



2nd Manifesto on the Rights of Women and Girls with Disabilities in the European Union

A toolkit for activists and policymakers

**Adopted in Budapest on 28-29th May 2011 by the
General Assembly of the European Disability Forum
following a proposal by the EDF Women's Committee**

Endorsed by the European Women's Lobby

**Revision carried out in light of the United Nations *Convention on the Rights of Persons
with Disabilities***

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Foreword by the EDF President

It is a great pleasure for me to introduce to you the *2nd Manifesto on the Rights of Women and Girls with Disabilities in the European Union - a toolkit for activists and policymakers*. Promoting the equal rights of women and girls with disabilities is one of the most important aspects of the work of the European Disability Forum (EDF), and I am convinced that this manifesto will be a key tool for ensuring these rights are fully respected in practice.

This second manifesto is needed following the adoption of the UN Convention on the Rights of Persons with Disabilities, the first human rights convention to be adopted and concluded by the European Union itself, in addition to its Member States.

EDF is honoured that the European Women's Lobby (EWL), of which EDF is a full member, has endorsed this manifesto. Their support is crucial in order to eliminate the multiple discrimination that women and girls with disabilities still face in many areas of life.

I wish to congratulate the EDF women's committee, and in particular the Chair Ms Ana Peláez Narváez, for the impressive work that has been undertaken in preparing this comprehensive manifesto. I would also like to give special thanks to the Spanish Committee of Representatives of Persons with Disabilities (CERMI) for its translation to different languages and, with the support of the Principality of Asturias Ombudsman in Spain, its publication.

Finally, I encourage policy makers as well as all persons involved in the disability movement – and elsewhere – to make use of this manifesto. By mainstreaming gender and disability into all policies, together we are able to create a society where discrimination no longer has a place. In short, a society based on respect for the human and civil rights of all persons.

Yannis Vardakastanis
EDF President

Preface

On February 22nd 1997, the European Disability Forum adopted the Manifesto by Women with Disabilities, thus demonstrating its firm commitment to ensuring this sector's presence and participation in the framework of civil society, and laying the foundations for their demands and fundamental needs to be addressed to promote equality and non-discrimination in the European Union and in its Member States.

The Manifesto was based on a review of the recommendations put forward by a United Nations Experts Seminar on women and disability held in Vienna in 1990 and the *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*, adopted by the UN in 1993. The work was carried out thanks to support from the European Commission through its Helios II programme, which also helped to establish a women's committee as a permanent fixture within the European Disability Forum.

Fourteen years later we present the *2nd Manifesto on the Rights of Women and Girls with Disabilities in the European Union: A toolkit for activists and policymakers*, adopted by the European Disability Forum at its Annual General Assembly in Budapest on 28th-29th May 2011 and endorsed some weeks later by the European Women's Lobby.

The introduction in the European Union of key instruments such as the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*, the *European Disability Strategy 2010-2020* and the *European Union 2011-2020 Gender Equality Pact* more than justify the need to review and update the original manifesto. First and foremost, however, the main reason behind the 2nd Manifesto is to address the urgent need to develop a tool to assist in the process of mainstreaming gender in disability policies and disability in gender policies.

In drawing up the 2nd Manifesto we enjoyed invaluable input from the EDF Women's Committee and from many other women with disabilities and mothers of persons with disabilities from the grassroots disability movement, as well as feedback from many organisations present at the EDF Annual General Assembly.

This 2nd Manifesto is divided into eighteen thematic areas, each of which focuses on one of the articles in the UNCRPD and attempts to fulfil five key goals: outline the current situation faced by women and girls with disabilities in the area covered, set forth their demands in terms of direct attention, suggest areas for improvement in communities, propose areas where study and research is needed to gain a clear understanding of the specific situation women and girls with disabilities find themselves in, and briefly present an analysis of the key issues related to legislation in the area in question.

Although chapter 16 deals with the intersectionality of relevant factors related to gender and disability and the manifesto includes specific chapters

addressing some of these, throughout the document there are many references to girls, older women, accessibility and violence against women, among others, which are looked at from different approaches.

Furthermore, in order to address all the issues and areas covered in the different areas systematically and in order, in many cases the chapters are split into sections in line with the different UNCRPD articles covered or a natural stratification by topic. So, for example, with regards to accessibility we have attempted to deal specifically with gender issues in relation to designing the built and urban environment, transport, access to information and communication, and access to goods and services.

In the same way, when violence against women is addressed, we include prevention, care for victims and their recovery, legislative measures required, and studies and research which should be undertaken. And in health, for instance, we reflect upon primary health care, sexual and reproductive health, health care in cases of violence against women, and mental health. These three areas should suffice as examples of our *modus operandi*.

Whilst at present the 2nd Manifesto is available in English, French and Spanish (the Spanish version is the original), translations to other languages are in the pipeline to ensure the message reaches all corners of the European Union. They will all be made available on the European Disability Forum web site, and we strongly recommend the web page, not only to those involved in the disability and women's movements, but also and in particular to political agents, the professional sectors engaged with disability and society in general.

Introduction

Despite progress in society, discrimination against women still exists at the present time, perhaps even in much more subtle ways. And although the women's movement has played a key role in pushing for change, making great efforts to empower and prepare women for the struggle for equality, the same cannot be said for women with disabilities. On the one hand, the movements of women without disabilities are still unaware of their needs, while on the other the disability movement has failed to pay sufficient attention to women with disabilities, despite the positive moves (more symbolic than real) some organisations have attempted to introduce in their activities to favour the gender cause.

Women with disabilities, therefore, are still to be found on the fringes of all human rights movements and remain bogged down in a clearly disadvantageous position within society. The status of women with disabilities is not only worse than that of women without disabilities, but also worse than that of their male peers; this is especially so in rural areas, where matriarchal and primary economic systems, with fewer services and opportunities for this group than in urban environments, are still predominant. However, public policies and studies carried out in the framework of public policies do not take into account such flagrant discrimination, among other reasons because they do not include indicators that bring to light the gender and disability perspectives together.

Consequently, they fail to report on the reality faced by women with disabilities in the family environment and in access to education and to health services, to give just some examples of areas which are critical in processes addressing inclusion. The same would occur were we to employ a gender perspective in analysing the scant opportunities women with disabilities have to join the labour market, or their limited awareness as regards existing legislation and services aimed at people with disabilities and women in general. Mutual oblivion between the gender and disability perspectives in policy and legislative initiatives in recent times means the needs of women with disabilities remain invisible and women with disabilities themselves remain victims of a persisting structural inequality.

Empowering women with disabilities is, therefore, an urgent necessity at the present time as neither society nor public authorities nor women's movements nor disability movements have truly acknowledged their needs and interests.

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

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

In order to overcome the lack of equality and barriers that currently prevent this group of women with disabilities from engaging fully and equally in society, we in the European Disability Forum and its member organisations wish to turn this situation around. We aim to secure a firm and stable commitment in the gender field; a commitment not only to fight against intersectional discrimination on the grounds of disability and sex, but also a commitment in favour of the overwhelming need to push for political progress and turn the incremental breakthroughs we have secured in equality between women and men into hard-and-fast equality policies for all men and women that help to combat multiple discrimination against people based on structural inequalities.

We can see a clear example of multiple discrimination in the current financial and economic crisis. We have reacted actively in response to the potential consequences for the disability sector, but without stopping to consider the important gender component which is part of the consequences. Unfortunately, to date initial responses to the crisis and recovery plans put forward at different levels have failed to acknowledge the gender impact and, even less so, linked it to disability. Nevertheless, as the European Women's Lobby, among others, has pointed out, the downturn is known to have a more severe impact on those women who are at greater risk of multiple discrimination; this impact is both direct (as their income and social benefits are reduced and they find it more difficult to find work, thus further exacerbating the structural inequalities they suffer) and indirect (through cutbacks in social benefits and the subsequent transfer of part of the duty of care from the state to the family, and especially to women, who continue to be the main providers of care).

This is why in spite of the commitment to fight for equality as a core principle in our organisations which we have taken on board within the disability movement, we are still a long way from securing gender mainstreaming in our working methods - especially with regard to resource management (both human and economic resources), social services, communication and, above all, in decision-making. Although there are isolated examples of good practices, gender mainstreaming in most cases is limited to women forming part of specific structures and bodies which are merely representative, instead of a genuine process in which the policies and organisations themselves are examined and transformed to achieve equality for all men and women. Furthermore, implementing the principle of gender mainstreaming is still mainly reliant on the political will of individuals, and when the individual moves on progress is lost.

To secure real change in the disability sector which can lead to transformational actions towards a more equal society, it is therefore necessary to begin by securing a clear and unreserved commitment to equality through specific policies, institutional mechanisms and intersectional action programmes and measures.

In general terms, organisations in the social action third sector have traditionally promoted the recognition and exercise of citizens' social rights,

pushed for social cohesion and inclusion in all their dimensions, and attempted to prevent specific groups, such as persons with disabilities, from being excluded from adequate levels of welfare. In our case specifically, these commitments have led us to the field of disability, where through direct action on our part in managing services and our ability to act as partners in political dialogues we strive for non-discrimination and equal opportunities for the people we represent and on behalf of whom we work.

Despite our efforts in the field of social justice and equality on behalf of people with disabilities and their families, we have not always considered the existing imbalances between the sexes, not only in our own structures but also in developing our policies and programmes. If we look beyond mere compliance with current legislation, we have an inescapable responsibility to help bring about equal opportunities and equality between the sexes, and we should also show concern for this commitment in the field of social justice.

In general terms, we can say that disability organisations form part of a professional sector which has a high female engagement rate (between 60% and 70% of paid staff are women), but in which women's employment conditions are inferior to those of their male co-workers; there are no real opportunities for reconciliation as there is no consideration of how gender affects working conditions (part-time employment, short-term contracts, etc.). Despite this, there are more women than men involved as volunteers and directly engaged in our organisations. In short, we reproduce the stereotypical division of functions based on the perceived attributes of each gender, where women work mainly in hands-on tasks while men hold positions of responsibility (in which, of course, they are over-represented).

However, it would be a mistake on our part to think that the high proportion of women employees in our disability movement means we are including and working towards equal treatment and opportunities, because we would then be contributing perversely to making their situation invisible, not only in power relations but also in respect for their human rights and fundamental freedoms in relation to their reference groups.

Nor can we ignore negative or sceptical attitudes towards equality caused by what can be considered an overvaluation of the impact of gender on the lives of our respective organisations, leading to a rejection of certain strategies aimed at promoting equality as they are thought to be annoying, tiring and repetitive and part of politically correct discourses. Such attitudes lead to flagrant discrimination of over half the people who make up our movements and grassroots membership. It is evident that gender relations are not aesthetic, so we need to revisit certain theoretical approaches and the way we proceed in this respect.

In view of the risk of suffering setbacks in the limited progress we have made towards equality thus far, public authorities and third-sector organisations need to adopt equality policies, plans and measures aimed at reducing cross-sectoral gender-based discrimination through a twin-track approach: in the organisations' own mission, vision and values, whether they are political and

advocacy organisations or focus on managing and providing services and support, and in their resource-management processes (available human, economic, material, communication and strategic resources).

The first approach must guarantee proper gender mainstreaming in all actions, services and programmes carried out by the organisation, systematically meeting the practical and strategic needs of all male and female users.

To this end, there is a need first of all to establish data collection systems, with statistics for shared programmes and services disaggregated by sex and other gender-sensitive indicators. This will enable us to determine how they are being run in relation to their distribution among beneficiaries and identify the root causes of inequalities and the mechanisms on which such inequalities are based, in order to adopt measures to eradicate inequalities through suitable evaluation.

Secondly, it is important to analyse the action areas where organisations need to focus specifically on the consequences of gender for potential male and female beneficiaries with disabilities, and adopt specific programmes based on the characteristics of each sex. The few studies carried out in the field of disability to date suggest that health, violence and abuse, and sexual and reproductive rights, among others, are areas that should be treated separately and should take into consideration the respective needs and demands expressed by men and women.

In addition, there should be adequate training in gender issues for those people in charge of these tasks within organisations, and there is a need to make sure the gender perspective forms part of the actions, services and support provided. It is a mistake to assume that because most technical positions in disability organisations are held by women, all professional staff will take the gender perspective into account in their work.

As regards management processes, it is also vital for organisations to formally adopt an explicit commitment to and public acknowledgement of equality, thus ensuring the gender approach is systematised and incorporated in the management and culture of the organisation.

As far as human resources is concerned, disability organisations should promote actions aimed at ensuring equality and non-discrimination in their workforces, introducing measures such as supporting women's participation in decision-making process, ensuring men take up more professional and administrative staff positions, supporting training and technical assistance programmes for women, both to train them for leadership positions and qualify them at a later stage, promoting the development of policies, plans and measures to reconcile personal, family and professional lives and involving men in them, among other options.

With regard to managing economic and financial resources, there must be an effort to make organisations' budgets sensitive to gender issues. Gender

budgeting entails including the gender perspective at all stages of the organisation's programmes, projects, activities and strategies and attempting to take into proper consideration the interests, needs and priorities of men and women from different social groups. This analysis means reorganising the organisation's budgeting priorities from an inclusive perspective, thus ensuring a fair distribution of the organisation's economic resources.

It is also important to look at an organisation's information output and communication strategy as these tools can be vital in providing active support for gender issues. Organisations should, therefore, ensure gender impact is measured when drafting, editing and disseminating information, not only in their communication output (newsletters, informative notes, press articles, leaflets and posters, radio programmes, general interest material, etc.), but also in each of their leaders' communication processes (speeches, addresses, conferences, etc.). At the same time, it is advisable to produce information material addressed specifically at women on subjects that directly affect them, through general interest material which is easily accessible to them and including setting aside a specific area for them on organisations' official web sites.

It is important to appreciate that the measures and tools set out below are not only beneficial to disability organisations (or for that matter women's organisations in general), but rather that they are part of a wider commitment to social sustainability and enhancing the quality of life of women and girls with disabilities in the European Union. The EU's policies and legislative initiatives should include the demands outlined in this document with a view to putting an end, once and for all, to inequalities in all areas of life.

Considering the legal instruments we have at our disposal on the subject and our knowledge regarding the impact of gender in disability issues, we offer below open and flexible proposals that may help when drawing up disability and equality policies with a gender perspective. To this effect, we have attempted to outline actions in accordance with the human rights and fundamental freedoms enshrined in the *United Nations International Convention on the Rights of Persons with Disabilities*. These rights and freedoms must be the inspiration for policies in the European Union and Member States to make sure that here too the principle of NOTHING FOR WOMEN WITH DISABILITIES WITHOUT WOMEN WITH DISABILITIES becomes a reality.

Ana Peláez Narváez
Chairwoman
European Disability Forum Women's Committee

1. Equality and non-discrimination

1.1. Women and girls with disabilities are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law. All discrimination on the basis of disability and sex shall be prohibited, taking into consideration that the intersection of both factors causes an exponential effect in inequalities, thus making it necessary to ensure effective protection against discrimination in all areas of life.

1.2. Women and girls with disabilities should be informed of their rights in order to be able to make their own decisions. In addition, women and girls with disabilities should be made aware of existing mechanisms and tools for implementing and claiming such rights in order to ensure they are truly exercised. In all cases, information shall be provided in accessible and understandable formats, bearing in mind the different communication modes, means and formats chosen by women and girls with disabilities. Furthermore, women with disabilities should be engaged in all such activities, providing effective role models for their peers as autonomous and independent women.

1.3. Measures should be taken to raise awareness within society and families on the rights of women and girls with disabilities. Professionals involved in this process should be suitably trained in this new gender approach to the human rights of persons with disabilities.

1.4. Organisations representing persons with disabilities and their families should include the principle of equality of men and women in their organisational culture, rules and regulations and work programmes. Moreover, they should ensure that women with disabilities are engaged in the practical realization of this principle at all levels, including in decision-making. Women's organisations should ensure women with disabilities are included and participate fully in their activities, paying special attention to the multiple discrimination they face.

1.5. All legislation, policies and initiatives in the field of disability or gender should take the specific situation of women with disabilities into account. The *European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe*, and the *EU Strategy for Equality between Women and Men 2010-2015* should be implemented and developed with women and girls with disabilities in mind.

1.6. The European Union and its Member States should revise, amend or repeal all legislation, rules and regulations and customs which discriminate against women and girls with disabilities. This shall refer not only to disability-specific legislation, but also to gender- or equality-specific legislation, and all unsuitable terminology with reference to women with disabilities shall be corrected.

1.7. In compliance with international norms, legislative bodies at national, European and regional level should pass legislation to protect the rights of women and girls with disabilities. Such legislation should be monitored by the appropriate governmental bodies to ensure effective implementation.

1.8. Women and girls with disabilities, through their representative organisations, should be closely consulted and actively engaged in developing and implementing legislation and policies ensuring non-discrimination and equal opportunities. Women with disabilities themselves must be directly involved in discussions with public authorities.

1.9. Research should be undertaken on discrimination against women and girls with disabilities. Such research should focus especially on discrimination as reported by them and court verdicts, both at European Union and Member State level. Sex and disability indicators should be included in all research and reports on non-discrimination and equal opportunities.

1.10. Support and funding must be given to research at European and national level in recognized indicators of social exclusion among women and girls with disabilities, including, among others, socio-economic disadvantages, social isolation, rurality, multiple forms of discrimination, violence against women, forced sterilization and abortion, lack of access to community services, low-quality housing, institutionalization, inadequate healthcare and denial of the opportunity to contribute and engage actively in society.

1.11 The European Institute for Gender Equality should provide guidance at European and Member State level as regards the specific situation of women and girls with disabilities, and play an active role in advocacy work to secure equal rights and combat discrimination.

2. Awareness raising, mass media and social image

2.1. History, attitudes and prejudices in the community, including in the family setting, have stereotyped women and girls with disabilities negatively, thus contributing to their social isolation and exclusion. They are practically completely ignored by the media and when they do appear, the approach is to treat women with disabilities from an asexual medical perspective and ignore their capabilities and contribution to the surrounding environment.

2.2. Women and girls with disabilities must enjoy greater visibility at all levels of society. The disability and feminist movements must provide positive role models for other women and girls with disabilities and work with their families to break down the mistaken roles and habits traditionally assigned to women and girls with disabilities due to their condition. In addition, greater engagement of women and girls with disabilities in the fields of information and communication should be promoted, not only in relation to their needs, but also as active members within everyday society.

2.3. The creation and development of local, national, European and international networks of women with disabilities would be an important step forward in information sharing and dissemination, bringing about awareness, motivation and empowerment for women with disabilities to become actively involved in movements forming part of organised civil society.

2.4. An attitude of respect for the rights of women and girls with disabilities should be fostered at all levels of the education system, including in all children from an early age. It is necessary to ensure that formal curricula in primary, secondary and tertiary education include teaching material on equality between women and men, on disability and understanding diversity, non-stereotyped sex roles, mutual respect, non-violent conflict resolution in inter-personal relationships and concepts of honour and individual self-determination, adapted to the evolving capacity of learners.

2.5. Effective public awareness campaigns should be initiated and maintained on the rights and fundamental freedoms of women and girls with disabilities, in society in general and in specific areas (work, trades unions, business, law, health, and so on), in order to enhance their social perception and enable them to exercise such rights and freedoms, eliminating harmful stereotypes, prejudices and practises which are still deeply held in society, including those based on sex and disability.

2.6. The media plays an important role in disseminating information on women with disabilities and should contribute to a positive change in public attitudes towards them in a manner consistent with the principles and values of the UNCRPD. The use and choice of positive language describing disability and women's matters should be encouraged among professionals working in the media.

2.7. Television, radio and newspapers should be encouraged to develop training programmes which address the needs of women and girls with disabilities, in cooperation with their representative organisations. Special efforts should be made to raise awareness among the public about the diverse nature of this group of women, paying special attention to women with invisible disabilities.

2.8. The media should consult and involve women with disabilities, preferably nominated by their organisations, who should also take part in presentations and monitor programmes. In view of the practice of exchanging radio and TV productions at regional and international level, those programmes should be widely disseminated.

2.9. Advertising is a useful tool for creating socio-cultural images of people. Nevertheless, the image of women with disabilities has not been addressed. Through adequate training and drawing up basic tools for dealing with women and girls with disabilities in information and publicity, it is vital to project an image of them as being more involved socially and mainstreamed which does not rely on taboos and irrational arguments about them.

2.10. New information and communication technologies and systems, such as internet, social networks and websites, should not contain information that in any way violates the integrity of women and girls with disabilities. The representative organisations of women and girls with disabilities should work to ensure this at national and European level in cooperation with their respective national disability council and national women's lobby, and with the European Disability Forum and the European Women's Lobby. Exchanges of good practises among these organisations should be encouraged, with the engagement also of local organisations.

3. Accessibility

3.1. It is necessary to ensure that women and girls with disabilities are able to live independently and participate fully in all areas of life on an equal basis with others, and especially on an equal basis with their reference populations. As set out in Article 9 of the UNCRPD, appropriate measures must be taken to ensure girls and women with disabilities enjoy real access to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.

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

Access to the physical and built environment

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

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

3.5. More efforts should be developed to train current and future professionals in the fields of architecture, design and engineering in universal accessibility, design for all and the gender perspective in architecture and construction. There is a need for an international reference programme in this field.

Access to transportation

3.6. Transportation should be accessible to all persons with disabilities to ensure independent mobility. Bearing in mind that women comprise the majority of public transport users in comparison with their male peers, fewer women than

men have access to a private vehicle, and their daily travel patterns are more complex than men's - as many frequently care for other people and have homecare commitments - it is therefore essential that in designing, developing and monitoring transport policies, the intersection of aspects related to disability and gender are considered in order to ensure women with disabilities enjoy equal opportunities and non-discrimination. To this end, it is important to invite experts with disabilities to take part as consultants in all stages of the process

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

3.8. Service providers for persons with disabilities and reduced mobility in transport systems should pay special attention to ensure that women with disabilities are treated with dignity. Specialist staff trained to provide such services should receive training specifically in assisting women, and care should be taken to observe the basic rules regarding respect between the sexes. When women with disabilities travel with their children, staff shall make available the required specific services for children where necessary (play areas, nappy-changing facilities, breast-feeding rooms, and so on).

Access to information and communications

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

3.10. There shall be no discrimination on the grounds of sex when prioritising and granting access to communication support services. Mainstream services, including services for violence against women and childcare services, must be provided in all languages, forms and formats possible and must be easily-accessible and safe. If such services are provided by means of a telephone hotline or tele-assistance, they should also be accessible for deaf and deafblind women.

3.11. Deaf women should have open and free-of-charge access to sign language interpretation, and also to support services for oral communication, such as induction loop systems, FM systems, subtitling and lip-reading assistants, when they require it (community, religious, cultural and political events, and so on) to enable them to participate fully and be more actively integrated into community life. In order to allow deaf women to have a choice of

a male or a female sign language interpreter, the equal training of female sign language interpreters should be encouraged.

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

3.13. Documents related to women and girls with disabilities and their rights must be understandable and available in local languages, sign language, braille, augmentative and alternative formats of communication, and all other accessible modes, means and formats of communication, including electronic ones.

Access to goods and services

3.14. It is necessary to ensure universal accessibility, design for all and a gender perspective in products, objects, instruments, tools and devices, in order to ensure that those used regularly by women and girls are also accessible for women and girls with disabilities, can be used safely and comfortably and as independently and naturally as possible. Special attention should be paid to those related to the sexual health of women with disabilities (contraceptives, gynaecologist's examination bed, mammography equipment, and so on), and to motherhood (babies' bottles with handles, prams designed to be clipped on to wheelchairs or pushed with one hand, wheelchair-accessible nappy changers, and so on), and should be included in publicly-available catalogues at affordable cost. It will be necessary to encourage manufacturers to design commonly-used objects not only for use by men but by both sexes (such as watches, wheelchairs, cars, and so on), and such objects should also be available in versions designed for women. Accessible toys should also be produced.

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

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

4. Situations of risk and humanitarian emergencies

4.1. Situations of risk and humanitarian emergencies considerably jeopardise the safety and protection of women and girls with disabilities, notably reducing their chances of survival. Women and girls with disabilities are more vulnerable than other persons before, during and after the occurrence of risks such as armed conflict, occupation of territories, natural disasters and humanitarian emergencies.

4.2. In emergency situations, a woman or girl with a disability who is poor may not have their specific needs met when the family must use its scarce resources for survival. In these circumstances and as a result of structural discrimination in the productive system in many cultures which do not consider women to be “profitable” in economic terms, and women with disabilities even less so, there is evidence that this can lead to an increase in abuse and/or neglect of women and girls with disabilities by the family and community.

4.3. Women and girls with disabilities who are refugees, reside in areas of armed conflict or occupied territories, or are survivors of natural disasters, are at increased risk of suffering violence and sexual abuse. Humanitarian aid efforts must prevent such situations from happening and address them if they do occur. Victims should therefore be provided with proper health care and mental health services to overcome both the psychological effects of rape and the resultant stigma. Co-operation by health care providers, women and girls who have overcome the trauma of abuse, and their own communities, is necessary so that these women may be released from the psychological trap of violence and set on the road to recovery.

4.4. Appropriate services for women and girls with disabilities in risk and emergency situations, based on their individual needs, should be made available and their accessibility should be secured by removing physical, communication, social, cultural, economic, political and other barriers, including by expanding quality services in rural and remote areas and paying particular attention to those who are most vulnerable. Women and girls with disabilities should enjoy equal access to public information and awareness raising, for instance in HIV/AIDS prevention campaigns and sexual and reproductive health awareness programmes.

4.5. The inclusion and full and active participation of women and girls with disabilities, through their representative organisations, as well as other relevant stakeholders in relief- and assistance-related activities, in particular as regards national action plans, legal frameworks and policies, implementation mechanisms, monitoring and evaluation of such measures, should be ensured.

4.6. Women and girls with disabilities should receive greater support from social networks. Death or serious illness among family members, friends or neighbours can lead to women and girls with disabilities suffering serious

psychological trauma and grief, depriving them also of the necessary support they usually rely on.

4.7. As a result of the limited capacities of some countries to respond to situations of risk and humanitarian crises, the involvement of the international community is often necessary. Therefore it is essential to include these matters in international cooperation policies, using the Millennium Development Goals (MDG) to prevent and overcome situations of risk and co-ordinate humanitarian responses.

4.8. National and international agencies responsible for public health, disaster-response and emergency and humanitarian aid must be made aware of the rights and specific needs of women and girls with disabilities as a diverse and heterogeneous group and, specifically, of the need to have human and material resources to guarantee universal accessibility and equal opportunities for women and girls with disabilities in situations of risk and emergency, thus ensuring they receive services and avoiding possibly inadequate interventions.

5. Equal recognition before the law and effective access to justice

5.1. The rights of women and girls with disabilities to equal recognition before the law and effective access to justice are still widely violated as a result of invisibility, mistaken beliefs and a lack of recognition in society in general for their human rights and fundamental freedoms. Women with disabilities barely consider themselves rights holders; on the contrary, they believe they deserve the discriminatory treatment they receive as they feel guilty and consider themselves to be a burden on others. These sentiments are made worse by the lack of credibility they are shown when they condemn such discrimination. It is necessary to work with women and girls with disabilities on their fundamental rights and the procedures they have to hand to claim them, in cooperation with social services and reference group organisations, above all organisations of women with disabilities, and draw up and widely disseminate advocacy manuals and other material in accessible formats.

Equal recognition before the law

5.2. Article 12 of the UNCRPD recognises that all persons with disabilities have the right to recognition everywhere as persons before the law in all aspects of life and on an equal basis with others. Women with disabilities must be able to exercise their legal capacity by taking their own decisions, including decisions on retaining their fertility, their right to motherhood, to establish relationships, to own and inherit properties, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit,

5.3. Effective measures must be taken to provide women with disabilities access to the support they may require in exercising their legal capacity. Such support, when required, must be proportional to their individual and personal needs and abilities to take decisions on matters involving civil and political rights, and should also include trust-building activities to help women with disabilities to evaluate the implications and consequences of some of their actions or inactions, above all when they are faced with customs which are deeply held and widely accepted in society regarding the perception that women with disabilities are asexual, rely on third parties, are economically unproductive and are incapable of exercising their right to motherhood. Women with disabilities must retain the right to choose or, failing this, give their consent to the person who will assist them in taking decisions.

5.4. Appropriate and effective safeguards shall be put in place to prevent abuse by third parties or institutions of women with disabilities in the exercise of their legal capacity, such as impartial assessment of their actual needs performed with the assistance of recognized independent experts, with regular re-examination of the measures adopted and a right of appeal against decisions. The wishes of the woman with disabilities shall always be the determining factor at all stages of the process.

5.5. Formal and informal structures and networks of persons with disabilities, and especially women with disabilities, should be promoted, established and maintained as they bring support of self-determination of women with disabilities in their independent living. All forms of communication used by women with disabilities should be encouraged and are valid for support in decision-making.

Effective access to justice

5.6. Women with disabilities' effective access to accessible, easy-to-use and safe justice must be ensured. They must be granted access at all stages of the process to support systems and technologies for the method of oral communication they choose, including sign language interpreters and guide-interpreters for people who are deafblind, in order to ensure proper communication with police and justice personnel. Given the high degree to which many women with disabilities rely on their care-person, who may also be the person assaulting and abusing the woman with disabilities, there is a need to ensure independent communication to enable her to report such situations and guarantee immediate temporary referral to comprehensive care centres until the case has been resolved.

5.7. Appropriate information, training and awareness programs shall be ensured for women and girls with disabilities and mothers of boys or girls with disabilities about their rights and fundamental freedoms, and the opportunities they have to access justice, with a particular focus on those groups at greater risk of discrimination, such as women with high support needs, women with disabilities in institutions, older women, women with disabilities who live in rural settings or belong to a different ethnic group, sexual orientation or religion from the majority in the community in question.

5.8. Similar programmes shall also be provided for their families, service providers, those who are close to girls and women with disabilities and the representatives of women's organisations and organisations of persons with disabilities.

5.9. Suitable gender- and disability-awareness training should be promoted for all those working in the field of administration of justice, including police and prison staff, with a view to breaking down the mistaken negative social portrayal of women with disabilities and in order to put into practice the new paradigm, which focuses on a positive image of women with disabilities as rights holders and highlights first and foremost their womanhood, especially in matters related to divorce, separations and child custody, and including cases involving mothers of boys or girls with disabilities.

5.10. Substantive criminal law and criminal procedures shall be reviewed to identify violent situations involving women whose disability is a relevant factor in the criminal act, in order to enable tougher sentences to be passed to punish such behaviour due to the greater vulnerability of the victims.

5.11. Disability should never be used as a justification for separating boys or girls from their mothers with disabilities or boys or girls with disabilities from

their mothers in legal proceedings. Any support required by mothers with disabilities to perform their role as mothers should be provided in accordance with their individual and personal needs and the best interests of the boy or girl.

6. Violence against women

6.1. Violence against women is a form of discrimination and a violation of their human rights. The term violence against women shall be taken to mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological, or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life². According to the UNCRPD, the European Union and Member States shall take all appropriate legislative, administrative, social, educational and other measures to protect women and girls with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse.

6.2. It has been acknowledged that girls and women with disabilities may experience particular forms of violence in their homes and institutional settings which is perpetrated by family members, care-persons or strangers. All appropriate measures must be taken to avoid all types of exploitation, violence and abuse against girls and women with disabilities, while ensuring adequate assistance and support catering for their specific needs is provided.

6.3. Forced sterilisation and coerced abortion must be considered forms of violence against women. The competent European Union and Member State authorities must eradicate and strongly condemn these practises, which may amount to torture or inhuman or degrading treatment and should, therefore, be persecuted and punished.

6.4. Lesbian and bisexual women with disabilities face a greater risk of abuse and sexual violence and, often, may receive an inadequate response from the relevant authorities. Transsexual women with disabilities are particularly at risk of suffering violence, especially in public places. It is necessary to take such situations into account in awareness-raising and social image campaigns concerning people with disabilities, bringing to light the diversity of this group with regard to sexual orientation and change of sexual identity.

6.5. Training on the specificities and concrete needs of women and girls with disabilities must be promoted for staff and professionals working in protection services to combat violence and sexual abuse, with a specific focus on their diversity and heterogeneity. This training should also be made available to all professionals working directly with women and girls with disabilities (in their organisations, care centres, residences, homes for older people and schools, among others).

Prevention

6.6. It is necessary to acknowledge that disability is a crosscutting issue that needs to be included in all policies, actions and measures carried out in order to

² Declaration on the Elimination of Violence against Women, Resolution number 48/104 adopted by the United Nations General Assembly (on the basis of the report submitted by the Third Committee - A/48/629).

prevent and eliminate violence against women and safeguard the principle of accessibility.

6.7. Suitable training must be given to women and girls with disabilities, their families and those closest to them, on ways to prevent, recognise and report cases of exploitation, violence and abuse, while placing comprehensible information regarding support services and existing legal measures to combat them at their disposal.

6.8. Women with disabilities' greater vulnerability in the face of violence is linked to their social image and the often irrational explanations given to account for or justify sexual abuse against them. Disability should be included in all awareness-raising material and training courses aimed at and given to professional staff working in violence against women. All campaigns and material must be available in accessible formats.

6.9. It is necessary to examine to what extent the European Union and Member States are ensuring inclusion and guaranteeing accessibility for girls and women with disabilities in mainstream prevention programs and information campaigns about remedies, and taking measures in the light of the outcomes to guarantee non-discrimination and ensure they participate fully.

6.10. To avoid exploitation, violence and abuse, it is necessary to ensure that all services and programmes designed to assist women and girls with disabilities are effectively supervised by independent authorities. Early detection systems must be put in place to identify situations in which violence against women with disabilities who are institutionalised or in closed or segregated settings may occur. Protocols aimed at professionals caring for women and girls with disabilities and designed to prevent violence and abuse, and effective safeguards for women and girls with disabilities, must be established.

Care and recovery of victims

6.11. Specific positive action measures addressing the specific nature of violence against girls and women with disabilities should be promoted, while taking into account the diversity which exists within this community, so as to avoid their exclusion from mainstream policies and services.

6.12. The exclusion and isolation of women with disabilities from society in separate schools, residential institutions, hospitals or rehabilitation centres, and the lack of communication and mobility aids, increase their vulnerability to violence and sexual abuse, and also contribute to the sense of impunity to commit such violent acts. Women and girls with disabilities in refugee camps or situations of risk and humanitarian emergencies find themselves in the same situation. Such circumstances must be given special attention in services and programmes in the area of violence against women.

6.13. Women with intellectual disabilities (who normally find it difficult to report violence and abuse) or psychosocial disabilities (whose testimonies are interpreted as symptoms of "mental illness") are more likely to suffer violence or

sexual abuse. Testimonies and statements by women and girls with disabilities to report violence or sexual abuse must be given due credibility and there must be no discrimination on the grounds of disability.

6.14. The recovery, rehabilitation and physical, cognitive and psychological social integration of women or girls who have fallen victim to any type of exploitation, violence or abuse must be accessible and should be provided in a setting which is conducive to their health, wellbeing, self-respect, dignity and independence. Furthermore, the informed consent of the person involved is required and it must be age appropriate. Women and girls with disabilities who are victims of violence shall have the right to recognition and redress.

6.15. When an act of violence is perpetrated against a woman with disabilities, the relevant social services must provide safe temporary housing quickly for the victim and her sons and daughters and take the necessary measures to speed up their return to the family home with the maximum safeguards in terms of their safety. The perpetrator shall never be entitled to return to the family home.

6.16. Sheltered housing (such as women's refuge centres, care centres, social services) and other services (brochures, telephone numbers, therapists, etc.) in the field of protection against violence and sexual abuse should be made available to women with all kinds of disabilities and should meet all their physical, communication, social and emotional needs in domestic violence cases.

6.17. Mothers with disabilities and mothers of boys and girls with disabilities who are victims of violence shall have the right to remain with their sons and daughters in the accommodation to which they are referred, and all required resources and support for their attention and care should be given to them in such accommodation.

Legislative measures

6.18. The European Union and Member States should review legislation in order to ensure non-discrimination for girls and women with disabilities, in accordance with the future *Convention on Preventing and Combating Violence against Women and Domestic Violence* (CAHVIO) and the United Nations Conventions on the *Rights of Persons with Disabilities* (CRPD) and the *Elimination of all Forms of Discrimination against Women* (CEDAW).

6.19. Effective legislation and policies, including focusing on women and children, shall be adopted to ensure that cases of exploitation, violence and abuse against persons with disabilities are detected, investigated and, when appropriate, prosecuted.

Studies and research

6.20. The European Union and Member States shall take the necessary measures to develop research initiatives to study the situation of girls and

women with disabilities in relation to violence. These studies should also take into consideration situations of greater vulnerability.

6.21. Disability should be effectively included as an indicator in official reports drawn up by the European Union and Member States in order to make violence against women with disabilities more visible. These reports should involve systematic data collection disaggregated by sex and other relevant factors (age, race or ethnicity, disability, and so on) detailing the prevalence of all forms of violence against women, the causes and consequences of violence against women, and the effectiveness of any measures implemented to prevent and redress violence against women.

6.22. The European Union and Member States should include disability - with an intersectional perspective - in any annual report drawn up on the situation regarding preventing and combating violence against women, and the work carried out to achieve the aims (such as data compiled from governmental institutions, the police, court records, social services, etc). This should be carried out in collaboration with civil society. Formative evaluation and monitoring should also be performed on policies and measures taken to prevent and combat violence against women and domestic violence.

6.23. The situation of girls and women with disabilities should be included in the research performed by the United Nations Human Rights Council's Special Rapporteur on violence against women and in the work of other international treaty committees.

7. Living in the community

7.1. Women with disabilities have the right to live in the community, with choices equal to others, and their full inclusion and participation in the community should be ensured. Equally, they shall have the right to choose their place of residence and where and with whom they live, and are not obliged to live in a particular living arrangement.

7.2. As women with disabilities rely more on third parties and institutions, opportunities to live independently outwith segregated settings should be offered to them by giving access, on an equal basis with others, to a range of in-home community support services, including in shared housing, social housing and small-scale community-based residences, among others, thus preventing social isolation and facilitating their inclusion in society. Depending on their specific needs, women and girls with disabilities must have access to adequate, affordable, accessible and acceptable community-based support services.

7.3. The deinstitutionalization process from segregated institutions (such as sanatoriums, psychiatric hospitals, reformatories, homes for older people, orphanages and children's homes, among others) for women and girls with disabilities must be speeded up and support provided to enhance personal independence from third parties among women and girls with disabilities and high support needs, ensuring a suitable standard of living and full inclusion in society.

7.4. In order to prevent concealment, abandonment, neglect and segregation of girls with disabilities, information campaigns should be promoted aimed at their families and providing information on community resources which are available for their future care and development. Such campaigns should contribute to breaking down sexist and discriminatory stereotypes. If the immediate family is unable to care for a boy or girl with disabilities, public authorities must provide alternative care within the extended family and, if this is not feasible, within the community in a family setting. Fostering and adoption of boys and girls with disabilities should be encouraged, including simplified bureaucratic processes and offering suitable information to foster and adopting families regarding the human rights and fundamental freedoms of all persons with disabilities.

7.5. It is necessary to guarantee that women with disabilities have access to social housing programmes, whether to live alone or in shared accommodation, and financial support should therefore be made available to eliminate barriers in the home, including for rented accommodation.

7.6. All women with disabilities should be offered personal assistance in their home or residence, and other community-based support services which respect their sex and disability. Special attention must be paid to satisfying the needs of women and girls with disabilities in need of intensive support from others.

7.7. As welfare institutions frequently restrict development, self-esteem and self-determination among individuals, it is necessary to ensure that all services and programmes designed to assist persons with disabilities are supervised by independent authorities, in order to avoid violations of all the human rights and fundamental freedoms set out in the UNCRPD. It will be necessary to focus particularly on violence and abuse by drawing up clear and transparent protocols for prevention and early detection.

7.8. Women with disabilities, through their representative organisations, should participate in schemes providing advice to service providers, carrying out quality control and ensuring services are appropriate for the specific needs of women and girls with disabilities.

Residential services in the community

7.9. Residential services in the community must be accessible for women with disabilities and take the gender perspective into account, both in the built environment and location and in the design of their services and fittings.

7.10. Women with disabilities should have a choice of single-sex or mixed-sex accommodation. There should also be a choice of same-sex care staff and personal assistants.

7.11. Suitable training in the specificities of women with disabilities for staff in community-based residential services must be promoted, with protocols for standard working practices to prevent gender-based violence.

7.12. Women with disabilities in community-based residential services must be entitled to live their own lives, as and how they wish and ensuring they enjoy self-determination.

7.13. Mothers with disabilities must be granted access to community residences with their sons and daughters should they require it, and the necessary resources must be provided for them to perform motherhood.

Technical assistance and needs

7.14. Women and girls with disabilities currently enjoy limited access to appropriate support products and equipment catering for their specific needs. Such devices are often prohibitively expensive. Programmes for the production of support equipment and products at regional and national level, including training in production and use by women with disabilities, are strongly recommended.

7.15. Support products should satisfy the functional needs of women and girls with disabilities as well as aesthetic requirements in their design, materials and quality. Should these support products not be available locally, equipment imported from wherever is necessary should be provided.

7.16. Girls and women with disabilities need technical aids and assistance that are specifically designed to meet their unique needs. These services should be provided in a manner which takes into consideration their cultural and religious traditions.

7.17. The European Union and Member States should pursue such financial policies, fiscal policies and tax and import duty policies as are necessary to ensure that assistive devices are also available to women and girls with disabilities at minimal cost and as easily as mainstream goods and services. Poverty, a key factor in developing such policies, should therefore be taken into account.

Mentoring

7.18. Women with disabilities should have access to counselling services by other women with disabilities and similar experiences. Women with disabilities should also have the right to receive counselling from the service of their choice on an equal basis with others and, in addition, the opportunity to be suitably represented in women's organisations and organisations of persons with disabilities.

7.19. Active volunteering by women with disabilities, as an essential element of the new social governance, is a demonstration of solidarity in action by women with disabilities, a group which is active within and committed to the community. Social volunteering carried out by women with disabilities is an important and inalienable agent for social change, involving commitment to full social inclusion and non-discrimination of women and girls with disabilities. It is necessary to ensure effective support for measures to promote social volunteering by women with disabilities, with the aim of enabling as many people as possible, and especially as many women with disabilities as possible, to engage in activities in this field, supporting peer learning, developing and exchanging good practices locally, regionally, nationally, in Europe and internationally.

7.20. It is necessary to ensure that mechanisms and structures are put in place to enable disability organisations in the third social sector to boost active volunteering by women with disabilities and contribute to their advancement and development, strengthening networks of women with disabilities to this end.

8. Sexual and reproductive rights

8.1. In accordance with Article 23 of the UNCRPD, women with disabilities who are of marriageable age have the right to marry and to form a family on the basis of their free and informed consent, and the right to enter into other types of relationships which involve living a stable life with a partner and should enjoy the protection of public authorities, such as, among others, civil unions or civil partnerships. In addition, they are able to decide on the number of children they wish to have, they should have access to information on family planning and reproduction, and they enjoy the right to retain their fertility on an equal basis with others. It is necessary to provide women with disabilities with the means necessary to enable them to exercise these rights, and measures should therefore be taken to eliminate discrimination against women with disabilities in all matters relating to their sexual and reproductive rights. In all cases, the right of the woman to retain control over her body and sexuality shall prevail.

8.2. Society in general and relatives in particular have considered women with disabilities to be asexual and unfit to live with a partner and be a mother, and have subjected them to strict and repressive control of their sexual needs. It is therefore necessary to develop training seminars in the sexual and reproductive rights of women and girls with disabilities both for them and for their families, paying special attention to those who find themselves at greatest risk of exclusion, such as those with high support needs, intellectual or psychosocial disabilities and the deafblind, among others.

Sexual rights

8.3. Sexual rights, that is to say the liberty to decide freely and responsibly on all aspects related to sexuality (the right to exercise sexuality safely, without discrimination, coercion or violence, the right to physical and emotional pleasure, the right to free sexual orientation, the right to information on sexuality and the right to access health services), must be ensured for adolescents and women with disabilities, on an equal footing with others and based on full consent and mutual respect, sharing responsibilities in sexual relations and the consequences of such.

8.4. As a result of the limited access and control adolescents and women with disabilities have over their own sexuality, they are vulnerable to sexual exploitation, violence, unwanted pregnancies and sexually-transmitted diseases. Girls, adolescents and women with disabilities require access to emotional and sexual education to live a healthy life. They should be taught up to a level of knowledge regarding how their body works (how one becomes pregnant and how to avoid it, how to make a sexual relationship more communicative and enjoyable, how to say no to things one doesn't wish to do, how to avoid sexually-transmitted diseases, and so on) by experts in the field, such as educators from local public social services.

8.5. The right to have a family, enter into relationships, sexual contacts, and to motherhood should be guaranteed for lesbians, bisexual and transsexual women with disabilities. Prejudices against homosexuality in general should not prevent lesbian, bisexual and transsexual women with disabilities from obtaining the necessary financial support, technical aids, economic independence or an autonomous life as a lesbian, bisexual or transsexual woman, either in an independent living environment or under institutionalised circumstances.

Reproductive rights

8.6. Reproductive rights, that is to say the freedom and independence all people have to decide freely and responsibly to have children or not, how many, when and with whom, also include the right to information, education and the means to exercise such rights, the right to take decisions on reproduction free from discrimination, coercion or violence, the right to access quality primary healthcare, and the right to measures to protect motherhood. All these rights must be fully ensured for adolescents and women with disabilities, on an equal footing with others and based on full consent and mutual respect.

8.7. Fear of pregnancy and its consequences (such as believing that they are incapable and/or lack resources to take care of a baby, physical repercussions for the mother, and fear of the child inheriting the disability, among others) has, for many years, been the main concern for families and care persons of women with disabilities. These concerns have conditioned their lives, making them less independent and giving them less privacy, supervising and controlling them for no justifiable reason. The rights of women with disabilities to take decisions about their own lives, sexuality and motherhood must be guaranteed, and no-one should be able to decide for them without their informed consent on questions affecting the most private issues related to their personal integrity.

8.8. Many women with disabilities are still denied the right to reproductive freedom under the pretext of their wellbeing. Forced sterilization, female genital mutilation and coerced abortion are just some clear examples of denial of rights that many women and adolescents with disabilities suffer, without giving their consent or fully understanding the intentions. These practises are a violation of fundamental rights, including the right to bodily integrity and to maintain control over one's reproductive health, and should be condemned and prosecuted.

8.9. Legal safeguards should exist for those women who are incapable of giving their informed consent on questions related to reproduction. In particular, contraception should never be prescribed nor termination of pregnancy carried out against the will of a woman with disabilities. Termination should also require judicial approval if consent cannot be obtained. Women with disabilities should have the right to give informed consent or understanding to all medical procedures including sterilisation and abortion.

8.10. Forced sterilisation and coerced abortion must never be performed. If a woman with disabilities is unable to give her consent, the consent of the parents or the person representing the girl or woman with disabilities (if required as a result of her being underage or due to a prior legal incapacitation) must in all

cases be based on respect for the human rights and will of the women or girl with disabilities. It is also the responsibility of the relevant medical personnel to ensure that the woman or girl with disabilities is sufficiently informed about the fact that the surgery or medical intervention will lead to her being sterilised and the consequences of this for her future.

8.11. Necessary measures should be taken in terms of awareness, information and training aimed at both the families of girls and women with disabilities who are most vulnerable and at greatest risk of suffering forced sterilisation, and professionals, above all health care professionals and those involved in the legal field, to ensure that they listen to the voices of girls and women with disabilities during legal investigations and proceedings. These measures shall be taken in close cooperation with representative organisations of persons with disabilities.

8.12. All public powers should review the legal framework regulating forced sterilisation and coerced abortion, addressing the issues of “informed consent” and “legal capacity” in order to make the necessary accommodations and fulfil the spirit of, and obligations under, the UNCRPD, which requires signatories to introduce legal reforms acknowledging that respect for the home and family and the dignity and integrity of persons with disabilities are fundamental rights which may not be violated.

8.13. The European Union should promote and undertake studies to bring to light the reality of sterilisation in persons with disabilities in its Member States, taking into account gender, age and type of disability and providing accurate statistics on forced and therapeutic sterilisation.

Motherhood

8.14. Appropriate schemes must be developed with the aim of ensuring both that pregnant women and girls with disabilities receive support in preparing for maternity, and that mothers with disabilities in need of support to take care of their children have access to suitable assistance and services. Where there is a pre-natal diagnosis indicating the possibility of a future disability, appropriate care must be ensured for the pregnant women in terms of the utmost respect and ideal treatment, in order to encourage equal opportunities and non-discrimination on the grounds of disability.

8.15. Women with disabilities should have the right to child-rearing responsibilities with regard to guardianship, wardship, trusteeship, custody and adoption of children or similar institutions, where these concepts are provided for in national legislation, and appropriate assistance should be provided to them. In all cases the best interests of the child shall be respected.

8.16. It is necessary to change discriminatory attitudes and legislation towards women with disabilities with regard to maternity, especially in terms of the right to assisted reproduction, becoming the legal custodian in the event of divorce, adoption, foster-parenthood, other forms of social parenthood and the use of artificial insemination. Society should accept and respect motherhood of women

with disabilities. Necessary measures should be taken in terms of awareness, information and training aimed at both the families of girls and women with disabilities and professionals.

8.17. Reproductive rights include the woman's right not to be dismissed due to pregnancy and the right to paid maternity leave. In some European countries the right to paternity leave is also recognised as it is felt that during the first weeks the woman, although not at work, may be unable to take care of her home and son or daughter, which is also a shared responsibility between the father and the mother. In addition, it is necessary to extend such leave when the son or daughter has a disability to bring it into line with leave for multiple births.

8.18. Due to the additional challenges experienced by women with disabilities in society, mothers with disabilities should have the right to additional maternity leave, if they wish to take it, in order to adapt to the new situation and achieve a good development of family life. Women with disabilities should be entitled to the social services they require during maternity leave. Rights and services should be available for women with disabilities migrating in the European Union, whether as workers or as accompanying partners.

Sexual exploitation

8.19. Sexual exploitation, that is to say illicit activities in which one person (normally a woman or underage person) is forced by violence or intimidation to perform sexual acts or practises against her will, and for which a third party receives payment, is a crime to which women and girls with disabilities are more likely to fall victim due to their greater vulnerability. It is necessary to ensure that women and girls with disabilities (and especially those with intellectual disabilities and high support needs) are not sexually exploited, paying particular attention to the environment in which they live and establishing safeguards to protect them.

8.20. Organisations of persons with disabilities and women should carry out advocacy work to defend the rights of those women and girls, who are treated as objects and suffer such torture, inhuman and degrading treatment physically and psychologically, raising awareness on sexual exploitation among those at greatest risk and publicly condemning cases which come to light.

8.21. The European Disability Forum and its member organisations condemn the use of women with disabilities in advertising of a sexual nature.

9. Education

9.1. Education is one of the key determinant factors in the struggle against inequalities, social exclusion and poverty. Girls and women with disabilities have high rates of illiteracy, school failure, absenteeism and drop-outs, all of which have major consequences as regards cohesion, involvement and social behaviour. The only way to achieve a society which is more tightly interwoven, more mature, fairer and more willing to show solidarity, and in which the values of social cohesion take precedence over obstacles hindering universal engagement, is through the effective realization of basic rights, and among them everyone's right to high-quality, inclusive education which is free -of-charge. There is a need to promote inclusion in education for girls and teenagers with disabilities in order to mitigate the clear disadvantage they suffer in education, which in turn hinders the subsequent inclusion in the labour market and community of women with disabilities

9.2. Inclusive education for girls and women with disabilities must be viewed through the paradigm of quality education, equal opportunities and universal accessibility throughout the entire life cycle, ensuring women with disabilities enjoy access to continuing education as a means to enhance their personal independence, the free development of personality, and their social inclusion, while exercising permanently the right to decide for themselves and choose their way of life.

9.3. Girls and women with disabilities must be in a position to enjoy their right to education on an equal basis with others, and in realizing this right the UN CRPD must be considered the necessary guiding framework and frame of reference, and in particular Article 24, which sets out a system of inclusive education at all levels and establishes the obligation to ensure students with disabilities receive an inclusive education while respecting the principles of mainstreaming, equal opportunities, non-discrimination, universal accessibility, support provision, quality and equality, in order to offset inequalities based on disability, but also on gender.

9.4. It is necessary to ensure the principle of equal access by girls and women with disabilities to mainstream education resources, without discrimination or segregation of any kind on these grounds, providing the necessary support in order that inclusion in education in an open educational setting is always a reality at all stages. In order to achieve this, it is necessary to ensure educational needs are identified at an early stage and there is guaranteed provision of the human, teaching and technological resources, among others, which enable the needs of each case to be suitably addressed. Measures are needed to encourage active ageing among women with disabilities and reduce the high illiteracy rates among older women with disabilities, as well as to increase the use of new information and communication technologies by this group or women in lifelong learning programmes.

9.5. All those involved in education must be sensitive to the reality, diversity and intrinsic value of women with disabilities, and their contribution to the society in which they live. Families and teaching staff must be given complementary training on the gender perspective applied to disability with a view to securing respect for a suitable image of girls and women with disabilities, recognizing and respecting their human rights and focusing particularly on eradicating negative stereotypes which are widely-held in society and hinder their development as people and full inclusion on equal terms as others.

9.6. Initial and ongoing teacher training and training for educational counselling staff must include suitable qualifications, specialization and skills refreshment to adjust interventions in order to address the specific needs of pupils with disabilities, paying particular attention to the greater vulnerability shown by girls with disabilities in situations involving all types of bullying and sexual abuse in the school setting.

9.7. Teaching and learning processes, assessments, the use of teaching material and new technologies, and teacher training and skills acquisition content must include the principles of non-discrimination, universal accessibility and design for all.

9.8. Education systems should develop flexible curricula in order to ensure the possibility of individual educational paths for all students, including girls with disabilities. Such educational path should include non-academic and vocational activities. The gender perspective must be taken into consideration when drawing up the non-academic activities, including therefore activities in line with women's preferences.

9.9. Education programmes must cater for the training needs of those girls and women with disabilities who are at greater risk of exclusion (such as those with high support needs, immigrants, those belonging to ethnic minorities, those residing in rural areas and older illiterate women), ensure they receive proper attention and combat school failure and drop-out by these groups.

9.10. Distance learning and teletraining may be warmly welcomed by many women with disabilities as it facilitates reconciliation of family responsibilities and employment commitments. Access to all information in this respect must be secured for women with disabilities through accessible information campaigns in their communities.

9.11. International organisations, and especially UNESCO, must mainstream gender and disability in its education programmes and develop programmes aimed at boosting enrolment among and providing suitable education to girls and women with disabilities, in inclusive settings and safeguarding their advancement throughout the entire education cycle.

9.12. Gender and disability must be included in global population studies in the field of education in order to have reliable data on the situation faced by girls and women with disabilities in the European Union and its Member States.

10. Health

10.1. Article 25 of the UNCRPD recognises that women and girls with disabilities have the right to the enjoyment of the highest attainable standard of health. In this respect, measures must be taken to ensure they have access to health services that are gender and disability-sensitive, including health-related rehabilitation.

10.2. The European Union has acknowledged that gender is a significant determinant of health and inequalities in access to health care and treatment between men and women. Despite this, to date there has been no specific focus on groups facing greater risk of exclusion as a result of the intersection of gender with other discriminating factors such as disability. Consequently, the specific situation in which women and girls with disabilities find themselves has not been adequately addressed. Given the lack of information, there is a need to include gender and disability indicators in health-related studies and research at both European Union and Member States level.

10.3. It is necessary to protect women and girls with disabilities from discrimination based on widely-held stereotypes and mistaken habits which fail to respect their human rights and fundamental freedoms in the health field, ensuring suitable access to quality healthcare and to campaigns and programmes for women in general, including those related to violence against women.

10.4. Measures should be taken to ensure health sector professionals receive suitable training in caring for women and girls with disabilities, especially with regard to their rights to sexual and reproductive health, respect for their physical and mental integrity and respect for their dignity and independence, implementing the new paradigm based on recognising persons with disabilities as rights holders. Codes of ethics and protocols for action should be promoted in public- and private-sector healthcare for women and girls with disabilities, preferably in the areas of gynaecology, obstetrics and violence against women.

10.5. Treatment and procedures should be administered on the basis of the free and informed consent of the woman with disabilities. Measures are required to eliminate forced sterilisation, coerced abortion and medical experiments and trials on persons with disabilities.

10.6. Adequate training and counselling must be given to women and girls with disabilities on their sexual and reproductive rights and respect for their physical and mental integrity, providing comprehensible information in accessible forms. Organisations of women with disabilities, persons with disabilities and women in general must include specific seminars and discussion groups on these topics in their work programmes, as well as encourage women with disabilities themselves to be speakers and mentors to other colleagues.

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

Primary healthcare

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

10.9. Based on the fact that most women with disabilities are older women, it is necessary to take into account their specific needs and demands, above all disability- and age-related needs and demands, in order to ensure they enjoy access to primary healthcare and receive suitable primary healthcare services. Such services should be provided as close as possible to their place of residence, or even in their own homes, including in rural areas. ICT-based health services must also be fully accessible for women with disabilities.

Sexual and reproductive health

10.10. Women and girls with disabilities face general social and structural barriers when accessing sexual and reproductive health services. Women and girls with disabilities must be ensured proper access to gynaecology and obstetrics services, based on adequate training for health sector professionals in their rights to sexual and reproductive health and ensuring universal accessibility to all necessary facilities, equipment and services.

10.11. All women and girls with disabilities must have access to gynaecology services, as the branch of medicine dealing specifically with conditions affecting women, on an equal basis with others and without discrimination in terms of access to family planning services and regular gynaecology and breast-screening check-ups. Special care must be taken to ensure women and girls with intellectual disabilities, psychosocial disabilities, women who are deafblind or who have high support needs receive adequate healthcare for painless menstruation and contraception which are suitable to their individual needs. Adequate monitoring of all such questions by health services must be ensured

for women and girls who remain institutionalised in segregated environments such as orphanages, special schools, day-care centres, special employment centres, psychiatric centres, community care homes, residences and care homes for older people, among others.

10.12. Women and girls with disabilities should be made aware of the risk of HIV and AIDS and other sexually-transmitted diseases. To achieve this, contraceptive education and sexual education is essential in this respect. Women and girls with HIV or AIDS should be considered as women and girls with a disability, and should therefore enjoy the same rights and privileges as other women and girls with disabilities. Their demands should be included in the interest areas of the disability movement.

10.13. All women and young women with disabilities must have access to adequate obstetrics services, as the branch of medicine dealing specifically with pregnancy, childbirth and post-natal health, including also the psychological and social issues related to motherhood. Women with disabilities must have access to assisted reproduction. Access must be provided to appropriate services during pregnancy, childbirth and the post-natal period, granting free services where necessary as well as adequate nutrition during pregnancy and lactation. Recourse to caesarean section, regularly used in the case of pregnant women with disabilities, should be discouraged; natural childbirth should be promoted and adequate individual healthcare which takes into account the physical accessibility of health facilities and equipment and accessible communication and information should be offered.

10.14. Appropriate schemes must be developed with the aim of ensuring that pregnant women with disabilities receive support in preparing for maternity and that mothers with disabilities in need of support to take care of their children and mothers of boys and girls with disabilities have access to adequate assistance and services.

10.15. On occasions, medical personnel show fear and prejudices about the consequences of a pregnancy on a woman with a disability, especially if the woman has a psychosocial or intellectual disability. Therefore medical personnel may try to convince their patient to undergo an abortion. Personnel must receive adequate training to ensure women and girls with disabilities receive suitable counselling as regards their reproductive rights.

10.16. Prenatal testing of women in general is becoming more and more prevalent. Sometimes procreative technologies are a matter of routine, not choice. When it comes to women with disabilities, such testing is often encouraged, but it is essential to have the right to refuse them. If the foetus is identified as having a disability, it is also the right of the mother to carry the pregnancy to term. Emphasising the elimination of disability through reproductive technology, without addressing the social context in which this is promoted and applied, implies discrimination on the basis of disability. Any legislation which promotes eugenic or discriminatory practises on the basis of gender or disability must be reviewed or repealed.

Healthcare and violence against women

10.17. Health services can play a key role in assisting women and girls with disabilities who are victims of violence as most of them in this situation make contact with such services at some point. Furthermore, mistreatment affects women's health, so they require more healthcare, and in particular primary healthcare, accident and emergency services, obstetrics and gynaecology services and mental health services. Health policies in the field of violence against women must ensure women and girls with disabilities are provided with adequate healthcare throughout all stages of the process (prevention, early diagnosis and patient recovery).

10.18. As evidence exists that women and girls with disabilities are at greater risk of falling victim to violence and sexual abuse at the hands of people who are close to them, and that they have few opportunities to report such violent acts, primary healthcare staff have a vital role to play in early diagnosis. In addition to paying particular attention for the appearance of signs of such violence in regular check-ups, they should place any relevant information regarding mistreatment or exposure to violence at the disposal of social services and the police.

10.19. Women and girls with disabilities who are victims of violence do not normally turn to emergency health services in cases of mistreatment due to the high level of physical and emotional dependency on the assailant and the presence of insurmountable physical, communication, information and transport barriers which prevent them from travelling unassisted. However, when they do, health service staff must act to detect symptoms of possible violence by means of indicators of suspected mistreatment, which in the case of women with disabilities may include refusal or failure to provide care required due to disability. Assistance proffered by emergency services to victims of violence with disabilities must include immediate and adequate transfer for the woman or girl to an accessible alternative environment where she is guaranteed the support she needs as a result of her disability.

10.20. In order to ensure women and girls with disabilities receive proper healthcare from health sector professionals, there is a need to adopt protocols for cases of violence against women which ensure the safety and privacy of the woman or girl with disabilities in the doctor's surgery. Such protocols must include provision for whatever oral communication support services the patient requires, ensuring the information given to medical staff remains confidential and granting credibility to her testimony.

Mental health

10.21. According to the WHO, gender is a critical determinant in mental health and mental illness as it determines the differential power and control men and women have over the socio-economic determinants of their lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks. Depression, anxiety and somatic complaints are disorders which are predominant among women, affecting also women with

disabilities. Women with disabilities must be given access to and receive adequate healthcare in mental health services, paying particular attention to resolving personal conflicts arising as a consequence of forced sterilization or abortion, mistreatment, all types of abuse, neglect or withdrawal of child custody due to their capacity to care for them being questioned, among others.

10.22. Mental health professionals must be given suitable training in the human rights and fundamental freedoms enjoyed by women with psychosocial or intellectual disabilities, ensuring the treatment they receive is based on absolute respect for their dignity and independence, according to the principles enshrined in the UNCRPD.

10.23. Mothers with disabilities and mothers of boys or girls with disabilities should be given professional support to resolve cases of anxiety and depression which may arise when they discover their son or daughter has been diagnosed as having a disability. Such circumstances can, at times, lead to conflicts in the family as the family structure is changed by the presence of a disability in one of its members.

11. Habilitation and rehabilitation

11.1. The European Union and Member States should ensure that women and girls with disabilities attain and maintain maximum independence, full physical, mental, social and vocational ability and full inclusion and participation in all aspects of life through comprehensive habilitation and rehabilitation services and programmes, in particular in the areas of health, employment, education and social services, without discrimination on the grounds of sex or other intersectional factors and throughout their entire lives.

11.2. As a consequence of prevalent social stereotypes and prejudices assigning lower value to women because they are considered less productive, social roles confining them to the home, housekeeping duties, caring for others and performing tasks which are economically unacknowledged, overprotection by the family and a lack of self-esteem, among other factors, women and girls with disabilities enjoy lower levels of access to habilitation and rehabilitation services and programmes. It is vital to ensure that women and girls with disabilities have free access to habilitation and rehabilitation services in their communities at no cost; consequently, public authorities and social services should consider poverty as a priority factor when allocating resources.

11.3. Habilitation and rehabilitation services for women and girls with disabilities must include training in body language and self-confidence. Specific models for habilitation/rehabilitation should be developed for women and girls with disabilities, taking into account their heterogeneity and individual needs, in close cooperation with their representative organisations.

11.4. Habilitation and rehabilitation services must not discriminate on the grounds of gender and must be made available to all women and girls with disabilities, regardless of age. Such services must not be restricted only to health, daily living skills and housework; they must also promote women's habilitation and rehabilitation in the fields of education and employment, putting in place specific positive action measures to encourage their engagement in such programmes.

11.5. Bearing in mind the higher levels of poverty experienced by this group, women and girls with disabilities must have access to affordable assistive devices and aids which are suitably designed for them and which they can learn to use and operate by means of accessible information.

11.6. Professionals must receive suitable initial and ongoing training in working with girls and women with disabilities in the field of habilitation and rehabilitation. This training must be based on the multidisciplinary assessment of individual needs and capabilities in community-based rehabilitation approaches (CBR), taking into consideration sex, type of disability, socio-economic status and other intersectional factors. The training should be provided at early stage and as close as possible to their own communities in all

rural and urban areas, and women with disabilities must be involved as part of the multidisciplinary teams.

11.7. Women with disabilities must enjoy the right to choose if they wish to receive habilitation and rehabilitation services from a man or a woman.

12. Work and Employment

12.1. Article 27 of the UNCRPD recognises the right of women with disabilities to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. The realization of the right to work should be safeguarded and promoted, including for women who acquire a disability during the course of employment, by taking appropriate steps, including through anti-discrimination legislation.

12.2. Considering the high unemployment and labour market inactivity rates among women with disabilities, it is necessary to develop both mainstream and positive actions targeting women with disabilities to promote training, job placements, access to employment, job retention, equal pay for equal work, adaptations in the work place and work-life balance. Women with disabilities must have the right, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances.

12.3. It is necessary to promote the inclusion of women with disabilities in the labour market through subsidies aimed at boosting stable and quality employment, improving skills and enhancing employability, with the necessary measures to ensure access and adaptations to the workplace, projects designed to reconcile family and professional life, awareness-raising projects in favour of equal opportunities, training social actors and professionals in the field, and redoubling efforts to boost social inclusion and employment among those women at greater risk of exclusion.

12.4. Women with disabilities should be encouraged to seek employment opportunities which have decent salaries and working conditions. They should be given effective support to find, obtain, maintain or return to employment, through means such as follow-up services and contacts with employers, and legal protection against unfair dismissal on account of their disability, among others.

12.5. It is necessary to raise awareness in order to break down attitudinal barriers among employers towards women with disabilities by taking measures such as creating attractive traineeship schemes and informative campaigns on existing subsidies and reductions available when hiring women with disabilities.

12.6. Bearing in mind that there is a new European Union instrument for microfinancing to boost employment and promote social inclusion, opportunities for self-employment, entrepreneurship among women with disabilities, development of cooperatives or starting one's own business should be promoted. Such women with disabilities should have equal rights to financial assistance and should be seen as fully-qualified entrepreneurs. Positive action

measures should be provided in this regard to women with disabilities who are entrepreneurs by means of soft loans, microcredits and non-returnable grants.

12.7. International Labour Organization (ILO) programmes and other similar programmes should establish specific projects in Europe regarding the situation of women with disabilities, in close cooperation with women with disabilities themselves through their representative organisations.

12.8. There is a need to carry out research on women with disabilities and their social and employment situation, labour market developments, and the effective opportunities women with disabilities have, in order to identify new sources of employment for them in emerging and competitive sectors.

12.9. European Union policies should encourage employers' organisations, trade unions and non-governmental organisations to develop more effective ways to promote women with disabilities' right to employment, as well as measures to facilitate the reconciliation of work and private life. Trade unions should include women with disabilities who are capable of pushing for and defending equal rights in collective bargaining negotiations.

12.10. Special provision should be made to ensure women with disabilities enjoy the same freedom of movement on the European labour market as other workers, according to the principle of free movement as stated in the European Union Treaties.

12.11. All European Union policies and programmes aimed at promoting employment and vocational training should take into consideration the specific situation faced by women with disabilities, as well as the multiple discrimination they suffer as a result of the intersection of additional discriminating factors such as age, sexual orientation, living in rural areas, immigration, ethnicity, being a victim of gender violence or being at risk of poverty, among others.

Vocational training

12.12. Women and young women with disabilities should be given accessible and relevant information on the mainstream labour market and the existing opportunities to secure employment in the public and private sectors, and offered guidance and assistance if required.

12.13. Women with disabilities must receive quality training enabling them to opt for employment in the labour market in both the public and private sectors, and they should be offered specific opportunities for lifelong training with a view to gaining the necessary training and qualifications in terms of responsibility, confidence-building and capabilities.

12.14. When specific training is required, women with disabilities should not be placed at a disadvantage in relation to others. In addition, they must be given suitable access to all training programmes, including technical and vocational guidance programmes, placement services and vocational and continuing training. Furthermore, their involvement should be actively encouraged.

12.15. In particular, existing vocational training programmes for women, including teletraining, should be opened up to enable women with disabilities to participate and support services should be provided where necessary.

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

Reconciliation of professional and private life

12.17. The European Union and Member States should improve reconciliation between professional and private life in women with disabilities through effective measures based on their specific demands. Measures which may be considered include, among others, salary transparency, hiring procedures and social security payments, flexible working hours or part-time teleworking, balance between disability-associated expenses in relation to motherhood and care for other persons with high support needs, promoting universal access to affordable quality support services at different times of the day, such as nurseries or care services for older people and other persons with high support needs, may be some options to reach this goal.

12.18. Relevant social services should develop suitable measures to support mothers with disabilities or mothers of sons or daughters with disabilities in their search for employment and efforts to retain employment. These are often insurmountable challenges for such women to achieve by themselves due to the burden of caring for their sons and daughters and other individuals with high support needs, the demands of the labour market, and their lack of suitable training to meet the demands of the market.

12.19. Member States should improve accessibility to childcare, in particular through financial support, and should strengthen public childcare systems and offer incentives to companies to set up childcare facilities in their premises. Women with disabilities and mothers of boys and girls with disabilities should have priority when such services are offered.

12.20. Structural Funds, and in particular the European Social Fund, should be used as key tools to help European Union countries develop the greatest possible number of care facilities for children, older people and people with high support needs, including by testing new forms of public-private organisational and financial cooperation and new arrangements for such cooperation.

13. Adequate standard of living and social protection

13.1. Considering women with disabilities are more likely to be at risk of relative poverty – defined as having disposable income below 60% of the median in the country in which they live³, it is absolutely necessary to address the situation they face as a priority in social and economic policies. Such policies have, to date, largely ignored such issues and have failed to ensure that women with disabilities are able to enjoy their right to an adequate standard of living and effective social protection. The intersection of factors such as the lack of competitive vocational training, digital illiteracy, high incidences of inactivity in the labour market, lack of access to the labour market, unpaid work, the salary gap between men and women, barriers caused by work-life imbalance, women's higher life expectancy and, in general terms, the various forms of discrimination on the grounds of gender and disability, result in women with disabilities being one of the poorest social groups.

13.2. All policy measures taken at European and national level to combat poverty should consider the gender and disability dimensions together and underline the importance of incorporating women with disabilities in the labour market as a key factor in the fight against the poverty and social exclusion they experience. In times of economic and financial crisis, as women with disabilities are at greater risk of precarious employment, losing their jobs and enjoying lower levels of social protection, measures must be taken to ensure they receive sufficient income to enjoy an adequate standard of living, including for food, clothing and social housing, in addition to income to compensate for the costs related to their disability, such as support from a personal assistant to carry out tasks related to childcare.

13.3. Public housing projects must take disability into account, not only in terms of accessibility criteria in the physical and built environment (such as proximity to the neighbourhood and pedestrian access to community services), but also by ensuring women with disabilities who have no income, are victims of violence against women, or are at risk of neglect, are given priority access to such projects. As many women with disabilities find it impossible to purchase a house, financial support should be provided to remove barriers and carry out home adaptations in rented and old housing stock, and commonhold legislation should make accessibility mandatory in common areas.

13.4. It is necessary to ensure the employment of women with disabilities is encouraged and promoted in strategic sectors for economic development, taking special measures to promote initial and ongoing training, specific access to the labour market, flexible working hours, equal pay, tax benefits and programmes allowing them to exercise their social rights, such as rights during

³ European Commission, DG Employment, Social Affairs and Equal Opportunities (2007): *Men and Women with Disabilities in the EU: Statistical Analysis of the LFS Ad Hoc Module and the EU-SILC*. Final Report.

pregnancy, the right to maternity and breast-feeding leave, pension rights and access to social security.

13.5. Initiatives aimed at recognising the informal economy and quantifying the value of the “life economy” using the gender-specific approach should be developed. The European Union and its Member States should provide suitable social benefits for women who care for relatives with disabilities, mothers with disabilities and older women.

13.6 The situation faced by women with disabilities who become carers for other relatives with high support needs is worthy of highlighting. In addition to taking into account the reality they experience in terms of the support and resources they require, efforts must be made to ensure that families and social networks do not encourage such women to stay in the home, thus depriving them of their right to be included in the community and develop their freely-chosen life plans in order to have cheap care.

13.7. Older women with disabilities run a higher risk of greater poverty, above all in those Member States whose major pension schemes are based solely on calculating income and payments made during the individual’s professional career. Such pension schemes place women who have cared for children or relatives with high support needs, and women with disabilities who have been unable to work, at a disadvantage, as their income levels during their working-age years were reduced. It is therefore necessary to ensure adequate social security for women in charge of caring for relatives who are ill, older or have a disability, as well as older women with disabilities who are in receipt of a low pension.

13.8. Regardless of their age, women with disabilities are much more likely to suffer poverty than their reference populations (men with disabilities and women in general) when they are separated from their spouse, as are mothers of boys or girls with disabilities. Women with disabilities in this situation should receive sufficient economic support to live with dignity, whether single, married or in any other type of relationship. Benefits, aids, services, personal assistance, etc. should never be dependent on marital status. If they are entitled to receive social benefits, these should be given directly to them.

13.9. Access to financial credit services for women with disabilities is severely limited, and this is a major obstacle to their economic development and independence. Women with disabilities shall have the right to family benefits, bank loans, mortgages and other forms of financial credit on an equal basis with others. Saving plans and soft loans should be promoted, and programmes on counselling and financial capacity as well as other financial measures that could improve their situation should be developed.

13.10. Legislation on consumption should include adjustments ensuring respect for the rights of persons with disabilities as consumers of goods and services and on an equal basis with others. It is necessary to guarantee that women with disabilities have the same access to information on goods and services

available in the market, and especially on those goods and services they use more regularly than other sectors in society.

13.11. A structured social dialogue must be set up to enable women with disabilities to exchange experiences and help to overcome poverty, offering concrete examples of practical improvements at local, national and European level. The European Platform against Poverty should take into account poverty among women with disabilities and incorporate their social inclusion in its programmes and measures.

13.12. The European Union and its Member States should provide data and information which is systematically disaggregated by gender and disability in its annual reports and the joint annual report on social protection and inclusion.

14. Empowerment and leadership

14.1. Article 29 of the UNCRPD recognises the need to guarantee the political rights of persons with disabilities and the opportunity to enjoy them on an equal basis with others. It is necessary to ensure these rights are not violated in the case of women with disabilities and they are able to participate fully and effectively in political and public life, including the right to vote and be elected.

14.2. Access to information should be regarded as a democratic right held by each and every individual in society. Women with disabilities should have access to all the information they need and want to exercise their legal, political and human rights. Transparency in political processes and institutions is essential to achieve this goal.

14.3. Women and girls with disabilities still find themselves on the fringes of all human rights movements. Periodic reports produced by the relevant European Union and Member States human rights treaty bodies must automatically include information on women with disabilities in relation to each right, including the current de facto situation and the de jure situation, measures adopted to improve the situation, and difficulties and obstacles encountered, especially in rural areas. This practice should be extended to all institutions engaged in human rights advocacy both at European level and nationally, including the representative organisations of persons with disabilities and their families, women in general and women with disabilities.

14.4 Active advocacy for women with disabilities must be promoted within general programmes addressing their needs, offering them suitable training on their rights and the instruments available to secure them. At the same time, it is necessary to encourage social support networks and legal counselling from peers.

14.5. Structures, programmes, actions and initiatives at both European Union and Member State level must support women with disabilities in their empowerment and enhance the opportunities they enjoy to play an active role in developing their societies. European and national bodies engaged in women's advancement must be strengthened and include participation by women with disabilities, ensuring also that women with disabilities are not underrepresented in their participation and consultation mechanisms, and especially in those issues which directly affect them.

14.6. Mechanisms and structures allowing the voices of women with disabilities to be heard and enabling them to engage politically as actors in both organisations of persons with disabilities and women's organisations must be established.

14.7. Women with disabilities in Europe should produce and disseminate information and awareness-raising material targeting decision makers at national and European level, to make them aware of the risk women with disabilities face of suffering multiple discrimination. Policy-makers in the field of persons with disabilities in general and gender equality shall be the priority.

Empowerment

14.8. Empowering women with disabilities, that is to say women's ability to raise their self-confidence and increase their power and authority to take decisions in all areas affecting their lives, is the key and most urgent issue of our times, given that the needs and interests of women with disabilities are not fully recognized by society, public authorities, women's movements or the disability movement. There is a need to support and strengthen organisations, networks and groups led and governed by women with disabilities and advocating for their own collective interests, as these are set out by women with disabilities themselves, and in addition to their engagement through mixed or specific organisations.

14.9. Special mentoring programmes should be initiated and supported at local and regional level in the various European countries, where women within the disability movement consciously support each other through the various phases of life in their personal development and empowerment.

14.10. Women with disabilities should become more visible in various organisations related to disability matters, social affairs, politics and society in general. Concrete projects should be initiated to achieve this and special financial measures put in place to ensure their participation. The engagement of women with disabilities in public affairs will lead to effective measures in terms of decision-making that address their needs and contribute to a fully inclusive society.

14.11. The European Disability Forum and all its member organisations should adopt equal representation of women and men as an important policy guideline for decision-making in their core structures, including in nominations of male and female candidates to leadership and representative positions within the organisation.

14.12. Women with disabilities should be actively involved in both organisations of persons with disabilities and women's organisations. National and European organisations of persons with disabilities should encourage the establishment of committees of women with disabilities or independent women with disabilities groups. The European Disability Forum should urge its member organisations to develop their own women's committees, groups and networks.

14.13. Women with disabilities should enjoy a stronger presence in national delegations to international meetings, conferences and committees concerning issues regarding both to women and persons with disabilities. The participation of women with disabilities should be generally encouraged, not only when specific topics related to them are on the agenda.

14.14. Governmental and non-governmental national, European and international women's organisations and bodies should include women with disabilities and issues affecting them within the general women's movement and implement action plans in this respect.

14.15. At European level and in the framework of the European Disability Forum, women with disabilities should work closely with the European Women's Lobby (EWL) on issues of common concern; this collaboration should also be encouraged at national and international level.

Leadership

14.16. Leadership development should assist girls and women with disabilities to enhance self-esteem, to boost their autonomy and to encourage them to take leadership positions in order to become fully-integrated members in their communities, in addition to boosting their participation in power sharing at all levels of society in all countries, especially in public affairs.

14.17. Women with disabilities should be encouraged to participate in leadership and management development training programmes within national bodies. Programmes should also be designed specifically for women and girls with disabilities, and should be considered an integrated part of existing women's training programmes.

14.18. Leadership training seminars, educational programmes and job training programmes aimed at creating cooperatives and income-generating activities should be organised at local level, including in rural areas, to increase women with disabilities' awareness of their own situation at grass-roots level and to stimulate their active participation.

14.19. Various regional European organisations and the UN structures should assist women with disabilities in developing leadership skills through the elaboration of model curricula by the ILO, the FAO and UNESCO to be used at various levels of leadership in all countries and through technical cooperation. All efforts should be made to encourage women with disabilities to act as trainers.

15. Access to culture, sport and leisure

15.1. It is necessary to ensure that women and girls with disabilities can enjoy independently and take part fully in all areas of culture, sport and leisure, on an equal basis with other people, and especially in relation to their reference populations (men with disabilities and women).

15.2. In order to properly mainstream gender in disability measures, planning, projects, programmes and reporting in culture, sport and leisure, women with disabilities and their representative organisations must participate in the relevant bodies or authorities - preferably as consultants, advisors or experts - in order to make sure that when designing environments, goods and services directly related to these fields, the specific needs and demands of the female population with disabilities are taken into consideration.

15.3. Considering that women with disabilities have low incomes, limited participation in the labour market and difficulties living independently, often do not own a private vehicle and live longer than their male counterparts, measures should be taken to promote cultural, sport and leisure facilities close to their normal places of residence, including day centres, homes for older people and geriatric homes, among others.

Access to culture

15.4. It is necessary to ensure women and girls with disabilities are fully included and participate in cultural activities on an equal basis with others, and ensure they have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.

15.5. Well-balanced artistic development should be encouraged. In order to achieve this, the necessary measures must be taken to support artistic creation by women and girls with disabilities, including actions aimed at enabling women with disabilities, if they so wish, to become professional artists in various professions within the arts field.

15.6. It is vital that cultural events on offer include events which address the specific interests of women and girls, and to take the necessary steps to ensure that such events targeted specifically at women are accessible for those with disabilities.

15.7. Cultural projects in which women and girls with disabilities are able to develop their creativity should be promoted. Women and girls with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.

Access to sport

15.8. It is a proven fact that women and girls with disabilities find it difficult to access sport on an equal basis with their peer groups. It is necessary to ensure that girls and young women with disabilities are able to take up, continue to practice and be encouraged to engage in sports, in school and grassroots sport and in both individual and team sports. High-performance sport among women must also be strengthened and grants to prepare for Paralympic competitions promoted.

Access to leisure and recreational activities

15.9. Women and girls with disabilities must enjoy the same opportunities to participate in sport, recreational and leisure activities, whether they be mainstreamed or disability-specific, and, to this end, to access sports facilities. Those responsible for organising such activities or in charge of such facilities must be aware of this fact and must ensure they are accessible for women and girls with disabilities, including in schools.

15.10. Finally, the need to ensure cultural facilities and events for children are accessible must not be forgotten.

16. Intersectionality, gender and disability

16.1. Article 6 of the UNCRPD recognises that women and girls with disabilities are subject to multiple discrimination, and in this regard measures should be taken to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms and to ensure their full development, advancement and empowerment.

16.2. It is necessary to bear in mind and study how the existence of different types of discrimination, which are social and cultural constructs, such as those founded on economic situation, race, ethnic origin, social class, age, sexual orientation, nationality, religion and culture, interact at multiple and, frequently, simultaneous levels, this contributing to systematic social inequalities. The intersection of such factors (the defining factor in the concept of “intersectionality”) in women and girls with disabilities has a multiplier effect which increases the discrimination they experience. This discrimination arises from the way in which people construct their identities, failing to recognise the diversity which exists among women with disabilities and tending to homogenise women with disabilities in all social spaces and view their reality from an exclusive perspective. It is vital to promote the use of a common, clear and precise language that allows intersectionality in discrimination against women and girls with disabilities to be acknowledged.

16.3. Women and girls with disabilities themselves must become aware of the multiple discrimination to which they are subjected. They must be given the necessary tools and resources, including age- and disability-appropriate support services which take into consideration the situation that led to discrimination, in order to be able to exercise their rights. Such awareness-raising should begin when they are girls to prevent concealment, abandonment, neglect and segregation, and should be based on the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity.

16.4. Leadership training should be funded and promoted for women and girls with disabilities, and in particular for those who are at greater risk of exclusion due to intersection with other discriminatory factors, in order to provide them with real access to their share of power and empower them to fully exercise their citizenship.

16.5. Action must be taken to combat erroneous stereotypes concerning women and girls with disabilities and promote media campaigns to break down the mistaken social representation and help build a positive public culture based on respect for their human rights and fundamental freedoms. The education sector must ensure active measures are taken in schools to combat discrimination on multiple grounds (sex, disability, race, ethnicity, religion, and so on), acknowledging the value of human diversity and the different contributions all make to society.

16.6. An intersectional approach to inequalities arising from gender and disability must be taken in public policies. Both women's policies and disability policies must be convergent, more inclusive and alert to the need to include diversity, thus helping to eliminate barriers to social inclusion faced by women and girls with disabilities.

16.7. The European Union and its Member States must support those women and girls with disabilities who are most at risk of social exclusion by means of an effective package of active policies and adequate training measures, with a view to enabling such women and girls to adapt quickly to the needs of the labour market and combat their poverty through employment and stronger social protection systems.

16.8. Studies on women and girls with disabilities facing multiple discrimination should be encouraged. Such studies must consider the specific situation of women with disabilities of different ages, sexual orientation, in rural areas, immigrant women with disabilities, women with disabilities from ethnic minorities, women with high support needs, women with disabilities who are victims of gender violence, and women with disabilities at risk of poverty.

16.9. Given the need to study and define intersectionality in the case of women and girls with disabilities, ensuring types of multiple discrimination are made visible, the process of disaggregating data concerning women and girls with disabilities must take into consideration the key indicators of discrimination and their exponentiality when combined. Further theorization and greater evidence of differences is required if the different actors in the human rights field are to achieve a deeper understanding of this phenomenon.

16.10. European Union and national legislation should visibilise and combat situations in which women and girls with disabilities are victims of multiple discrimination, providing the necessary remedies and ensuring effective and equal protection.

Older women with disabilities

16.11. As ageing is an evolutionary process which is inextricably linked to disability and causes an increasing imbalance between the sexes as a result of women's longer life expectancy, it is necessary to focus particularly on the needs and demands of older women with disabilities, listen to their requirements and adopt their points of view as active rights-holders and not merely objects of rights.

16.12. Gender and age are two variables which, in conjunction with disability, have a negative effect on women's access to and continuance in the labour market, reduce the promotion opportunities they enjoy and place limits on their professional careers. As a result of negative attitudes held by managers regarding ageing in females, women with disabilities and women who care for persons with disabilities have a shorter working life and their professional experience is less highly regarded by management. The European Union and its Member States should promote positive actions to boost hiring, continuance

and promotion among women with disabilities and women who are care persons over 45 years old through tax benefits for employers and priority treatment in the public sector.

16.13. It is important for social policies addressing older people to take into account the consequences of dependency, disability and ageing, and include a particular focus on gender as a relevant factor determining inequality. Older women with disabilities must be treated suitably in all areas of life, including beyond those related to their health and personal care, and must be able to decide where and how they wish to live. They should be offered cultural, sporting and recreational activities to promote their inclusion in the community.

16.14. Bearing in mind that one of the most important roles played by women with disabilities and mothers of people with support needs in general has traditionally been to offer assistance to relatives and spouses, it is necessary to provide them later in life with care services for those they look after.

16.15. New functions must be developed for women with disabilities in terms of creativity, personal growth and choice as they have a greater life expectancy than men and, as a result, are more likely to become senior citizens and remain so for longer. Active ageing policies must take this into consideration and offer new and useful learning opportunities to older women with disabilities, such as digital literacy and the use of technologies which help to increase their personal independence in the community.

16.16. Given the importance of social networks later in life and the longer life enjoyed by women, suitable support models must be guaranteed for older women with disabilities to enable them to better cope with the loss of their spouses and relatives.

16.17. Political participation by older women with disabilities in their representative organisations must be ensured, while also ensuring they have equal opportunities and are not discriminated on the grounds of their sex and age.

17. Data and statistics collection

17.1. It is vital that the European Union and national governments take steps to incorporate the collection of gender-specific data and statistics on issues related to disability in existing statistical series and surveys in accordance with the UNCRPD principles. The collection of appropriate information, respecting human rights and fundamental freedoms, ethics, legal safeguards, data protection, confidentiality and privacy, enables governments to formulate and implement policies to give effect to their obligations under international human rights treaties.

17.2. At the same time, the European Union and its Member States must promote qualitative research and studies (such as, among others, interviews, observation and ethnographic research) which are required to gain an understanding of the complexity of the intersectionality or multiple discrimination which women and girls with disabilities may suffer.

17.3. If the State is using indicators to monitor the situation of women's rights in general, statistics should also be disaggregated by disability. In all research to be undertaken about or in relation to persons with disabilities the gender issue should also be taken into account, and in the same way the disability perspective should be included in research on women and girls, taking into consideration also the intersection which exists between both. This information shall be used to identify and address the barriers faced by women and girls with disabilities in exercising their rights. Statistics shall not focus solely on disability prevalence data.

17.4. Each country should undertake nation-wide surveys on disability using a model questionnaire that takes into account the principles of the UNCRPD. This survey should consider the status of women and girls with disabilities and obtain information on their income level, employment and educational attainment, access to health, sexual and reproductive rights, maternity, reconciliation of family and professional life, among others. Such a survey should allow an analysis of the national situation and allow regional and international comparisons.

17.5. The European Union should set up a Committee on Disability with a special working focus group on women with disabilities. The European Union's Statistical Bureau, EUROSTAT, the European Union's statistics office, provides for the publication of sex-specific data on disabilities, so it should be encouraged to ensure that European Union Member States break down data by sex and disability.

17.6. All personnel responsible for official data collection and involved in household surveys and censuses, as well as those who interpret and analyse the data, must receive training on disability and gender issues.

17.7. Descriptions provided by women and girls with disabilities themselves regarding their situation should be the most important source of information. Women's own interpretation and documentation of their experiences, which is now underway, could be the start of a world-wide research project on women.

17.8. Activities should be developed to encourage academic institutions and research organisations working on women's studies or disability studies to address the specific multiple discrimination faced by women and girls with disabilities and by mothers of boys and girls with disabilities. Such institutions and organisations should encourage the engagement of women with disabilities in the development of this research and these academic studies.

18. International Cooperation

18.1. The European Union and Member States should recognise international cooperation and its promotion of prime importance, in support of national efforts for the effective realization of the right of women and girls with disabilities to fully enjoy, on an equal basis with others, all human rights and fundamental freedoms. Appropriate and effective measures should be undertaken in this regard in partnership with relevant international and regional organisations and civil society, while ensuring that the interests of women and girls with disabilities are taken into consideration in both cooperation policies and programmes focusing on gender and those addressing disability.

18.2. International cooperation, including development programmes, should be inclusive of women and girls with disabilities. To this end, their representative organisations (both mixed and specific) must be directly engaged in the design, development and assessment of all cooperation policies undertaken locally, nationally, at EU level and internationally, by means of exchanges and sharing of information, experiences, training programs and best practices.

18.3. In line with the principles enshrined in the “European Consensus”, the EU should encourage the inclusion of gender and disability as a crosscutting issue in all its development cooperation policies, programmes and projects, and those of Member States, and should also ensure that specific projects are developed to promote equal opportunities for women and girls with disabilities.

18.4. It is necessary for the European Union to encourage its Member States to carry out studies on the status of persons with disabilities in their national development policies in order to draw up more efficient and effective inclusion strategies, taking into account the greater risk of poverty faced by women and girls with disability. At the same time, the gender perspective must be included in the updating of the Guidance Note on Disability and Development for European Union Delegations and Services.

18.5. It is essential to give training on equality and disability to all agents involved in development cooperation policy design, providing them with relevant information on the situation of women and girls with disabilities and their human rights and fundamental freedoms in economically deprived areas and developing countries.

18.6. The European Union should ensure that candidate and potential candidate countries to join the Union make progress in promoting the rights of women and girls with disabilities and ensure that the financial instruments for pre-accession assistance are used to improve their situation.

18.7. Organisations working on a regional or sub-regional level in Europe (such as the European Union institutions, the United Nations Economic Commission for Europe, the regional offices of UN specialised agencies, the Council of Europe, the Organisation for Security and Cooperation in Europe, other

intergovernmental organisations, and regional NGOs, including regional networks of mass media) must develop actions to promote equal rights for women and girls in their programmes and projects.

18.8. The European Commission, the European Parliament, the UN and the specialised agencies and various other international, national and local donor agencies should include among their priorities the funding of programmes for women and girls with disabilities, earmarking funds to this end in their mainstream programmes and providing funding for programmes or components of programmes focusing on women and girls with disabilities.

18.9. European Neighbourhood Policy partner countries should be encouraged to consider the protection of the rights of women and girls with disabilities through policy dialogue and exchange of experiences.

18.10. The European Union should include the rights of women and girls with disabilities in its long-term bilateral cooperation with local governments and other countries, via direct budget support in its multilateral development cooperation policies, financial contributions to international organisations, through co-financing with Non-Governmental Organisations within and beyond the European Union and in its humanitarian aid policies.

18.11. Organisations in the United Nations system and regional governmental organisations should support NGOs and organisations representing women with disabilities financially and in other ways in order to ensure women and girls with disabilities can exercise their rights on an equal basis with others.

18.12. The active engagement of women with disabilities at European level should be promoted through their representative organisations (especially the European Disability Forum, the European Women's Lobby and their respective national members) in monitoring international human rights treaties, providing relevant information in alternative reports which can report on the situation of women and girls with disabilities in respect of human rights and fundamental freedoms from an intersectional perspective.

18.13. Policies and programmes aimed at achieving the Millennium Development Goals (MDGs) in the European Union and Member States should take into account compliance with the goals in relation to women and girls with disabilities. Indicators measuring progress towards goals compliance must be included and there must be mechanisms to closely monitor outcomes.

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