

**1. What is the percentage of persons with disabilities among the Commission's staff?  
How many carers for persons with disabilities does the Commission employ?**

With regard to the number of persons with disabilities among the Commission's staff, no exact statistics are available, as obtaining accurate data is difficult, according to the disability support groups, due to reluctance of staff with disabilities to disclose to their employer information about their situation<sup>1</sup>.

Moreover, it can be noted that the "Association of Staff with a disability in the European Commission" ("ASDEC") has about 100 members. Yet, this is not fully representative as some people do not know about this association and others may be reluctant to come forward or do not feel the need to be a member thereof.

With regard to the number of carers for persons with disabilities, the Commission does not keep detailed statistics on how many children or spouses of colleagues have a disability. A partial indication is that currently 325 staff members receive the double dependent child allowance for their children pursuant to Article 67(3) of the Staff Regulations. This is not completely representative as it includes, in addition to children with disabilities, children on long-term illness, and it does not cover all cases of disability (e.g., some cases are not eligible for the double dependent child allowance and some might not have claimed it). As a further indication, the EC Disability Group, a support group meant for staff employed by the European Institutions with children or relatives who have a disability or a suspected disability, have about 300 families registered with them, the majority (about 90%) being in the Commission.

**2. What types of issues have been reported within the Commission about how the COVID-19 crisis has affected the living and working conditions of staff members with disabilities or carers of persons with disabilities?**

The main issues reported to the **DG HR Single Entry Point for Disability and Medical Services** were the need for adapted IT-equipment and ergonomic furniture while working from home. This issue of ergonomics at home actually concerned, at least potentially, all staff to various degrees, but was of a particular importance for staff with a disability.

Other reported issues were feelings of isolation and difficulties in looking after children (in some cases, children with disabilities). Support networks were put in place for isolated and/or

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<sup>1</sup> However, in the 2016 Commission's staff opinion survey, 6.1% of respondents indicated that their daily activities (e.g. walking, seeing, concentrating, communicating, etc.) were affected by longstanding health issues (longer than 6 months) or disability (physical, mental or sensory). This is on a self-declared basis.

distressed staff, including staff with a disability and carers of a person with a disability (see question three below).

ASDEC also reported several issues to the Director-General of DG HR:

- In light of the fact that, as acknowledged by the UN Office of the High Commissioner for Human Rights, “[m]any persons with disabilities have pre-existing conditions that make them more susceptible to contracting COVID-19, experiencing more severe symptoms upon infection, leading to elevated levels of death”<sup>2</sup>, certain staff with disabilities were part of the population at risk (along with other staff without disabilities but with certain conditions or health issues); such staff are entitled to remain in teleworking during the pandemic;
- Persons with reduced mobility (physical or visual) are concerned about using public transport and prefer to telework due to a sense of insecurity in using public transport under the present circumstances. The concerns include the fact that social distancing measures do not allow people to, e.g., guide visually impaired people in the public transports. The Commission recognises these concerns and informed such staff that they are entitled to telework during the pandemic (as staff at risk);
- The ergonomics issues were experienced by many staff with disabilities (e.g. due to pre-existing musculoskeletal conditions). DG HR acknowledged that the ergonomics needs of persons with disabilities were to fall under reasonable accommodation and as such were accommodated as a matter of priority.

From the start of the lockdown, parents of children with a disability were faced with the fact that these children could no longer have therapy, schooling, home-teaching, specialised centres, etc., and consequently the parents had to take on the full-time home care of their children. This situation was not conducive to teleworking.

In such cases, special leave has been made available as of 30 March 2020 to staff members with children with disabilities since receiving a double dependent child allowance (or in an equivalent situation). Special leave corresponds to a 50% or 100% reduction of working time with full salary (depending on the needs).

Furthermore, specific consideration has been given to staff who care for a child with special needs/a disability, in order for them to strike a balance between work and care responsibilities (reduction of workload, accommodation to the rule of compulsory availability during core hours). This understanding has been extended since 30 March 2020 and managers have been regularly reminded about its importance. Lastly, in cases where the spouse, registered partner and/or underage dependent child(ren) or adult dependent child(ren) with disability(ies) reside permanently in a Member State other than that of place of assignment, staff members were allowed to telework from the place of residence of the relative in need of their care. This is a derogation from the principle that staff members should telework from the place of employment.

Therefore, a wide range of solutions were made available in order to meet the various needs stemming from the COVID-19 context.

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<sup>2</sup> Guidance on COVID-19 and the rights of persons with disabilities of 29 April 2020, p. 1.

**3. Are there support measures, which the Commission has made available to staff members during this time, that staff members with disabilities cannot access?**

While putting in place specific measures related to the COVID-19 crisis for all staff, the Commission takes into account the specific needs of its staff with disabilities. In particular, the following safety measures were implemented:

- Protective equipment (masks, gel and, for certain staff, gloves) was made available in all buildings for staff coming to the office. This equipment was easily accessible for colleagues with a disability: they were made available at the building reception desk and security guards on duty were requested to help/inform colleagues with a disability. In addition, most of these desks are equipped with specific lighting, so that visually impaired colleagues can easily identify them.
- Gel dispensers and other equipment in the buildings were installed on low supports, so that colleagues in wheelchairs have access to them.
- Marking on the ground (via stickers) was made with specific contrasted colours (yellow & black), which are easier to see by visually impaired staff.

In order to alleviate the impact of COVID-19 and to prevent distress for both active staff and pensioners, including staff and pensioners with a disability or caring for a person with a disability, DG HR also promoted and coordinated the development of “community support networks” in order<sup>3</sup> to help outside the professional sphere:

- The HR TELE CARE telephone line: where volunteer respondents take shifts to listen to and guide people in distress, anxiety or questioning related to confinement. They responded to requests, some of which were related to disabilities. This line has made it possible to detect difficult situations before they deteriorate and allowed the appropriate services to intervene.
- The BUDDY program: when people calling the HR TELE CARE line need regular listening to, they are referred to this program, which aims to put them in contact with a volunteer to build a long-term relationship of trust and mutual help. In some cases, the buddies have even done small everyday tasks (e.g. shopping, walking the dog) or supported more administrative tasks (JSIS) in order to enable people who are weakened or have disabilities to maintain a good quality of life during this health crisis.

Lastly, as already mentioned under Question 2, specific attention was given to the ergonomics needs of persons with disabilities.

**4. What are the reasonable accommodation measures that the Commission has implemented for staff members with disabilities during the COVID-19 crisis?**

**In order to facilitate work from home, does the Commission make available IT equipment and communication tools that are accessible for staff members with disabilities?**

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<sup>3</sup> i.e one of the key actions recommended by the UN Office of the High Commissioner for Human Rights in its above cited Guidance, at p. 4.

## **Is there a dedicated support line for staff members with disabilities?**

The Commission considers that the rules on ‘reasonable accommodation’ are applicable during the COVID-19 crisis and it responded to the majority of relevant requests.

However, despite all efforts, it was not possible to accommodate some specific requests such as making available IT equipment at home, due to the Belgian rules imposed during the lockdown (social distancing, non-essential visits to private homes not allowed, etc.). In such cases, special leave was granted to the relevant staff member if he/she so requested until a solution could be found.

All buildings are accessible for people with disabilities according to Belgian regulation. The accommodation policy for people with a disability has been further reinforced recently, and this effort will be maintained wherever it is feasible (technically or legally). As an example, tactile paving stones were installed at the entrance of most buildings. Easily recognisable (i.e. useful for many visually-impaired colleagues) stickers were put in lifts, in canteens and in strategic points to ensure social distancing. In addition, a doorbell was installed at the entrance door of most buildings, where staff can call the guard for assistance.

The Commission has a dedicated phone number and functional mailbox for all questions relating to disabilities (including reasonable accommodation issues). About ten cases during the COVID-19 crisis were referred to that Single Entry Point. These were mainly to do with the reduction and shifting of working hours (e.g., derogating from the rule on presence during core hours) in order to be able to work and look after children.

In addition to the Single Entry Point for Disabilities, staff with a disability can contact all existing support desks (such as the IT support) set up for all staff members. The Single Entry Point noted that, during the COVID-19 pandemic, the DIGIT Helpdesk staff dedicated a lot of time and effort especially to colleagues with disabilities, to ensure connection and readiness.

The Medical Service has been replying to colleagues requesting guidance on how to ensure ergonomics at home, sending brochures and providing specific medical advice. These address all staff categories, including staff with disabilities if requested.

As a more long-term strategy, DG HR has established a dedicated service to handle ergonomics-related requests of staff members with disabilities, giving this issue priority (see answer to question 2 above).

Concerning accessibility of communication tools, see our answer to question 5. In addition, key information displayed on walls or in lifts of Commission buildings is also available in an accessible format on the Commission intranet.

## **5. Has the Commission provided information on COVID-19 and related measures in an accessible format online?**

From the start of the pandemic, the Commission has set up a special coronavirus news website & helpdesk (to which staff could address questions). The constantly updated website provides comprehensive information on general and medical issues, based on latest scientific advice and recommendations from the WHO, the European Centre for Disease Prevention and Control (ECDC), and competent national health authorities across EU Member States.

In addition, the Commission ensured that communication to staff about the health risks of COVID-19 (and other relevant information) was provided in an accessible way on the dedicated COVID-19 page. Information was disseminated through different channels in accessible formats. Typically, DG HR provided updated information via email to all staff (with linear and thus accessible format) and referred to useful documentation (protocols, guidance, etc.) available online in PDF format and other sources of information (FAQ, etc.) in order to inform and support staff.

Lastly, in a video made to inform staff on why and how to wear a mask, subtitles were added to help the hearing-impaired. The same information was also included in a specific FAQ, so that visually impaired colleagues were properly informed.

DG HR made sure that the pages giving information on COVID-19 are in conformity with responsive design principles and compatible with the broadest range of browsers and devices, including mobile phones/devices, on which all pages appear in a single column and allow use of the accessibility format offered on smartphones. This makes the content accessible in various sizes and readable (transforming written text to audio) by software integrated in smartphones.

The helpdesk is reachable through different channels (email or phone), which broadens the accessibility spectrum.

**6. Have the Commission's medical services adjusted to the circumstances of the crisis, for instance by offering or encouraging virtual medical consultations for staff members with disabilities?**

The Medical Service, which includes a psychosocial team, has offered throughout this period virtual consultations to any staff member upon request.

During lockdown, telephone appointments and virtual consultations were regularly provided by the service's medical doctors.

**7. Has the Joint Sickness Insurance Scheme made any changes in order to accommodate the further needs of persons with disabilities during the COVID-19 crisis?**

The rules in place in JSIS are already tailored to adapt to a crisis like COVID-19. Some requirements were relaxed to facilitate video consultation, for example, which was particularly important for persons with disabilities.

The centre of excellence for dependency and disability in the PMO continues to provide its personal and tailor-made services during the COVID-19 crisis.

**8. Has the Commission consulted individual staff members or associations of staff members with disabilities on reasonable accommodation measures?**

Commissioner Dalli met ASDEC on 8 May 2020, and Commissioner Hahn met them on 2 June 2020. A meeting was also organised on 15 June with DG HR with both ASDEC and EC DISABILITY GROUP in the context of this inquiry.

The Commission is currently considering a potential revision of the ‘reasonable accommodation’ rules and is consulting all stakeholders. ASDEC was consulted in a meeting in July on reasonable accommodation in general, and specifically on the needs relating to disabilities in the ‘new normal’.

In general, the relevant services are in close ongoing contact with the relevant stakeholders on these issues.

**9. Could the distance and virtual working methods currently being applied become a more permanent solution to improve accessibility for existing and future staff members with disabilities?**

Under the current framework, teleworking is already part of the ‘reasonable accommodation’ that may be granted to staff with disabilities.

As long as the COVID-19 pandemic requires it, teleworking will continue to be available to staff with reduced mobility (physical or visual). Teleworking will also continue to be available for all staff who have a condition that increases the risk of adverse outcomes of COVID-19.

The Commission intends to review its legal framework on telework arrangements, notably taking in account the lessons learned from the generalisation of virtual working methods due to the COVID-19 pandemic. In this context, the Commission will consult stakeholders, including associations of staff with disabilities.

**10. Finally, has the Commission considered whether any of the new measures or methods put in place for staff members with disabilities during this crisis could be used to promote easier interaction with the EU administration for members of the public with disabilities also in the aftermath of this crisis?**

Consultations are ongoing on the ‘new normal’ and the new HR Strategy. ASDEC and the EC Disability Group are being consulted on this through workshops, as are all relevant services and interested staff members.

*For the Commission  
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Member of the Commission*