with disabilities.
- Inadequate income support and social security protection to individuals who care for a person with a disability.
- Insufficient or no incentives to restore the income-earning capacity of persons with disabilities.<sup>76</sup>
- Degrading treatment or behaviour by staff in social security services.

The exact details of the discriminatory practices are dependent upon the specifics of the social security schemes of the Member States.

As concerns the coordination of social security schemes, which is an EU level competence, there may be discriminatory obstacles in the coordination of social protection systems leading to disabled people not having equal opportunities when moving to another EU country; to study, to work, to join a family member, etc.

<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Insufficient benefits for disabled and their carers.</li> <li>▪ No or limited access to incentives to restore income-earning capacities and to access employment.</li> <li>▪ Stress due to degrading treatment.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Financial position of disabled persons and their carers significantly weakened</li> <li>▪ Disabled persons not restoring capacity to work in absence of adequate incentives</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ No evidence on the number of people affected.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Loss of purchasing power. Total loss in GDP due to diminishing workforce.</li> <li>▪ Loss of consumption. Total loss in GDP due to weaker financial position of disabled persons and their carers</li> </ul>

### **2.3.7 Social services**

Access to social services or social care services involves: (1) home care: help with things like cleaning and shopping; (2) disability equipment and adaptations to the home; (3) day centres; (4) day care for the child (if either the child or the parent is disabled); and, (5) residential and nursing care.

The needs and concerns/interests of (potential) disabled service users are sometimes not or inadequately taken into account in the design and delivery of services. For example:

- Communication means for informing disabled persons about available services are insufficient or inadequate;
- Administrative procedures to apply for or report on a service accessed are too complicated or not readable;
- Services are insufficiently tailored to those disabled persons who can and wish to live independently;
- Staff are not trained or informed about the potential interests and/or needs of the disabled person accessing or using the service;
- Different mobility levels of disabled users are not taken into consideration in the organisation and location of services;
- Staff assumptions about the needs and dependence of (potential) disabled service users are not reconsidered and result in degrading treatment;
- Degrading and inhumane treatment of children with (mental) disabilities in care institutions in some countries; and

- Segregation from other potential services users and lack of integration.

<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Not having access to (preferred) social service.</li> <li>▪ Stress experienced when accessing social services due to procedures and treatment by staff.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Higher costs to access service, which is normally provided through social services.</li> <li>▪ Loss of productive hours as social service cannot be relied upon.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ No data found on the extent of discrimination, or on possible costs.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Lower economic performance due to lower participation rate of disabled persons in labour force. Total monetary cost of loss of workforce from the labour market.</li> <li>▪ Loss of purchasing power. Total loss in GDP due to diminishing workforce.</li> <li>▪ Loss of consumption. Total loss in GDP due to lower income of disabled persons and carers not being able to fully participate on the labour market</li> </ul>

### **2.3.8 Insurance and finance services**

Of the great variety of insurances, the single most important type of insurance for disabled people to access is private health insurance. Other important insurances that disabled people may be prevented from accessing, which can have severe negative effects, include automobile insurance, income protection insurance (when taking out a mortgage), life insurance, mortgage insurance, and travel insurance<sup>77</sup>:

Normally, the premiums for disabled individuals are higher than for non-disabled individuals due to risk assessments. In many countries insurers may refuse to insure a disabled person or increase the premium charged compared to that charged to a non-disabled person, as long as they can justify their actions<sup>78</sup>. The difference is paid by the state in some countries. There is evidence, however, that some private healthcare insurance companies refuse to even calculate the risk premium for disabled people even though this is possible and the disabled individual is prepared to pay a higher premium.

Other discriminatory practices include:

- Insurers are not fair or reasonable in their dealings.
- The insurer does not make a decision based on information or data relevant to the assessment of risk. Information and data are not from a reliable source.
- Information or data are not up-to-date.
- Unreasonable or incorrect decisions are made on the basis of the information.

Disabled people may have difficulties accessing financial products because of assumptions about their health status or income potential. In 2005/2006 14% of the individuals who contacted the UK Financial Ombudsman had some form of disability

(compared to 16% in the previous year), predominantly hearing impairment and mobility difficulties.<sup>79</sup>

<b>Table 2.17 – Discrimination on the ground of disabilities in insurance and financial services: Effects and costs</b>	
<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to (private) health insurance.</li> <li>▪ No or limited access to life, incapacity or travel insurance.</li> <li>▪ Having to pay higher premiums.</li> <li>▪ No or limited access to financial services (mortgages etc.).</li> <li>▪ Stress due to procedures and treatment by staff.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to healthcare.</li> <li>▪ No or limited coverage of health expenses.</li> <li>▪ Postponing acquisition of material goods because of lack of financial guarantees.</li> <li>▪ Judicial problems resulting from inadequate insurances.</li> <li>▪ Financial losses due to lack of insurance.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Disabled persons are excluded from private health and incapacity insurance contracts worth about an estimated 6.45 billion euro in fees.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Loss of purchasing power. Total loss in GDP due to postponed consumption.</li> </ul>

### **2.3.9 Goods and services in general**

Most disabled customers will utilise goods and services in much the same way as non-disabled customers. However, at different stages, different requirements may arise<sup>80</sup>, e.g. in terms of:

- Identifying and finding the premises<sup>81</sup>;
- Approaching the premises<sup>82</sup>;
- Entering the premises<sup>83</sup>;
- Finding the way around<sup>84</sup>; and,
- Moving about within the premises<sup>85</sup>.

Furthermore, toilets and lifts may not be adapted to the needs of disabled customers.

This is relevant for most types of service providers, including hotels, restaurants, cafés, bars, clubs, sports facilities, cinema etc. For each type of service provider, specific problems are likely to arise. For example, for hotels, this includes no possibility to book



other than by phone, unavailability of adapted hotel rooms, no access to dining rooms etc.

In relation to accessing services and consumer goods, some examples of discriminatory *practices* include “small print” on bills; cash machines installed too high, or only with touch screen; TV remote controls which require good manual dexterity; manuals with complicated text and lack of illustrations (which provides difficulties for persons with learning disabilities), and retail goods labelled in illegible print.

Discriminatory *behaviour* in relation to access to goods and services include:

- Staff not trained and/or provided with knowledge to respond to needs of disabled customers;
- Insulting or degrading treatment by staff or other customers;
- Staff abuse for example charging more because people have visual impairments or learning difficulties;
- Limited understanding of disabled customers resulting in insensitive behaviour.

<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to restaurants, bars, hotels, sports facilities, cinema, cafes, bars, clubs, shops etc.</li> <li>▪ Reduced access to purchase selected goods.</li> <li>▪ Stress experienced due to procedures and treatment by staff.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Postponing acquisition of material goods because of denied access.</li> <li>▪ Extra time to find another service or good.</li> <li>▪ Higher costs due to having to use a more expensive service or pay for a more expensive good.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ No evidence on obvious consequences of discrimination found. Alternative, interchangeable goods and services may be found to remedy exclusion from consumption.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Loss of purchasing power. Total loss in GDP due to postponed consumption.</li> </ul>

## 2.4 Age

Age discrimination mainly concerns young and elderly individuals. On 1 January 2006, 22.1% of the EU27 population was below the age of nineteen. In most Member States, this age group represents between 20 and 25% of the population. Only in a few southern European countries, the under-nineteen age group does not reach 20%, i.e. in Greece (19.7%), Spain (19.7%) and Italy (19.1%). This category of young people comprises more than a quarter of the total population in Ireland (27.5 %), Cyprus (25.8%) and France (25.1%).

Another potentially relevant age group, in terms of age discrimination, are young under twenty-five. Considered as individuals with limited financial means, members of this age group are often given price reductions by transport companies, leisure centres, etc. On 1 January 2006, 28.7% of the EU27 population was below the age of 25. In most EU Member States, this age group constitutes 27 to 32 % of the population. Countries with a higher proportion of this age group are Ireland (35.7%), Cyprus (34.2%), Slovakia (32.5%), Poland (32.4%) and Lithuania (32.1%). Young people under the age of 25 comprise less than 27% of the total population in Spain (26.4%), Greece (26.3%), Germany (25.9%) and Italy (24.4%).

In terms of older people at potential risk of age discrimination, the proportion of the EU population belonging to two age categories are presented below: those above the age of 60 and those older than 80<sup>86</sup>.

21.9% of the EU27 population was 60 years or above on 1 January 2006. In most countries, this age group represented between 17.5 and 23.5% of the total population. The share of individuals above the age of 60 is lower in Poland (17.2%), Cyprus (16.7%), Slovakia (16.2%) and Ireland (15.4%). It is higher in Italy (25.1%), Germany (24.9%) and Sweden (23.6%).

On 1 January 2006, 4.1% of the population of the EU27 were above the age of 80. In most Member States, this age group represented between 3 and 5% of the population. This age category was smaller in Lithuania (2.9 %), Ireland (2.7%), Cyprus (2.6%), Poland (2.7%), Romania (2.5%) and Slovakia (2.4%). In Sweden (5.4%) and Italy (5.1%) the proportion of the total population who were more than eighty years old was higher.

The key policy domains of relevance to the study of discrimination on the grounds of age are education, health, housing, transport, social services and insurance and financial services. Other relevant areas of discrimination include social security.

#### **2.4.1 Education**

Discrimination on the ground of age is not a major issue at the primary and secondary school levels. Education is accessible and delivered according to defined levels suitable for the age groups.<sup>87</sup>

At university level, discrimination may occur. Mature students may experience insulting or degrading treatment from staff or younger students. This in turn may nourish their anxieties about their qualifications being incompatible with contemporary learning levels. Furthermore, university programmes may not be delivered in a manner that meets the needs of older students. For example, timetabling issues, where there are large gaps between lectures during the day, which affect childcare arrangements, may have a greater effect on mature students<sup>88</sup>. Induction events and social activities designed to integrate students into university life do not always cater for the interests of older students.

Barriers preventing older people from accessing or participating in education require attention – such as convenience of location, accessibility by public transport, effective advertising and available skills.<sup>89</sup> Having left school fairly young and accessed employment using basic literacy and numeracy skills, (potential) older learners may be discouraged from accessing learning. Learning delivery methods (e.g. online courses) may discriminate against selected age groups. Those wary of information technology

may already face difficulties at the stage of applying for training, as an increasing number of institutions use online application forms<sup>90</sup>.

Lifelong learning activities encourage learning at all ages. Networks established for selected age groups may encourage learning with selected populations but may isolate other individuals<sup>91</sup>.

**Table 2.19 – Discrimination on the ground of age in education: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Inappropriate educational activities for all age groups.</li> <li>▪ Limited access to or participation in courses due to timetabling and other constraints.</li> <li>▪ Low educational attendance.</li> <li>▪ Higher drop out rates (of in particular university and further education) by elderly students.</li> <li>▪ Low educational achievement.</li> <li>▪ Low self-esteem and confidence.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Failed education resulting in economic costs as employability and career prospects are drastically reduced. Because mature students cannot access student loans they cannot use a loan to pay for their fees, this represents approximately 3,950 euro on average per student in the UK. .</li> <li>▪ Training programmes with an upper age limit, excluding older people from further education may reduce their future employment prospects. The risk of not being employed may increase by up to 11%. The number of people affected (willing to participate in further education, but their access is denied) is to be estimated.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Scholarship not granted to students aged over 26 may affect a loss of 3,464 euro on average to an individual. The number of students aged over 26 affected may reach an approximate 450 thousand, and the total loss could amount to circa 1.6 billion euro per year. Older students can also be denied access to student loans worth about 1.5 billion euro per year.</li> <li>▪ Restricted access to training programmes for people between 55 and 64 affects up to 4.6 million people in EU-27. The employment rate could increase by 2.07% in the corresponding age group, raising net wage income by 29.6 billion euro, 13.0 billion euro in direct tax revenue.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Lower economic performance due to lower participation rate or qualification level / adaptations of skills (e.g. computing) of elderly. Loss in GDP.</li> <li>▪ Burden on public budget due to lower participation rate or qualification level / adaptations of skills (e.g. computing) of elderly. Change in the net transfers to elderly individuals (benefits minus taxes).</li> </ul>

#### **2.4.2 Housing**

Age-based discrimination occurs in the area of housing is primarily experienced in relation to accessing suitable housing and degrading treatment by neighbours. This in turn may lead to social isolation.

Older people frequently complain about the absence of housing suitable to older people's needs.<sup>92</sup> They experience difficulties in finding financial resources to adapt their homes to changing physical needs or becoming infirm. There is also an under-supply of certain

types of housing, specifically selected types of sheltered accommodation and suitable residential elder care.<sup>93</sup> This may mean that older people remain in their own homes or move into a residential home, neither of which may be suitable for their needs.

Additionally, young and older people may be the victims of discriminatory behaviour from neighbours or members of the local community. Older neighbours may be wary or fearful of younger neighbours, due to negative stereotyping of young people in the media. A lack of understanding or awareness of younger people's behaviour, such as socialising in groups in neighbourhoods, may be perceived as aggressive or intimidating from older people. Similarly, a lack of knowledge of older people's needs or behaviour may cause young people to view older people as hostile and unfriendly. Negative relationships with neighbours may cause tensions to grow, leading to complaints to housing owners or local authorities, and consequently a situation where a person does not feel safe in a residential area.

The lack of suitable housing (in desired areas) may increase the risk of social isolation for elderly people. Older people may reside in areas at a distance from family and friends, restricting their participation in activities with family and friends. Older couples who wish to continue living together may fail to do so due to unsuitable accommodation.

**Table 2.20 – Discrimination on the ground of age in housing: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No access to preferred/suitable accommodation.</li> <li>▪ No/limited access to funding to access housing.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Not being able to live independently.</li> <li>▪ Stress due to negative encounters with neighbours.</li> <li>▪ Depression due to feeling isolated in local community.</li> <li>▪ Loneliness due to separation from partner, family and friends.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ No data available for calculations concerning independent living of elderly (may be also more related to disability). The consequences of discrimination are often personal discomfort, which does not lead itself to monetisation.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Burden on social funds due to increased number of older persons with mental health problems. Total additional cost to social funds.</li> </ul>

### 2.4.3 Health

Discrimination on the basis of age is experienced in both public and private healthcare, at the level of prevention and treatment. Age discrimination in policies regarding treatment (e.g. prioritisation of financial resources to treatment of other individuals than elderly) results in inequitable outcomes. Older people have, for instance, reported that they are treated as a low priority by health services, with resources used for younger people. Often older people are forced to source private medical treatment due to long waiting lists or refusal of treatment due to their age<sup>94</sup>. Furthermore, older people are much more likely to be listed as DNR (do not resuscitate) should their health suddenly deteriorate. Therefore, while there is no overt age discrimination in access to health care

these can sometimes be inferred in prevention and treatment<sup>95</sup> and policies. Indeed the high levels of suicide amongst the over 75s in some countries is largely ignored by prevention strategies. Also, older people are much less likely to benefit from outreach or assertive services that are designed for younger people<sup>96</sup>.

Mental health services are often designed to meet the needs of young people and services sometimes have an upper age limit attached to them. Consequently, older people do not receive treatment suitable to their needs, which may lead to them degenerating more quickly or suffering unnecessarily.<sup>97</sup> Furthermore, different perceptions exist regarding an older person's mental health and their ability to give consent. Decisions are often made by medical professionals or referred to the older person's family. This may remove the older person's rights to make decisions about their treatment<sup>98</sup>.

On the other hand, observations have revealed that young people sometimes fall through gaps when accessing health care. A lack of targeted services designed to meet the needs of young people result in reduced access to necessary health care. Personnel trained to meet the needs of young people are in high demand, with young people not always receiving necessary care. It may be more difficult for young people to discuss their health or sensitive issues with staff who are not responsive to or aware of their needs.

Finally, additional care often required by elderly people, such as help with eating or toileting care, is often not provided in hospitals. This is because such care is not a priority for hospital staff. As a result older people do not receive appropriate care, struggle to deal with such issues themselves or suffer in silence and often in a degrading manner.

**Table 2.21 – Discrimination on the ground of age in health: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No access to most appropriate health care.</li> <li>▪ No/limited access to specialist care.</li> <li>▪ No/limited access to suitable mental health care.</li> <li>▪ Insufficient supply of additional care services.</li> <li>▪ Denial of rights to make decisions about treatment.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Untreated health problems.</li> <li>▪ Higher level of secondary infections due to improper additional care.</li> <li>▪ Older and younger individuals suffer unnecessarily due to insufficient treatment.</li> <li>▪ Lack of respect to elderly and young patients in hospitals.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ The share of elderly persons who feel that they are discriminated against is 27% in the UK, corresponding to 22.5 million persons at EU-27 level.</li> <li>▪ Prevalence figures of discrimination and consequences on health have not been found to be identified. However, around 83.2% of people (those aged 65+) may be excluded from specific screening services, resulting in a health risk</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Higher prevalence of mental health problems amongst the elderly. Proportion of elderly people suffering mental health problems as a consequence of discrimination.</li> </ul>

**Table 2.21 – Discrimination on the ground of age in health: Effects and costs**

Types of effects / costs	Description
	<p>Total annual cost of mental health services for elderly persons with mental health problems.</p> <ul style="list-style-type: none"> <li>▪ Higher levels of physical frailty and infirmity amongst older people. Additional average cost of therapy or rehabilitation as a result of a lack of preventative action (due to discriminatory practices) for a representative elderly (or young) person for certain disease groups.</li> <li>▪ Higher curative costs resulting from lower preventative treatments available for older and younger people. Total aggregated additional cost of therapy or rehabilitation.</li> <li>▪ Loss of active participants in community life. Proportion of elderly people who are effectively excluded from the participation in community life due to their health condition.</li> </ul>

#### **2.4.4 Transport**

Accessing public or private transport is a significant discriminatory area for young and older people. Physical access to transport means constitutes a first significant problem for both young and old. For those with restricted mobility, the location of the bus stop or distances between bus stops may constrain their use of public transport.<sup>99</sup> In addition, a poor provision of buses has been reported in some, particularly rural, areas. This may lead to isolation and segregation of selected groups.

Next, the means of communicating travel information may not be adapted to the (different) needs of old and young population groups. While online timetables and SMS messaging may promote the use of public transport among young people, it may not be suitable for older people who are not used to communicating via such means.

Subsidised public transport constitutes an important strategy for encouraging older and young people to make use of (alternative means of) transport. However, those who hold travel cards offering them free or reduced cost travel sometimes complain about the restrictions in travel times.<sup>100</sup> This may result in them missing appointments or unable to make social or family commitments.<sup>101</sup>

Degrading or insulting treatment from transport personnel may also result in younger and older people choosing not to travel by public transport. Elderly people, who struggle to board or alight public transport, may be viewed as a nuisance by staff. Teenagers purchasing reduced fares are often questioned about their age by staff. If the young person is thought of as giving a false age, the situation can escalate and become aggressive.

**Table 2.22 – Discrimination on the ground of age in transport: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Reduced access to transport information.</li> <li>▪ Limited access to transport means.</li> <li>▪ Tension due to degrading treatment.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Limited access to social networks.</li> <li>▪ Reduced independence – relying on family members/carers for transportation.</li> <li>▪ Choosing appointment locations that do not require transport (such as health appointments).</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Most of the key effects are related to disability (movement, sight, hearing, eventually intellectual capacity/dementia) and is to be covered there.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Loss of potential passengers and purchases. Economic loss to transport service providers from customers lost.</li> <li>▪ Reduced participation in social and community life. Proportion of elderly people who feel excluded from the participation in community life due to limited access to transport means.</li> </ul>

#### **2.4.5 Information and advice**

Discrimination on the basis of age also occurs in the area of information and advice. 'The old' and 'the young' are often portrayed negatively in the media. They are also given limited opportunities to present their views or version of events. This may lead to the stereotyping of older and younger population groups and fan intergenerational conflict. For example, older people are often portrayed as 'victims' in the media. This may lead older people to be perceived as weak or fragile and treated in a patronising or degrading manner. Similarly, fear and anxiety of young people – supposedly 'aggressive' and disrespectful – may emerge from media reports.

Large organisations, such as banks and service providers, are sometimes reluctant to provide printed material. Information about financial services, bank accounts and even benefits and public services is sometimes only available via the internet. Some organisations offer reduced costs for people who use 'paperless' billing. This may exclude older people who are not proficient with such communication means.

**Table 2.23 – Discrimination on the ground of age in information and advice: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Negative or stereotypical representation of selected age groups in the media.</li> <li>▪ Low visibility of selected age groups in the media.</li> <li>▪ Inappropriate communication methods.</li> <li>▪ Limited access to information sources and support.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Stereotypical presentation of young and old people affecting public perception of these age groups.</li> <li>▪ Low self esteem/ confidence resulting from negative representation.</li> <li>▪ Increased costs for traditional payment methods.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Discriminatory practices mostly result in personal discomfort, which is not monetised.</li> <li>▪ The gap in the public funds spent on residential care for elderly and younger adults may amount to 3,400-3,500 euro. Bringing up residential care for the elderly to the standards offered to younger adults may require an additional 5.2 billion euro in the UK alone.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Lower level of cohesiveness.</li> <li>▪ Higher burden on social security system.</li> <li>▪ Lower economic growth.</li> </ul>

#### **2.4.6 Social security**

The studies that the team has consulted indicate that social security does not constitute a major problem area in relation to age-based discrimination. Consequently, the Effects and costs Table has been removed.

#### **2.4.7 Social services**

Discrimination on the grounds of age is a significant problem in relation to the organisation and delivery of social services.

Less money is spent per head on older people than for young people. Indeed, the levels of funding allocated to support older people, both in the community and in residential care, are less generous than for other age groups, rarely matching the level of need<sup>102</sup>.

In addition, when designing services the needs and interests of older people are not always considered. For example:

- Communication methods for informing the elderly about services are inappropriate (e.g. online; small print of written material);
- Administrative procedures to apply for or report on a service assessed are too complicated;



- Different mobility levels of the elderly are not taken into consideration in the organisation and location of services. Older people may experience difficulty in reaching a service or contacting family and friends when in residential homes;
- Staff is not trained about the needs of older people when accessing services. Assumptions about their neediness/dependency may result in services insufficiently tailored to older people who can/wish to live independently<sup>103</sup>;
- Finally, homes for older people may result in segregation from different generations, particularly younger people, and from the community. This may fuel stereotypes about older people and how they should be treated in society.

Elder abuse is a topic that occurs far too frequently and has been reported by the media. Abuse has occurred in public and private care homes, hospitals and by service deliverers, such as doctors, nurses and care professionals. This abuse can occur in several forms – physical, psychological and through ignoring the needs of older persons.

**Table 2.24 – Discrimination on the ground of age in social services: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Not having access to preferred level of care/housing.</li> <li>▪ Stress and ill-health experienced due to poor treatment.</li> <li>▪ Lack of information about services due to insufficient communication means.</li> <li>▪ Inadequate reporting of services, due to complicated administrative procedures.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Reduced independent living.</li> <li>▪ Isolation from family, friends and local community.</li> <li>▪ Increased burden on services.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ Insufficient data are available on independent living and the burden on services to make calculations.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Segregation between generations and communities. Reinforcement of negative stereotypes associated with generations. Proportion of population expressing hostile or otherwise discriminatory views against elderly and / or young persons.</li> </ul>

#### **2.4.8 Insurance and finance**

Age discrimination is experienced in relation to mortgages and insurances for cars, travel, health and life insurance. It needs to be highlighted that discrimination on the basis of age in relation to insurance is regarded as ‘acceptable’ in some Member States; if calculations of higher premiums are based on relevant – and correct – statistics concerning risk behaviours of various age groups<sup>104</sup>.

Mortgages are not generally available to persons under or over specific ages. This may prevent people from accessing suitable housing and ultimately may lead to emotional distress – stress, depression – as they feel unable to live as they wish.

Age discrimination legislation has had some impact on the provision of financial services. For example, it is no longer possible to place an upper age limit on loan applications.

However, it is conceivable to think that financial lenders deny access to people above a certain age, thus, rendering services inaccessible<sup>105</sup>.

Finally, there have been reports of ageist and degrading treatment from banks. This may generate feelings of depression and isolation in an older person, who is denied financial support on the basis of their age.

<b>Types of effects / costs</b>	<b>Description</b>
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ No or limited access to (private) health insurance.</li> <li>▪ No or limited access to life, travel or car insurance.</li> <li>▪ Limited financial borrowing for younger and older people.</li> <li>▪ Increased costs of financial services for younger and older people.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Unable to acquire material goods due to reduced financial guarantees.</li> <li>▪ Reduced travel due to costs of insurances.</li> <li>▪ No or limited coverage of health expenses due to a lack of health insurance coverage.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ The share of elderly who do not have access to health insurance is unknown.</li> <li>▪ Differences in the length of waiting lists before costs will be covered in case of a new private health insurance contract can have substantial cost effects. This could amount – under certain assumptions - to around 664 million euro annually.</li> <li>▪ Around 38.1 million people may be excluded from travel insurance</li> <li>▪ Access of people above 70 (59 million people) to a wide range of financial services is restricted in most Member States.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Less spending power/purchases. Total loss in GDP due to postponed consumption.</li> </ul>

#### **2.4.9 Goods and services in general**

Discrimination on the basis of age occurs in the provision of a wide range of goods and services. As mentioned in relation to other policy domains, practices and activities perceived as discrimination on the basis of age in relation to goods and services are deemed 'acceptable' in certain Member States. Businesses and service providers may be allowed to target particular groups of consumers and service users, or exclude others, for commercial reasons. Hence, not all practices described below may be considered age-related discrimination across the EU.

Regarding access to services, young people have reported problems in accessing restaurants, bars and cinemas, while older people of being rejected by holiday companies, due to age limits. Additionally, age limits exist for certain sporting or leisure activities (e.g. under 12s and over 50s). Older people may experience difficulties in hotels or restaurants where staff is not trained to meet their needs. For example, older people may require rooms on ground floors or seating that it is easy to walk to.

The closure of some public facilities, such as toilets, is inconvenient for older people. Many older people report suffering from a degree of incontinence and the reduction in public facilities can generate feelings of anxiety when planning a trip. Such experiences may cause older people to feel that they are an annoyance and, ultimately, to opt not to go out and may miss out on socialising and experiencing community life<sup>106</sup>.

The increasing use of the Internet for purchasing may put younger generations at an advantage in the marketplace. Older people may not be as proficient with such technology and may prefer to use more traditional consumer methods. This may hold older people back as they may be unable to take advantage of less expensive goods available on the internet.

Harassment or insulting treatment may be experienced by young and older people in shops or related to particular purchases. Young people have reported being followed in shops by staff who suspect of them of stealing. Additionally, young people may be questioned about their age when purchasing certain goods, such as alcohol, cigarettes, knives and objects containing blades. Older people may experience disrespectful or patronising treatment in shops. Staff may consider that an older customer needs additional support or information.

**Table 2.26 – Discrimination on the ground of age in goods and services: Effects and costs**

Types of effects / costs	Description
Direct effects on victims	<ul style="list-style-type: none"> <li>▪ Reduced access to purchase selected goods.</li> <li>▪ Limited access to goods only available via the internet.</li> <li>▪ Increased costs due to over-charging in shops.</li> </ul>
Indirect effects on victims	<ul style="list-style-type: none"> <li>▪ Unable to acquire selected goods.</li> <li>▪ Unable to participate in selected activities.</li> </ul>
Monetised costs to victims	<ul style="list-style-type: none"> <li>▪ An estimated 6 million persons above 80 years are assumed to be excluded from important basic services (including shopping and consumer services). The number of persons above 55 who might be excluded may reach 14.8 million.</li> </ul>
Monetised and non-monetised costs for society	<ul style="list-style-type: none"> <li>▪ Reduced purchases of selected goods.</li> <li>▪ Reduced participation in leisure activities.</li> <li>▪ Fewer trips to shops due to harassment/degrading treatment.</li> <li>▪ Total loss in GDP due to cancelled consumption.</li> </ul>

## 2.5 Religion and belief

In 2003, the data available to the Association of Religion Data Archives<sup>107</sup> indicated that nearly 87% of the EU 26<sup>108</sup> population adhered to one of three world religions, i.e. Christianity, Judaism, and Islam. On average, 84% presented themselves as Christians, 0.2% as Jewish, and 1.7% as Muslims.

Christians make up at least three quarters of the population in most EU countries. Exceptions are the Czech Republic (63.7%), Estonia (65%), France (69.3%), the Netherlands (70.5%) and Sweden (67%).

Only a very small proportion of the population of EU 26 claim to be Jewish (0.2%). This share is particularly low in Portugal (0.004%) and Slovenia (0.006%). It is higher in Hungary (0.97%), Latvia (0.33%) and the United Kingdom (0.52%).

The Member States with a relatively high percentage of Muslims are Belgium (3.6%), France (8.2%), Germany (4.5%), Greece (4.6%), and the Netherlands (5%).

The task of determining the nature, scale, effects and costs of discrimination gives rise to significant problems or issues. Firstly, the research undertaken to date indicates that it is particularly hard to differentiate discrimination on the basis of ethnicity or race from that on the ground of religion or belief. Someone's appearance (e.g. head dress, clothes, daily habits, and skin colour) can lead to certain presumptions about someone's religion, and the other way around. Equality bodies, European level NGO umbrella organisations, and monitoring and research institutes, such as EUMC (now FRA), have formulated this argument in their work and reports. For example, the Swedish Ombudsman against ethnic discrimination commented that:

*'The cases dealt with are not as a rule classified according to discrimination due to ethnicity and discrimination due to religion. Quite often, at least in Sweden, even discrimination that is outwardly due to religion, actually has more ethnic overtones. Discrimination against Muslims, for example, tends to be based on an interplay with discrimination against persons due to their Middle Eastern background.'*<sup>109</sup>

Moreover, it is difficult to discern between the effects of discrimination that occur on the basis of religion or belief and race or ethnicity. The Annual Report on Integration 2007<sup>110</sup> reported that in the Netherlands more than three quarters of the largest migrant communities present themselves as Muslims. It is therefore of little surprise that the problems, but also progress discussed in relation to integration of ethnic or migrant communities in this report are similar to the key issues presented in the 'ENAR Shadow Report 2005 – Racism in the Netherlands'<sup>111</sup>, which also deals with religious discrimination.

Secondly, the definition of what constitutes discrimination on the ground of religion or belief (outside of employment) differs across EU Member States.<sup>112</sup> The public debates that have been held on the denial of access or participation of pupils wearing headscarves or other religious symbols to educational establishments constitute an example of this. In countries like France, the Netherlands and Belgium schools may prohibit the outward display of religious symbols by pupils. In the UK, on the contrary, pupils are generally allowed to wear religious dress.

Rather than concluding that institutional discrimination on the basis of religion or belief occurs in France<sup>113</sup>, the Netherlands and Belgium, it is clear that public policies of these Member States, e.g. relating to social cohesion and integration, inform or underpin decisions on how the right to religious freedom, to equality, to education, to personal dignity, and others are defined, safeguarded and weighed against one another. The principle that children and young people should have equal opportunities – or even outcomes – in education has informed both the judgment to prohibit the outward display

of religious symbols at school by pupils in some Member States and to allow it in others. The debate on how, and whether, a multicultural society is to be created and related public policies influences or overarches the debate on how religious, but also ethnic, cultural, political, national, and other identities can be expressed and pursued.

The fact that the practicing of one's religion or belief is not merely an individual or private matter, but also constitutes a collective endeavour affecting others' lives has to be taken into account. The judgment that individuals are not treated equally solely because of who they are is not always an easy one to make in the case of religion and belief. This dilemma on whether an act can be defined as discrimination on the basis of religion or belief (or if the religious practice actually poses a threat to other rights or beliefs) seems to arise in most policy domains. For example, the (religious) belief that homosexuality or bisexuality constitutes a disease or punishment may result in degrading and insulting treatment in (faith) schools, in negative stereotypes being conveyed through educational materials and through public media, etc (see also section 2.2.1). Whose experience of discrimination is to be recognised and redressed; that on the basis of religion or that on the basis of sexual orientation? If girls are prevented from pursuing (higher) education due to the parents' religious beliefs and practices, are these decisions to be respected by the state or school?<sup>114115</sup>

It is clear that public policy objectives and interventions constitute a filter on what, according to national legislation (and case law), is defined as discrimination on the basis of religion or belief and how it is punished.<sup>116</sup> The study team considers it neither possible nor desirable to take a stance in this – still widely held – debate.

Therefore, the study team has decided against identifying effects on individuals and costs on society (i.e. no tables outlining such are provided in this section). Instead, the study team has chosen to focus on outlining the nature of discrimination in terms of identifying types of discrimination on the basis of religion or belief that are (more) universally defined as such and where the overlap with ethnic or racial discrimination is minimal.<sup>117</sup>

### **2.5.1 Education**

Discrimination on the basis of religion or belief may affect individuals at the level of primary, secondary and tertiary education. It can become more prominent in secondary schools, i.e. the age at which the transition to full members of a religious or belief community takes place and (additional) religious symbols are to be worn. As with sexual orientation, the extent to which an individual's adherence or practice of a particular religion or belief is visible interacts with the extent of discrimination.

Access to or participation in primary and secondary schools may be denied to pupils because the children and their families adhere to a particular religion or belief. Depending on national legislation relating to (the rights to) education and religion, schools founded on religious or ideological principals may have the freedom to set requirements governing admission to or participation in the education it provides which, having regard to the establishment's purpose, are necessary for the fulfillment of its principles.<sup>118</sup> Religious affiliation or dress code may feature amongst those requirements, with religious schools imposing and state schools prohibiting the wearing or outward display of religious symbols or identities.

In many EU Member States, complaints about excluding pupils from educational institutions because they adhere to and/or practice a particular religion have been made. As a result, schools, local authorities, equality bodies<sup>119</sup>, the judicial system and the relevant Ministry have contributed to the public and political debate on this constitutes an infringement to the right of education and to that of the freedom of religion or community cohesion. Opinions put forward by political, academic and civil society differ significantly concerning whether the expression of religious identity promotes or actually inhibits equal opportunities and outcomes in relation to education and, hence, whether the above mentioned practices of exclusion of pupils constitute religious discrimination or not.

The educational attainment and achievement of individuals adhering to particular religion and beliefs, such as Islam, may suffer due to religion or belief-based discriminatory practices and activities in educational establishments. This includes bullying and harassment in schools from both pupils and teaching staff. The children's willingness to attend schools and do well may be distorted due to lower, stereotypical expectations on the part of teachers who may not understand the religious beliefs, practices, needs and interests of pupils.

### **2.5.2 Housing**

Discrimination on the basis of religion or belief affects individuals in both the private and the public housing sector. (The perception of) adhering to a particular religion or belief can restrict someone's chances to rent or buy a house, flat or room as well as taint their living circumstances once the contract has been secured.

Discrimination by private landlords can impact on religious communities in different ways: refusal to let a property to someone, renting a property on worse terms or for a higher charge, being more prompt to evict tenants, harassment, etc. Discrimination by estate agents may restrict access to private ownership or to the private rental market.<sup>120</sup>

As concerns access to housing provided by the public sector, experiences and fears of bullying and harassment in social housing means that people who are in need and who may be eligible for social housing may not exercise their rights to state sponsored accommodation. In addition, the housing stock is often presented as inappropriate in terms of design, size or location for members of particular religious groups.<sup>121</sup>

In some religious communities (e.g. Jewish, Muslim), there may be a strong preference for living in areas where the community is already concentrated and where access to goods and services tailored to their needs is greater. This can restrict choices and mobility. It can also lead to housing officers making assumptions that people from minority faith groups have such preferences which, in turn, lead them to allocate housing in a way which can result in the creation of ghettos.

The lack of access to high quality, timely and tailored housing advice and information also constitutes a serious problem<sup>122</sup>. This includes poorer access to grants for home improvement.<sup>123124</sup>

### **2.5.3 Health**

In the policy domain of health, discrimination on the ground of religion or belief may occur because health authorities lack knowledge on how and why (religious) beliefs and associated behaviour impact upon individuals' health, illness and recovery. Understandings of health, illness and healing vary across various religious communities.

Attitudes, for instance, towards contraception, abortion, palliative care, blood transfusion, organ donation and in-vitro fertilisation differ among various religious communities.<sup>125</sup>

The health of persons adhering to a particular religion or belief suffers when staff fail to ask questions or gather data that are essential to determine health risks (related to the practicing of a particular belief or religion), to activate preventative measures, and to propose appropriate treatment. This problem often results from a lack of adequate training and other types of capacity building for doctors and nurses.

Other discriminatory experiences in relation to health care may be being subjected to disrespectful or degrading attitudes or behaviour during treatment. Clinical advice is given in ways which can be offensive. In other instances, health professionals make assumptions about people's clinical options without seeking consent from their patients.

Public health messages may not reach certain religious groups. The media, but also communication strategies used for the dissemination of public health messages may be unsuitable, as the form or content of messages contravene religious beliefs and practices around issues such as sexual health, family planning and drug use.

In terms of infrastructure, the need has been identified for facilities for religious observance in hospitals and tertiary care institutions. The lack of food that meets the specific dietary requirements of each community (e.g. halal meat, kosher food, vegetarian meals, etc) continues to give rise to complaints.<sup>126</sup>

However, as indicated in the introductory section, poor health may also result from cases in which access or use of health care services is restricted by members of religious or belief groups, because the practices engaged in by health workers are considered as not in accordance with the religion or belief system. For example, the use of blood-related products is not allowed for Jehovah's Witnesses. A recurrent problem in several EU Member States is the strong preference by Muslims for health practitioners of the same gender as the patient in primary, secondary and tertiary health services.<sup>127</sup>

#### **2.5.4 Transport**

Individuals may experience discriminatory behaviour by staff from public or private transport companies and their passengers. Here again the wearing or outward display of religious symbols puts individuals at a higher risk of such denigrating or insulting behaviour.

Violent acts in public spaces towards individuals (perceived as) belonging to a particular religious or belief group are a recurrent and significant problem across Member States.<sup>128</sup>

As to the organisation of transport provisions, there may be a need to accommodate additional demand around certain times of the year (e.g. Eid, Easter, Christmas) or days of the week (e.g. Fridays, Saturdays and Sundays) on public transport routes that serve important places of worship.

#### **2.5.5 Information and advice**

Discrimination on the basis of religion or belief is evidenced in the media through low visibility, but also distorted portrayal of religions and their adherents. The private and public media in many EU Member States tend to operate a bias towards the dominant religion or towards secularism. The media often fail to collect and present accurate

information about the – often very diverse – lives and issues facing religious individuals or groups.<sup>129</sup> Members of religious or belief-based groups often have limited opportunities to counter some of the views presented in the media or to formulate their own. This in turn results in a lack of correct information being disseminated amongst the general population and the unchecked existence of stereotypes.

Access to (high quality) information and advice requires services to open on days and at times that accommodate religious observance practices. The use of information and advice services may be restricted or discouraged due to fact that the content of information and advice provided contradicts religious beliefs or conflicts with religious mores or values (e.g. domestic violence, female genital mutilation, sexual orientation). In addition, the gender of personnel may be considered inappropriate.

Some of these problems are countered through the establishment of religious-specific information and advice provision. However, funding of such information and advice services may be patchy, resulting in low access to services by certain groups. There is also the risk of reverse discrimination, with some individuals potentially being excluded from such religious-specific services (e.g. an unmarried young mother seeking advice from an orthodox Jewish or Muslim information service).

#### **2.5.6 Social security**

A review of the literature does not indicate any problems in relation to social security.

#### **2.5.7 Social services**

The design and delivery of social services is often based on the explicit or implicit assumption that service users will restrict the expression of, and acts based on, their religion or beliefs to the private sphere or that service users will belong to a particular community of belief. This may allow for discrimination on the ground of religion or belief.

The infrastructure of social services may not provide adequate prayer or contemplation rooms in their facilities for service users from different religious backgrounds. Food provided within social services settings may not be considered appropriate, i.e. not kosher, halal, vegetarian (e.g. the use of meat derivatives such as lecithin in otherwise vegetarian meals). Periods of service provision may clash with days of religious observance (e.g. Eid, Channukah) or may not be flexible for observance practices (e.g. Islam; allowing time to pray or the fasting period of Ramadan).

Social services' working practices may be perceived as disrespectful vis-à-vis particular religions or belief systems. The gender or sexual orientation of social services personnel may be deemed inappropriate by (potential) Muslim and Jewish users. The principles of equality and empowerment embedded in, or conveyed through, social services' practices and activities may be perceived as running against – and potentially undermining – those of religious groups. For instance, the organisation of training, workshops and other fora with mixed gender attendees may be considered inappropriate for some Muslim/Jewish individuals. Certain teaching practices in care environments for young people may not be in accordance with religious views around sexuality, hygiene (e.g. Muslim, Jewish and Jehovah's Witness). Those delivering social services may organise activities that do not take account of religious themes or address themes which are prohibited by particular religions, such as the consumption of alcohol and gambling.<sup>130</sup>



### **2.5.8 Insurance and finance**

Discrimination on the basis of religion or belief may occur in relation to mortgages, health insurances, and life insurances.

Members of certain religious communities may find it difficult to obtain alternative forms of finance compliant with religious beliefs (e.g. Sharia (Islamic) law forbids the charging of interest). Furthermore, those who set up or make use of financial services in accordance with religious customs often do not benefit from the same level of protection as others, because the law does not recognise this type of financial services.<sup>131132</sup>

Religious or belief-based organisations are sometimes denied financing because of the perception that it may be misused. For example, Jewish organisations may be presumed to support Israel's occupation of Palestinian territory or finance Zionist groups in Israel.<sup>133</sup>

In addition, religious people may be denied insurance or have to pay higher premiums because the health risks associated with their life styles are presumed to be higher<sup>134</sup>. Travel insurance may not be offered to people going on pilgrimage because it may be deemed to be high risk, such as the Muslims' annual pilgrimage to Mecca. Religious individuals may therefore have to turn to specialised insurance agencies.<sup>135</sup>

### **2.5.9 Goods and services in general**

Discrimination on the basis of religion or belief in the area of goods and services in general primarily consists of degrading or insulting treatment by salespersons or service providers. For example, young people (perceived as) adhering to a particular religion or belief may be denied entry to bars or clubs.<sup>136</sup>

In general, it has been argued by individuals or groups practicing a particular religion or belief that there is a lack of adequate market segmentation and a lack of data researching the special needs of these groups. This makes it difficult to develop optimal products, to design targeted marketing and communications strategies, to elaborate pricing and product placement strategies, etc. Amongst other things, complaints have been issued by members of religious or belief-based communities in relation to production<sup>137</sup>, labelling<sup>138</sup> and purchasing<sup>139</sup> of appropriate food.

## **2.6 Costs to service providers**

The adoption of anti-discrimination legislation leads to costs for service providers in terms of making adaptations for disabled persons to ensure access to their services, as well as e.g. training of staff. As part of the assignment, information concerning 'reasonable' costs has been searched for. However, information identified from national authorities does not specify what ranges of monetised costs are considered reasonable, but only refer to (i) the type of adaptations that can be considered reasonable; and, (ii) on what basis it is determined what level of adjustments is deemed 'reasonable'. For example, guidance from the national authority in the United Kingdom indicates:

*Service providers in Britain have a legal duty to make 'reasonable adjustments' to ensure that people are not prevented from using their services because they have a disability. When deciding whether an adjustment is reasonable, service providers can consider issues such as the cost of the adjustment, the practicality of making it, health and safety factors, the size of the organisation, and whether it will achieve the desired effect. Adjustments can be in the form of physical changes to a building, providing extra services, or changing a policy or procedure.*

To assist service providers in their task to make necessary adaptations, more specific guidelines concerning the type of adaptations that may be required have been developed in the Member States. Further details concerning what amendments are considered 'reasonable' according to such guidelines are provided in Annex 14.

Some indications of costs to service providers were made in the regulatory impact assessment (RIA) which was carried out in the United Kingdom concerning new anti-discrimination legislation on the ground of disabilities in 2005. The sectors for which estimations of costs were made were housing; transport; and, private clubs.

The total *one-off costs* to businesses in these sectors<sup>140</sup> of adapting to the disability duty were estimated at between €4.1 million and €8.3 million<sup>141</sup> (£2.8 million and £5.7 million<sup>142</sup>). The total *ongoing costs* to businesses were estimated at between €3.3 million and €6.9 million (2.3 million and £4.7 million<sup>143</sup>) per year.

In relation to costs for individual service or goods providers, experience shows that they are not onerous. For example, according to a study conducted for the Department for Work and Pensions in the UK<sup>144</sup> (where the principle of non-discrimination already applies outside employment), 74% of companies indicated that it had been easy to make physical adjustments, whereas only 9% commented that costs were an issue<sup>145</sup>. Practical issues such as, for example, premises being difficult to alter, planning constraints and lack of space were other main difficulties encountered (in addition to costs), although these were all cited by one in 20 establishments or less. In another study covering 1,000 companies, 40% had made some kind of adjustment and half of those companies found it easy to do so. A minority found some adjustments difficult to make; these were mainly the more substantial adjustments related to e.g. wheelchair or physical access.

Examples of changes to the physical accessibility or physical features of buildings included adjustments as part of general refurbishments and specific adaptations, such as installing disabled toilets, providing optimum door widths, adjusting the height and style of door handles and using different types of glass for customers with vision impairments.<sup>146</sup>

Among establishments with customer contacts on their premises, the most common types of adjustment concerned wheelchair or disability access to the premises (75% of those making adjustments reported such changes), followed by the introduction of specific kinds of assistance for disabled customers (e.g. providing help carrying goods or shopping) and the provision of accessible toilets (56% and 53% respectively). As concerns adjustments which would also apply to establishments with 'off-premises' customer contact, the most common adjustments were: the introduction of disability awareness training (37%); the production of documents in simple language (36%); and, the production of large print copies of documents (30%).

There is evidence from both the survey and case studies undertaken as part of the study for the Department for Work and Pensions in the UK that in the early stages of making adjustments for disabled customers, establishments tend to focus on adjustments targeted at physical access, or adjustments which involve staff providing assistance to customers. More specialised adjustments, aimed at individuals with specific impairments (particularly sensory impairments), are more likely to be introduced later on. The case-studies highlighted a number of factors that facilitated or hindered making particular adjustments for disabled customers, including:

- The availability of, and ease of access to (external or internal) funding;
- Staff attitudes and skills and the availability of appropriate training;
- The availability and relevance of information, advice and guidance (and in some cases specialist support and services);
- The nature of the premises in question (including size, age, whether listed, whether purpose built etc.);
- The attitude and policy of head office (in establishments that are part of larger organisations); and,
- (Perceived) conflicts with obligations under other legislation.

In relation to the level of the costs to individual service providers to ensure physical accessibility, a Swiss study<sup>147</sup> made an assessment of average costs for frequent measures to ensure obstacle-free movement for disabled persons, as outlined in Table 2.27.

<b>Table 2.27 – Average costs for frequent adaptations to buildings</b>		
<b>Type of adaptation</b>	<b>Cost</b>	
	<b>Euro<sup>148</sup></b>	<b>Franken</b>
Handrail for visually impaired, per meter	32	50
Uncovered parking for disabled	3,214	5,000
Covered parking for disabled	9,643	15000
Steel ramp, 5 meters, with handrail	4,886	7,600
Increased level for circulation of wheelchair, per m2	1,929	3,000
Increased door width (rebuilding)	1,221	1,900
Doors with automatic door opener	2,572	4,000
Lift (three floors, new building)	48,666	75,700
Lift (three floors, rebuilding)	65,381	101,700
Lifting platform (1.5 meters)	8,872	13,800
Stairs lift, per floor with straight stairs	13,565	21,100
Stairs lift, per floor with split stairs (into two)	19,994	31,100
Disabilities adapted toilets (integrated, new building)	2,700	4,200
Disabilities adapted toilets (separated, new building)	9,836	15,300

## 2.7 Costs for information dissemination about new legislation

Information has been gathered concerning costs for raising awareness about new legislation (rights and obligations) in the Member States. Only very scarce information on costs was identified; sources often describe the activities carried out only, rather than also providing details on the costs of the specific activities organised to disseminate information about new legislation<sup>149</sup>.

Box 2.1 outlines the costs for an awareness raising campaign organised in Sweden in 2003, when new anti-discrimination legislation came into force.

### **Box 2.1 – Costs for awareness raising concerning new legislation**

*An awareness raising campaign was undertaken in Sweden in connection with new anti-discrimination legislation in 2003. The overall cost for the campaign was around 818,554 euro (7.5 million SEK). The awareness raising campaign included the following activities: A campaign with advertisement and editorial participation in amongst others sectoral press and newspapers; The development of an informative film to show on TV<sup>150</sup> and other similar types of media; A leaflet with basic information about the legislation; A specific website ([www.oppnare.se](http://www.oppnare.se)); Information and education meetings; and, Posters; specifically developed for the local anti-discrimination activities and their target groups.*

A more targeted project (ADIS) was also carried out in Sweden in 2006 to inform pupils about their rights not to be discriminated against in school<sup>151</sup>. In the ADIS project<sup>152</sup>, the Delegation for Human Rights in Sweden, JämO, DO, HomO, HO, BEO and the Children's Ombudsman<sup>153</sup> made a joint effort to spread information about new anti-discrimination legislation in schools primarily to children and pupils between 12 and 16 years of age, covering discrimination on grounds of sex, ethnic origin, religion or belief, sexual orientation or disability.<sup>154</sup> A secondary target group was head teachers and teachers, as they are implementing the Act.

The project involved the following activities:

- **Activity component 1 – Training of trainers (TOT).** The goal was to educate 30 (15+15) pupil trainers about the contents and implications of the Act to enable 'pupil-to-pupil' communication. The plan was to provide this training over two half days between October and November 2006.
- **Activity component 2 – Information seminar.** Forty-two (the aim was 30) participants from different youth organisations were given basic training in human rights and knowledge about the Act.
- **Activity component 3 – Cartoon Magazine.** The aim was to communicate the importance of the Act and the consequences of discrimination and bullying. The magazine was to be discussed with teachers. The quantitative goal was to reach 250,000 young people in the target group with information about the Act. The initially produced 75,000 copies ran out within a week. A second (150,000 additional copies) and third reprint (number of copies not indicated) were therefore made.

The total costs for the project were 206,436 euro. The breakdown of costs is provided in Table 2.28.

<b>Type of costs</b>	<b>Costs €</b>
<b>(1) Administration (total costs)</b>	<b>603</b>
<b>(2) Staff (total costs)</b>	<b>5,413</b>
<b>(3) Travel and Subsistence (total costs)</b>	<b>1,874</b>
<b>(4) Services (total costs)</b>	<b>198,546</b>
<b>Total direct costs</b>	<b>206,436</b>

The costs for services are detailed in Table 2.29.

<b>Nature of costs</b>	<b>Quantity</b>	<b>Unit cost</b>	<b>Total cost €</b>
<b>Costs for information and dissemination</b>			
2 RESPEKT advertisements in magazines for teachers and head teachers			5,261
Information campaign on Internet Community, RESPEKT on "Hamsterpaj"			8,119
Purchase of address lists to all head teachers in Swedish schools			1,189
Distribution of "RESPEKT promotional-kit" to schools by postal services			11,134
Distribution of RESPEKT magazines to schools by postal services	250,000		56,410
Distribution of RESPEKT as Daisy CDs to schools by postal services	1,000		11,549
Layout, production, coordination and printing of training materials	10,000		12,000
<b>Costs for reproduction and publication</b>			
Printing and packaging of the RESPEKT magazine	250,000		56,135
Printing of "RESPEKT promotional leaflet" to head teachers	5,000		595
Printing of "RESPEKT letter" to head teachers	2,100		532
Production of RESPEKT on Daisy CDs and accessible version of PDF			8,555

There were some additional costs for sub-consulting, travel and subsistence and lunch for participants in the training sessions.

As concerns information dissemination about new anti-discrimination legislation, it is, however, important not to forget the need for more regular, targeted awareness raising activities in addition to more large scale general information campaigns. The benefits of such regular, targeted activities, were, for example, highlighted by Anneli Joyce, Head of Communications at the Swedish Disability Ombudsman (Handikappombudsmannen - HO), who finds that large, general awareness raising campaigns are not as effective communication means as continuous, regular and targeted activities aimed at specific target groups.

Further details on the costs for information dissemination, including the elaboration of accessibility guidelines (this can be regarded as a specific type of awareness raising initiative concerning the requirements for service providers due to new legislation) are provided in Annex 15.

### 3 DEFINITION AND ASSESSMENT OF POLICY OPTIONS

This assignment is to inform an Impact Assessment of benefits and costs of possible interventions where precise proposals do not exist. The Commission's legislative Work Programme, adopted on 23 October 2007, commits the Commission to presenting a **legislative proposal**, but without specifying its form, what it will cover etc.

The main aim of the present assignment is to collect data on the extent of discrimination, and costs and benefits of the status quo, non-legislative and legislative proposals. In order to assess costs and benefits of various measures, as required in the Terms of Reference for the assignment, broad "policy options" (i.e. legislative and non-legislative measures) have been defined and elaborated as part of this work.

The Commission is in no way bound by the definition of policy options considered in this assignment when undertaking their Impact Assessment. However, it must be highlighted that sometimes, particularly regarding legislative proposals, relatively minor changes can lead to very significant differences in their effects and consequences. This must be taken into account when using the results of this study in the Commission's Impact Assessment.

#### 3.1 Definition of policy options

In addition to Status Quo (the 'do nothing' option) the following types of intervention have been identified<sup>155</sup>:

- Type 1: EU level legislation and awareness raising;
- Type 2: EU level legislation, awareness raising, enforcement (including the establishment of an equality body) and encouragement of networking between relevant actors;
- Type 3: EU level legislation with a punitive approach; and,
- Type 4: Funding.

The three first types involve legislative action at the EU level, whereas Type 4 would imply only funding of anti-discrimination initiatives. Anti-discrimination funding measures are already frequent at both EU and national levels, but are important to also consider here, as a comparison to adopting EU level legislation.

There are two main kinds of legislative actions available to the Commission:

- Regulations: which are binding and directly applicable in all Member States; and,
- Directives: which are binding as to the result to be achieved but leaves the Member State to decide on the method of achieving that result. Unlike Regulations which are directly applicable, Directives are transposed into Member States' legislation<sup>156</sup>.

The already existing legislation in the field of discrimination in accessing goods and services (for gender and race/ethnic origin) is of the latter kind. It is assumed that the Commission will put forward a Directive also for the grounds of discrimination covered in the present assignment. Putting forward a Regulation would mean that there would be harmonisation of legislation, i.e. uniform protection across the EU. It is unlikely that the Member States would be able to agree on the same standards in all countries. A Directive, on the other hand, could ensure that discrimination on the relevant grounds would be prohibited, but leave it up to the Member States to define in what instances discrimination occurs. This is more realistic, in particular in view of the differences in public policy and distribution of funds to various beneficiaries between Member States. This also includes variations in legal rights, e.g. for homosexual couples, who in some countries are allowed to get married or register as partners, and thereby obtain increased legal rights to e.g. social protection and survivor's pension compared to other countries.

Each of the four types of actions is briefly described below, including an outline of relevant administrative and compliance costs.

### ***Type 1: EU level legislation and awareness raising***

EU level legislation would be adopted in terms of a Directive prohibiting discrimination in the access to goods and services on the grounds of religion and belief, age, disability and sexual orientation.

The Directive would not include any detailed provisions on enforcement mechanisms, advisory or complaint bodies, but only be supported by awareness raising campaigns (an EU wide campaign and a national campaign in each Member State) on new rights for citizens and obligations for companies and other actors.

Similarly to the current Directive 2004/113/EC on equal treatment between men and women in the access to and supply of goods and services, the Directive would not identify direct actions of discrimination, but only establish the meaning of the concepts of direct and indirect discrimination, e.g.:

- Direct discrimination: where one person is treated less favourably, on grounds of religion and belief, age, disability and sexual orientation, than another is, has been or would be treated in a comparable situation; and,
- Indirect discrimination: where an apparently neutral provision, criterion or practice would put persons with a specific religion or belief, age, disability and sexual orientation at a particular disadvantage compared with other persons, unless that provision, criterion or practice is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary.

The legislation would leave it up to the Member States to decide what administrative and judicial procedures to put in place<sup>157</sup>, the burden of proof before the courts, as well as penalties and compensation for victims<sup>158</sup>.

Costs for this 'policy option' include:

- Administrative costs:
  - Amendments to current legislation;



- Costs for enforcement (police, the court system);
- Changes to procedures (investments in the development of codes of conduct and procedures, including internal monitoring and audit procedures);
- Costs for human resources (training and development of staff);
- Costs for awareness raising to the general public informing about the rights of the new legislation; and,
- Compliance costs for public and private service providers (that would be specific to the details of the legislation):
  - Changes to procedures (investments in the development of codes of conduct and procedures, including internal monitoring and audit procedures);
  - Costs for human resources (training staff);
  - Physical costs (including investments in the built fabric, such as those required to enable wheelchair access, and environmental costs); and,
  - Costs of improving services and products so that they are usable by those with disabilities and do not unduly discriminate against those with disabilities (for example, sight and hearing impairment) or the potential victims of discrimination.

***Type 2: EU level legislation, awareness raising, enforcement and ‘soft approach’ (creating networks between grass-root levels and higher levels)***

Similarly to Type 1, EU level legislation would be adopted in terms of a Directive prohibiting discrimination in the access to goods and services on the grounds of religion and belief, age, disability and sexual orientation.

However, in addition to awareness raising campaigns (an EU wide campaign and a national campaign in each Member State) on new rights for citizens and obligations for companies and other actors, the Directive would also include detailed provisions on enforcement mechanisms and equality bodies (advisory bodies), and make the establishment of an ‘equality body’ compulsory. The Directive would include a set of competences for equality bodies, including, for example, the following:

- Offer non-binding legal advice (to victims);
- Initiate investigations;
- Investigate complaints;
- On the basis of the investigations, the body could either forward the complaint to the court system or act as an intermediary in an attempt to achieve a settlement out of court (in case this out of court settlement would be unsuccessful, the victim and the equality body would still have the possibility to take the case to court); and,

- Undertake research to analyse the problems involved and study possible solutions.

In order to ensure a coherent implementation of the Directive across the EU Member States, guidelines on reasonable costs and measures to be taken by businesses and other actors to ensure non-discrimination would need to be elaborated centrally (both Sweden and the UK have already put such guidelines for legislation in place in various areas). Such guidelines could be updated in line with new examples of discrimination, technological developments etc. It could be made a requirement that such national guidelines are submitted to the European Commission.

Finally, networking between various relevant actors (from grass-roots to higher levels) would be encouraged, to draw on relevant experience and ensure that learning lessons are drawn upon.

All costs for Type 1 would be applicable also for this level. The following types of additional costs would result from this more comprehensive approach:

- Administrative costs: Costs for equality body, salaries and training of staff. Establishing guidelines for implementation of legislation, help lines etc. and support to networking between different actors.

### ***Type 3: EU level legislation with a punitive approach***

EU level legislation would be adopted in terms of a Directive prohibiting discrimination in the access to goods and services on the grounds of religion and belief, age, disability and sexual orientation. However, unlike Types 1 and 2, the Directive would have a strong punitive approach similar to the USA, in terms of very high fines for perpetrators and compensation to victims.

As concerns the level of fines, it is clear that establishing the same amount of penalties across the EU would have different effects in different Member States (due to wage variations etc.). The exact amount of fines and compensation to victims would be at the discretion of the relevant body<sup>159</sup> in the Member States. The level of the fine and compensation would, for example, be based on the following criteria:

- Intention / knowledgeable act;
- Repeat offence; and,
- Other circumstances (e.g. economic situation).

There would be no requirement for Member States to establish equality bodies. The legislation would be reliant on the court system.

Costs would be similar to Type 1. If compensations and fines were set at a very high level, more (potential) victims may take their case to court, which could lead to higher costs for the court system.

### **Type 4: Funding**

This approach would not involve legislative action at the EU level, but funding would be set aside for actions with EU added value, e.g. various capacity building measures, identification and sharing of good practices etc. Public funding to reduce discrimination via physical and other investments would have to come from the Member States.

Costs for this 'policy option' include:

- Administrative costs for the EU: Costs for distributing funding, monitoring and checking the funds allocated, evaluation of the actions and measures funded.
- Administrative costs for the Member States: co-financing the measures.
- Administrative costs for private and public service providers: reporting system on beneficiaries and funding, administration and evaluation of project.

There would not be any compliance costs.

### **3.2 Method for assessing the impacts of the policy options**

A common grid has been used for systematic comparison of the policy options:

**Table 3.1 – Outline of types of impacts and assessment criteria**

Assessment of impacts of policy options	Assessment criteria
Benefits for the: <ul style="list-style-type: none"> <li>▪ (Potential) victims of discrimination.</li> <li>▪ Public sector organisations.</li> <li>▪ Private sector companies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To prevent the occurrence of discrimination;</li> <li>▪ To reduce the scale of discrimination;</li> <li>▪ To reduce the negative consequences of discrimination;</li> <li>▪ To penalise those that discriminate;</li> <li>▪ To give a form of redress to those who are discriminated against; and,</li> <li>▪ To provide an EU wide minimum level of protection against discrimination.</li> </ul>
Administrative costs to the EU and national levels	<ul style="list-style-type: none"> <li>▪ Changes to procedures (investments in the development of codes of conduct and procedures, including internal monitoring and audit procedures);</li> <li>▪ Costs for human resources (training and development of staff);</li> <li>▪ Costs for enforcement (police, the court system, advisory bodies / equality bodies); and,</li> <li>▪ Costs for funding initiatives (including awareness raising campaigns).</li> </ul>

**Table 3.1 – Outline of types of impacts and assessment criteria**

Assessment of impacts of policy options	Assessment criteria
Compliance costs for the private sector	<ul style="list-style-type: none"> <li>▪ Changes to procedures (investments in the development of codes of conduct and procedures, including internal monitoring and audit procedures);</li> <li>▪ Costs for human resources (training staff),</li> <li>▪ Physical costs (including investments in the built fabric, such as those required to enable wheelchair access and environmental costs)</li> <li>▪ Costs of improving services and products so that they are usable by those with disabilities and do not unduly discriminate against those with disabilities (for example, sight and hearing impairments) or the potential victims of discrimination.</li> </ul>
Compliance costs for the public sector	<ul style="list-style-type: none"> <li>▪ Changes to procedures (investments in the development of codes of conduct and procedures, including internal monitoring and audit procedures);</li> <li>▪ Costs for human resources (training staff),</li> <li>▪ Physical costs (including investments in the built fabric, such as those required to enable wheelchair access and environmental costs)</li> <li>▪ Costs of improving services and products so that they are usable by those with disabilities and do not unduly discriminate against those with disabilities (for example, sight and hearing impairments) or the potential victims of discrimination.</li> </ul>

These criteria have been applied equally to all four grounds and nine policy domains. For the total of 36 different combinations of grounds and policy domains, expected benefits for the public and private sectors have been assessed for the policy option types 1 to 4 on an 'intuitive' scale of one to ten (y to yyyyyyyyyy), where ten represents the greatest benefits compared to status quo. The costs have been assessed on an 'intuitive' scale from one to five (\* to \*\*\*\*\*), where five implies the highest costs compared to status quo.

In sections 2.3 to 2.6 below, the ratings are presented in a table for each of the relevant grounds of discrimination.

The tables present, by discrimination ground and policy domain, the benefits and costs for the public and private sectors and for each of the four types of interventions broken down by the following:

- Benefits;
- Administrative costs;
- Compliance costs for the public sector; and,
- Compliance costs for the private sector.

The tables also present (for the public and the private sectors together):

- a summary of the benefits;
- a summary of the costs; and,
- a summary of the benefits and costs.

An explanation of the rating is provided for each ground (by policy domain) after the relevant rating table.

By rating and summarising the benefits and the costs, it is possible to compare not only what type of action leads to the most cost-effective intervention, but also in what domains and grounds these can be found.

Overall, sexual orientation is the discrimination ground where the greatest benefits compared to costs is assessed to take place. The policy domains where the greatest benefits compared to costs are likely to occur are education and health. Although the intervention Type 2 is more costly to implement than the other types of intervention, it is clearly the policy option that achieves the greatest benefits. The ratings are further compared in Section 3.

With regard to impacts in terms of compliance and implementation costs of anti-discrimination legislation detailed information has been gathered in relation to:

- Monetised costs for service providers for making adaptations to ensure that disabled people can access their services; and,
- Monetised costs for awareness raising in Member States about new rights and obligations due to new anti-discrimination legislation.

This information is provided in Annex 14 (costs for service providers) and Annex 15 (costs for awareness raising).

### **3.3 Assessment of impacts**

The iterative assessment of impacts is presented by ground in tables 2.2 to 2.5 below. By summary, the policy domains where the greatest benefits of EU level intervention are considered to occur are as follows:

- For sexual orientation: education and health (see Table 2.2).
- For disability: transport and education (see Table 2.3).
- For age: social services and social security (see Table 2.4).
- For religion and belief: health and housing (see Table 2.5).

The reasoning for the ratings is provided in Annex 13.

**Table 3.2 – Outline of ratings of benefits and costs for sexual orientation**

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
<b>Type 1</b> Benefits	yyyyyy	yyy	yy	yy	yyyyy	yyyyy	y		yyy	yy	yy		y	y		y		yyy
Admin costs	*	*	*	*	*	*	*		*	*	*		*	*		*		*
Compliance costs private sector		**		*		**				*				**		*		*
Compliance costs public sector	**		*		**		*		**		**		**					
<b>Total benefits</b>	yyyyyyyyy		yyyyy		yyyyyyyyy		y		yyyyy		yy		yy		y		yyy	
<b>Total costs</b>	*****		****		*****		**		*****		***		*****		**		**	
<b>Total costs and benefits</b>	yyyyyyyyy*****		yyyyy****		yyyyyyyyy*****		y**		yyyyy*****		yy***		yy*****		y**		yyy**	
<b>Type 2</b> Benefits	yyyyyy	yyyyy	yy	yyy	yyyyyy	yyyyyy	y	y	yyyyy	yyyyy	yyyyy		yy	yy		yyy		yyyyy
Admin costs	***	*	**	*	***	*	**	*	**	*	**		***	**		**	**	*
Compliance costs private		**		*		***		*		*				**		**		**
Compliance costs public	***		*		***		*		**		**		**					
<b>Total benefits</b>	yyyyyyyyyyyyy		yyyyy		yyyyyyyyyyyyy		yy		yyyyyyyyy		yyyyy		yyyyy		yyy		yyyyy	
<b>Total costs</b>	*****		****		*****		****		*****		****		*****		****		****	
<b>Total costs and benefits</b>	yyyyyyyyyyyyy*****		yyyyy*****		yyyyyyyyyyyyy*****		yy*****		yyyyyyyyy*****		yyyyy****		yyyy*****		yyy*****		yyyyy*****	
<b>Type 3</b> Benefits	yyyyy	yyy	y	yy	yyyyy	yyyyy	y	y	yyyyy	y	yyy		y	y	*	y		yyy
Admin costs	**	*	*	*	**	*	*	*	**	*	*		**	**		*	*	*
Compliance costs private		**		*		**		*		*				**		*		**

**Table 3.2 – Outline of ratings of benefits and costs for sexual orientation**

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
Compliance costs public	**		*		**		*		*		**		**					
Total benefits	yyyyyyy		yyy		yyyyyyyyyy		yy		yyyyy		yyy		yy		y		yyy	
Total costs	*****		****		*****		****		*****		***		*****		***		****	
Total costs and benefits	yyyyyyy*****		yyy****		yyyyyyyyyy*****		yy****		yyyyy*****		yyy***		yy*****		y***		yyy****	
Type 4 Benefits	yyyyy	yy	yy	yy	yyyy	yyyy	y	y	yy	yy	y		yy	yy		yy		yy
EU costs for funding	**		**		**		**		**		**		**		**		**	
Admin costs	*	*	*	*	*	*	*		*	*	*		*	*	*	*	*	*
Compliance costs private		NA		NA		NA		NA		NA				NA		NA		NA
Compliance costs public	NA		NA		NA		NA		NA		NA		NA					
Total benefits	yyyyyyy		yyyy		yyyyyyyyyy		yy		yyyyy		y		yyyyy		yy		yy	
Total costs	****		****		****		***		****		***		****		****		**	
Total costs and benefits	yyyyyyy****		yyyy****		yyyyyyyyyy****		yy***		yyyyy****		y***		yyyyy****		yy****		yy**	

Study on discrimination on the grounds of religion and belief, age, disability, and sexual orientation outside of employment

**Table 3.3 – Outline of ratings of benefits and costs for disabilities**

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
	<b>Type 1</b>																	
Benefits	yyyy	yy	yy	yyy	yyyy	yy	yyyyyy	yyyy	yyyy	yyyy	yyy		yyy	yyy		yyy		yyyy
Admin costs	*	*	*	*	*	*	*	*	*	*	*		*	*		*		*
Compliance costs private		***		**		**		**		*			**		*		*	
Compliance costs public	***		**		**		***		**		**		**					
<b>Total benefits</b>	yyyyyyy		yyyyy		yyyyyy		yyyyyyyyyy		yyyyyyyyy		yyy		yyyyyyy		yyy		yyyy	
<b>Total costs</b>	*****		*****		*****		*****		*****		***		*****		**		**	
<b>Total costs and benefits</b>	yyyyyyy*****		yyyyy*****		yyyyyy*****		yyyyyyyyyy*****		yyyyyyyyy*****		yyy***		yyyyyyy*****		yyy**		yyyyy**	
<b>Type 2</b>																		
Benefits	yyyyyy	yyyyy	yyy	yyyy	yyyyyy	yyyy	yyyyyy	yyyyy	yyyyyy	yyyyyy	yyyy		yyyyyy	yyyyyy		yyyyyy		yyyyyy
Admin costs	***	***	*	*	**	*	***	**	***	*	**		***	**	**	*	***	**
Compliance costs private		****		**		**		***		**			***		***		***	
Compliance costs public	****		**		****		****		***		**		***					
<b>Total benefits</b>	yyyyyyyyyyyyyy		yyyyyy		yyyyyyyyyy		yyyyyyyyyyyyyy		yyyyyyyyyyyyyy		yyyyy		yyyyyyyyyyyyyy		yyyyyy		yyyyyy	
<b>Total costs</b>	*****		*****		*****		*****		*****		****		*****		*****		*****	
<b>Total costs and benefits</b>	yyyyyyyyyyyyyy*****		yyyyyy*****		yyyyyyyyyy*****		yyyyyyyyyyyyyy*****		yyyyyyyyyyyyyy*****		yyy***		yyyyyyyyyyyyyy*****		yyyyyy*****		yyyyyy*****	



**Table 3.3 – Outline of ratings of benefits and costs for disabilities**

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
	<b>Type 3</b>	yyyyyy	yyyy	yyy	yyy	yyyy	yyy	yyyyyy	yyyy	yyyy	yyyy	yyyy		yyyy	yyyy		yyyy	
Benefits	y	yyyy	yyy	yyy	yyyy	yyy	yyyyyy	yyyy	yyyy	yyyy	yyyy		yyyy	yyyy		yyyy		yyyyy
Admin costs	***	***	*	*	**	*	**	**	**	*	*		*	*	*	*	*	*
Compliance costs private		****		**		**		**		*				**		**		**
Compliance costs public	****		**		**		***		**		**		**					
<i>Total benefits</i>	yyyyyyyyyy		yyyyyy		yyyyyy		yyyyyyyyyy		yyyyyy		yyyy		yyyyyy		yyyy		yyyyy	
<i>Total costs</i>	*****		*****		*****		*****		*****		***		*****		****		****	
<i>Total costs and benefits</i>	yyyyyyyyyy*****		yyyyyy*****		yyyyyy****		yyyyyyyyyy*****		yyyyyy*****		yyyyy***		yyyyyy*****		yyyyy****		yyyyy****	
<b>Type 4</b>	yyyy	yy	yy	yy	yyy	yyy	yy	yy	yyy	yyy	y		yyyy	yyyy		yyy		yy
Benefits	yyyy	yy	yy	yy	yyy	yyy	yy	yy	yyy	yyy	y		yyyy	yyyy		yyy		yy
EU costs for funding	**		**		**		**		**		*		**		**		**	
Admin costs	*	*	*	*	*	*	*	*	*	*	*		*	*	*	*	*	*
Compliance costs private		NA		NA		NA		NA		NA				NA		NA		NA
Compliance costs public	NA		NA		NA		NA		NA		NA		NA		NA		NA	
<i>Total benefits</i>	yyyyyy		yyyy		yyyyyy		yyyy		yyyyyy		y		yyyyyy		yyy		yy	
<i>Total costs</i>	****		****		****		****		****		**		****		***		***	
<i>Total costs and benefits</i>	yyyyyy****		yyyy****		yyyyyy****		yyyy****		yyyyyy****		y**		yyyyyy****		yyy****		yy****	

**Table 3.4 – Outline of ratings of benefits and costs for age**

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
<b>Type 1</b>																		
Benefits	y	y	y	y	yy	y	yy	y	yy	yy	yy		yyy	yyy		y		yy
Admin costs	*	*	*	*	*	*	*	*	*		*		*	*		*		*
Compliance costs private		*		*		*		*		*				**		*		*
Compliance costs public	*		*		*		*		*		*		**					
<b>Total benefits</b>	yy		yy		yyy		yyy		yyyy		yy		yyyyyy		y		yy	
<b>Total costs</b>	****		****		****		****		***		**		*****		**		**	
<b>Total costs and benefits</b>	yy****		yy****		yyy****		yyy****		yyyy***		yy**		yyyyyy*****		y**		yy**	
<b>Type 2</b>																		
Benefits	y	y	yy	y	yyyy	yyy	yyy	yy	yyy	yy	yyy		yyyyy	yyyyy		yy		yyy
Admin costs	*	*	*	*	**	*	*	*	*		**		**	*	**	*	**	*
Compliance costs private		**		*		**		**		*				***		**		*
Compliance costs public	***		*		**		**		**		**		***					
<b>Total benefits</b>	yy		yyy		yyyyyy		yyyyy		yyyyy		yyy		yyyyyyyyy		yy		yyy	
<b>Total costs</b>	*****		****		*****		*****		****		****		*****		*****		***	
<b>Total costs and benefits</b>	yy*****		yyy****		yyyyyy*****		yyyyy*****		yyyyy****		yyy****		yyyyyyyyy*****		yy****		yyy***	

Table 3.4 – Outline of ratings of benefits and costs for age

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
<b>Type 3</b>																		
Benefits	y	y	y	y	yy	y	yy	y	yy	y	yy		yyyy	yyy		y		yy
Admin costs	*	*	*	*	**	*	*	*	*	*	*	*	*	*	*	*	*	*
Compliance costs private		*		*		**		*		*				**		*		**
Compliance costs public	**		*		**		*		*		*		**					
<i>Total benefits</i>	yy		yy		yyy		yyy		yyy		yy		yyyyyyyy		y		yy	
<i>Total costs</i>	*****		****		*****		****		***		**		*****		***		****	
<i>Total costs and benefits</i>	yy*****		yy****		yyy*****		yyy****		yyy***		yy**		yyyyyyyy*****		y***		yy****	
<b>Type 4</b>																		
Benefits	y	y	y	y	y	y	yy	y	yy		y		yyy	yyy		yy		yy
EU costs for funding	**	**	**		**		**		**		**		**		**		**	
Admin costs	*		*	*	*	*	*	*	*		*		*	*		*		*
Compliance costs private		NA		NA		NA		NA						NA		NA		NA
Compliance costs public	NA		NA		NA		NA		NA		NA		NA					
<i>Total benefits</i>	yy		yy		yy		yyy		yy		y		yyyyyy		y		yy	
<i>Total costs</i>	*****		****		****		****		***		***		****		***		***	
<i>Total costs and benefits</i>	yy*****		yy****		yy****		yyy****		yy***		y***		yyyyyy****		y***		yy***	

**Table 3.5 – Outline of ratings of benefits and costs for religion and belief**

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
Type 1 Benefits	yyy	y	y	y	yy	y	y	y	y	y	y		y	y		y		y
Admin costs	*	*	*	*	*	*	*	*	*	*	*		*	*		*		*
Compliance costs private		*		*		*		*		*				*		*		*
Compliance costs public	**		*		*		*		*		*		*					
Total benefits	yyyy		yy		yyy		yy		yy		y		yy		y		y	
Total costs	*****		****		****		****		****		**		****		**		**	
Total costs and benefits	yyyy*****		yy****		yyy****		yy****		yy****		y**		yy****		y**		y**	
Type 2 Benefits	yyyy	yy	y	yy	yyyy	yyy	y	y	yyy	yy	yy		yy	yy		yy		yyy
Admin costs	**	*	*	*	*	*	*	*	*	*	*		**	*	*	*	*	*
Compliance costs private		**		*		**		*		*				**		*		*
Compliance costs public	***		*		**		*		**		**		**					
Total benefits	yyyyyyy		yy		yyyyyyy		yy		yyyyy		yy		yyyy		yy		yyy	
Total costs	*****		****		*****		****		*****		***		*****		***		***	

**Table 3.5 – Outline of ratings of benefits and costs for religion and belief**

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
	<i>Total costs and benefits</i>	yyyyyyy*****		yy****		yyyyyyy*****		yy****		yyyyy*****		y***		yyyy*****		yy***		yyy***
<b>Type 3 Benefits</b>	yyy	yy	y	Y	yy	yy	y	y	y	yy	y		y	y		y		yy
Admin costs	*	*	*	*	*	*	*	*	*	*	*		*	*	*	*	*	*
Compliance costs private		**		*		*		*		*				**		*		*
Compliance costs public	**		*		*		*		*		*		**					
<i>Total benefits</i>	yyyyy		Yy		yyyyy		yy		yyy		y		yy		y		yy	
<i>Total costs</i>	*****		****		****		****		****		**		*****		***		***	
<i>Total costs and benefits</i>	yyyyy*****		yy****		yyyyy****		yy****		yyy****		y**		yy*****		y***		yy***	
<b>Type 4 Benefits</b>	yy	yy	y	Y	yy	y	y	y	yy	yy	y		yy	y		yy		yy
EU costs for funding	**		**		**		*		**		**		**		**		**	
Admin costs	*	*	*	*	*	*	*	*	*	*	*		*	*		*		*
Compliance costs private		NA		NA		NA		NA		NA				NA		NA		NA
Compliance costs public	NA		NA		NA		NA		NA		NA		NA		NA		NA	

*Table 3.5 – Outline of ratings of benefits and costs for religion and belief*

Type of intervention & benefits / costs	Education		Housing		Health		Transport		Info and advice		Social security		Social services		Insurance and Finance		Goods and Services	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
<i>Total benefits</i>	yyyy		Yy		yyy		yy		yyyy		y		yyy		yy		yy	
<i>Total costs</i>	****		****		****		**		****		***		****		***		***	
<i>Total costs and benefits</i>	yyyy****		yy****		yyy****		yy**		yyyy****		y***		yyy****		yy***		yy***	

## 4 COMPARISON OF POLICY OPTIONS

All 144 ratings outlined in sections 2.3 to 2.6 have been compared and ranked in relation to their cost effectiveness, i.e. benefits compared to costs. The type of action that results in the greatest benefits with the lowest costs is at the top of this ranking.

However, what is interesting is not only to see the list of 144 rankings, but more important: getting an idea of what impact they would have on reducing the costs and problems in the current situation. Discrimination is a multifaceted problem, which comes in many different forms, with many causes, and is unlikely to be possible to completely eliminate.

Therefore, the EPEC team identified the ‘top 10’ policy domains and grounds where benefits were the greatest compared to costs, so as to undertake an estimation of the impacts the type of measure would have in the relevant domains. These are presented in Table 3.1 below<sup>160</sup>.

<b>Ranking</b>	<b>Rating of benefits (y) and costs (*)</b>	<b>Ground</b>	<b>Policy domain</b>	<b>Level</b>
1	Yyyyyyyyyyyy***** (13/9)	Sexual orientation	Education	2
2	Yyyyyyyyyyyy***** (13/13)	Disabilities	Transport	2
3	Yyyyyyyyyyyy***** (13/16)	Disabilities	Education	2
4	yyyyyyyyyyy***** (12/9)	Disabilities	Information and advice	2
5	yyyyyyyyyyy***** (12/10)	Sexual orientation	Health	2
6	yyyyyyyyyyy***** (12/11)	Disabilities	Social services	2
7	yyyyyyyyyyy***** (11/9)	Disabilities	Health	2
8	yyyyyyyyy***** (9/6)	Sexual orientation	Information and advice	2
9	yyyyyyyyy***** (9/9)	Age	Social services	2
10	yyyyyyy***** (7/6)	Religion and belief	Health	2

It is clear from the table that the type of action that achieves the greatest benefits is Type 2, which combines EU level legislation with enforcement in the form of an equality body and awareness raising. Worth mentioning is that this is the type of initiative that results in the highest implementation costs. However, providing an efficient complaint mechanism to EU citizens is considered key to creating a society with reduced discrimination.

For the ‘top 8’ and the policy domains where the greatest benefits compared to costs are likely to occur for age and religion and belief, the impact on reducing the costs of discrimination is estimated in turn below<sup>161</sup>.

In relation to capacity building, which is frequently identified as a key measure in the following subsections, it must be highlighted that the most positive effects are likely to appear in the long term, rather than immediately after the possible adoption of anti-discrimination legislation in accessing goods and services. Before initiating capacity building measures it will be necessary to build a knowledge-base concerning the problem, identify relevant components of staff education in the various policy domains, as well as elaborating training measures.

#### **4.1 Sexual orientation; Education (Type 2 action): yyyyyyyyyyyyyy\*\*\*\*\***

Anti-discrimination legislation through a Type 2 approach for the ground of sexual orientation in the area of education would achieve the greatest benefits of all grounds and all policy domains considered in this assignment.

The key ultimate effect of discrimination in schools is lower educational attendance and achievement amongst LGB persons, which result in lower wage prospects. The lower self esteem and confidence that degrading treatment of staff and pupils and the systematic denial of homosexuality in teaching induces among young LGB people, has long-term negative effects on their physical and mental health. Moreover, the attitudes towards homosexuality during adolescence shape the societal environment in which the next generation of LGB individuals live. Positive attitudes among a greater proportion of the population may strengthen social movements for the recognition of same sex partners, e.g. concerning rights to marry, register partnership or adopt children. The effects of non-discrimination in the area of education are particularly situated in the long-term. However, once they occur, the benefits will be felt in all policy domains (e.g. health).

Across the EU, it is unlikely that the benefits of legislation would go beyond 5 to 10% reduction.

Administrative costs for the EU include generating legislation and monitoring its transposition. The EU could make some modest contributions to awareness raising.

Administrative costs for the Member States would include drawing up guidance on how to comply with legislation, including, for example, numbers of hours of education of staff in educational institutions on the topic. Such guidance could also be agreed at EU level. There would also be costs for enforcing the legislation. It would be necessary to check curricula of (higher) education institutes for education staff, course material, what capacity building activities education services are carrying out and changes to procedures. This is measurable. The requirement to set up an equality body would give LGB pupils and students who feel discriminated against the possibility to complain, but also incur costs for Member States. The possibility for out of court settlements would reduce the costs for the victims and the state due to reduced numbers of court cases<sup>162</sup>. The number of cases reported to the equality bodies could be measured. It would be beneficial to carry out regular surveys amongst LGB persons concerning how they are treated in education services and amongst education professionals to measure the reduction of the extent of discrimination.

Administrative costs for the EU include generating EU legislation and monitoring its transposition.



Compliance costs for public and private service providers would be low, comprising the capacity building of staff, changes to course material and curricula and awareness-raising.

#### **4.2 Disabilities; Transport (Type 2 action): yyyyyyyyyyyyyy\*\*\*\*\***

It is estimated that anti-discrimination legislation through a Type 2 approach for the ground of disabilities in the area of transport would achieve the second greatest benefit of all grounds and all policy domains considered in this assignment.

The primary problem in this field is the inaccessibility of the transport infrastructure<sup>163</sup> due to a lack of physical adaptations, assistance and capacity building. The consequences of limited access for disabled people are social (in terms of not being able to participate in social life) and economic, with respect to, for example, having to pay extra for a taxi instead of using public transport and not being able to take on a job due to the fact that the necessary transport means are unavailable. There are also environmental consequences due to having to use one's own car or taxi instead of public transport means.

It is likely that EU legislation in this field could make a positive contribution in terms of reducing the problem. The extent of the reduction would be dependent on the specifics of the legislation, e.g. if all metro and train stations must be made accessible for people with disabilities or if only train stations with a flow of persons exceeding a certain average number (e.g. 1,000) per day must be adapted. The same is relevant for vehicles such as buses and trains – do all have to have adaptations for disabled persons (e.g. spoken and written announcements of next stop, place for wheelchair) or only a certain share?

Again, administrative costs for the EU include generating legislation and monitoring its transposition.

Compliance costs for public and private service providers include making necessary adaptations to infrastructure and vehicles, capacity building of staff (client treatment) and changes to procedures.

#### **4.3 Disabilities; Education (Type 2 action): yyyyyyyyyyyyyy\*\*\*\*\***

Anti-discrimination legislation with a Type 2 approach would achieve the third greatest benefits of all grounds and all policy domains, which have been considered in this assignment, for the ground of disabilities in the policy domain education.

As with sexual orientation, the key ultimate effect of discrimination in schools (including inadequate support) is a lower educational achievement amongst disabled persons, which result in lower wage prospects. Severely or moderately disabled persons currently achieve a lower level of education than they would if all countries were as successful in narrowing the education gap as much as the best performer (Germany). The combined wage loss in the EU-25 between the actual situation and this hypothetical case is estimated to reach 28 billion euro per annum.

Details on what measures are applied in Germany could provide 'good practice' that could be spread to other Member States through an Open Method of Coordination (OMC) or equivalent process.<sup>164</sup> Details both on costs and details of measures would be useful to collect. For example, in terms of costs: how much is achieved through persuasions and 'soft measures', i.e. a better educational tool, how much is spent on

awareness and sensitivity, how much on equipment and physical improvements to buildings etc. and what are the costs for the capacity building of staff?

It seems that a small increase or shift within the education and training budget (excluding vocational training) of the EU and Member States could lead to very significant economic benefits. In order to improve the situation, legislation is, however only likely to give a small push towards an improvement of the situation, estimated at 5%; the challenge here relates mainly to the distribution of resources. Spreading best practices through OMC processes accompanied by investments are likely to lead to higher benefits than 'passive' legislation (even though the legislation would be accompanied by enforcement and equality bodies).

Administrative costs for the EU and the Member States are similar to prohibiting discrimination on the ground of sexual orientation in the education policy domain.

In terms of compliance costs for public and private services, proactive measures in terms of capacity building of staff would be beneficial, but it is likely that physical adaptations would also be necessary, at least for some institutions.

#### **4.4 Disabilities; Information and advice (Type 2 action): yyyyyyyyyyy\*\*\*\*\***

Anti-discrimination legislation through a Type 2 approach for the ground of disabilities in the area of information and advice would achieve the fourth greatest benefits of all grounds and all policy domains.

Discrimination on the basis of disability may restrain access to information and advice, including access to libraries (mainly public), media, such as newspapers, Internet, TV (mainly private) and information provided by various types of advice bureaus (mainly public). It may also relate to stereotypical or lack of portrayal of disabled people in the media. Combating discrimination in this field has a social rather than an economic rationale. For many disabled people, especially those with restricted mobility and/or visual impairment, access to on-line news, goods and other types of services is an important way of staying in touch and abreast of the knowledge that most take for granted and of accessing products.

Overall, legislation<sup>165</sup> is likely to be able to lead to a contribution of maximum 10% in this area. Guidance on how to improve the accessibility of websites<sup>166</sup> and what to consider in terms of the portrayal of disabled people in the media is key. It is particularly important that public good service providers provide information that is accessible for people with disabilities. It would be relatively straight forward to check the accessibility of websites<sup>167</sup>. The portrayal of disabled people in the media would be more difficult not only to check, but to have an impact on.

Similarly to above outlined grounds and policy domains, administrative costs for Member States include drawing up guidelines, changing procedures and monitoring compliance.

Compliance costs to public and private service providers relate to making libraries accessible (public sector), amendments to websites so they are accessible to persons with various disabilities (both public and private sector), and ensure that the portrayal of disabled people in the media and information (provision) in general is not discriminatory. The benefits of accessing information are likely to be greater to the persons than the

costs of enabling this access, which would be low. Hence, there would be a 'consumer surplus'.

#### 4.5 **Sexual orientation; Health (Type 2 action): yyyyyyyyyyy\*\*\*\*\***

Anti-discrimination legislation on the ground of sexual orientation in the area of health, adopting a Type 2 approach, would achieve the fifth greatest benefits of all grounds and all policy domains considered in this assignment.

Discrimination on the basis of sexual orientation is experienced in public and private health care concerning both prevention and treatment. The costs in the current situation due to discrimination are estimated at 466 million euro (reduction of GDP due to loss in net earnings resulting from ill-health amongst LGB persons). It is estimated that the maximum benefits of the Type 2 approach would be a 20% contribution to reducing the problem.

The reduction would mainly be due to better preventative services and necessary capacity building of staff<sup>168</sup>; the legislative measure would achieve some positive results in terms of diagnosing diseases at an earlier stage. Diseases may occur within relatively young LGB persons. Costs for preventative services are likely to slightly increase, however, the resulting decreased costs for treatment of e.g. cancer due to a higher uptake of cervical screening or mammography, are likely to lead to overall reduced costs for health care services.

It is not realistic to believe that the legislative approach would be able to completely eliminate the problem.

As indicated above, the necessary capacity building of staff and better education of health care professionals due to the legislation are likely to lead to some improvements. However, it is unlikely that all prejudice amongst health care staff would be eliminated. Also, evidence suggests that only half of homosexuals 'out' their sexual orientation. Again, capacity building of staff may lead to some improvements (for example, through health care staff being better prepared and asking the right questions in a 'sympathetic way' concerning the patient's sexual orientation). It is, however, likely that the problem of not knowing that a patient is lesbian, gay or bisexual will only be reduced to a limited extent and will remain a challenge when delivering services to LGB patients.

Administrative costs for the EU include generating legislation and monitoring its transposition. The EU could make some modest contributions to awareness raising.

Administrative costs for Member States include generating EU legislation and monitoring its transposition.

Compliance costs for public and private service providers would be low, comprising the capacity building of staff, changes to course material and curricula and awareness-raising.

Although the costs for implementing the measure are expected to be quite high, the benefits would outweigh the costs.

#### **4.6 Disabilities; Social Services (Type 2 action): yyyyyyyyyyy\*\*\*\*\***

Anti-discrimination legislation through a Type 2 approach for the ground of disabilities in the area of social services would achieve the sixth greatest benefits of all grounds and all policy domains considered in this assignment.

Access to social services or social care services involves home care (help with domestic tasks); disability equipment and adaptations to the home; day centres; day care for the child (if either the child or the parent is disabled); and, residential and nursing care.

Legislation could make an improvement to the extent to which the needs and concerns/interests of (potential) disabled service users are taken into account in the design and delivery of services. It would be necessary to back this up with strict enforcement (visits to social care homes, reviewing training provided, procedures etc.) It would be relatively straightforward to check the compliance, for example regarding whether the communication methods for informing disabled persons about available services are sufficient and adequate; whether administrative procedures to apply for or report on a service accessed are too complicated or not readable; whether services are insufficiently tailored to those disabled persons who can and wish to live independently; whether staff are trained and informed about the potential interests and/or needs of the disabled person accessing or using the service; whether different mobility levels of disabled users are taken into consideration in organisation and location of services etc.

Some of those assisted by this approach could play a productive role in the market, but it would be a minority. Most of the benefits would be to the quality of life of the beneficiaries.

Administrative costs for the EU and the Member States are similar to the previous examples.

Compliance costs for public and private service providers include making necessary physical adaptations, capacity building of staff (client treatment) and changes to procedures.

#### **4.7 Disabilities; Health (Type 2 action): yyyyyyyyyyy\*\*\*\*\***

Anti-discrimination legislation through a Type 2 approach would achieve the seventh greatest benefits of all grounds and all policy domains, considered in this assignment, for the ground of disabilities in the area of health.

Disability-based discrimination is experienced in both public and private healthcare at the levels of prevention, treatment and rehabilitation.

Legislation could make a contribution if it was accompanied by improved education for health care professionals, capacity building of staff (e.g. in relation to how to provide information to dyslexics and those with hearing or visual impairments) and improvements of the physical environment (e.g. lowering information or reception desks to the height of persons in wheelchairs). Improved information provision and capacity to deal with various disabilities could lead to finding out about some problems earlier, which would reduce treatment costs.

The maximum reduction of the problem is estimated at 20%; it is not expected that the problem would be completely eliminated even with a combination of legislation, capacity

building and physical improvements. It is likely that some staff will still have prejudice even after relevant capacity building. Furthermore, one major part of the problem is the distribution of funds – high quality care is very expensive, and the best treatment might not be possible to obtain due to insufficient funds (other treatments to other patients may be prioritised).

Administrative costs for the EU and the Member States are similar to those indicated for the previous grounds and fields. As concerns administrative costs for Member States, it would be imperative to establish guidelines (a ‘check list’) on the requirements due to the legislation in terms of physical adaptations and adaptations to procedures, reasonable costs etc.

Compliance costs for the public and private sectors include adhering to guidelines on required physical adaptations, procedures and staff training. In relation to costs for health care, the increase in preventative services would lead to reductions of treatment costs.

#### **4.8 Sexual orientation; Information and advice (Type 2 action): yyyyyyyyyy\*\*\*\*\***

Anti-discrimination legislation through a Type 2 approach for the ground of sexual orientation in the area of information and advice would achieve the eighth greatest benefits of all grounds and all policy domains.

Discrimination on the ground of sexual orientation is evidenced in the media, both private and public, through low visibility and distorted portrayal of LGB individuals and culture. This in turn results in a lack of correct information being disseminated amongst the general population and other LGB individuals. Benefits of reducing discrimination in this policy domain could be vast, as the portrayal (or lack of portrayal) of LGB individuals is one of the causes of discrimination in the other policy domains. However, it is unlikely that legislation – even if accompanied by strong enforcement measures – would be able to reduce the problem more than a maximum of 5 to 10%.

Administrative costs for the EU and the Member States are similar to those indicated for the previous grounds and fields. Regarding administrative costs for Member States, it would be imperative to establish guidelines (a ‘check list’) on how to ensure non-discrimination in the provision of information.

Compliance costs for the public and private sectors will be low and will mainly refer to staff training.

#### **4.9 Age; Social Services (Type 2 action): yyyyyyyyyy\*\*\*\*\***

Anti-discrimination legislation through a Type 2 approach for the ground of age in the area of social services would achieve the ninth greatest benefits of all grounds and all policy domains.

Discrimination in social services on the ground of age may affect a large group of the population, including elderly and young people in need of social care, as well as carers (grown-up children caring for elderly people and parents caring for children).

The main problem in the current situation is improper treatment and isolation of elderly people, and the availability of proper childcare.

Elder abuse is common and is often cited in the media. Abuse has occurred in public and private care homes by service deliverers, such as doctors, nurses and other care professionals. This abuse can occur in several forms – physical, psychological and through ignoring the needs of the older person – and can result in ill-treatment of the older person, physical and psychological damage to the older person and the older person suffering unnecessarily. The rationale for reducing discrimination is social rather than economic. It is estimated that legislation in this area would lead to a maximum reduction to the problem of 10%.

Administrative costs for the EU and the Member States are similar to the previous examples.

Compliance costs for public and private service providers include capacity building of staff (client treatment) and changes to procedures. Elderly people that need special physical adaptations are considered under the disability ground.

#### **4.10 Religion and belief; Health (Type 2 action): yyyyyyy\*\*\*\*\***

Anti-discrimination legislation through a Type 2 approach for the ground of religion and belief in the area of health would achieve the tenth greatest benefits of all grounds and all policy domains reviewed in the present assignment.

The health of persons adhering to a particular religion or belief suffers due to degrading treatment or when staff fail to ask questions or gather data that are essential to determine health risks (related to the practicing of a particular belief or religion), to activate preventative measures, and to propose appropriate treatment. This problem often results from a lack of adequate training and other types of capacity building for doctors and nurses. Similarly, public health messages may not reach certain religious groups. The media, but also communication strategies used for the dissemination of public health messages may be unsuitable, as the form or content of messages contravene religious beliefs and practices around such issues as sexual health, family planning, drug use, alcohol misuse, and others. In terms of infrastructure, the need has been identified for facilities for religious observance in hospitals and tertiary care institutions. The lack of food that meets the specific dietary requirements of each community (e.g. halal meat, kosher food, vegetarian meals, etc) continues to give rise to complaints.

Legislation may make some contribution, in particular in relation to degrading treatment if the legislation is accompanied by capacity building and improved ways to communicate information. Guidelines could be produced on effective ways of communicating with people of different religion and beliefs. Furthermore, the guidelines would have to determine whether the lack of food and rooms to practice religion leads to discrimination, e.g. based on a test of reasonableness (this is partly related to the distribution of economic resources). However, as indicated in the introductory section, poor health may also result from cases in which access or use of health care services is restricted or stopped by members of religious or belief groups, because the practices engaged in by health workers are considered as not being in accordance with the religion or belief system. For example, the use of blood-related products is not allowed for Jehovah's witnesses. A recurrent issue in several EU Member States is the strong preference by Muslims for health practitioners of the same gender as the patient in primary, secondary and tertiary health services.<sup>169</sup> Therefore, the contribution of legislation is likely to remain low, at maximum 5 to 10%.

## 5 CONCLUSIONS

### 5.1 The scale, nature and effects of discrimination

There is no doubt that discrimination in accessing goods and services is a problem in the current situation in the EU for individuals belonging to – or being perceived as belonging to – the grounds covered in this assignment (sexual orientation, disabilities, age and religion and belief). Surveys with potential victims, i.e. persons belonging to these groups, confirm that discrimination is a widespread phenomenon across the EU.

With respect to the nine policy domains covered (i.e. health; education; housing; transport; information and advice; social security; social services; insurance and financial services; and, goods and services in general) there are of course variations in the nature, extent and effects of discrimination due to the specifics of the different grounds and policy domains. However, some of the problems of discrimination are similar in all policy domains and for all grounds. For example, discrimination often refers to not being able to access services or goods at all, degrading treatment (including bullying and harassment) when accessing services or goods, and, for people with disabilities, lack of adaptations.

Furthermore, common effects on individuals due to discrimination are often health-related (e.g. stress, mental health problems, ill-health, less uptake of preventative services, higher levels of suicide attempts than the general population etc.), lower educational attainment, fewer employment prospects and decreased participation in society and social life. This in turn impacts on the costs for service providers and society as a whole: higher unemployment costs money; health costs spiral-up; and lower levels of consumption impact on the economy as a whole.

Although not all individuals that belong to each of the relevant groups covered in this assignment are discriminated against, the share or number of potential victims provides a picture of how many individuals are potentially affected by having a legislative proposal in this area:

- *Proportion of homosexual and bisexual people:* Estimations range from 1.5% to 10% of the population. In this assignment, a share of 3% has been deemed most appropriate on the basis of available evidence. This would be equal to approximately 14,915,962 individuals in 2008.
- *Proportion of disabled people:* Reports indicate that disability affects 15-20% of every country's population, or 74,579,811 individuals across the EU (15% of the EU population in 2008). This includes: (1) Individuals with movement disabilities (6.4%); (2) Individuals with sight impairment (4.5%); Individuals with hearing impairment (2.1%); and, Individuals with mental, nervous or emotional problems (9.3%).
- *Proportion of younger and older people:* Victims are mainly of a younger age or an older age. In terms of young people, 22.1% of the EU27 population was below the age of nineteen in 2006 (108,454,545 individuals), and 28.7% was below the age of 25. In relation to elderly people, 21.9% of the EU27 population was 60 years of age or above (i.e. approximately the same number as those under 19) and 4.1% were above the age of 80.

- *Proportion of individuals belonging to different faith groups:* In 2003, nearly 87% of the EU26 (no data are available for one country) population adhered to one of three world religions, i.e. Christianity, Judaism and Islam. On average, 84% presented themselves as Christians (408,758,636 individuals), 0.2% as Jews (973,235 individuals), and 1.7% as Muslims (8,272,496 individuals).

## 5.2 Costs to victims and society

Estimations of costs to victims and society have been made on the basis of data on the share of individuals belonging to each of these four groups who feel discriminated against and on relevant socio-economic statistics. Assessments of costs of discrimination have been monetised where possible and sensible. The assessments point to high levels of costs both for individuals and society in the current situation.

The most important monetised costs are outlined below by policy domain (most assessments refer to disabilities and sexual orientation, as most data are available for these grounds):

<b>Table 5.1 – Costs to individuals and society by policy domain</b>	
<b>Policy domain</b>	<b>Costs to individuals and society</b>
<b><i>Education</i></b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>▪ Health problem faced by gay and lesbian pupils in upper-secondary education due to bullying and harassment in school has been estimated to later reduce their earning capacity by on average 14.3%. This corresponds to an annual loss of 3,584 euro for an individual, and 452 million euro altogether (based on an estimation of 126,000 victims).</li> <li>▪ Early school leaving due to harassment in school leads to a reduction of net earning prospects by 10,706 euro on average per annum, adding up to 173 million euro (based on that 10% of gay or lesbian youth who have been harassed - 16,100 in the age group 15-19 - drops out of school).</li> <li>▪ The loss in GDP due to lower participation rate or qualification levels of LGB persons in the labour force is estimated to be around 872 million euro (loss in net wage and loss in tax revenue).</li> <li>▪ The direct tax revenue foregone due to lower earning capacity of harassed LGB youth with health problems is 1,275 euro per person, i.e. 161 million euro in total. The tax revenue foregone due to dropping out equals 76 million euro.</li> </ul> <p><i>Disabilities</i></p> <ul style="list-style-type: none"> <li>▪ The combined wage loss in the EU-25 due to that 3,592,000 severely or moderately disabled persons may have achieved a lower level of education than they would if all countries were as successful in narrowing the education gap as much as the best performer (Germany) is estimated to reach 28 billion euro per annum.</li> <li>▪ The lower economic performance (i.e. loss in GDP) due to lower participation rate or qualification level of individuals with disabilities in the labour force is estimated to add up to around 40.3 billion euro per annum.</li> <li>▪ Furthermore, the change in the net transfers to individuals with disabilities (benefits minus taxes) is estimated to be 12.3 billion euro, as individuals with lower educational achievement are more likely to take lower-paid jobs.</li> </ul> <p><i>Age</i></p> <ul style="list-style-type: none"> <li>▪ Scholarship not granted to students above 26 may result in a loss of 3,464 euro on average to an individual.</li> </ul>



**Table 5.1 – Costs to individuals and society by policy domain**

Policy domain	Costs to individuals and society
<b>Housing</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>▪ A 10% hedonic surplus in housing expenditure of the gay and lesbian is attributed to the intention to avoid harassment and degrading treatment. This would correspond to a total of 4.1 billion euro for the gay and lesbian community.</li> </ul> <p><i>Disabilities</i></p> <ul style="list-style-type: none"> <li>▪ For disabilities the key cost that lends itself to monetisation is the hedonic price surplus that owners/tenants would enjoy if they lived in amenities on upper floors. Estimating the share of wheelchair users affected to be 20%, and the surplus to be 10%, the total loss in consumer surplus is around 347 million euro.</li> </ul>
<b>Health</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>▪ For LGB individuals, the total loss in net earnings on the grounds of ill-health is 3,584 euro per person (an average loss of 14.3%); 466 million euro in total. (Around 847,000 people with homo- or bisexual orientation experience some form of discrimination in health services; significant health problems occur to 16,900 of them. Another 113,000 people may face health problems because they avoid going to the doctor regularly).</li> <li>▪ The economic value of life, relevant for those who die because of discrimination at health services, is estimated at a conservative 4 million euro. This is not grossed up, as the number of individuals affected is not known.</li> <li>▪ The loss of GDP as a result of the diminishing workforce (due to the gap in the average number of years spent on the labour market between LGB persons and the total population) is estimated at 632 million euro. The direct tax revenue foregone due to reduced wage-earning capacity of gays and lesbians caused by ill-health is 1,275 euro per person per annum, i.e. 166 million euro in total (contained in the loss of GDP figure).</li> </ul> <p><i>Disabilities</i></p> <ul style="list-style-type: none"> <li>▪ 8.4 million severely or very severely disabled individuals are estimated to face discrimination when accessing health services. Resulting ill-health is calculated to effect a loss of 599 million euro in net wage per year.</li> <li>▪ Ill health leads to lower economic performance and a loss of GDP as a result of diminishing workforce, estimated at 812 million euro per year.</li> <li>▪ The direct tax revenue foregone is estimated to reach 213 million euro a year.</li> </ul>
<b>Social security</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>▪ Social expenditure on survivors' benefits is estimated to increase by around 2%, or 2.5 billion euro, if widowers of same-sex marriages and partnerships were entitled to such benefits. Currently, these are often not granted, and are seen as the cost of discrimination in this area.</li> </ul>
<b>Social services</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>▪ The loss of income - if inaccessible social services prevent mothers with small children in same-sex relationships to enter the labour market - may amount to up to 90.8 million euro.</li> </ul>
<b>Insurance and finance</b>	<p><i>Sexual orientation</i></p> <ul style="list-style-type: none"> <li>▪ Access to health and incapacity insurance with an annual fee of about 201 million euro may be denied for gay and lesbian individuals.</li> </ul> <p><i>Disabilities</i></p> <ul style="list-style-type: none"> <li>▪ Disabled persons are excluded from private health and incapacity insurance contracts worth about an estimated 6.45 billion euro in fees.</li> </ul>

### 5.3 Costs to service providers

The adoption of anti-discrimination legislation leads to costs for service providers in terms of making adaptations for disabled persons to ensure access to their services, as well as e.g. training of staff. Only scarce information concerning 'reasonable' costs for making adaptations was identified, as information from national authorities does not specify what ranges of monetised costs are considered reasonable, but only refer to (i) the type of adaptations that can be considered reasonable; and, (ii) on what basis it is determined what level of adjustments is deemed 'reasonable'.

In relation to costs for individual service or goods providers, experience, however, shows that these are not onerous. For example, according to a study conducted for the Department for Work and Pensions in the UK (where the principle of non-discrimination already applies outside employment), 74% of the companies indicated that it had been easy to make physical adjustments, whereas only 9% commented that costs were an issue.

As an example of the level of costs in different sectors due to the introduction of anti-discrimination legislation outside employment, in the UK, assessments have been made of the costs to businesses in the housing; transport; and, private clubs sectors of adapting to the disability duty. The total *one-off costs* in these sectors were estimated at between €4.1 million and €8.3 million (£2.8 million and £5.7 million). The total *ongoing costs* to businesses were estimated at between €3.3 million and €6.9 million (2.3 million and £4.7 million) per year.

### 5.4 Costs for information dissemination about new legislation

Only very scarce information on costs for raising awareness about new legislation (rights and obligations) in the Member States was identified; sources often describe the activities carried out only, rather than also providing details on the costs of the specific activities organised to disseminate information about new legislation.

Information was, for example, available for information dissemination initiatives in Sweden, where an awareness raising campaign was undertaken in connection with new anti-discrimination legislation in 2003. The overall cost for the campaign was around 818,554 euro (7.5 million SEK). The awareness raising campaign included the following activities: A campaign with advertisement and editorial participation in amongst others sectoral press and newspapers; The development of an informative film to show on TV<sup>170</sup> and other similar types of media; A leaflet with basic information about the legislation; A specific website ([www.oppnare.se](http://www.oppnare.se)); Information and education meetings; and, Posters; specifically developed for the local anti-discrimination activities and their target groups.

A more targeted project (ADIS) was also carried out in Sweden in 2006 to inform pupils about their rights not to be discriminated against in school, involving training of trainers (pupils), organisation of a seminar and production of a cartoon magazine. The total costs for the project were 206,436 euro.

### 5.5 Current legislation and enforcement measures

When assessing the benefits of adopting EU level legislative and non-legislative measures in the area of access to goods and services, existing initiatives at national level need to be taken into account. Available information indicates that most Member States do have some legislation in place. However, there is clearly a legislative gap, as

even Member States which have well-functioning legislation for some grounds do not cover all four grounds, or all policy domains. Furthermore, it appears that separate legal acts generally provide better protection than provisions in the constitution, as separate legal acts most of the time are accompanied by a system of equality or advisory bodies.

Evidence clearly points to the importance of establishing advisory or equality bodies, to which individuals who feel discriminated can turn in order to obtain advice concerning their (potential) case. Few individuals in the current situation are taking their cases to court; equality bodies have assessed the share of court cases to 3% or 'very low'. Most Member States have established equality bodies covering the grounds where legislation is already in place. The bodies have very different competencies (ranging from provision of advice only, to giving sanctions). Stakeholders have commented that it is beneficial if advisory bodies not only have competences to provide advice, but also that their powers extend further so that they are able to contact the perpetrator and can establish an out of court settlement. Furthermore, whereas some bodies only cover one ground of discrimination, in other countries equality bodies have been given the competence to handle cases on the basis of various grounds. It seems that the trend is moving towards establishing one equality body (which often is supported by local advice offices), so as to deal with cases of multiple discrimination or cases where the ground is unclear.

The impact on cross-border issues of discrimination and anti-discrimination legislation and measures is an important issue although few studies exist. Documentation identified suggests that individuals are moving from countries with low protection against discrimination (e.g. Malta and Poland) due to their sexual orientation. However, no information on how wide-spread this phenomenon is has been identified or whether it relates to improved rights e.g. to marry rather than the existence of anti-discrimination legislation. However, it can be assumed that LGB persons move due to a combination of factors, including the openness of the society, economic opportunities etc. In relation to disabilities, no information on this topic has been identified, but it can be assumed that the social benefits already secured in one country may discourage movement to another country. For age and religion and belief no information has been found. It is unlikely that EU level anti-discrimination legislation would bring about any important cross border effects other than providing individuals with the protection against discrimination across the Union when attempting to access goods and services.

## 5.6 Types of interventions and costs

In addition to Status Quo (the 'do nothing' option) the following four types of intervention were identified:

- Type 1: EU level legislation and awareness raising;
- Type 2: EU level legislation, awareness raising, enforcement (including the requirement to establishment an equality body, and specification of the competences) and encouragement of networking between relevant actors;
- Type 3: EU level legislation with a punitive approach (i.e. a system which is similar to that in the USA with high sanctions); and,
- Type 4: Funding.

The three first types involve legislative action at the EU level, whereas Type 4 would imply only the funding of anti-discrimination initiatives. Anti-discrimination funding measures are already frequent at both EU and national levels, but are important to also consider here, in comparison with the adoption of EU level legislation.

The assessment of expected benefits and costs (administrative and compliance costs) for the public and private sectors as a consequence of adopting the four different types of legislative and non-legislative measures strongly suggests that Type 2 would be the option that would result in the greatest benefits. In fact, Type 2 led to the greatest benefits for all grounds. Costs are relatively high for this option (due to the requirement to undertake more extensive enforcement and advisory tasks), but overall, the benefits outweigh the costs.

The anticipated reduction of costs was assessed for the ten grounds and policy domains where the greatest benefits can be expected (compared to costs). It is imperative to point out that it is not expected that the problem of discrimination would be eliminated for any of the grounds or domains covered in the present assignment. Typically, it is expected that the maximum reduction of the problem would be 5% to 20% (depending on ground and domain).

It is also necessary to point out that many of the benefits are anticipated to occur due to the capacity building of staff (which would be necessary in order to comply with legislation). Most of the positive effects due to capacity building measures are likely to appear in the long term, rather than immediately after the possible adoption of anti-discrimination legislation in accessing goods and services. Before initiating capacity building measures, it would be essential to build a knowledge-base concerning the problem, to identify relevant components of staff education in the various policy domains, as well as to define and develop the necessary training materials and courses.

The administrative costs to Member States are very difficult to estimate without further details on the actual policy options and in particular the enforcement procedures that would be specified in EU legislation, if any. At one level the administrative costs would be low if the EU legislation was not very specific and if Member States were able to take a 'softly softly' approach to enforcement. At another level if the EU legislation specified enforcement levels (e.g. all educational establishments should be visited every two years in order to check their compliance with guidelines) then the administrative costs would be high, but predictable.

There would also be both administrative and compliance costs that would be incurred by service providers in both the public and private sector. The administrative costs would relate to any reporting requirements due to the legislation. The compliance costs would relate to changes that the supplier would need to make in their products and services. Again, the latter compliance costs would vary according to the precise specifications of the legislation and the timescales required for compliance. Whilst it is possible to estimate the relative importance of such compliance costs by policy area and grounds for discrimination, it is not possible to estimate the costs without specifying in detail the policy options.

Environmental costs are likely to be minor. The only area where impacts are likely to occur is in the policy domain of transport for the ground of disabilities, where increased access to public transport means could lead to a slight reduction in the use of taxis and own cars.

---

<sup>1</sup> Age was covered internally.

<sup>2</sup> Kick off meeting (29 August 2007); discussion on the scope of the assignment and method of approach (2 October 2007); meeting on the inception report (8 October 2007); and, meeting on the draft final report (26 February 2008).

<sup>3</sup> The following interim submissions were made: Draft assessment of the on the nature, effects and costs of discrimination (20 December 2007); Draft assessment of the scale of discrimination (8 January 2008); Preliminary assessment of costs (15 January 2008); Preliminary assessment of policy options (21 January 2008); and, Analysis of the survey amongst equality bodies (29 January 2008).

<sup>4</sup> The full Impact Assessment includes the identification and elaboration of: (a) Problems to be addressed; (b) Relevant lessons from existing practice and legislation; (c) General and specific objectives; (d) Different policy options, including 'alternative zero' (status quo); (e) Costs and aspects of feasibility; (f) Expected results and impacts of the identified policy options and actions; (g) Added value of the Community level action; (h) Assessment of risks related to the policy options; and (i) Monitoring and evaluation criteria.

<sup>5</sup> However, in the research, account has been taken of gender and some of these other grounds for discrimination which may in practice be linked to the grounds that are the focus of the assignment, such as religion and belief.

<sup>6</sup> Institutionalised' discrimination may be overt and embodied in codes of practice, explicit rules and physical constraints. It may also be covert. Some such discrimination may be ostensibly in the public interest. For example, public health care services are generally rationed (given technological advances there are almost no limits on what could be spent on health care) and priority may be given to younger and economically active patients and the elderly may be discriminated against. In the same vein, access to a driving licence may depend on more stringent tests for older than for younger drivers. As regards private companies providing certain services, the boundaries between legitimate business and discrimination may be blurred. For example, the price of life (and other) insurances vary according to age. However, the prices may be based on fairly broad brush data on life expectancy and other factors to an extent that there could be perceptions of discriminations. The provision of such services at prices that properly reflects the specific individual's risk of death may only be possible through the provision of detailed medical records.

<sup>7</sup> [http://ec.europa.eu/employment\\_social/fundamental\\_rights/rights/gloss\\_en.htm](http://ec.europa.eu/employment_social/fundamental_rights/rights/gloss_en.htm)

<sup>8</sup> As concerns direct and indirect effects, as well as impacts on society, it must be highlighted that the effects and impacts described should be viewed as generic; they may or may not occur in individual cases.

<sup>9</sup> The basis principle of "equal rights" implies that the needs of each and every individual are of equal importance, that those needs must be made the basis for the planning of societies and that all resources must be employed in such a way as to ensure that every individual has equal opportunity for participation. The term "equalisation of opportunities" means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made available to all, including to persons with disabilities. How this is carried out in practical terms varies between the Member States. United Nations: *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities* <http://www.un.org/esa/socdev/enable/dissre01.htm>

<sup>10</sup> It is acknowledged that such data will not be completely reliable, as the numbers of individuals who *feel* discriminated against are likely to not correspond entirely to the actual situation, i.e. how many individuals *are actually* discriminated against. Although victim surveys provide detailed descriptions of the discrimination experience, the reporting is invariably subjective. Individuals could thus attribute erroneously negative events to discrimination, hereby overestimating the incidence of discrimination. On the other hand, the incidence may be underestimated as the person in question may not be aware that s/he was the victim of discrimination. In addition, these surveys do not capture individuals who are the victim of discrimination because they are *perceived* as belonging to one of the relevant target groups (grounds of discrimination). However, of the various data sources available, the study team considers victim surveys to provide the 'best estimates' compared to other data sources. For example, court cases and complaints to equality bodies or other advisory bodies rather provide information concerning the effectiveness of the enforcement system than a good picture of the actual situation in terms of numbers or share of individuals discriminated against.

---

<sup>11</sup> A study in Poland showed that about 80% of the respondents hide their sexual orientation at school/university and at their workplace. Close to two thirds hide their sexual orientation from their environment at the place they live (e.g. from their neighbours) and at least half do so even though they live together with a same-sex partner. *Report on the situation of bisexual and homosexual persons in Poland 2005 and 2006* (Campaign against Homophobia and Lambda Warsaw Association, 2007).

<sup>12</sup> The gay and lesbian lobby group Stonewall claims that 1 in 10 of the British population is gay. This seems to rely on the work of Kinsey et al. entitled 'Sexual Behavior in the Human Male'(1948) and 'Sexual Behavior in the Human Female'(1953). Recent studies have proposed a much smaller figure of 2-3% of the population. Boroumand (2001)<sup>12</sup>, looking at statistics on physiotherapists, using surveys conducted by the Chartered Institute of Physiotherapy between 1995-2000, finds that among the people who answer the question on sexual orientation, 1% described themselves as lesbian, 0.5% as gay, 0.5% as transgendered and 0.5% as bisexual. Wellings et al (1994)<sup>12</sup>, using NSSAL (National Survey of Sexual Attitudes and Lifestyles) data give a slightly higher estimate. The NSSAL contains 19,000 individuals between the ages of 16 and 59, and was first conducted in 1991 to provide reliable statistics to study HIV transmission<sup>12</sup>. Their results indicate that 6.1% of the males in the sample reported having a sexual experience with another male. However, only 3.3% reported having such a relationship in the last 5 years. Only 3.4 % of females admitted having a same sex relationship.

<sup>13</sup> *Written response by ILGA-Europe to the European Commission Consultation on New Anti-discrimination Measures* (ILGA, October 2007).

<sup>14</sup> In 2006, ILGA-Europe in partnership with the International Gay and Lesbian Youth Organisation (IGLYO) conducted a Europe-wide survey. There were 754 respondents to the questionnaires. 93% of the responses came from youth from within the EU. The results indicated that 61.2% of young LGBT people in Europe had experienced discrimination at school. More than half of the respondents to the survey (53%) said that they had experienced bullying at school (e.g. verbal attacks, harassment, threats, physical violence), while 43% indicated that they had encountered prejudice in curriculum and teaching content (e.g. lack of representation, expression of prejudice/negative representation of LGB issues in curriculum; homo-negative attitudes or passivity from teachers). In Takacs, J.: *Social Exclusion of LGBT youth in Europe* (ILGA-Europe and IGLYO publication, 2006). [http://www.ilga-europe.org/europe/publications/non\\_periodical/](http://www.ilga-europe.org/europe/publications/non_periodical/). Other research data corroborate the findings of the ILGA-Europe & IGLYO survey, including the Homophobia in the Educational System research project in Spain (2005), available at [http://www.felgt.org/\\_felgt/archivos/4066\\_es\\_Homofobia%20en%20el%20Sistema%20Educativo%202005.pdf?cl=es-ES](http://www.felgt.org/_felgt/archivos/4066_es_Homofobia%20en%20el%20Sistema%20Educativo%202005.pdf?cl=es-ES) and the Observatório de Educação in Portugal. Similar research from Spain available at Project of Rede Ex Aequo (Portugal): <http://ex-aequo.web.pt/observatorio.html>

<sup>15</sup> See for example a study by the Swedish National Agency for Education concerning various forms of degrading treatment in school: Marie Bliding Ann-Sofie Holm Solveig Häggglund: *KRÄNKANDE HANDLINGAR OCH INFORMELLA MILJÖER - Elevperspektiv på skolans miljöer och sociala klimat*.

<sup>16</sup> Two Swedish studies refer to these problems: Mårtensson, Ola: *Rädd för det okända. En studie i manliga elevers attityder till homosexuella* (Malmö högskola/Läraryrket, 2006). Robertsson, Hans och Caroline Tovatt: *Lognernas forbannelse eller att mota Olle i grind – Strategier hos homo- och bisexuella för att hantera diskriminering* (HomO, 2007).

<sup>17</sup> In an exploratory survey carried out by the Anti-Bullying Centre in Trinity College Dublin into the experiences of LGBT young people in Ireland one in ten respondents said they had left education earlier than they would have wished, with 3.3% dropping out of school early. See for example: Docent Håkan Larsson och fil.mag. Maria Rosén, Lärarhögskolan i Stockholm: *En granskning av hur sexuell läggning framställs i ett urval av läroböcker - Underlagsrapport till Skolverkets rapport "I enlighet med skolans värdegrund?"* (30 November 2006).

<sup>18</sup> For example, certain religious documents, or course material used in religious schools, have been known to portray homosexuality as a punishment, disease or a mental health problem.

<sup>19</sup> ShOUT: *Research into the needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender (LGBT)* (Commissioned by the Department of Education, Research Document, Dec. 2003): <http://www.glen.ie/education/docs/SHOUT%20main%20report.doc>

- 
- <sup>20</sup> See for example: *Förbud mot diskriminering vid uthyrning av bostäder och lokaler* (Fastighetsägarna) [http://www.fastighetsagarna.se/files/SV\\_Faktablad\\_diskriminering.pdf](http://www.fastighetsagarna.se/files/SV_Faktablad_diskriminering.pdf).
- <sup>21</sup> The Swedish Ombudsman on Sexual Orientation (HomO) website reports on a case where a woman applied to change to a bigger apartment. Her reason was that she would register as partners with another woman and therefore needed a bigger apartment. The private housing association rejected her application. After contacts by the Swedish Ombudsman she was allowed to change. <http://www.homo.se/o.o.i.s/1935>
- <sup>22</sup> On the Swedish Ombudsman on Sexual Orientation (HomO) website cases of such discrimination are described: <http://www.homo.se>
- <sup>23</sup> See for example: Gerd Röndahl: *Homosexuella patienter och närståendes upplevelser i vården*. Also: Anna Knöfel Magnusson *Det syns inte utanpå men känns inuti. OM HETERONORMER OCH DISKRIMINERING I HÄLSO- OCH SJUKVÅRDEN* (Artikelnummer 06-060, HomO 2006).
- <sup>24</sup> See for example: Gerd Röndahl: *Homosexuella patienter och närståendes upplevelser i vården*. Also: Anna Knöfel Magnusson *Det syns inte utanpå men känns inuti. OM HETERONORMER OCH DISKRIMINERING I HÄLSO- OCH SJUKVÅRDEN* (Artikelnummer 06-060, HomO 2006).
- <sup>25</sup> See for example: Anna Knöfel Magnusson *Det syns inte utanpå men känns inuti. OM HETERONORMER OCH DISKRIMINERING I HÄLSO- OCH SJUKVÅRDEN* (Artikelnummer 06-060, HomO 2006).
- <sup>26</sup> The 2005 ILGA-Europe study was conducted in five countries, including Romania and Hungary, and looked at the context and challenges faced by LGBT people in accessing health care systems. Quinn, S: *Accessing Health: the Context and the Challenges for LGBT People in Central and Eastern Europe* (ILGA-Europe, 2006).
- <sup>27</sup> Röndahl, Gerd: *Heteronormativity in a Nursing Context. Attitudes toward Homosexuality and Experiences of Lesbian and Gay Men* (Uppsala universitet, 2005).
- <sup>28</sup> See for example Anna Knöfel Magnusson *Det syns inte utanpå men känns inuti. OM HETERONORMER OCH DISKRIMINERING I HÄLSO- OCH SJUKVÅRDEN* (Artikelnummer 06-060, HomO 2006). Röndahl, Gerd: *Heteronormativity in a Nursing Context. Attitudes toward Homosexuality and Experiences of Lesbian and Gay Men* (Uppsala universitet, 2005).
- <sup>29</sup> See for example: Anna Knöfel Magnusson *Det syns inte utanpå men känns inuti. OM HETERONORMER OCH DISKRIMINERING I HÄLSO- OCH SJUKVÅRDEN* (Artikelnummer 06-060, HomO 2006).
- <sup>30</sup> Stevens 1995; Brogan 1997; Platzer & James 2000; Roberts & Sorensen 1999); Andersson & Westerståhl (2000) – all in Röndahl, Gerd: *Heteronormativity in a Nursing Context. Attitudes toward Homosexuality and Experiences of Lesbian and Gay Men* (Uppsala universitet, 2005).
- <sup>31</sup> See for example a study, which among other things, collected information on the number of articles in the Swedish media address the topic of homosexuality compared to media in New Zealand: Sandstedt, Gustav: *Hbt i media : En kvantitativ innehållsanalys av ett antal svenska och nyzeeländska dagstidningars presentation av homo-, bi- och transsamhället*. (Örebro University, Department of Humanities, 2007).
- <sup>32</sup> US research has looked at this issue.
- <sup>33</sup> Lundgren, Emma and Mikaela Johnsen: *Fjollor och flator: var är de i reklamen?* (University of Lund, Sociologiska institutionen, Medie- och kommunikationsvetenskap, 2005).
- <sup>34</sup> The recent opinion of Advocate General of the European Court of Justice, Damaso, in the case *Maruko v. Versorgungsanstalt der deutschen Bühnen*, relating to survivor's pension, established that the non-recognition of same sex partnerships can constitute indirect discrimination on the grounds of sexual orientation where no other means than marriage is provided to qualify for a survivor's pension. *Affaire C-267/06 Tadao Maruko v. Versorgungsanstalt der deutschen Bühnen*, Advocate general opinion of the 6th September 2007.
- <sup>35</sup> For example, as discussed in the 2006 Annual Reports of the Equality Authority in Ireland ([www.equality.ie/](http://www.equality.ie/)).
- <sup>36</sup> "Alla är lika för mig!" *En kartläggning av hur socionomutbildningar tar upp sexuell läggning* (Socialstyrelsen)
- <sup>37</sup> "Sexuell läggning och bemötande i socialtjänsten" (Socialstyrelsen, June 2004).
- <sup>38</sup> "Alla är lika för mig!" *En kartläggning av hur socionomutbildningar tar upp sexuell läggning* (Socialstyrelsen).

---

<sup>39</sup> If same-sex couples do have the right to adopt, there are often higher requirements for fostering and adoption. Research studies have shown that such couples often find themselves 'at the end of the pecking order' as they are offered to foster or adopt children 'that no one else wants'. "*Sexuell läggning och bemötande i socialtjänsten*" (Socialstyrelsen, June 2004).

<sup>40</sup> "*Sexuell läggning och bemötande i socialtjänsten*" (Socialstyrelsen, June 2004).

<sup>41</sup> The need to provide evidence of HIV status is, however, not only relevant in relation to applying for health insurance. There is even an example of a case where a gay couple was asked by a bank for proof of HIV (negative) status before they could be considered for life assurance to go alongside their mortgage application. [http://www.stonewallcymru.org.uk/cymru/english/news/current\\_news/1219.asp](http://www.stonewallcymru.org.uk/cymru/english/news/current_news/1219.asp)

<sup>42</sup> Access to goods and services comprises access to consumer goods, including holiday trips, and various types of services, such as those provided by: hotels, restaurants, cafés, bars, clubs, sports facilities, cinema, museum, etc.

<sup>43</sup> HomO: *Lättläst om diskrimineringslagen*:  
[http://www.homo.se/upload/homo/pdf\\_homo/lattlast\\_diskriminering\\_DFL2.pdf](http://www.homo.se/upload/homo/pdf_homo/lattlast_diskriminering_DFL2.pdf)

<sup>44</sup> A mapping study has been carried out concerning how well Swedish businesses treat homo- and bisexual customers. Four areas of business were included in the study: bank, insurance, car sales and travel. The main results were as follows:

- 50% of the homo- and bisexual who participated in the survey are unsure whether they will be treated well as a customer (41% is unsure about treatment when travelling; 43% are unsure in contacts with banks; 49% are unsure in contacts with insurance companies; and, 59% are unsure in contacts with the cars sales sector).
- Every fifth homosexual couple can spontaneously give examples of when they have been badly treated as a customer.
- Over 75% of homo- and bisexuals recommend 'homo-friendly' businesses to others.
- Almost all businesses have some form of education and capacity building for personnel who meet customers. Only 4% included treatment of homo- and bisexual customers or on antidiscrimination legislation concerning treatment of or worse services to customers on the basis of their sexual orientation.
- More than 90% of the businesses in the survey consider that they have sufficient competences to treat homo- and bisexual customers professionally.
- However, only one third of these businesses could provide an example of how potential customers are shown that homo- and bisexual customers are treated well. One company indicated 'sex neutral' words in forms, whereas several advertise in gay media or consider doing so.

Börjesson, Kristina: *Våningsäng på bröllopsresan - En kartläggning av hur bra svenska företag är på att bemöta homo- och bisexuella kunder* (RFSL, 2007). The report builds on two surveys and complementing in-depth interviews with five homosexual couples. The first survey was undertaken by Nordisk Medieanalys. 1,200 homo- and bisexuals aged 18-60 participated in the web based survey concerning how they had been treated as customers. The second survey was made by phone or email amongst marketing directors, personal directors or information directors in the 15 largest businesses in the bank, insurance, travel and care sales sectors. 52 out of 60 businesses replied.

<sup>45</sup> United Nations: *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities*  
<http://www.un.org/esa/socdev/enable/dissre01.htm>

<sup>46</sup> Estimate by the European Disability Forum: <http://www.1million4disability.eu/sign.asp?langue=EN>



---

<sup>47</sup> The data are available on Eurostat. Most recent data stem from 2005. Clear outliers were observed in France where those with seeing difficulties constituted 9.7% and in Spain where 15.3% are categorised as having mental, nervous or emotional problems. These different figures may be due to the definition of the category and/or its calculation at national level.

<sup>48</sup> Public school is here a school which is financed by the state; a private school is not. This is *not* in line with the definition of a public school in England. A public school, in common English and Welsh usage, is a (usually) prestigious school, for children usually between the ages of 11 or 13 and 18, which charges fees and is not financed by the state.

<sup>49</sup> For example, in some private schools the necessary resources to secure a disabled pupil's access to facilities and full participation in school activities tend to get mobilised, whereas in others not. One reason for this variation is the national legislation. For example, in Sweden it has been reported that many private schools refuse to accept disabled pupils due to the costs of necessary adaptations, despite that funds are received from the municipalities. This is currently not against the law, as private schools, compared to public schools, have legal right to refuse to accept a pupil which can lead to important organisational or economic difficulties. Children in wheelchair or with dyslexia can therefore get refused when applying to private schools. [http://tv4nyheter.se/1.223738/nyheter/2007/12/08/friskolor\\_nekar\\_handikappade](http://tv4nyheter.se/1.223738/nyheter/2007/12/08/friskolor_nekar_handikappade) 8 December 2007.

<sup>50</sup> A child may lack the verbal abilities, confidence, fear repercussions, etc.

<sup>51</sup> Lundmark, Kristina: *Rörelsehinder och ämnet idrott och hälsa: En kvalitativ studie om hur elever med rörelsehinder upplever ämnet idrott och hälsa* (Umeå universitet/Pedagogik, 2006).

<sup>52</sup> A study on the experiences of dyslexia and at what age it was diagnosed has been made in Sweden. The majority of respondents indicated that the first years in school were good or at least "OK", but that they started experiencing problems around the age of 10. In all cases but one, the pupils started feeling excluded, unintelligent and even worthless at this age, and developed a feeling of not being 'good enough'. It was also at this age that the reading difficulties of the respondents were acknowledged, however, only two of the respondents got their diagnoses at this age. The others ended up in support classes for pupils with reading difficulties and did not get diagnosed until they had finished compulsory schooling and tried to go back to school at adult age, often after a number of failures, including in working life. Sonmark, Mia: *Att bemöta människor med dyslexi* (Malmö högskola/Läraryrket, 2006).

<sup>53</sup> [http://www.svd.se/nyheter/inrikes/artikel\\_626461.svd](http://www.svd.se/nyheter/inrikes/artikel_626461.svd) 24 November 2007.

<sup>54</sup> [http://www.ho.se/Tpl/NormalPage\\_284.aspx](http://www.ho.se/Tpl/NormalPage_284.aspx)

<sup>55</sup> However, in Sweden, for example, it is possible for disabled to get financial support to make the necessary adjustments.

<sup>56</sup> The latter according to Swedish and German legislation.

<sup>57</sup> Neighbours may feel uncomfortable because of the behaviour of the disabled person, in particular in cases when the disability is not 'visible', (e.g. mental illnesses which occasionally result in screaming, unconventional habits). Due to a lack of awareness or knowledge of the disability they may decode the behaviour incorrectly, assuming that the disabled person is aggressive, inconsiderate, etc.

<sup>58</sup>

<http://www.equalityhumanrights.com/Documents/Disability/Health%20and%20independent%20living/You%20can%20make%20a%20difference.doc>

<sup>59</sup> For example, a study in the UK showed that 3% of women with learning difficulties take up a cervical screening compared to a general uptake of 85%. This is in part due to insufficiently adapted methods to inform this group of people about the availability and importance of such preventive measures *Tackling attitudes of healthcare professionals towards disabled people* (October, 2005) <http://www.bris.ac.uk/news/2005/810>

<sup>60</sup>

<http://www.equalityhumanrights.com/Documents/Disability/Health%20and%20independent%20living/You%20can%20make%20a%20difference.doc>

---

<sup>61</sup> See e.g.: *Tackling attitudes of healthcare professionals towards disabled people (October, 2005)* <http://www.bris.ac.uk/news/2005/810>

<sup>62</sup> In a study, half of the respondents with a mental illness reported having been let down by healthcare, including physical symptoms not being believed. Profoundly deaf people are four times more likely than hearing people to be diagnosed as psychotic at some point in their lives. 70% of General Practitioners (GPs) do not provide information which is accessible for those with learning disabilities. *Tackling attitudes of healthcare professionals towards disabled people (October, 2005)* <http://www.bris.ac.uk/news/2005/810>

<sup>63</sup> For example, personnel to guide blind people to the platform and embark the train, to put ramp in place for person in wheelchair to enter the train.

<sup>64</sup> For example, a wheelchair user had to sign a medical declaration stating that his disability is not "contagious" to other passengers in order to be allowed to fly with an air carrier. Furthermore, deaf persons have been refused carriage by an air carrier as the number of disabled persons on board their aircrafts was limited to four persons. Source: European Disability Forum.

<sup>65</sup> For example, there is evidence of cases when wheelchair users trying to book a second class ticket on a train have been told that as only first class wagons are accessible and been forced to pay a supplement to the second class ticket. Another 'real life' example of discriminatory practices described by the European Disability Forum concerned a woman with mobility disabilities travelling Economy Class on a train. The woman was told that she was not allowed to use the only accessible toilet since it was located in First Class.

<sup>66</sup> *Evidence base review on mobility: Choices and barriers for different social groups* (UK Department for Transport: [http://www.dft.gov.uk/pgr/scienceresearch/social/evidence\\_base\\_review\\_on\\_mobility?page=5](http://www.dft.gov.uk/pgr/scienceresearch/social/evidence_base_review_on_mobility?page=5))

<sup>67</sup> *Evidence base review on mobility: Choices and barriers for different social groups* (UK Department for Transport: [http://www.dft.gov.uk/pgr/scienceresearch/social/evidence\\_base\\_review\\_on\\_mobility?page=5](http://www.dft.gov.uk/pgr/scienceresearch/social/evidence_base_review_on_mobility?page=5))

<sup>68</sup> European Disability Forum.

<sup>69</sup> World Library and Information Congress: 71th IFLA General Conference and Council "Libraries - A voyage of discovery": *Access to Libraries for Disabled Persons Checklist: a practical tool* [http://www.ifla.org/IV/ifla71/papers/113e-Nielsen\\_Irval.pdf](http://www.ifla.org/IV/ifla71/papers/113e-Nielsen_Irval.pdf)

<sup>70</sup> That is, the parking area, the surroundings, the entrance and the whole library, which may not be accessible for persons using wheelchairs, walkers or other mobility aids. This may be due to a lack or the absence of ramps, wide doors, lifts, too narrow aisles to enter and turn a wheelchair, clear signage, etc. Visually impaired persons walking with canes or guide dogs may also not be able to move around in the library.

<sup>71</sup> I.e. special formats that can be used by reading impaired users of the library, or computers that can be used by reading impaired persons (e.g. books for the blind (braille), for those who have limited vision (increased font, audiotape) etc.

<sup>72</sup> Staff may not have received appropriate training promoting their knowledge about disabilities and ensuring the provision of a good service to this users group. Deaf persons may, for example, not be able to communicate with the librarian. Other requirements may be information about alternative media for reading impaired customers, easy readable information and an accessible library's website.

<sup>73</sup> The needs of various groups of disabled to access information on Internet vary. For example, in order to take full advantage of the Internet, users with partial or poor sight may need to be able to enlarge the text on web pages. Text embedded within graphics is not resizable and may cause difficulties. Colour blind people (It is estimated that one in 12 men and one in 200 women have some form of colour blindness (Source: IEE12)) may also experience difficulties due to use of problematic combinations of colours. Deaf web users are often able to access the Internet in much the same way as individuals without hearing impairment, with one key exception: audio content. If a key message is provided by audio, subtitles or a written transcript are necessary to ensure non-discrimination. Some individuals do not have access to a mouse when browsing the Internet, and have to rely upon tab, shift-tab, and the return key, which may not allow the users to explore the full content of some websites. Finally, epileptic users need to avoid flickering between 2 and 55 Hz. <http://www.webcredible.co.uk/user-friendly-resources/web-accessibility/disabled-users-access-internet.shtml>

---

<sup>74</sup> The UK's ten most widely read newspapers are effectively barring millions of disabled people from obtaining up-to-date information by failing to meet minimum accessibility standards on their websites, according to the second AbilityNet "State of the eNation" report published in September 2007. Not one of the ten on-line newspapers audited and checked for accessibility using a comprehensive series of both manual and automated tools (including the enterprise version of Bobby 'AccessibilityXM', satisfied the criteria required to facilitate access for users with visual impairment, dyslexia or those with a physical disability making mouse use difficult. Thus the selected publications – the Financial Times, the Guardian, the Independent, the Daily Mirror, the News of the World, the Daily Telegraph, the Sun, the Times, the Daily and Sunday Express and the Daily Mail – are preventing up to 15% of the population from enjoying the benefits of accessing news and current affairs on-line. <http://www.abilitynet.org.uk/enation2>

<sup>75</sup> Laurie E. Klobas.

<sup>76</sup> <http://www.un.org/esa/socdev/enable/dissre04.htm>

<sup>77</sup> (1) Automobile insurance; (2) Casualty insurance: insures against accidents, not necessarily tied to any specific property; (3) Income protection insurance (when taking out a mortgage); (4) Life insurance: provides a monetary benefit to a decedent's family or other designated beneficiary, and may specifically provide for income to an insured person's family, burial, funeral and other final expenses. Life insurance policies often allow the option of having the proceeds paid to the beneficiary either in a lump sum cash payment or an annuity; (5) Mortgage insurance: insures the lender against default by the borrower; (6) Travel insurance: is an insurance cover taken by those who travel abroad, which covers certain losses such as medical expenses, lost of personal belongings, travel delay, personal liabilities, etc.

<sup>78</sup> This is, for example, the case in the UK, see: <http://www.epilepsy.org.uk/info/ddaandinsurance.html> Since 1990, the Disability Discrimination Act has made it illegal to refuse insurance, or charge higher premiums, unless the company can demonstrate statistically higher risks as a direct result of a specific mental health condition or other disability.

<sup>79</sup> <http://www.financial-ombudsman.org.uk/publications/ar06/ar06-who-complained.htm#2>

<sup>80</sup> Source: Disability Rights Commission: *Making access to goods and services easier for disabled customers: A practical guide for businesses and other small service providers* <http://www.equalityhumanrights.com/Documents/Disability/Services/Making%20access%20to%20goods%20and%20services%20easier%20for%20disabled%20customers.doc>

<sup>81</sup> Customers with visual impairments or learning disabilities, for example, may have more difficulty identifying the premises and the entrance door than other customers.

<sup>82</sup> This includes, for example, insufficient lighting, car parking which is not adapted to the needs of wheelchair users, cracked or uneven paving slabs, rough surfaces or sudden changes in level, positioning of things like litter bins and free-standing advertising boards, protruding or overhanging objects, grass or other vegetation might present a danger.

<sup>83</sup> Step (or steps) to entrance door are the single biggest barrier to independent access for people with mobility impairments: many small shops and other businesses are located in premises where there are one or more steps to the front door. Doorways and doors are another typical barrier to access for disabled customers, whether because of their width, design of threshold, heaviness of operation, or difficulties in operating the door handles. People with impaired vision may not recognise fully glazed doors and may walk into them.

<sup>84</sup> Difficulties for disabled customers – particularly those with visual impairments or learning disabilities – to orientate themselves in the premises, locate goods or service points, and move around safely. Problems include signs that are difficult to read, monotone colour schemes, insufficient staff assistance, glazed panels or internal glass walls without safety marks, and insufficient lighting conditions.

<sup>85</sup> Circulation may be difficult: aisles and corridors, areas near doors and other circulation space are often unnecessarily restricted due to the positioning of furniture and fittings, display of goods, deliveries, rubbish or storage. Internal steps and slippery surfaces are other obstacles for disabled to access goods.

<sup>86</sup> For the assessment of the scale of the problem and the costs assessment, it is likely to be relevant to also consider other age groups; both for young and old.

---

<sup>87</sup> Flexibility is inherent in each level, allowing children and young people to learn at a pace suitable to their learning ability. School activities are available to those attending the designated school, therefore, limiting the age range to children who attend.

<sup>88</sup> PADSHE Project: *A review of activities and procedures and academic development for mature students* <http://www.nottingham.ac.uk/padshe/case-studies/Northumbria%20full%20case%20study.htm>

<sup>89</sup> However, such factors require addressing for younger learners as well.

<sup>90</sup> Learning in Later Life: *A Guidance note for Providers and Supporters* <http://www.lifelonglearning.co.uk/lill/index.htm>

<sup>91</sup> *Learning in Later Life* <http://www.lifelonglearning.co.uk/older/index.htm>

<sup>92</sup> See for example: *Less Equal than Others*, Public responses to government proposals on age discrimination

<sup>93</sup> Indeed, older people are being steered away from care homes and asked to consider using them as a last resort. Help the Aged: *Health and Social Care, Care Homes* <http://www.helptheaged.org.uk/en-gb/Campaigns/HealthAndSocialCare/CareHomes/>

<sup>94</sup> *Less Equal than Others: Public Responses to Government Proposals on Age Discrimination* (Help the Aged).

<sup>95</sup> Medical professionals have a perception of what is acceptable ill-health amongst older people. Levels of frailty are considered 'normal' and expected of people who reach a certain age. This may result in older people not receiving sufficient treatment for illnesses or physical complaints. For example, aches and pains may be considered more acceptable in older people due to their age, rather than them being referred to specialist care to investigate the problem.

<sup>96</sup> *Age Concern: Policy Response, Discrimination Does it Matter? European Commission Consultation on Equality and Discrimination* (2007).

<sup>97</sup> There are, for example, few services designed specifically for the over 65s with learning difficulties or long-term mental health problems. Indeed, they are often expected to use services designed for much older people with dementia; thus labelling older people as a single group. Lower levels of investment in older people's mental health have resulted in a low priority given to the issue in research, practice and policy. Subsequently, older people's mental health issues remain poorly understood and highly stigmatised, with older people not receiving the care they need. *Age Concern: Policy Response, Discrimination Does it Matter? European Commission Consultation on Equality and Discrimination* (2007).

<sup>98</sup> Help the Aged, Health and Social Care: *End of Life Care* <http://www.helptheaged.org.uk/en-gb/Campaigns/HealthAndSocialCare/EndOfLifeCare/default.htm>

<sup>99</sup> *Less Equal than Others: Public Response to Government Proposals on Age Discrimination*.

<sup>100</sup> Often such restrictions apply even further, such as not permitting travel card holders to book in advance.

<sup>101</sup> Others consider subsidised public transport to be discriminatory, precisely because it is generally limited to young or older people. It is not generally available to members of the general population. The argument continues that this excludes those on limited incomes, who may not be able to afford the costs of public transport, leading to them not participating in social and community life.

<sup>102</sup> *Age Concern: Policy Response, Discrimination Does it Matter? European Commission Consultation on Equality and Discrimination* (2007).

<sup>103</sup> *Age Concern: Policy Response, Discrimination Does it Matter? European Commission Consultation on Equality and Discrimination* (2007).

<sup>104</sup> Car insurance is significantly higher for both older and younger drivers. Assumptions about their driving styles and the number of accidents they are considered to cause raise the costs for people in these age groups. Younger drivers are regarded as reckless and aggressive, based on driving offence records. Similarly, elderly drivers are perceived to cause an increased number of accidents due to reduced driving ability associated with ageing. This may prevent people from using personal cars due to the increased cost of

---

insurance and consequently reduces levels of independence. Typically, medical and life insurances are subject to upper age limits. It is often not possible or increasingly difficult for older persons to access life insurance, as they are subject to stricter questions about their health. This may make older people feel stigmatised and degraded. Older people typically have to pay higher premiums for travel insurance as the health risks associated with people in the age brackets are assumed to be higher. Insurance companies often distinguish by age on their fee scales. Costs of insurance vary between age groups and may disadvantage some population groups.

<sup>105</sup> Help the Aged: *Age Discrimination and Financial Services* (2003) [http://www.helptotheaged.org.uk/NR/rdonlyres/62AE6314-60E9-46BD-A3F3-49FF192EAE59/0/age\\_discrimination\\_and\\_financial\\_services.pdf](http://www.helptotheaged.org.uk/NR/rdonlyres/62AE6314-60E9-46BD-A3F3-49FF192EAE59/0/age_discrimination_and_financial_services.pdf)

<sup>106</sup> Less Equal than Others: Public Response to Government Proposals on Age Discrimination, Help the Aged.

<sup>107</sup> The data presented here will be cross-checked and, if possible, updated on the basis of other data sources, such as the European Social Survey.

<sup>108</sup> No data was available on the religious association in Bulgaria.

<sup>109</sup> The higher rates of degrading verbal treatment and sometimes full flung physical harassment of Middle Eastern or Asian individuals that occurred in the wake of the September 11 attacks across the EU illustrate this problem. Presumptions about a person's religious or ethnic identity, such as support or affiliation with terrorist groups or initiatives, intermesh. EUMC (2005), 'The impact of the 7 July 2005 London bomb attacks on Muslim communities in the EU'. [http://fra.europa.eu/fra/index.php?fuseaction=content.dsp\\_cat\\_content&catid=43c68c15f216d](http://fra.europa.eu/fra/index.php?fuseaction=content.dsp_cat_content&catid=43c68c15f216d). EUMC (2006), 'Muslims in the European Union: Discrimination and Islamophobia', [http://fra.europa.eu/fra/material/pub/muslim/Manifestations\\_EN.pdf](http://fra.europa.eu/fra/material/pub/muslim/Manifestations_EN.pdf).

<sup>110</sup> The Annual Report on Integration 2007 reported that nearly all Turkish and Moroccan migrants – both from the first and second generation – present themselves as Muslims (95%). From those coming from Surinam and the Antilles, the other two largest migrant communities in the Netherlands, the percentage is slightly lower (71% and 66%). Still nearly three quarters consider themselves Muslim. Sociaal en Cultureel Planbureau (2007), 'Jaarrapport Integratie 2007', Den Haag, November 2007. [http://www.scp.nl/publicaties/boeken/9789037703306/Jaarrapport\\_Integratie\\_2007.pdf](http://www.scp.nl/publicaties/boeken/9789037703306/Jaarrapport_Integratie_2007.pdf)

<sup>111</sup> Leyla Hamidi (2006), 'ENAR Shadow Report 2005 – Racism in the Netherlands', [http://www.enar-eu.org/en/national/netherlands/Netherlands\\_2005.pdf](http://www.enar-eu.org/en/national/netherlands/Netherlands_2005.pdf)

<sup>112</sup> This is also relevant for discrimination on the basis of the other three grounds, but to a significantly lesser extent.

<sup>113</sup> This argument is put forward by, for example, Human Rights Watch (2004), 'France: Headscarf Ban Violates Religious Freedom', 27 February 2004, <http://www.hrw.org/english/docs/2004/02/26/france7666.htm>.

<sup>114</sup> There have been cases in several Member States where a Muslim man did not allow his wife (e.g. who was in labour) to be treated by a male gynaecologist. Who needs to be treated 'equally' – the Muslim man asking for respect for his religious beliefs in the health care institute or the male doctor who feels discriminated against because of his gender? For example, in relation to the Netherlands the views and comments of the Ministry of Health, Welfare and Sport on such a case can be accessed at: <http://www.minvws.nl/kamerstukken/cz/2007/antwoorden-op-kamervragen-van-arib-over-het-weigeren-van-mannelijke-artsen-door-gesluisde-vrouwen.asp>. The case discussed by the Dutch Minister of Health, Welfare and Sport is described in the following news article: NRC Handelsblad (2007), 'Moslims hinderen artsen bij zorg vrouwen', 26 July 2007. [http://www.nrc.nl/binnenland/article744340.ece/Moslims\\_hinderen\\_artsen\\_bij\\_zorg\\_voor\\_vrouwen](http://www.nrc.nl/binnenland/article744340.ece/Moslims_hinderen_artsen_bij_zorg_voor_vrouwen)

<sup>115</sup> Other cases where parents refuse blood transfusions for their child because of their belief have also been reported. Which right is to be given 'priority': that of religious freedom or that of the right to health? A recent case of a mother who died refusing blood transfusion because of her faith (Jehova's Witness) in the UK is described in the following news article: The Guardian (2007), 'Jehova's Witness mother dies after refusing blood transfusion', 5 November 2007. <http://www.guardian.co.uk/medicine/story/0,,2205580,00.html>

---

<sup>116</sup> The extent to which practices and activities presented by some individuals or groups as discriminatory on the basis of religion or belief are recognised as such by the wider public, the judiciary system and national legislation differs across Member States.

<sup>117</sup> Furthermore, it has been difficult to find – quality – research studies documenting and analysing discrimination on the basis of religion or belief in the different policy domains.

<sup>118</sup> For example, in the Netherlands, the Ministry of Education cannot interfere in the accessibility of the (potential) pupils to an education institution. Only a judge in a civil court has the power to intervene in the decisions made by the designated school authority when parents take their case to court.

<sup>119</sup> In the Netherlands, for instance, the Equality Treatment Commission (Commissie Gelijke Behandeling) has issued several opinions and judgments on this topic. The ‘Advisory opinion of the Dutch Equal Treatment Commission on Niqaabs and headscarves in schools’ (16 April 2003) can be accessed at <http://cgb.nl/media/downloadables/advisory%20opinion%202003%2001.pdf>. A judgment which indicated that a Protestant school had not engaged in discrimination on the basis of religion or belief because it imposed a dress code on the pupils attending the school can be accessed at: <http://www.cgb.nl/opinion.php?id=453056620>

<sup>120</sup> Leyla Hamidi (2006), ‘ENAR Shadow Report 2005 – Racism in the Netherlands’, [http://www.enar-eu.org/en/national/netherlands/Netherlands\\_2005.pdf](http://www.enar-eu.org/en/national/netherlands/Netherlands_2005.pdf)

<sup>121</sup> For instance, religious beliefs and practices around the need to procreate and the proscription of contraception or abortion lead to larger household sizes in some groups (e.g. Catholics, Jews and Muslims). This creates a need for larger houses. Similarly, the need to separate dairy and meat products in Judaism means that kitchens need to be designed differently.

<sup>122</sup> This argument has been put forward by ENAR: <http://www.enar-eu.org/en/events/regdisc/WS%20III.pdf>

<sup>123</sup> Commissie Gelijke Behandeling (2007), Jaarverslag 2006, <http://www.cgb.nl/media/downloadables/Jaarverslag%20CGB%202006.pdf>.

<sup>124</sup> In the section on ‘Insurance and financial services’, it is further indicated that access to finance for home purchase and maintenance may be curtailed by the lack of financial products that meet the specific needs of some religious or belief-based communities (e.g. Shariah-law compliant mortgages).

<sup>125</sup> <http://www.enar-eu.org/en/events/regdisc/WS%20III.pdf>

<sup>126</sup> This applies not only to the choice of ingredients but also to the ways in which meals are being prepared (e.g. the separation of meat and dairy products, the separation of pork from other food items, etc).

<sup>127</sup> For example, in relation to the Netherlands the views and comments of the Ministry of Health, Welfare and Sport on such a case can be accessed at: <http://www.minvws.nl/kamerstukken/cz/2007/antwoorden-op-kamervragen-van-arib-over-het-weigeren-van-mannelijke-artsen-door-gesluierte-vrouwen.asp>. The case discussed by the Dutch Minister of Health, Welfare and Sport is described in the following news article: NRC Handelsblad (2007), ‘Moslims hinderen artsen bij zorg vrouwen’, 26 July 2007. [http://www.nrc.nl/binnenland/article744340.ece/Moslims\\_hinderen\\_artsen\\_bij\\_zorg\\_voor\\_vrouwen](http://www.nrc.nl/binnenland/article744340.ece/Moslims_hinderen_artsen_bij_zorg_voor_vrouwen)

<sup>128</sup> As reported by equality bodies, especially in countries where national legislation forbids such hate crimes.

<sup>129</sup> This argument was discussed by the EUMC in the following documents: EUMC (2005), ‘The impact of the 7 July 2005 London bomb attacks on Muslim communities in the EU. [http://fra.europa.eu/fra/index.php?fuseaction=content.dsp\\_cat\\_content&catid=43c68c15f216d](http://fra.europa.eu/fra/index.php?fuseaction=content.dsp_cat_content&catid=43c68c15f216d). EUMC (2006), ‘Muslims in the European Union: Discrimination and Islamophobia’, [http://fra.europa.eu/fra/material/pub/muslim/Manifestations\\_EN.pdf](http://fra.europa.eu/fra/material/pub/muslim/Manifestations_EN.pdf).

<sup>130</sup> This in turn requires better training for those managing and delivering social services, as argued by ENAR: <http://www.enar-eu.org/en/events/regdisc/WS%20III.pdf>

<sup>131</sup> In the UK, where an estimated 1.8 million Muslims live (i.e. 3% of the population), the importance of preventing this form of exclusion from the benefits of the financial system lay behind the work which led to the establishment in August 2004 of the first wholly Sharia compliant retail bank in Europe or the US, the Islamic

---

Bank of Britain. The UK Financial Services Authority played a significant role in the set up of this bank. For more information, see: [http://www.fsa.gov.uk/pages/Library/Communication/Speeches/2006/0613\\_cm.shtml](http://www.fsa.gov.uk/pages/Library/Communication/Speeches/2006/0613_cm.shtml)

<sup>132</sup> In April 2007, the UK bank Lloyds TSB became the first mainstream bank to launch a sharia-compliant business account. The Guardian (2007), 'Lloyds launches sharia business account', 3 April 2007, <http://www.guardian.co.uk/money/2007/apr/03/islamicfinance.religion>

<sup>133</sup> Similarly, an application for funding for the building of a mosque may be denied or treated with suspicion as the mosque is perceived as supporting terrorism.

<sup>134</sup> For example, in the UK the perception of high levels of alcohol consumption amongst Sikh men and that of high rates of diabetes and heart disease amongst Pakistani Muslims may result in the denial or increased cost of life or health insurances to members of these groups.

<sup>135</sup> For example, the Travel Insurance Gateway refers to the possibility of purchasing Religious Travel Insurance when embarking on a journey to holy place, such as Jerusalem, Mecca or the Vatican. [http://www.travelinsurancegateway.com/religious\\_travel\\_insurance.html](http://www.travelinsurancegateway.com/religious_travel_insurance.html)

<sup>136</sup> However, here again it is difficult to make the distinction between discriminatory practices on the basis of ethnicity or race and that on the ground of religion or belief. In the Netherlands, the experiences of minority ethnic youth (where many claim to be Muslim) have been documented in the following study: Geldorp, M. en Y. van Heerwaarden (2003), 'Uitgaansbeleving van Amsterdamse allochtone jongeren: Marokkaanse, Turkse, Surinaamse en Antilliaanse jongeren aan het woord over uitgaan in Amsterdam', Amsterdam: DSP-groep BV.

<sup>137</sup> Production of foods in mixed foodstuff environments; Difficulty to determine business provenance: Difficulties to obtain information on whether the products are ethically produced or that they are not produced by companies which are not involved in meat, alcohol production, connected to the gambling industry, etc.

<sup>138</sup> For example, inappropriate labelling of foods in shops or restaurants; No or insufficient regulations regarding the quality and standard of foods that are consumed by particular religious or belief-based groups (e.g. kosher, halal – need for a kite marking of these products to demonstrate their status and prevent false claims).

<sup>139</sup> For example, additional costs for purchasing such foods when not provided by services.

<sup>140</sup> The duty to promote disability equality only applies to the public sector and not private firms. However, as the duty applies to the public authority whether a function is carried out by the authority itself or an external contractor, relevant disability equality considerations should be built into public procurement processes. It would be expected that private contractors would seek to recoup any additional costs through the tender/contract process, particularly where disability equality is a core requirement of the contract. Costs would also generally be proportionate to the size of the business, with potentially additional costs where contractors come into direct contact with the public.

<sup>141</sup> Exchange rate Inforeuro December 2005.

<sup>142</sup> Transitional cost for all contractors: 0.5 days management time at £23.21 (€34) for 4,994-9,988 businesses = £0.5-£0.9 million (€0.7 to €1.3 million); transitional cost for medium and large firms: 15 days management time for 991-1983 businesses = £2.1-£4.1 million (€3.1 to €6 million); transitional cost for firms coming into direct contact with the public: £299,625-£599,250 (€437,856 to €875,712).

<sup>143</sup> Ongoing cost for all contractors: 1.5 days management time at £23.21 (€34) for 4,994-9,988 businesses = £1.4-£2.8 million (€2 to €4 million); ongoing cost for medium and large firms disseminating information on a website and in annual report: £186,000-£372,000 (€271,811 to €543,621); ongoing cost for firms coming into direct contact with the public – annual customer satisfaction survey : £0.75-£1.5 million (€1.1 to €2.2 million).

<sup>144</sup> Simm, Claire, Jane Aston, Ceri Williams, Darcy Hill, Anne Bellis and Nigel Meager: *Organisations' responses to the Disability Discrimination Act* (Department for Work and Pensions, Research Report No 410, 2007)

<sup>145</sup> Cost issues had resulted in that some of the smaller case study establishments avoided making adjustments, or had led to that they needed to postpone planned changes. In one establishment there had been plans to replace a lift which was old and unsuitable for certain types of wheelchairs. However, these

---

plans were put on hold due to extensive costs, since replacing the lift would have meant major structural building work. Larger organisations usually had access to more substantial funds for adjustments. However, as a result, some felt that what would be deemed 'reasonable' adjustments for them to do was still extremely costly. The establishments often tried to find ways to make such adaptations as cost effective as possible. Changes for disabled customers were, for example, incorporated into the overall refurbishment budget. Consultants had advise one establishment to incorporate changes which would benefit disabled customers, but these adjustment costs were subsumed within the costs of the refurbishment project as a whole. Another large establishment was planning to cover the costs of making further adjustments by applying for lottery funding.

<sup>146</sup> Simm, Claire, Jane Aston, Ceri Williams, Darcy Hill, Anne Bellis and Nigel Meager: *Organisations' responses to the Disability Discrimination Act* (Department for Work and Pensions, Research Report No 410, 2007)

<sup>147</sup> *Auszug Kostenstudie der Schweizerischen Fachstelle für behindertengerechtes Bauen Bauberatungsstelle* (Pro Infirmis Graubünden, 16 February 2006).

<sup>148</sup> InforEuro exchange rate February 2006:

[http://ec.europa.eu/budget/inforeuro/index.cfm?fuseaction=dsp\\_html\\_monthly\\_rates&Language=en](http://ec.europa.eu/budget/inforeuro/index.cfm?fuseaction=dsp_html_monthly_rates&Language=en)

<sup>149</sup> As only very scarce information was available on the Internet and in the annual reports of the equality bodies, it was necessary to also contact equality bodies directly to obtain further details concerning initiatives and the costs thereof. Equality bodies in countries where new legislation recently came into force were contacted, i.e. Sweden, United Kingdom, Ireland and Belgium.

<sup>150</sup> In Sweden there is a regular short programme, 'Anslagstavlan', which is devoted to information to the public, which is showed in one of the main channels, and the film was included in this spot, amongst others.

<sup>151</sup> The aim of the ADIS campaign was to raise awareness among school children and young people about the new legislation and thereby promote equal rights for children and pupils and combat discrimination on all grounds.

<sup>152</sup> Final Activity Report for the project Anti-discrimination in Schools (ADIS) (The Delegation for Human Rights in Sweden, report period 1/10/2006 – 30/9/2007).

<sup>153</sup> Together these organisations formed the Project Management Team (PMT). The PMT contributed with knowledge and support within its different areas of expertise and had the overall responsibility for the quality of the project. The Project Operational Unit (POU) consisted of the Delegation for Human Rights in Sweden, BEO and the Children's Ombudsman. The POU was responsible for liaising with partners, convening meetings, dealing with purchasing and contracts and for the overall administration of the ADIS project and the different activities. A number of 'reference organisations' supported the project, including the foundation Friends, which works to combat bullying in schools; the pupils' organisation SVEA, which supports Youth Councils in schools; and, the National Council of Swedish Youth Organisations (LSU) which has a great network of youth organisations.

<sup>154</sup> The main reason for choosing this target group was the need to complement other initiatives aimed at raising adults' awareness about the Act with initiatives aimed at raising awareness amongst young people. Pupils in the selected age group constitute the group that is most vulnerable to degrading treatment.

<sup>155</sup> As a result of an internal meeting in January 2008, involving EPEC core team members, the previously identified legislative and non-legislative measures or "policy options" (see the Inception Report) have been slightly amended. Combinations of various types of legal interventions and accompanying measures are considered as a better way of assessing the impacts and costs of non-legislative and legislative measures than pure legislative or non-legislative measures, as it is clear that legislation is unlikely to be able to address the problem of discrimination on its own.

<sup>156</sup> <http://www.hse.gov.uk/aboutus/europe/lprop.htm>

<sup>157</sup> Directive 2004/113/EC establishes in its Article 8 that "Member States shall ensure that judicial and/or administrative procedures, including where they deem it appropriate conciliation procedures, for the enforcement of the obligations under this Directive are available to all persons who consider themselves



---

wronged by failure to apply the principle of equal treatment to them, even after the relationship in which the discrimination is alleged to have occurred has ended.”

<sup>158</sup> Again, Directive 2004/113/EC establishes (Article 8) that “Member States shall introduce into their national legal systems such measures as are necessary to ensure real and effective compensation or reparation, as the Member States so determine, for the loss and damage sustained by a person injured as a result of discrimination within the meaning of this Directive, in a way which is dissuasive and proportionate to the damage suffered. The fixing of a prior upper limit shall not restrict such compensation or reparation.”

<sup>159</sup> What national body would be competent is dependent on the national structure.

<sup>160</sup> However, two grounds, namely age and religion and belief, were not represented in the ‘top 10’. Therefore it was decided to only use the ‘top 8’ and add the highest ranked policy domains for age and religion and belief.

<sup>161</sup> It must be highlighted that the EPEC team decided to not assess the impacts of all types of interventions, but only the type that led to the greatest impacts for each policy domain (and ground). For example, for sexual orientation in the policy domain health, Levels 2, 3 and 1 all resulted in greater benefits than what is noted for any other policy domains and any other grounds. The same was relevant for the other grounds of discrimination, but impacts have only been assessed for the type that achieved the greatest benefits in each policy domain.

<sup>162</sup> The reduction is likely to be limited, as evidence shows that many persons are unlikely to take a case to court as a first step, and it is likely that a higher number of cases will be pursued due to the possibility to settle the case out of court.

<sup>163</sup> The transport infrastructure comprises: the actual vehicles (e.g. buses, trains); the lay out of the transport buildings (e.g. stations, bus stops); the communication of transport information (e.g. time tables, announcements of stops); and, the assistance that is made available to those wishing to access and use transportation (e.g. personnel to guide blind people to the platform and embark the train, to put ramp in place for person in wheelchair to enter the train).

<sup>164</sup> Logically, there is no reason why the country with the worst performance in this respect could not become the best performer and close the gap (and why countries with the best or a better performance than the worst could not improve the situation) or at least achieve a reduction in this gap.

<sup>165</sup> Legislation prohibiting discrimination in accessing information and advice, including websites, is in place in some European countries, for example, in the UK The transport infrastructure comprises: the actual vehicles (e.g. buses, trains); the lay out of the transport buildings (e.g. stations, bus stops); the communication of transport information (e.g. time tables, announcements of stops); and, the assistance that is made available to those wishing to access and use transportation (e.g. personnel to guide blind people to the platform and embark the train, to put ramp in place for person in wheelchair to enter the train).Part III of the Disability Discrimination Act refers to the provision of goods, facilities and services. The Code of Practice specifically mentions websites. The relevant quotes from the 175-page Code of Practice are: (1) 2.2 (p7): “The Disability Discrimination Act makes it unlawful for a service provider to discriminate against a disabled person by refusing to provide any service which it provides to members of the public.” (2) 4.7 (p39): “From 1st October 1999 a service provider has to take reasonable steps to change a practice which makes it unreasonably difficult for disabled people to make use of its services.” (3) 2.13 - 2.17 (p11-13): “What services are affected by the Disability Discrimination Act? An airline company provides a flight reservation and booking service to the public on its website. This is a provision of a service and is subject to the act.” (4) 5.23 (p71): “For people with visual impairments, the range of auxiliary aids or services which it might be reasonable to provide to ensure that services are accessible might include ... accessible websites.” (5) 5.26 (p68): “For people with hearing disabilities, the range of auxiliary aids or services which it might be reasonable to provide to ensure that services are accessible might include ... accessible websites.” <http://www.webcredible.co.uk/user-friendly-resources/web-accessibility/uk-website-legal-requirements.shtml>

<sup>166</sup> Such guidance has been elaborated for the UK and is available here: <http://www.w3.org/TR/WAI-WEBCONTENT/full-checklist.html>

<sup>167</sup> The Disability Rights Commission launched a formal investigation into 1,000 websites, of which over 80% were next to impossible for disabled people to use. They issued a stern warning that organisations will face

legal action under the Disability Discrimination Act and the threat of unlimited compensation payments if they fail to make websites accessible for people with disabilities.

<sup>168</sup> If anti-discrimination legislation made it an offence for a hospital to not provide or obtain information that could save LGB persons' lives, capacity building of staff on how to accommodate the needs of LGB patients would be necessary as well as (potentially) changes to the content of (higher) education for health care staff. In order to ensure non-discrimination, (higher) education of health care staff would be required to contain a segment on the in some cases specific needs or illnesses encountered by LGB, and 'client / patient treatment' (in terms of meeting the patient and finding out about one's sexual preferences, and how to treat their partner).

<sup>169</sup> For example, in relation to the Netherlands the views and comments of the Ministry of Health, Welfare and Sport on such a case can be accessed at: <http://www.minvws.nl/kamerstukken/cz/2007/antwoorden-op-kamervragen-van-arib-over-het-weigeren-van-mannelijke-artsen-door-gesluierde-vrouwen.asp>. The case discussed by the Dutch Minister of Health, Welfare and Sport is described in the following news article: NRC Handelsblad (2007), 'Moslims hinderen artsen bij zorg vrouwen', 26 July 2007. [http://www.nrc.nl/binnenland/article744340.ece/Moslims\\_hinderen\\_artsen\\_bij\\_zorg\\_voor\\_vrouwen](http://www.nrc.nl/binnenland/article744340.ece/Moslims_hinderen_artsen_bij_zorg_voor_vrouwen)

<sup>170</sup> In Sweden there is a regular short programme, 'Anslagstavlan', which is devoted to information to the public, which is showed in one of the main channels, and the film was included in this spot, amongst others.