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This tool kit aims to help you assess 'social impacts' when carrying out an Impact Assessment. It builds on the list of impacts and questions in the Commission Impact Assessment Guidelines\(^1\) (2009) and covers the following policy domains:\(^2\):

(i) Employment and labour market
(ii) Standards and rights related to job quality
(iii) Social inclusion and protection of particular groups
(iv) Equality of treatment and opportunities, non-discrimination
(v) Social protection, health, social security and educational systems
(vi) Public health and safety

Each 'policy domain fiche' contains three sections:

(a) A short **introduction** that describes the Treaty base for action and essential policy features;
(b) **Questions** from the IA guidelines that could be considered when analysing social impacts and potential effects.
(c) **Sources** of evidence that can be used to compile answers to the questions.

Before turning to the fiches one should better understand the specificities of assessing social and employment impacts and what steps to take in order to do such an analysis. Assessing social impacts requires considering several inter-related issues: i) what you intend to do (policy options); ii) what effects will be generated (types of impacts); iii) who will be affected (social groups), in what way; iv) what evidence and techniques can be used to assess potential impacts.

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\(^1\) [http://ec.europa.eu/governance/impact/docs_en.htm](http://ec.europa.eu/governance/impact/docs_en.htm)

\(^2\) For further guidance on other policy domains mentioned in the IA Guidelines under the social pillar (privacy and data protection, governance and access to justice, crime and security), you can also consult the JLS Toolkit for the quantification of social impacts
**What are the possible impacts?**

The types of impacts that can be anticipated, such as changes in quantity or quality of employment, working patterns, household income, working conditions or organisation of the labour market including the social dialogue are inherently diverse, complicated (different social groups, territories, economic sectors) and strongly connected with economic and environmental impacts.

In the social area it is crucial not only to take into account the intended effects but also to identify and analyse effects which might occur unintentionally (both positive and negative). A distinction between short and long term impacts, as well as direct and indirect impacts, might also be required. In some places this guidance document focuses on potential negative impacts. This is related to the fact that in general the most serious problems can arise from non-identified negative consequences. It is evident that positive social impacts should also be addressed and can constitute an argument supporting an option.

Furthermore, there may be situations, where social impacts point in different 'directions'. A policy change could induce the creation of a number of new jobs in a particular sector while at the same time lowering job quality for workers in the sector. The question may arise as to what significance should be given to each of those impacts. While in the end the assessment should arrive at a net or overall effect, the IA should make the different components visible and show how this conclusion has been reached. Effects happen to specific groups of people: it is useful to identify what happens to whom. This is also visible in the fiches, where some fiches e.g. the one on "standards and rights related to job quality" (focus on types of impacts), while others e.g. "equality of treatment and opportunities, non-discrimination" look pre-dominantly at social groups.

**Which groups are affected?**

Proposed policy options can have different impacts on different groups in society. A gender perspective should in particular be integrated in the analysis, and the assessment of potential impacts on gender should take into account the existing differences between women and men that are relevant to the given policy field.

It could be that a measure raises the disposable income of certain population groups but reduces other groups to poverty and negatively affects their chances to fully participate in society. In such cases, calculating the average general impact on the total population could be misleading, and would therefore be insufficient. Some groups are well defined (for instance by gender, age, income, disability, level of education) while others might be more elusive (for instance those affected by a possible action in a specific way). In practice, it is useful to start by examining whether there are any systematic impacts on well defined groups.

Living or working in a particular area or region often significantly influences how one is affected by a policy proposal. A Commission initiative might have different effects on different regions, e.g. higher prices for energy might affect people living in regions with particular high needs for air-conditioning more severely than other European citizens. It could also be that a sectoral policy proposal might indirectly affect a particular region because of the presence of a sector (e.g. viticulture in parts of France and Spain, automotive industry in the Region of Stuttgart etc.).

In the case of groups located in specific regions or working in specific sectors, a case by case approach will be needed, depending on the substance of the action foreseen. This points to the wisdom of consulting on possible effects with informed stakeholders or third parties.
The impact of proposals on specific groups plays an important role in assessing 'social' impacts and often implies explicit policy trade-offs. The question can arise whether and under which circumstances it is justified to ask for a (small) sacrifice from one group to create a (potentially larger) benefit for the whole – or another group. Furthermore, the delimitation of a group can determine whether impacts are significant or not. In particular decisions on reasonable sacrifices will imply value judgements. These balancing considerations should be presented in a transparent way.

The identification of those for whom there may be positive and negative impacts may also help to foresee resistance and may point to mitigating measures to reduce negative impacts. You should therefore clearly distinguish between the description and measurement of impacts and assessing if a particular effect is considered positive or negative.

**How to get started**

The best place to start is a systematic qualitative 'scoping' to identify where the significant effects of the proposal and the possible options will be. In practice this requires compiling observations about what you would expect to happen if a policy was pursued.

The fiches provide examples of questions to be screened during this initial assessment phase. Your previous experience with similar interventions and intuitions about expected policy effects (social and economic) can help you to build up this overview. In this context, evaluations of previous interventions are very important to inform future policy making.\(^3\) At this stage, carrying out an extensive review is important as types of impacts or groups which are not taken into account at this early stage could be overlooked in further analysis. It should also be remembered that since IA work is iterative, the initial analysis might also help to better define objectives and policy options. The result of the scoping should also allow you to make a preliminary statement on the importance of a certain impact in terms of a) how direct the causal chain between measure and expected impact is; b) the 'volume' or size of the impact; and c) its political sensitivity. Only those impacts where a considerable importance can be found will need a more focused analysis.

During this 'qualitative scoping' some ideas will probably emerge about evidence and techniques needed to assess specific aspects of the expected impacts. To support the scoping it is advisable to consult with colleagues and stakeholders.

First, in order to assess and improve your first impressions about expected effects we advise you to contact experts in the social field. The Evaluation & Impact Assessment unit in DG EMPL and/or DG SANCO can help you either directly or by directing you to a colleague that is specialised in the social dimensions you might need to consider.

Second, a further 'reality check' can be carried out by consulting with stakeholders. Stakeholders in general, and in particular the social partners and civil society organisations often have a good knowledge of how a proposal might affect the group they represent. In this sense they can be an excellent source of information. Furthermore the Commission has an obligation to consult social partners on initiatives having a social impact for a specific sector (see also section 5.2 in the Annex to the IA guidelines).\(^4\)

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\(^3\) A useful source of information can be the Annual Evaluation Review, which provides a comprehensive overview of the evaluation carried-out by the different Commission services: [http://ec.europa.eu/budget/documents/evaluation_en.htm#table-4](http://ec.europa.eu/budget/documents/evaluation_en.htm#table-4).

Possible methods

Given the diversity of impacts and affected groups, the output of the qualitative scoping is necessary to decide whether and which formalised model needs to be employed. In general a specific mix of qualitative and quantitative approaches is needed, whereby quantitative approaches can reach from relatively simple statements mainly based on past observations up to highly complex formalised (and data consuming) models, like for example the so called CGE – models (Computable General Equilibrium) or econometric models of the (world) economy.

As the IA Guidelines indicate, quantitative approaches are in general preferable. Attributing a monetary value to variables is a strong – although sometimes problematic – instrument to quantify and aggregate impacts. It is more likely in the social field than in the economic or environmental ones that formal modelling can encounter difficult and costly (e.g. impacts on fundamental rights). When using a model one should be aware of its underlying assumptions and hence its limitations. An impact does not cease to exist when a model is – for structural reasons – not able to demonstrate it. The following elements should be taken into account:

- The softer the instrument envisaged (e.g. improved policy coordination between MS) the more important it is to explain and verify the causal chains between the measure and expected impacts, and the less can be expected from an assessment based on a formalised model.

- Some impacts (e.g. related to social inclusion) might be undisputed but difficult to quantify. The extent to which an impact can be modelled needs in any event to be clarified.

- If impacts are concentrated on small groups it will be difficult or impossible to find suitable data or a reasonable model.

- If ‘qualitative scoping’ suggests considerable impacts on income distribution or on employment volume in society as a whole or significant parts of it, a model should be used. If you decide not to do so, this needs to be properly explained in the Impact Assessment.

Finally the decision whether a model can be used will also depend on pragmatic aspects like the availability of a model (including sufficiently recent data) with which one can assess the policy initiative within the time frame and the resources available. This decision will also need to take into account that building new models or carrying out major modifications of existing ones takes time and require resources. In any case, you should bear in mind that non-quantification can not be used as a pretext to avoid serious consideration of a social impact.

The information presented here is not exhaustive, but provides a starting point for Impact Assessment work. You are strongly encouraged to get in touch with the Evaluation and Impact Assessment unit of DG EMPL and/or DG SANCO for further advice. Your IA work can also be supported through the DG EMPL framework contract which is coordinated by the Evaluation and Impact Assessment unit of DG EMPL (http://intra.empl.cec/units_dir/dg/03/pgs/framework_contract.htm)

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5 For information see; JRC (http://ec.europa.eu/dgs/jrc/index.cfm), research on where to use which models and how to provide guidance on the type of models to use is undertaken in DG EMPL as well. See e.g. http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=485&furtherNews=yes or contact the Evaluation and IA unit in DG EMPL.

6 See COM 2005, 172 and IA Guidelines (2009), point 8.3., page 38
Further guidance on quantitative models can be found in the IA Tools inventory: http://iatools.jrc.ec.europa.eu/bin/view/IQTool/ModelInventory.html
2 EMPLOYMENT AND LABOUR MARKET

2.1 Introduction

Treaty Base: Articles 125-130 EC

The European Employment Strategy (EES) encourages exchange of information and joint discussions by all Member States, thus trying to find solutions or best practices together which could help creating more and better jobs in every Member State. The EES is implemented through the Open Method of Coordination.


The annual "Employment in Europe" reports, published by DG EMPL, are an important tool for the analysis of employment performance and labour market developments in the European Union, the Acceding and the Candidate Countries. They provide the basic analytical and statistical background to underpin the Joint Employment Report as well as other instruments key to the European Employment Strategy.


2.2 Questions

➢ Does the option facilitate new job creation?

Employment effects may occur in the sector directly affected by a proposal or in other sectors. Effects can be expressed in terms of absolute variations of job numbers and distinguish the short-term from medium/long-term effects. Estimates may also be expressed in terms of employment growth rates by sector, type of employment, geographical area, and sectors. Given that effects can be different across categories of workers (skilled vs. unskilled) and specific groups (disabled, women, older workers, young workers, unemployed, unskilled), it is important to identify which population group will benefit from the creation of new jobs. (See also Annex 8.2 of the IA guidelines)

➢ Does it lead directly to job losses?

Some policy measures can create adverse effects on specific sectors and labour markets with the risk of job losses. 'Lost' jobs can go into (early) retirement, inactivity or unemployment. It is important to specify which groups are likely to be the most affected and provide estimates of the scale of the effects (see also job creation above).

➢ Does it have specific negative consequences for particular professions, groups of workers, or self-employed persons?

Initiatives favouring specific activities or technologies can threaten workers specialized in the tasks related to these activities or technologies.

Social consequences can moreover extend to public health (stress and work related illnesses) and exclusion of individuals and groups. Wage differentials across regions correspond to diversities in average salaries (for comparable labour categories, i.e. the same tasks to be accomplished, same level of qualification and risk of operations) earned in different EU regions.
Does it affect particular age groups?

See also impact on the functioning of labour market and access to the labour market, transitions into/out of the labour market (fiche on "Social inclusion and protection of particular groups")

Analysis should identify whether the option affects employees' or employers' decisions and is a source of delayed entry or premature exit from the labour market. The underlying assumption is that longer working lives lead to provision of adequate and sustainable social protection benefits (primarily old-age pensions). As labour market adjustments should not be carried out at the expense of older workers, the employment rates of older workers (age of 55-64), legal retirement age, and the exit age from the labour market could be used as reference.

Does it affect the demand for labour?

Labour demand depends on the one hand on the production of good and services in an economy, and on the other hand on the price for labour (wages including labour related costs like direct taxes and social insurance contributions). Labour demand can be described in quantitative terms (like job offers, changes in the number of employees, hours worked) and in qualitative terms (type of qualifications requested).

Expected changes in labour demand need to be compared with the labour supply. Will the labour market be able to smoothly provide the new qualification profiles and will those who lose their previous job find opportunities to re-enter the labour market in a way which makes use of their productive potential?

Does it have an impact on the functioning of the labour market?

This concerns macroeconomic impacts such as labour market participation, the long term unemployment rate; regional differences in employment rates; wage levels and stability and their links to aggregate demand and supply; and labour productivity. Labour supply is thereby influenced by a broad range of variables, beginning from absolute wage levels, relative wage levels in one sector as compared to another sector, but also the institutional arrangements made to reconcile professional and private life and the efforts to facilitate diverse forms of mobility. Policies can affect the functioning of labour market directly (e.g. limiting the barriers to new entrants in administrative or legal professions) or indirectly, by requesting skill upgrade for certain professions or tasks. Some policies may also affect market structure, favour concentration, thus reducing the possibility for self-employed persons to compete effectively.

2.3 Sources of evidence

2.3.1 EUROSTAT

The most important sources for employment issues are European statistics based on consolidated national statistics, e.g. Labour Force Survey (LFS), the Structural Business Survey (SBS), and National Accounts. Statistics are provided also through the Continuous Vocational Training Survey (CVTS). Potential weaknesses of these administrative sources are distortions resulting from differing administrative rules of registration (e.g. when is somebody registered as employed) and blind spots of the official statistics (e.g. non-coverage of "shadow" economy).

The LFS is the main source for comparative labour market statistics as it follows international and European standards. The LFS includes the most comprehensive set of indicators and ensures as far as possible EU wide comparability but is based only on a relatively small sample. This can create difficulties when analysing smaller industries or regions. For specific sectors, especially
agriculture, additional data sources exist. Most of these data are available directly on the EUROSTAT homepage in the online database.

In addition to that also other Labour market data (e.g. harmonised series on unemployment, job vacancy statistics, labour costs statistics, statistics on earnings) and Education and training data could be consulted.

2.3.2 Other sources

On a regular basis Commission DGs carry out studies which consider the employment implications of action in a specific area. Examples include DG MARE (Employment in the Fisheries, Employment in all other maritime activities (including tourism etc)); DG AGRI (Employment in rural areas); DG ENTR (Industrial Policy with sectoral investigations (2005) (used as a foundation for new industrial policy, Study on Defence Industry); DG EMPL (Employment in gas & electricity and liberalisation, Environment and social inclusion); DG ENV (Wider employment and environment policy), DG SANCO (Health care staff).

The DG SANCO European Community Health Indicators (ECHI) present indicators on health care staff ([http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm](http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm)), sources being EUROSTAT and OECD:

- Physicians employed (Practising/Licensed physicians per 100,000 inhabitants),
- Nurses employed (Practising nurses and midwives per 100,000 inhabitants).

The Dublin foundation conducts regular sectoral monitoring ([www.eurofound.europa.eu](http://www.eurofound.europa.eu))- Restructuring, capturing job losses on the company level.

The European Centre for the Development of Vocational Training (CEDEFOP: [http://www.cedefop.europa.eu/about/default.asp](http://www.cedefop.europa.eu/about/default.asp)) provides information on and analyses of vocational education and training systems, policies, research and practice.

In addition, analysis could be supplemented with other relevant international sources such as OECD and ILO publications and databases. The World Health Organization (WHO) also compiles cross-nationality comparable data on health workers in all WHO Members States ([http://www.who.int/globalatlas/default.asp](http://www.who.int/globalatlas/default.asp)).
3 STANDARDS AND RIGHTS RELATED TO JOB QUALITY

3.1 Introduction

This section addresses the issues linked to Labour Law, Health and Safety at work, and restructuring and adaptation to change.

Treaty Base: Articles 136-139 EC

Labour Law

EU labour law aims mainly at promoting the improving of employment and working conditions while ensuring a level playing field with regard to competition conditions. There is already a substantial body of EC secondary legislation in the area of labour law. At Community level, labour law covers three main areas:

(i) Working conditions, including working time, part-time and fixed-term work, temporary agency work, and posting of workers

(ii) Involvement of workers in the decision making of the employer, including information, consultation and participation in the board

(iii) Protection of workers in case of transfer of undertaking, collective redundancy and employer insolvency.

Further information can be found in the DG EMPL web-site on Labour Law: http://ec.europa.eu/social/main.jsp?catId=157&langId=en

Health and Safety at Work

A solid corpus of Community legislation laying down minimum requirements concerning health and safety at work has been adopted, with the aim of preventing occupational illness and accidents at work. Community action also favours information, guidance and promotion of healthy working environment. The Commission cooperates with the European Agency for Health and Safety at Work (www.osha.europa.eu). The Commission communication "Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work" outlines the options for further action in this area. http://ec.europa.eu/social/main.jsp?catId=148&langId=en

Further information can be found in the DG EMPL website on Health and Safety at Work: http://ec.europa.eu/social/main.jsp?catId=148&langId=en

Depending on the concrete circumstances, the rights addressed in articles 27 to 35 EU Charter could be of relevance in this policy domain.

Restructuring and Adaptation to Change

Complementing the labour law instruments the monitoring of industrial change and financial participation schemes in cooperation with the European Foundation for the Improvement of

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10 See, in this regard: http://ec.europa.eu/employment_social/index_en.html, in particular under the heading "Working Conditions", where labour law Directives can be found, mainly in the fields of information and consultation of workers and working conditions.
Living and Working Conditions (www.eurofound.europa.eu) aims at the exchange of information and best practices.

The objective is to develop amongst all stakeholders a positive and pro-active attitude towards the anticipation of change and restructuring and use institutions such as the social dialogue or works councils to develop and encourage socially fair forms of restructuring and change.

Further information can be found on the "Restructuring" website: http://ec.europa.eu/social/main.jsp?catId=103&langId=en

3.2 Questions

➢ Does the option impact on job quality?

Job quality\(^8\) relates to a range of components including pay and benefits, working conditions (contractual arrangements, mobility, working time), participation to social security schemes (e.g. contributions to old-age pension schemes), job security, health and safety at work, access to training and career prospects (pay and status), equality between women and men, social dialogue and participation, non-discrimination.

➢ Does the option affect the access of workers or job-seekers to vocational or continuous training?

Training can be either carried out at work or in specialised training institutions that provide specific courses with technical or methodological content. Some training also occurs in the form of informal 'learning by doing' or 'learning on the job'. Aspects to be considered include: the financial and organisational features involved in the provision of institutionalised training (private/public expenditure required to supply courses at work and in specialised institutions, qualitative and quantitative characteristics of supplied services); the organisational issues involved in informal training.

➢ Will it affect workers' health, safety and dignity?

You should consider if the option may have effects on the level and nature of risks to which workers are exposed at work. Issues to be taken into account include health and safety at the workplace (including security of work equipment); effects on specific risks (e.g. exposure to chemical, biological or physical agents); effects on work organisation and effects on specific categories of workers. An 'out-of-the-box' approach should also be adopted in performing the analysis in order to detect other factors that could have impact on health and safety of workers.

Analysis should aim to identify possible effects on workplace risk management. It should check if the option can improve health and safety management in the workplace. According to general principles of prevention, management should be focused first of all on avoiding risks and combating at source those risks which cannot be avoided.

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\(^8\) A specific section (8.2) in the Annex to the IA guidelines provides guidance on the measurement of job quality.
The impacts of a given option on workers' rights and obligations should be analysed, first of all, against the background of the fundamental rights at stake. These comprise, according to the EU Charter, in particular the respect for human dignity, the prohibition of forced labour, the respect for private and family life, the protection of personal data, the freedom to choose an occupation and the right to engage in work, the freedom to conduct a business, the principles of equality and non-discrimination and the so-called solidarity rights. Impacts on employment rights should be considered not only in relation to EU labour law but also in relation to the industrial relations systems comprising legislative measures and collectively negotiated arrangements at trans­national, national, industry/sector, and company level.

You should consider if an option affects the representation and collective defence of the interests of workers and in particular the level of employees' involvement (information, consultation and participation in the boards) in the employer's decision making and any possible effects on social dialogue at national/sector/company level. This is of particular importance when large layoffs (including collective redundancies) or industry restructuring are expected as a consequence of the proposal or when discriminatory practices may occur.

Does it affect the protection of young people at work?

Policy proposals which may have a direct or indirect effect on young workers need to pay particular attention to equal opportunities for these workers and access to training opportunities. Particular attention needs to be provided to work experience students, apprentices and young people at the very beginning of their working career, including the analysis of potential direct/indirect effects in terms of economic exploitation and harmful practices (health and safety, practices hurting physical mental or social development). It is also vital to ensure that young workers are covered by social protection (primarily pension) schemes. Finally, it should be analysed whether the proposal is likely to affect the measures in force aimed at the protection of young people at work (existing restrictions and prohibitions, special requirements for work of young people).

Does it directly or indirectly affect employers' existing rights and obligations?

This question refers in particular to the likely impacts of policy measures and initiatives on the employers' rights and obligations, such as to organise and manage the workforce, to maintain safe working environments, to implement best health and safety practices, to create trust and cooperation, to respect standards and regulations, to fulfil employment contracts, to ensure the

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10 These rights include: the workers' right to information and consultation within the undertaking, the right of collective bargaining and action, the right of access to placement services, the protection in the event of unjustified dismissal, the right to fair and just working conditions, the prohibition of child labour and protection of young people at work, the reconciliation of family and professional life, the rights to social security and assistance and to health care.

representation and collective defence of their interests. It relates directly to the assessment of the impact in terms of administrative burden.

➤ Does it bring about minimum employment standards across the EU?

Analysis should identify whether the option entails minimum employment requirements and how it takes into account the conditions and technical rules obtaining in each of the Member States. It should also be analyzed whether and how the option affects workers' employment status, in particular the classification of the work relationship as a (salaried) employment relationship or as an alternative form of civil/commercial engagement. The impact on the forms of the employment contracts (fixed term/temporary agency/permanent/part time) should be part of the assessment.

➤ Does the option facilitate or restrict restructuring, adaptation to change and the use of technological innovations in the workplace?

Restructuring can be the immediate effect of an economic crisis, but it is also a permanent feature of the economy and occurs in all EU countries. It is important that restructuring is properly anticipated to avoid painful effects, especially on jobs, working conditions and regional economies. Potential effects on workers participation in restructuring operations might need to be analysed. The likelihood with which the measure will entail insolvency situations, transfer of undertakings or dismissals should also be analysed. Effects on the possibility of workers to access and use technologically advanced equipment at work may also be considered.

Examples of public policies favouring the use of new technology at work are fiscal incentives to firms investing in new technology, and joint (public-private) research programmes for the development of new technology.

3.3 Sources of evidence

3.3.1 EUROSTAT

For health and safety, statistical data on accidents at work, occupational diseases and work-related problems are available:

- European Statistics on Accidents at Work (ESAW - Methodology - European Statistics on Accidents at Work (ESAW)
- European Occupational Diseases Statistics (EODS -Methodology - European Occupational Diseases Statistics (EODS) and
- Statistics on work-related health problems

3.3.2 Other sources

Whenever questions in this policy domain are answered positively, social partners are highly likely to have a strong opinion. Thereby they have several roles: they avail of the experts in the field, and they are stakeholders because they will have to implement or will be directly affected by the implementation. That means early consultation with social partners is particularly important in this policy domain.

In the area of labour law, several studies have been carried-out. They can be found in the DG EMPL Labour Law and Work Organisation web page, which also contains Directives, implementation reports and other publications: http://ec.europa.eu/employment_social/labour_law/index_en.htm
The "Restructuring in Europe 2008" report presents a global overview of the European Union's main strategies, policies and actions to anticipate change and tackle the negative effects of restructuring.

http://ec.europa.eu/social/main.jsp?langId=en&catId=103&newsId=434&furtherNews=yes

As for health and safety, the DG EMPL Work and Safety at Work web page provides statistics and figures that can be used for the analysis:


The following studies can also be mentioned: (i) Work and health in the EU. A statistical portrait and (ii) Statistical analysis of socio-economic costs of accidents at work in the European Union

DG SANCO European Community Health Indicators (ECHI) present an indicator on Injuries at workplace (http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm), source being EUROSTAT:

- Incidence rate of accidents at work with more than 3 days of absence per 100,000 employed persons;
- Incidence rate of fatal accidents at work per 100,000 employed persons.

The European Agency for Safety and Health at Work in Bilbao collects and analyses technical, scientific and economic information on health and safety at work in the Member States:


The European Foundation for the Improvement of Living and Working Conditions conducts the European Working Conditions Survey, the Eurobarometer as well as updates by country, comparative reports and other studies:


4 SOCIAL INCLUSION AND PROTECTION OF PARTICULAR GROUPS

4.1 Introduction

Treaty Base: Articles 126-7, 140, 143, 144

Through the EU Social Protection and Social Inclusion Process (open methods of coordination, OMC), the European Union coordinates and encourages Member State actions to combat poverty and social exclusion, and to reform their social protection systems (pensions, health and long-term care) on the basis of policy exchanges and mutual learning.

Key challenges in this field include: eradication of child poverty; ensuring active inclusion of people far from the labour market (combining inclusive labour markets with adequate income and enabling services); ensuring decent housing for everyone; overcoming discrimination and increasing integration; tackling financial exclusion; ensuring adequate retirement incomes for all and access to pensions which allow people to maintain, to a reasonable degree, their living standard after retirement and that are well adapted to the needs and aspirations of women and men; ensuring access for all to health and long-term care and addressing inequities in access to care and health outcomes; ensuring quality by adapting care to the changing needs and preferences of society and individuals.

A key feature of the OMC (http://ec.europa.eu/employment_social/spsi/the_process_en.htm) is the joint analysis and assessment by the European Commission and the Council of the National Reports on Strategies for Social Protection and Social Inclusion submitted by the Member States. The Joint Reports assess progress made in the implementation of the OMC, set key priorities and identify good practice and innovative approaches of common interest to the Member States. http://ec.europa.eu/employment_social/spsi/index_en.htm

The Commission also publishes -since 2000- annual Social Situation Reports, which provide both an overview of the social situation in the EU and a description of developments in selected areas (http://ec.europa.eu/social/main.jsp?catId=501&langId=en).

4.2 Questions

➢ Does the option affect access to the labour market or transitions into/out of the labour market?

The impact of the proposal on the possibility for the most disadvantaged people to enter the labour market may need to be assessed. The proposal can have direct effects on the functioning of the labour market, or indirect effects, if for example, it favours the taking up of a job ("making work pay").

➢ Does it lead directly or indirectly to greater inequality?

This requires identifying the effects of the option on redistribution. Generally speaking, most of the effects relate to:

Resources: the income of the individual/household may be affected through effects on an income source: benefit (monetary or in kind), labour income, pension, etc.

Expenditure: the initiative may affect the level or structure of expenditure on types of goods.

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Prices of relevant consumer goods: some options may affect the prices of goods which are important for lower income or disadvantaged groups (housing, energy, foodstuffs). They may also affect costs of important services such as child or old age care, education and health.

Access to goods and services: financial but also geographical accessibility should be considered.

Impacts among different groups, especially the most vulnerable groups (such as people with disabilities, migrants, ethnic minorities, homeless, single parents), including different demographic groups (elderly, family types).

➢ Does it affect equal access to services and goods?

➢ Does it affect access to placement services or to services of general economic interest?

The issue of equal access to goods and services is related (i) to the proximity of the goods and services and facilities to the locations where people live and work, the ease with which services and facilities can be accessed, including the length and convenience of opening hours, (ii) to the availability of the goods and services and (iii) to their affordability.

The questions cover in particular equal access to goods and services of vulnerable groups/groups facing higher risks of poverty and social exclusion (e.g. people with disabilities, people living in poverty, poorer households, single parent households, migrants, ethnic minorities, older people, children, chronically ill, etc). Among them, special attention should be given to services of general interest (i.e. large network industries such as energy, telecommunications, audiovisual broadcasting and postal services, water supply, waste management, education, health and social services), which are essential for the daily life and ensure social, economic and territorial cohesion. In particular, access to healthcare (including health promotion, disease prevention and treatment) and social services (such as social security schemes, social assistance services, employment and training services, social housing, child care or long-term care services) is key for vulnerable groups as these services enhance the capacity of individuals to fully participate in the society and to benefit from equal opportunities.

Member States and the EU have in place provisions that define and regulate certain services of general economic interest (finance, post, transportation, energy, telecommunication). These provisions often encounter implementation barriers (for example: asymmetry of information, incomplete markets, free riding) that can be overcome by a combination of EU and Member State policies. Market efficiency policies (such as sectoral liberalisation) may require accompanying measures to avoid negative effects on access to services of general economic interest.

There is increased interest in private placement services. In most EU countries the state monopoly in 'job broking' has been abolished in recent years. The analysis may need to look at possible influences of the option on the role and balance between private/public employment services, and whether this would affect the supply of placement services, both in quantitative and qualitative terms. The effects on labour market outcomes may also be taken into account.

➢ Does the option make the public better informed about a particular issue?

Effect on the availability of information on access to labour market or to goods and services might need to be taken into account.
Does the option affect specific groups of individuals, firms, localities, the most vulnerable, the most at risk of poverty, more than others?

Does the option significantly affect third country nationals, children, women, disabled people, the unemployed, the elderly, political parties or civic organisations, churches, religious and non-confessional organisations, or ethnic, linguistic and religious minorities, asylum seekers?

This requires examining the impact of the option on specific groups in particular from the point of view of poverty and social exclusion. The problems of groups facing higher risks of poverty and social exclusion (such as people with disabilities, children, migrants, ethnic minorities, homeless people) are translated into unemployment, limited access to (higher) education and low access to health-care services, homelessness, with the consequence of further exclusion from society. Furthermore, the most vulnerable groups like children and young people are more at risk of becoming perpetrators or victims of crime, violence and drug abuse. Exclusion may not only be a product of material deprivation but may result from social deprivation - whereby individuals or groups cannot participate in social, economic, political and cultural life. In this context, the analysis should focus on the potential effects in terms of access to services and opportunities, as well as anti-discrimination practices.13

4.3 Sources of evidence

4.3.1 EUROSTAT

EUROSTAT is the main source of EU social inclusion related statistics:

The relevant data originate mainly from four different sources under the theme "Population and Social Conditions" – "Living Conditions and Welfare":

- EU-SILC collects comparable multidimensional micro-data on an annual basis on income, poverty, social exclusion and living conditions; it also contains a small module on health, including questions on the unmet needs of health care;
- The LFS provides micro-data on labour participation as well as on persons outside the labour force;
- The Household Budget Surveys (HBSs) are national surveys mainly focusing on households' consumption expenditure;
- ESSPROS is a collection of internationally comparable national administrative data on social protection. It provides a coherent comparison between European countries of social benefits to households and their financing.

12 In line with the Communication Towards an EU Strategy on the Rights of the Child COM(2006) 367, children's rights should be mainstreamed in all EU policies, strategies or programmes that might have an impact on them.

13 See also the EU Agency for Fundamental Rights study on children's rights indicators, which aims at supporting the Community's institutions and Member States in policy making:
Two general annual social reports are published, based primarily on the above mentioned statistics:


### 4.3.2 Other data

The DG EMPL website contains different pages which are likely to help you in the assessment of effects on social inclusion and social protection. These include:

- OMC, including common objectives, common indicators, joint reports: [http://ec.europa.eu/employment_social/spsi/the_process_en.htm](http://ec.europa.eu/employment_social/spsi/the_process_en.htm)
- Social Inclusion, including data on specific themes and key challenges such as poverty and social exclusion of children, active inclusion, housing and homelessness, inclusion of vulnerable groups, financial exclusion and over indebtedness: [http://ec.europa.eu/employment_social/spsi/poverty_social_exclusion_en.htm](http://ec.europa.eu/employment_social/spsi/poverty_social_exclusion_en.htm)
- Studies and reports by the Network of Independent Experts on Social Inclusion and peer reviews: [http://ec.europa.eu/employment_social/spsi/activities_en.htm](http://ec.europa.eu/employment_social/spsi/activities_en.htm)
- Reports provided by the European Observatory on the Social Situation and Demography: [http://ec.europa.eu/employment_social/spsi/social_situation_en.htm](http://ec.europa.eu/employment_social/spsi/social_situation_en.htm)

DG SANCO webpage also provides information on health data and indicators: [http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm](http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm)

Other relevant information might be found in the following webpage:

- European Foundation for the Improvement of Living and Working Conditions (Eurofound), where studies on topics relevant for social inclusion (including surveys on the quality of work and the quality of life) are regularly published: [http://www.eurofound.europa.eu/index.htm](http://www.eurofound.europa.eu/index.htm)
- Organisation for Economic Co-operation and Development (OECD): [http://www.oecd.org/departmenť0.3355.en_2649_33933_1_1_1_1_1_1.00.html](http://www.oecd.org/departmenť0.3355.en_2649_33933_1_1_1_1_1_1.00.html)
- WHO Health For All Database: [http://www.euro.who.int/datapublications/Data/20010827_1](http://www.euro.who.int/datapublications/Data/20010827_1)
5 EQUALITY OF TREATMENT AND OPPORTUNITIES, NON-DISCRIMINATION

5.1 Introduction

Non-discrimination

Treaty base: Art. 13 EC

Since 2000, in addition to Directives covering the equal treatment of men and women, EU anti-discrimination legislation has been in place to ensure minimum levels of equal treatment and protection irrespective of racial or ethnic origin, religion and belief, disability, sexual orientation and age. http://ec.europa.eu/social/main.jsp?catId=423&langId=en

People with disabilities

Treaty base: Art. 13 EC

The EU promotes the active inclusion and full participation of people with disabilities in society, in line with the EU human rights approach to disability issues and the UN Convention on the rights of people with disabilities (to which the EC is signatory). The EU Disability Action Plan 2003-2010 (updated each 2 years) provides the means to make equal opportunities a reality. It is used to make sure that disability issues are integrated within all relevant EU policies. http://ec.europa.eu/social/main.jsp?catId=429&langId=en

Gender equality

Treaty base: Articles 2, 3, 13, 137, 141 EC

Art.2 of the EC Treaty states that promotion of equality between men and women is a task of the European Community. Art.3 (2) provides the legal basis for gender mainstreaming by affirming that the Community should aim at eliminating inequalities, and promoting equality, between men and women in all its activities.

A large body of European legislative texts is dedicated to equality between women and men, including access to and equal treatment in employment\(^\text{14}\), equal pay\(^\text{15}\), protection of health and safety of pregnant workers and workers who have recently given birth or are breastfeeding\(^\text{16}\), parental leave\(^\text{17}\), social security\(^\text{18}\), burden of proof in case of discrimination\(^\text{19}\), self-employed workers and their assisting spouses\(^\text{20}\), access to and supply of goods and services\(^\text{21}\).

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\(^{15}\) Direct. 75/117 http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31975L0117:EN:HTML


The EU’s roadmap for equality between women and men sets out the priority areas for the period 2006-2010, and combines specific actions targeting women with the integration of equality between women and men into all EU policies (gender mainstreaming). http://ec.europa.eu/social/main.jsp?catId=418&langId=en

Depending on the concrete circumstances, the rights addressed in articles 21 and 23 EU Charter could be of relevance in this policy domain.

5.2 Questions

➢ Does the option affect equal treatment and equal opportunities for all?

➢ Does the option entail any different treatment of groups or individuals directly on grounds of e.g. racial, ethnic or social origin, religion or belief, disability, age or sexual orientation? Could it lead to indirect discrimination?

A thorough and systematic analysis of the consequences of options for equality of opportunity is necessary to avoid unanticipated negative impacts on any groups that are protected under equal treatment and non-discrimination legislation (art.13 EC Treaty) on the following grounds: sex, age, disability, sexual orientation, religion or belief, race or ethnic origin. This analysis shall make sure that formal equality (de jure) as well as material equality (de facto) are ensured. Where adverse potential effects are identified, measures should be proposed which might mitigate the negative effects, or consideration should be given to alternative policy options that better promote equality of opportunity.

The main areas where potential effects should be assessed are those which are related to the scope of application of the two Directives on anti-discrimination adopted in 2000 (Race Equality Directive, 2000/43/EC and Employment Equality Directive, 2000/78/EC). In the field of employment: (i) conditions for access to employment, self-employment and occupation; (ii) access to all types and all levels of vocational guidance, including vocational training; (iii) employment and working conditions, including dismissal and pay; (iv) membership of/involvement in an organisation of workers or employers. Directive, 2000/43/EC also indicates other possible fields where impacts might occur, such as social protection (including social security and healthcare), education and access to goods and services. Indirect discrimination occurs when an apparently neutral provision, criterion or practice would disadvantage people on the grounds of racial or ethnic origin, religion or belief, disability, age or sexual orientation unless the practice can be objectively justified by a legitimate aim.


Does the option have a different impact on women and men?

To identify gender effects, the analysis of impacts on gender should be integrated into other analysis with the aim of assessing potential different impacts the proposal might have on women and men.\(^\text{22}\)

The assessment of potential impacts on gender should take into account the existing differences between women and men that are relevant to the given policy field, in particular in terms of participation rates, distribution of resources, benefits and responsibilities in private and public life, and in the norms/values, attitudes and behaviour that influence gender roles. Analysis of impacts on gender means to compare and assess, according to the gender criteria above-mentioned and sex-desegregated data, the current situation/trend with the expected developments resulting from the introduction of the proposed policy, in order to ensure that the proposal contributes to eliminate inequalities and promote the Community objective of equality between women and men.

Does the option promote equality between women and men?

Gender mainstreaming is a commitment at European level: the gender perspective should be integrated in all policies at each stage of policy development – design, implementation, monitoring and evaluation. Equality between women and men should be promoted at all levels and in all policy areas. The Roadmap on equality between women and men mention the following areas: equal economic independence, reconciliation of work, private and family life, equal participation in decision making, fight against gender based violence and trafficking, elimination of gender stereotypes, and promotion of gender equality outside the EU.

5.3 Sources of evidence

5.3.1 EUROSTAT

Gender equality

When available, sex-disaggregated data should be used for the analysis of impacts in all related social and employment areas.

In the area of equality between women and men, work is underway in cooperation with Member States (in the framework of Beijing platform for action) and EUROSTAT to develop indicators or to develop comparable data at EU level. Most of the statistical data on gender equality are available through EUROSTAT, which provides specific data on gender issues such as labour market and employment conditions. A list of EUROSTAT publications on gender can be found at the following address: http://ec.europa.eu/social/BlobServlet?docId=201&langId=en

Non-discrimination

Data for other groups, which are likely to be used for designing, adapting, monitoring and evaluating policies, are also available from EUROSTAT (especially for age related issues): http://epp.eurostat.ec.europa.eu/portal/page?pageid=1090,30070682,1090_33076576&_dad=portal&_schema=PORTAL

However, data for other groups vary considerably by ground and by Member State, which makes comparability of data difficult if not impossible. The Commission is currently exploring the possibilities of: (i) collecting statistics regularly on the scale and impact of discrimination in conjunction with the Member States’ statistical authorities under the Community Statistical Programme, in particular on grounds of racial and ethnic origin, religion/belief and sexual orientation, where there is still a lack of information, and (ii) setting up an EU-survey module on discrimination.

5.3.2 Other data

Gender equality

Gender equality between women and men is monitored through a series of indicators, which are also used in the annual reports on equality between women and men the Commission presents to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions.


Several studies on equality between women and men and on legislations are also available under the web site. In addition, a data base on women and men in decision making is also available: http://ec.europa.eu/employment_social/women_men_stats/index_en.htm.

DG SANCO European Community Health Indicators also present (as indicator of 'General practitioners utilisation') a table with unmet medical needs for medical examination by reason but also by gender (http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm). As a general rule, and whenever possible, the ECHI are provided by gender.

Three expert networks produce analyses in different areas:

- The Gender legal expert networks gathering information on the implementation of gender equality legislation (http://ec.europa.eu/social/main.jsp?catId=641&langId=en);
- The Network of experts on Employment Gender Equality issues assisting the Commission in the assessment of the gender dimension of employment and economic policies (http://ec.europa.eu/social/main.jsp?catId=748&langId=en);
- The Network of experts in gender equality, social inclusion, health and long-term care assisting the Commission in the assessment of the gender dimension of the OMC on social inclusion and protection (http://ec.europa.eu/social/main.jsp?catId=748&langId=en)

The European Institute for gender equality is being set-up. It will ensure the collection and analysis of comparable information and data at community level, as well as the development of methodological tools, in particular for the integration of the gender dimension in all policy areas.

Other data on gender issues can be obtained from the National equality bodies and the European Women’s Lobby (European-level NGOs work in cooperation with the Commission on gender equality).

Non-discrimination

The European Union Agency for Fundamental Rights collects information and data on fundamental rights, including on the situation of specific groups: http://fra.europa.eu/fraWebsite/products/publications_reports/publications_reports_en.htm
The European Commission is working with a network of socio-economic experts in the field of anti-discrimination which in 2009 will produce a specific analysis on the situation of disadvantaged groups in the EU. This information will be available at the end of the year.

ECRI, the European Commission against Racism and Intolerance (ECRI) is an independent human rights monitoring body of the Council of Europe specialised in combating racism, racial discrimination, xenophobia, anti-Semitism and intolerance:
http://www.coe.int/t/dghl/monitoring/ecri/default_en.asp

Other data and relevant information can be obtained from national equality bodies and the European-level NGOs representing relevant groups: ENAR (European Network Against Racism), AGE (Older People's Platform), ILGA-Europe (the European Region of the International Gay and Lesbian Association), EDF (European Disability Forum) and ERIO (European Roma Information Office).
6 ACCESS TO AND EFFECTS ON SOCIAL PROTECTION, HEALTH, SOCIAL SECURITY
AND EDUCATIONAL SYSTEMS

6.1 Introduction

This section addresses: (i) social protection and health; (ii) education and training; (iii) coordination of social security schemes; (iv) free movement of workers.

Social protection, health

Issues related to social protection, notably health, long-term care and pensions, are covered by the EU Social Protection and Social Inclusion Open Method of Coordination (see also section 4 on "Social Inclusion and Protection of Particular Groups")

http://ec.europa.eu/employment_social/spsi/index_en.htm

Education and training

In the fields of education and training, the role of the European Union is to contribute to the development of quality education by encouraging cooperation between Member States and, if necessary by supporting and supplementing their action (Art. 149 Treaty), and to implement a vocational training policy which supports and supplements the action of the Member States (Art. 150 Treaty). The tool used to promote closer co-operation in education policy matters is the 'open-method of co-ordination'.

EU education and training policy has been given added impetus since the adoption of the Lisbon Strategy in 2000 as it underlines that knowledge, and the innovation it triggers, are the EU's most valuable assets, particularly as global competition becomes more intense in all sectors.

EU member states and the European Commission have in recent years strengthened their political cooperation through the Education and Training 2010 work programme. The programme integrates previous actions in the fields of education and training at the European level, including vocational education and training under the Copenhagen Process, and links up to the Bologna Process, which is crucial in the development of the European Higher Education Area. More information can be found on DG EAC's websites.

Coordination of social security schemes

Treaty base: Art. 42 EC

The EU Regulation 1408/71 and implementing Regulation 574/72 (to be replaced by Regulation 883/2004 and a new implementing regulation) coordinate European countries' social security schemes, offering solutions to cross-border problems that may arise. Even if European countries are free to determine the details of their own social security systems, they must adhere to the basic principle of equal treatment regardless of nationality.

http://ec.europa.eu/social/main.jsp?catId=26&langId=en

Free movement of workers

Treaty base: Art. 39 EC

23 http://ec.europa.eu/education/index_en.htm
Article 39 and Regulation (EEC) 1612/68 on freedom of movement for workers within the Community provide the right for EU citizens to work in another EU Member State. EU migrant workers must in general be treated equally as national workers in relation to access to a post, working conditions as well as social and tax advantages. They are entitled to bring their family member with them; the family members are also allowed to work.

Depending on the concrete circumstances, the rights addressed in articles 14, 34, 35 and 45 EU Charter could be of relevance in this policy domain.

6.2 Questions

- Does the option have an impact on services in terms of their quality and access to them? More precisely does it create unequal access to health and long-term care services for example through the creation of barriers to access (financial, geographical, organisational, administrative) which may impact strongly on more vulnerable groups?

- Does it affect the organisation and financing of social services (of general interest)?

- Does the option affect the financing / organisation / access to social, health and education systems (including vocational training)?

- Does the option affect the cross-border provision of services, referrals across borders and co-operation in border regions?

At national level, social services are engaged in a process of modernisation, characterised by increased outsourcing of public tasks to the private sector. In this context, an option may affect the way public authorities organise and finance such services, which could in turn have consequences for the application of competition and internal market rules to these services. Regional variations may have to be taken into account.

A large part of health and social services fall in the field of application of Community rules and, in particular, of internal market/public procurement and competition/State aid rules. An option concerning initiatives in these areas will therefore have a direct impact on the way health and social services are organised, financed and provided and therefore also on their quality, their sustainability and access to them.

24 During a transitional period of up to 7 years after accession of 10 Member States to the EU on 1 May 2004 (Czech Republic, Estonia, Cyprus, Latvia, Lithuania, Hungary, Malta, Poland, Slovenia, Slovakia) and of 2 Member States on 1 January 2007 (Bulgaria, Romania), certain conditions may be applied that restrict the free movement of workers from, to and between these Member States; for more information see http://ec.europa.eu/social/main.jsp?catId=466&langId=en

25 For more guidance on how certain internal market and sectoral policies can impact on the organisation, financing and running of national health systems, please see: http://ec.europa.eu/health/ph_overview/co_operation/high_level/index_en.htm

25
Moreover, an option concerning other type of initiatives could also affect the access to and
good quality of health and social services and their sustainability for instance (i) by increasing the
direct financial costs of the service; (ii) by increasing the time/distance travelled and/or the time
spent waiting; (iii) by reducing availability of the service; (iv) by creating unequal distribution of
services; or (v) by creating administrative hurdles or lack of clarity regarding quality
requirements for these services or eligibility and actual use of services. Such changes can have
important negative health implications, especially for vulnerable groups. The effects in terms of
increasing health inequalities might also need to be taken into account.

This examination would in particular concern health care services and education in border
regions. It is crucial to consider how the option would affect cross-border provision of such
services and the access of citizens to them. Consideration should be given to the variety of
situations between regions some infrastructure and services that are commonplace in some
regions are not widely available in others, for example, specialised hospitals.

➢ Does it have an effect on the education and mobility of workers (health,
education, etc.)?

Potential effects on workers mobility should be taken into account. These can be legal and
administrative obstacles (e.g. different treatment of migrant workers and national workers in
relation to working conditions and social advantages), housing costs/availability, portability of
pensions, employment of spouses/partners, linguistic requirements and barriers, issues linked to
training organisation and opportunities. There is both a demand for mobility, expressed by firms
and institutions which are interested in allocating their own skilled labour resources according to
their needs; and a supply of mobility, expressed by workers themselves. Examples of policies
favouring geographical mobility are measures reducing the costs of communications,
transportation and housing; and regulatory measures reducing institutional barriers to the
movement of production factors.

The effects on the mobility of workers include the effects on rights of mobile workers. Social
security coordination Regulations 1408/71 and 574 /72 establish the principles and rules for the
coordination of national social security systems, with a view to ensuring that mobile workers and
people are not at a disadvantage as regards their social security rights with respect to local
workers. The impact of envisaged actions on these rules should be assessed and in particular
whether they make their implementation easier.

➢ Does the option affect the access of individuals to public/private education or
vocational and continuing training?

➢ Does it affect universities and academic freedom / self-governance?

The provision and quality of higher education is important in providing training to develop a
specialised workforce which can contribute to society and the development of a sustainable
economy.

6.3 Sources of evidence

6.3.1 EUROSTAT

Health care expenditure data provide information on expenditure in the functionally defined area
of health distinct by provider category (e.g. hospitals, general practitioners), function category
(products and services) and financing agent (e.g. social security, private insurance company, household).

The definitions and classifications of the System of Health Accounts (SHA) are followed, e.g. International Classification for Health Accounts - Providers of health care (ICHA-HP).

Population and Social Conditions:
http://epp.eurostat.ec.europa.eu/portal/page?_pageid=0.1136184.0_45572592&_dad=portal&_schema=PORTAL

Labour market data:

Data on education and training can be found through:
- The European Union Labour Force Survey (EU LFS), which covers employment related data needs, and gives information on demographic background (household and individual) and on education and training: www.epp.eurostat.ec.europa.eu

- The Continuing Vocational Training Survey (CVTS) provides comparable statistical data on continuing vocational training, skills supply and demand, training needs; the forms, contents and volume of continuing training; the enterprises own training resources and the use of external training providers and the costs of continuing training. The last wave has been carried-out in 2005 (CVTS3); the next one will be published in 2011 (CVTS4). CVTS3: http://epp.eurostat.ec.europa.eu/portal/page/portal/product_details/metadata?p_product_code=TRNG_CVTS3_ESMS

- The Adult Education Survey (AES) is part of the EU Statistics on lifelong learning. The EU AES is a pilot exercise. The survey covers participation in education and lifelong learning activities (formal, non-formal and informal learning) including job-related activities, characteristics of learning activities, self-reported skills as well as modules on social and cultural participation, foreign language skills, IT skills and background variables related to main characteristics of the respondents. http://epp.eurostat.ec.europa.eu/portal/page/portal/product_details/metadata?p_product_code=TRNG_AES_ESMS

- UNESCO Institute for Statistics - UIS - (UNESCO/OECD - Eurostat data collection) provides information on enrolments, new entrants, graduates and graduations, student mobility, teaching staff, class size, language learning at school, investments in education and regional data. 198 worldwide countries provide data on the basis of commonly agreed definitions: www.uis.unesco.org

6.3.2 Other data

In relation to pensions, health and long-term care ECFIN and the EPC have developed common methodology to predict long-term public expenditure. The methodology used for long-term care is based on work by the LSE. The OECD has also conducted its own forecasts of public expenditure on health and long-term care using a different estimation procedure. Micro-simulation (e.g. used in Canada, Luxembourg) can also be useful in these fields.

See also 4.3.2, in particular the DG EMPL website with the common indicators under Social OMC, the Joint Reports on social Protection and Social Inclusion, the European Community Health Indicators, the social services of general interest. The OECD Health Data 2008 and the WHO Health For All Database are also relevant.
DG SANCO European Community Health Indicators (ECHI) also present an indicator on Expenditure as percentage of Gross Domestic Product for total, public and private expenditure (http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm).

In the field of education and training, a rich source of data is provided by OECD. The main potential sources are:

- Education at Glance (published yearly): http://www.oecd.org, http://www.oecd.org/topicstatsportal/0,3398,en_2825_495609_1_1_1_1,00.html

- The Programme for International Student Assessment, which is an internationally standardised assessment of how far students near the end of compulsory education have acquired knowledge and skills that are essential for full participation in society. http://www.pisa.oecd.org/pages/0.3417.en_32252351_32236130_1_1_1_1,00.html

- Future relevant assessment initiatives: a) The Assessment of Higher Education Learning Outcomes, which aims at assessing learning outcomes on an international scale: http://www.oecd.org/document/22/0.3343.en_2649_35961291_40624662_1_1_1_1,00.html; b) Programme for the International Assessment of Adult Competencies will assess the level and distribution of adult skills across countries (it will be administered for the 1st time in 2011). http://www.oecd.org/document/35/0.3343.en_2649_39263238_40277475_1_1_1_1,00.html

Other sources in relation with education and training comprise:

International Association for the Evaluation of Educational Achievement, which carries-out surveys in the field of education and skills: http://www.iea.nl/

The Centre for Research on Lifelong Learning based on indicators and benchmarks, which gathers expertise in the field of indicator-based evaluation and monitoring of education and training systems. CRELL combines fields of economics, econometrics, education, social sciences and statistics in an interdisciplinary approach to research. http://crell.jrc.ec.europa.eu/CRELL%20publications.htm

Eurydice: an institutional network on education systems and policies, which cover the education systems of Member States, the three countries of the EFTA which are members of the European Economic Area, and the EU candidate countries involved in the EU Action Programme in the field of Lifelong Learning. http://eacea.ec.europa.eu/portal/page/portal/Eurydice


DG EAC's websites provide a general overview of EU actions in the area of education & training and useful links to other resources: http://ec.europa.eu/education/index_en.htm http://ec.europa.eu/education/policies/2010/objectives_en.html

Information on progress towards the Lisbon objectives 2010 in education and training measured through indicators and benchmarks can be found on: http://ec.europa.eu/education/policies/2010/progressreport_en.html
7 PUBLIC HEALTH AND SAFETY

7.1 Introduction

Treaty base: Art. 152 TEC

Member States have the main responsibility for organization and delivery of health services and medical care to European citizens. However, there are areas where Member States cannot effectively act alone, and where cooperative action at Community level is indispensable. These include major health threats and issues with a cross-border or international impact, such as pandemics and bioterrorism, as well as those relating to free movement of goods, services and people.

Article 152 of the EC Treaty provides for health mainstreaming in other policy areas to the effect that a "high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities". Article 152 has a wider scope among the areas of cooperation between member states. It lists not only diseases and major health scourges but also, more generally, all causes of danger to human health, as well as the general objective of improving health.

EC competence on health can be divided into three elements:

- Competence to harmonise Member States laws as regards safety and quality aspects of blood, organs, tissues and cells (Article 152.4(a)) as well as the achievement of the internal market (Article 95).

- Competence to adopt incentive measures designed to protect and improve human health, excluding any harmonisation of laws and regulations of the Member States (Article 152.4(c)).

- Competence to complement national health policies in order to improve public health, prevent human illness and diseases and obviate sources of danger to human health (Article 152.1), as well as to encourage cooperation between Member States and with third countries (Article 152.2 and 152.3).

Depending on the concrete circumstances, the right addressed in article 35 EU Charter could be of relevance in this policy domain.

7.2 Questions

➢ Does the option affect the health and safety of individuals/populations, including life expectancy, mortality and morbidity, through impacts on the socio-economic environment (working environment, income, education, occupation, nutrition)?

Assessment of public health and safety impacts needs to start with identification of correct health impacts.

Impacts on public health and safety comprise impacts on general public health systems (affecting resource costs/expenditure in the health care sector), discussed in more detail in Chapter Error! Reference source not found., and impacts on the health of the individual (changing people's quantity and quality of life). Impacts on individuals are classified on the basis of possible diseases or risk factors (WHO breakdown):
- **Diseases:**
  - Communicable diseases (tuberculosis, HIV/AIDS, Diarrheal diseases, measles, malaria etc.)
  - Non-communicable diseases (cancers, diabetes mellitus, mental diseases, heart diseases, cerebrovascular disease etc.)
  - Injuries (road traffic accidents, workplace injuries, self-inflicted injuries, violence etc.).

- **Risk factors:**
  - Childhood and maternal under nutrition (low birth weight, vitamin A deficiency etc.)
  - Other nutrition-related risk factors and physical activity (high blood pressure, high cholesterol, overweight and obesity, low fruit and vegetable intake, physical inactivity etc.)
  - Addictive substances (smoking, alcohol use, illicit drug use)
  - Sexual and reproductive health (unsafe sex, non-use and use of ineffective methods of contraception)
  - Environmental risks (unsafe water, sanitation, and hygiene, urban air pollution, indoor smoke from household use of solid fuels, PM10 (particulate matter) exposure etc.)
  - Other selected risks (contaminated injections in health care setting, child sexual abuse, women's health, eating disorders).

Once potential health impacts have been identified, the magnitude of such impact needs to be assessed (and/or quantified) wherever possible using one of the following: Healthy Life Years indicator, 26 or measuring both quality and quantity of life using QALYs (quality adjusted life years) or DALYs (disability adjusted life years). 27

One then should try to put monetary values of the health costs and benefits of a policy as only this will allow you to compare effects across various sectors (information on specific monetisation techniques can be found in Annex 9 of the Commission IA Guidelines). However, the monetisation of benefits is not always feasible and can even be controversial, as well as can be contested as for its accuracy (i.e. which benefits should be really taken into account).

DG SANCO's publication on "The contribution of health to the economy in the European Union" analyses, for example, health impacts also in a macroeconomic perspective and takes account of general benefits of investing in health in terms of productivity, labour participation, retirement etc. (http://ec.europa.eu/health/ph_overview/Documents/health_economy_en.pdf). Several WHO's reports also treat the issue of "health and wealth". 28

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26 The Healthy Life Years indicator (also called disability-free life expectancy) measures the number of remaining years that a person of a certain age is still supposed to live without disability. For more information visit DG SANCO website: http://ec.europa.eu/health/ph_information/indicators/lifeyears_en.htm

27 For other quantification indicators and tools you can consult Annex 9 of the Commission IA Guidelines "Assessing non-market impacts in particular on environment and health"

28 See in particular "The economic costs of ill health in the European Region": http://www.euro.who.int/document/hsm/1_hsc08_eBD1.pdf
Does the option increase or decrease the likelihood of health risks due to substances harmful to the natural environment?

Safety is a core element of EU policy and aims at ensuring that only safe consumer products are placed on the Community market. This principle applies equally to food as well as non-food consumer products (governed primarily by General Product Safety Directive), and covers both biological and chemical safety.

The specific list of risk consumer associate with food safety can be drawn from a Special Eurobarometer on "Risk Issues":

The main two surveillance systems helping to identify risk, their frequency and seriousness are the following:

• Rapid Alert System for Food and Feed (RASFF – in operation since 1979)
http://ec.europa.eu/food/food/rapidalert/index_en.htm
• Rapid Alert System for non-food consumer products (RAPEX – in operation since 2004)

Does it affect health due to changes in the amount of noise, air, water or soil quality?

Will it affect health due to changes energy use and/or waste disposal?

These questions are covered by DG ENV and European Environment Agency. Extensive guidance can be found at:

• DG ENV website: Report on Improving Assessment of the Environment in Impact Assessment
• Other DG ENV reports:
http://ec.europa.eu/environment/enveco/others/index.htm#impactassess
• EEA website:
http://www.eea.europa.eu/themes/human/reports

Does the option affect lifestyle-related determinants of health such as diet, physical activity or use of tobacco, alcohol, or drugs?

Tackling major health determinants is of great potential for reducing the burden of disease and promoting the health of the general population. Health determinants can be categorised as: personal behaviour and lifestyles; influences within communities which can sustain or damage health; living and working conditions and access to health services; and general socio-economic, cultural and environmental conditions.

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29 The EU integrated approach to food safety aims to assure a high level of food safety, animal health, animal welfare and plant health within the European Union through coherent farm-to-table measures and adequate monitoring, while ensuring the effective functioning of the internal market.
Life-style related health determinants are multi-dimensional (some health issues share the same determinants such as tobacco, alcohol, and nutrition) and multi-causal (they can be determined by general economic conditions, socio-economic differences, cultural aspects, individual behaviour differences in health care and health systems and differences in other policies). The conceptual framework below shows an example of possible feedback and drivers.

In addition, health problems linked to life-style related health determinants can be life-situation specific e.g. in childhood or in old age, but they can also be strongly linked to cultural aspects. In addition, socio-economic factors are an important reason for variations in health. In your impact assessment you should therefore try to elaborate which parts of the problem can actually be tackled by policy measures and which parts are determined by individual choices.

All these dimensions (determinants, health problems, life cycle, settings) are linked to each other and should be taken into account when assessing potential health impacts of identified options. Depending on the situation, action focussed on a specific disease or on a specific determinant can be justified. Equally population group or setting specific actions, which simultaneously address all relevant health determinants, can be the most efficient approach in many situations.

> Are there specific effects on particular risk groups (determined by age, gender, disability, social group, mobility, region, etc.)?

Socio-economic status is an important determinant of health status. People who are poorer, less well educated or who have a lower status job tend to have poorer health. Improving health and tackling health inequalities is a goal in itself but it is also an important requirement for further economic development.

Reducing the considerable health inequalities between Member States and regions is an obligation due to the EU's commitment to solidarity and social cohesion. Such differences may result, to a certain extent, from inadequacies in national health systems, such as lack of capacity, or the uneven or unbalanced distribution of resources and facilities. Easy access to appropriate health systems also varies significantly according to the region (access to health services might not be equal in a big city and in a rural area of a sparsely populated region). Concepts that compare the share of avoidable/treatable mortality, the unmet need of care or the differences in access to (specialised) care are useful to indicate the potential for reducing inequalities through policy measures.

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30 More information on specific lifestyle-related determinants of health can be found at DG SANCO website: http://ec.europa.eu/health/ph_determinants/life_style/lifestyle_en.htm
Health inequalities lower the ability of huge numbers of EU citizens to achieve their potential. Action to reduce health inequalities aims: (i) to improve everyone's level of health closer to that of the most advantaged; (ii) to ensure that the health needs of the most disadvantaged are fully addressed, and (iii) to help the health of people in countries and regions with lower levels of health to improve faster.

The economic implications of socio-economic inequalities in health can be assessed by using a general report available at DG SANCO website:

7.3 Sources of evidence

7.3.1 EUROSTAT

For public health and safety, statistical data is primarily available under theme of "Population and social conditions". The list of publications includes reports of Health status, Healthcare expenditures, and structural indicators on health. Most of data is collected through Statistics on Income and living conditions (SILC) surveys.

7.3.2 Other data

The European Commission has developed an extensive data collection system. Many public health reporting projects under the Health Information strand of the Community Action for Public Health (2003-2008) and this activity will be continued intensively under the new Public Health Programme 2007-2013.

The assessment of wider impacts on Health Systems can be supported by use of the Health Systems Impact Tool on SANCO website:
http://ec.europa.eu/health/ph_overview/co_operation/high_level/index_en.htm

For more details on specific health impacts, as well as procedures and methods used in health impact assessment, the following HIA tool can be used:

DG SANCO websites on health indicators provide specific information on indicators (http://ec.europa.eu/health/ph_information/indicators/indicators_en.htm), as well as general health reports and other publications (http://ec.europa.eu/health/horiz_publications_en.html#2).

Here are some examples of health indicators (ECHI web site) to illustrate the above-mentioned questions:

(i) Life expectancy, Perceived general health, Prevalence of any chronic illness, Health Life Years;
(ii) Particulate matter exposure;
(v) Regular smokers, Alcohol consumption, Fruit and vegetable consumption, Drug related death;
(vi) Whenever possible, the ECHI are provided by age group, gender, income and educational level.

31 See also health indicators presented in previous fiches.
Health information and statistics are collected and analysed by a number of institutions with the following being the most elaborate:

- WHO
  http://www.who.int/research/en/

- WHO Europe
  http://www.euro.who.int/InformationSources

- European Observatory on Health Systems and Policies
  http://www.euro.who.int/observatory/publications/20020522_1

- OECD Health Data, Health at glance
  http://www.oecd.org/document/11/0,3343,en_2649_33929_16502667_1_1_1_37407.00.html