



Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities Twenty-fourth session

Summary record of the 527th meeting

Held via videoconference on Monday, 15 March 2021, at 12.30 p.m. Central European Time

Chair: Ms. Kayess

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The meeting was called to order at 12.30 p.m.

Consideration of reports submitted by parties to the Convention under article 35

(continued)

Initial report of Estonia (continued) (CRPD/C/EST/1; CRPD/C/EST/Q/1 and CRPD/C/EST/RQ/1)

1. *At the invitation of the Chair, the delegation of Estonia joined the meeting.*

Articles 11–20 (continued)

2. **The Chair** invited the delegation to continue replying to the questions raised by Committee members at the previous meeting.

3. **Mr. Kuuse** (Estonia), responding to the question on whether the State party had a national strategy for the implementation of the Convention, said that the Government had a broad list of strategies designed to guide the use of budgetary resources. All government strategies took into account the views and needs of relevant groups, including persons with disabilities. The drafting, renewal and evaluation of such strategies were subject to public consultation with relevant partners. A wide range of stakeholders, including organizations representing persons with disabilities, were involved in managing the implementation of those strategies.

4. The Welfare Development Plan 2016–2023 was particularly relevant for persons with disabilities, as its primary objective was to facilitate the participation of persons belonging to different social groups in social and working life and to ensure equal treatment, greater protection of fundamental rights and adherence to the principle of non-discrimination. It was expected that the Plan would be extended to 2030; the relevant public consultation would be held in 2021.

5. The Government valued its partnership with civil society and organizations representing persons with disabilities. A separate fund had been set up to support the development of those organizations. Steps were being taken to identify further funding opportunities. Pursuant to the Gambling Tax Act, gambling tax revenue was used to support the Chamber of Disabled People and its member organizations. The three-year funding framework that had been established to support the activities of the Chamber's member organizations from 2020 to 2022 would be extended. Organizations representing persons with disabilities could also apply for specific project grants.

6. The Government ensured that organizations representing persons with disabilities were involved in the delivery of activities to raise awareness of the Convention by including them in related decision-making processes and strategic planning. Those organizations had taken part in awareness-raising campaigns related to policy reform and access to services and were actively involved in the public debate on accessibility.

7. In Estonia, the coronavirus disease (COVID-19) pandemic was far from over and had hit Estonian society hard. It was hoped that the roll-out of vaccination programmes would help mitigate the effects of the pandemic on the population. The Government had been in contact with organizations representing persons with disabilities throughout the pandemic and had paid special attention to that population group. For example, when restrictions on movement had been introduced, essential services for persons with disabilities had remained operational. Rehabilitation services and schools had, for the most part, remained open. The country's long-term recovery plan was currently being prepared in partnership with relevant stakeholders.

8. **Mr. Puustusmaa** (Estonia), replying to the questions on accessibility and universal design, said that one of the objectives of the country's long-term development strategy, known as "Estonia 2035", was to ensure that the needs of all persons living in Estonia were taken into account and that their living environment was safe and of a high quality. To that end, 12 basic principles for achieving a high-quality living environment, including accessibility, had been developed to complement the Planning Act. The accessibility task force set up in 2019 was responsible for submitting cross-sectoral proposals for creating a more accessible environment. As a result, universal design and accessibility principles had

been incorporated into the Planning Act and the Building Code. Apartment building renovation projects, especially in rural areas, now had to meet accessibility requirements. The development of a tool to assess the accessibility of buildings was under discussion. There were also plans to adopt more comprehensive accessibility requirements for new residential buildings in 2022.

9. A regulation laying down detailed requirements intended to ensure that buildings, primarily those where public services were provided, catered to the special needs of persons with disabilities had entered into force in 2018. In 2021, the Consumer Protection and Technical Regulatory Authority, the body responsible for enforcing the regulation, had adapted its methods of work to ensure that new construction projects took account of accessibility requirements. Greater efforts were being made to disseminate accessibility knowledge among actors in the building sector. Local governments were involved in reviewing building projects, and the Consumer Protection and Technical Regulatory Authority was gathering best practices regarding the accessibility of historic buildings.

10. The Public Transport Act set out detailed requirements designed to ensure that public transport was accessible to persons with disabilities. Public transport providers were obliged to allow persons with disabilities to travel free of charge and to provide information on the accessibility of their vehicles and the assistance available to that population group. The primary objective of the recently drafted national transport and mobility development plan, which covered the period up to 2035, was to guarantee accessibility in the field of transport, respect for the principles of inclusive design in public transport infrastructure and the availability of information on mobility. An analysis of the accessibility of public transport stops and hubs had been conducted in 2020.

11. **Mr. Teras** (Estonia) said that the websites and mobile applications of public sector institutions were considered to have met Estonian accessibility requirements if they complied with Harmonized European Standard EN 301 549 on accessibility requirements for information and communication technology products and services. When designing e-services, public sector institutions adhered to the style manual used by the Government of Estonia in developing the State web portal. Under the Public Information Act, all persons, including persons with disabilities, had to be guaranteed access to information in the quickest, easiest manner possible. Guidelines for drafting accessible texts had been compiled and published on the State web portal.

12. **Ms. Olm** (Estonia) said that passive and active legal capacity were legal terms used in Estonian civil law and were defined in paragraphs 71 and 72 of the initial report. The restriction of legal capacity was based solely on the ability of a person to comprehend his or her actions, not on his or her having a disability. A person with a mental illness, mental disability or other mental disorder who was permanently unable to understand or direct his or her actions and for whom a guardian had been appointed by a court was only presumed to have restricted active legal capacity; his or her legal capacity was not restricted in practice.

13. Under the Family Law Act, a guardianship regime could only be established in cases where the use of supported decision-making mechanisms was not possible owing to the severity of the mental disorder in question. In such cases, the scope of the guardianship regime should be as narrow as possible. In accordance with the Code of Civil Procedure, the court had to base its decision to appoint a guardian on an expert assessment. If the expert found a guardianship regime to be necessary, he or she indicated what the duties of the guardian should be and how long the guardianship regime should last. Guardians for adults with restricted active legal capacity were appointed by court order. The order specified the date by which the court had to decide to either terminate or extend the guardianship arrangement. That decision had to be taken within a maximum of five years from the date on which the order had been issued. There were no plans to reduce that time period. If the reason for appointing a guardian ceased to exist in whole or in part, the court could decide to terminate the guardianship regime, restrict the duties of the guardian or expand the right of the person under guardianship to perform transactions independently. The person under guardianship reserved the right to initiate proceedings to terminate or restrict the guardianship regime at any time.

14. **Ms. Tannberg** (Estonia) said that the Code of Criminal Procedure had been amended to provide more flexibility with regard to the participation of persons with disabilities in legal proceedings. They could participate in legal proceedings by different means, including sign language. No further changes were envisaged at that juncture. The Code of Criminal Procedure allowed the courts, at the request of a party or on their own initiative, to conduct remote hearings, to take place either by videoconference or telephone, if necessary for protection purposes or if conducting hearings in person would be overly complicated or unreasonably burdensome.

15. **Ms. Hindriks** (Estonia) said that, during the COVID-19 pandemic, every effort was being made to ensure that face-to-face tuition continued to be provided to children whose special educational needs could not be met remotely. In the spring of 2020, however, during the first wave of the pandemic, all children at all levels of the education system, including those with special needs, had received remote tuition as all schools and kindergartens had been closed. During that time, temporary financial support had been provided to parents who had taken unpaid leave in order to care for a child with a disability. During the pandemic, steps were being taken to ensure that all vital services remained accessible to persons with special needs. Social and occupational rehabilitation services continued to be provided and efforts were made to avoid disrupting the routines of children with special needs. The staff of social service providers had begun to receive vaccinations against COVID-19.

16. Local municipalities were required to provide support to all families who needed it, irrespective of whether their child had an identified disability. Starting in June 2019, eight municipalities had participated in the pilot version of an integrated care model whereby cross-cutting plans were drawn up to ensure support for each child, at home or in school, in accordance with his or her needs. The final report on the pilot project would be presented in April 2021. In 2020, a new financial benefit had been introduced for children with a rare disease, including those who did not have an identified disability and therefore did not qualify for the support available to children with disabilities. Steps had been taken to enhance the flexibility of the system for determining whether children with a progressive condition had a disability.

17. In the coming years, the needs assessment process would be improved to ensure that persons undergoing assessment would not have to submit the same information to the State more than once. The Social Insurance Board was reviewing the method used to assess disability with a view to harmonizing examination practices and increasing transparency. Persons who believed that their rights had been violated by a decision taken by the Social Insurance Board were entitled to submit a complaint within 30 days of the date on which they learned of the contested decision. If the complaint did not achieve the desired result, they had the option of submitting a complaint to an administrative court. The Government and the Estonian Chamber of Disabled People had established an agreement governing the provision of support to persons applying to be declared unable to work on the grounds of disability and persons whose degree of disability was due to be assessed.

18. In 2014, the adoption of the Child Protection Act had resulted in the prohibition of corporal punishment in all settings. Studies had shown that the level of public awareness of that prohibition was relatively high.

19. **Ms. Preimann** (Estonia) said that the Government had committed itself to moving from an institutional model to a community-based model of care for persons with disabilities. Wide-ranging changes had been made to the provision of social care. Persons requiring residential care could opt to live in smaller, home-like units, and community-based services were being developed to promote the autonomy of persons with disabilities and prevent the need for institutionalization. Each special care unit accommodated a maximum of 30 residents, who were further divided into smaller, family-type groups of no more than 10 persons. Each person had his or her own room, although couples could share; meals were eaten together. People in the same “family” had similar characteristics, such as diagnosis, age group and interests.

20. Special care units could be established in areas where at least 300 persons required residential care. Newly established units were fully accessible and equipped with all the necessary infrastructure. As of January 2021, over 5,000 persons were residing in assisted-

living or community-based accommodation, while around 2,000 persons were in special homes providing round-the-clock care. Of the former group, around 2,400 persons were living in their own homes, while around 2,600 were living in apartments managed by service providers. All service providers were required to comply with a list of quality requirements set out in the Social Welfare Act.

21. Since 2017, the Social Insurance Board had been testing the implementation of a person-centred model for the provision of special care. The model in question enabled local authorities to apply for funding with which to arrange the necessary assistance for persons with psychosocial and intellectual disabilities and their family members. All persons who left institutions were assessed to determine whether they would require round-the-clock support or a different level of daily support and were given training in the skills that they would need to live more independently in community-based homes. Measures were being taken to ensure that persons leaving institutions were able to return to their region of origin or move to another region of their choice. Adults with a moderate, severe or profound intellectual disability received support on a daily or weekly basis so that they could live in their own home.

22. National law prohibited the forced sterilization of women with disabilities and the forced termination of their pregnancies. Contraceptives and information on how to use them were widely available, and support workers gave advice on family planning to persons receiving special care. The portion of the budget allocated to special care services had more than doubled in the previous 10 years. During the COVID-19 pandemic, local authorities made use of volunteers to ensure continued access to support for all persons who required it. Emergency training was provided to staff in care homes, and accessible information on COVID-19 was made available to persons with intellectual disabilities.

23. **Ms. Mets** (Estonia) said that the Government had taken steps to ensure that persons with disabilities could apply for benefits and services without first having to prove their identity. Under the Social Welfare Act, local authorities were not permitted to make access to certain benefits and services dependent on the applicant having a particular degree of disability. Although a decision taken by the Supreme Court in 2019 had upheld that principle, some local authorities were continuing to impose unlawful conditions on access to benefits and services. The State was currently discussing the issue with the local authorities concerned and monitoring the extent to which they complied with the regulations in force. A recently launched pilot project enabled persons of working age to obtain State-subsidized technical aids even if their degree of disability had not previously been assessed.

24. **Ms. Raag** (Estonia) said that Estonia received fewer asylum seekers than any other country in Europe and had only one centre in which to accommodate them. The accessibility standards applicable to that centre and to border facilities were set out in a contract established between the State and the service provider concerned. Both the staff at the centre and border control staff were trained to deal with persons with special needs. As the number of asylum seekers in Estonia was very small, the needs of each applicant for asylum were considered on an individual basis.

25. **Ms. Palmet** (Estonia) said that, in 2016, the system for the provision of technical aids had been reorganized to allow such aids to be purchased directly from companies, including pharmacies. The regulations governing the new system enabled companies to set up service points all over the country. Under the new system, persons had the right to request a technical aid that was not on the official list of aids and to purchase a larger quantity of technical aids than could usually be obtained. A person's need for a technical aid could now be assessed by physiotherapists and nurses as well as by doctors. In 2019, the cap on the budget for technical aids had been lifted. As a result of all the changes mentioned, the number of persons using technical aids had risen significantly.

26. **Ms. Kanter** (Estonia) said that, in 2020, the number of children requiring protection from domestic violence had risen significantly. Efforts were being made to ensure access to protection services for all victims of domestic violence. During the COVID-19 pandemic, all shelters for women and children had remained open. Although only one shelter was fully accessible for women and girls with disabilities, access to a suitable shelter could be arranged for persons with disabilities in cooperation with the local authorities. Victims of violence

who had a hearing or speech impairment could use an online messaging platform to contact support services at any time of the day or night.

27. Legislation on human trafficking contained a number of provisions that addressed the needs of members of vulnerable groups, while legislation on sexual violence provided for access to extra protection for victims with an intellectual disability. Violence prevention mechanisms were managed in cooperation with civil society organizations. The Government and civil society organizations, including a representative organization of women with disabilities, were currently drafting a new agreement on violence prevention that would be in force until 2025. A violence prevention network composed of representatives of several ministries, the public prosecution service and non-governmental organizations, among other bodies, met at least twice per year.

28. **Ms. Einman** (Estonia) said that the Gender Equality and Equal Treatment Commissioner monitored both public- and private-sector compliance with the Equal Treatment Act and the Gender Equality Act. The Chancellor of Justice had started promoting and monitoring the implementation of the Convention in 2019 and ensured that persons with disabilities were able to exercise their fundamental rights on an equal basis with others. The Chancellor worked independently, and persons with disabilities participated in her work primarily through an advisory body.

29. The State provided legal aid to individuals unable to pay for legal services and funded €50,000 annually in legal aid services for persons with disabilities under a contract with the Estonian Chamber of Disabled People. Local governments were required to provide individual support under the Social Welfare Act.

30. **Mr. Koppel** (Estonia) said that the Government had been taking account of the needs of persons with disabilities since the beginning of the COVID-19 pandemic in the means of communication used and the design of the mental health services made available. The telemedicine services that had been introduced complied with accessibility standards.

31. Informed consent was required for all health-care services, including psychiatric treatment. Restraints could be used by health-care providers only under the circumstances set out in the Mental Health Act, such as when a patient posed an immediate danger to him or herself or others and attempts to eliminate that danger using other methods had failed. The Health Board was responsible for monitoring cases where restraints were used.

32. **Ms. Saarevet** (Office of the Chancellor of Justice, Estonia) said that Estonia was a party to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Optional Protocol thereto, and both formed part of the domestic legal framework. Torture and abuse were also punishable under the Penal Code. The Chancellor of Justice was the national preventive mechanism under the Optional Protocol and regularly inspected facilities such as the establishments for children with behavioural problems, social welfare institutions and psychiatric facilities. Such inspection visits continued to be conducted during the COVID-19 pandemic, with appropriate preventive measures taken. Visits could be conducted with or without notice, at any time on any day, and with the participation of experts, including psychiatrists. After a visit, a summary of the visit and recommendations were published on the Chancellor of Justice's website. Any potentially criminal ill-treatment was reported to the public prosecutor's office.

33. **Mr. Ruskus** (Country Rapporteur) said that he would appreciate information on any current or planned measures to enable persons with disabilities to exercise their political rights, to amend the Civil Code to bring it into line with the State party's obligations under the Convention and to establish supported decision-making mechanisms. He wished to know what legal safeguards were in place to protect persons with disabilities, particularly persons in residential care and mental health facilities, from involuntary medical treatment or placement and what right they had to challenge such treatment or placement in court. He would like to learn about any measures to prevent persons with disabilities, particularly psychosocial disabilities, from being deprived of their freedom because of their impairments. He wondered whether any public forums existed for persons with psychosocial disabilities to express their concerns regarding mental health practices and whether the Government's deinstitutionalization plans covered persons in mental health facilities. He would welcome

detailed information about accessibility and the provision of reasonable accommodations in places of detention.

34. He wished to know whether informed consent was required when a person with a disability underwent any kind of medical treatment, whether the forced sterilization of persons with disabilities and the forced use of contraception were prohibited and punishable and whether mechanisms existed to identify cases of such practices. He would be interested to learn whether the Penal Code recognized all forms of gender-based violence against women and girls with disabilities and whether information on the prevention of violence against persons with disabilities was available in Easy Read and other accessible formats. He would appreciate updated statistics on investigations and criminal trials involving persons with disabilities as victims or witnesses and the sentences handed down, and any available statistics on cases where the violence was committed by a family member.

35. He would welcome information on the measures taken to provide personal assistance to persons with disabilities and the funding allocated for such assistance. He wished to know whether the deinstitutionalization programme aimed to provide persons with disabilities with equal access to the community services and facilities available to the general population.

36. **Ms. Gamio Ríos** said that she wished to know who decided on the limitations to be placed on any guardianship measures imposed and what steps were being taken to eliminate guardianship entirely. She wished to know whether an age- and gender-sensitive approach was applied in providing reasonable accommodations, whether persons with disabilities who were moved to smaller homes were able to choose where and with whom they would live, whether those homes functioned similarly to larger institutions and how the Government was currently funding its efforts, as certain European Union funding had stopped in 2020. The delegation might comment further on the establishments for children with behavioural problems.

37. **Mr. Schefer** said that he would welcome information on the procedural accommodations available in administrative proceedings.

38. **Ms. Amrani** said that she wished to know about the specific measures taken to protect women with disabilities from gender-based violence during the COVID-19 pandemic; the participation of women with intellectual disabilities in the preparation of the new risk reduction plan, including any reasonable accommodations that they had been given; and any plans to set up a system of supported decision-making.

The meeting was suspended at 1.50 p.m. and resumed at 2 p.m.

39. **Ms. Olm** (Estonia) said that guardianship was only imposed in cases where it was impossible to use a supported decision-making mechanism, and the scope of the guardianship was defined as narrowly as possible. Courts, assisted by an expert, considered a person's ability to vote, as well as all other aspects of his or her life, on a case-by-case basis. There were currently no plans to amend the Civil Code. However, in practice, courts had been imposing increasingly narrow guardianship measures.

40. **Mr. Koppel** (Estonia) said that all medical treatment, including mental health services, was provided on the basis of free and informed consent. Involuntary psychiatric treatment could only be administered on the basis of a court ruling, unless it was necessary to protect the person or the public and a ruling could not be obtained in time. To protect their rights, patients could complain to the Chancellor of Justice or a court. Under national law, a pregnancy could only be terminated at the woman's request and a person could only be sterilized at his or her own request. Such requests must be made in written form. Persons with restricted legal capacity could only be sterilized by order of a county court following a petition by the person's guardian. Minors could not be sterilized.

41. **Ms. Vseviõv** (Estonia) said that the principle that no child should be imprisoned was respected. As an alternative to prison, there were closed children's institutions, where children could be placed for a limited time only on the basis of a court ruling. Children were placed there only if their behaviour endangered their own life or health or that of others and it was not possible to eliminate the danger through less restrictive measures. The purpose of the closed childcare service was to support children's development and help them learn to cope in a normal environment.

42. **Ms. Tannberg** (Estonia) said that participation in legal proceedings for persons with disabilities was ensured in administrative proceedings as well as criminal proceedings. For example, the Code of Administrative Court Procedure provided that proceedings must be explained to deaf participants in writing, electronically or through an interpreter.

43. **Ms. Kanter** (Estonia) said that universal services for protection from violence were available to women with disabilities. Additional measures had been put in place during the COVID-19 pandemic, including customized guidelines for women's shelters, which specified that the needs of particularly vulnerable groups must be considered. Regular national briefings had been held with women's support centres throughout the country to share good practices.

Articles 21–33

44. **Mr. Basharu** said that he would like to know what measures had been taken to ensure that deaf and hard-of-hearing persons had access to sign language interpretation and speech-to-text services in all areas of life, that the legal recognition of sign language as a national language was respected, that more sign language interpreters were trained, including at university level, and that all public information, including television and media services, was accessible through communication formats such as Braille, deaf/blind interpretation, sign language, Easy Read, audio description and captioning. He wished to hear how the rights of all persons with disabilities had been mainstreamed in the national strategy for poverty eradication, how persons with disabilities had been prioritized in the socioeconomic response to the COVID-19 pandemic and how access to transport and public housing programmes for persons with disabilities had been ensured.

45. **Ms. Fitoussi** said that she would like to have information about the measures taken to support persons with disabilities to exercise their right to family life and parental responsibilities and to support the parents of children with disabilities, including single parents and those with autistic children, to exercise their parental rights. She wished to know what measures had been taken to ensure a family environment for children with disabilities, including in cases of deinstitutionalization.

46. She was interested in the progress made in the transition from segregated education to inclusive education and the measures taken to recognize the rights of all children with disabilities to inclusive education and to reasonable accommodation in a mainstream education environment. She wondered what support and training was offered to inclusive education teachers to enable them to provide an inclusive learning environment and about the provision of assistive devices and learning materials in alternative formats, including Easy Read.

47. She would like to know what had been done to ensure the accessibility and availability of health insurance for all persons with disabilities and of sexual and reproductive health services for women and girls with disabilities. She wished to hear what steps had been taken to ensure that persons with disabilities, particularly those who required personal assistance in hospital, had equal access to general health-care facilities for persons with COVID-19. Lastly, she would appreciate information about the training provided to doctors offering genetic counselling to parents.

48. **Ms. Thongkuay** said that she would like to know what measures had been taken to ensure access to rehabilitation services for all persons with disabilities, including children with disabilities in rural areas. She wondered whether there was a comprehensive plan for the transformation of institutional services into community-based services. She wished to know what had been done to ensure that rehabilitation services remained sustainable once support from the European Social Fund ended.

49. She wished to hear about any measures taken to ensure access for persons with disabilities to employment in the open labour market and inclusive work environments, gender equality for persons with disabilities in the open labour market and any specific work and employment systems. She wondered whether any training had been provided to employers and employment authorities on disability awareness, gender sensitivity and equality and what action had been taken to eliminate workplace sexual harassment against persons with disabilities. She would like to know whether the denial of reasonable

accommodation at workplaces in the open labour market was recognized as discrimination. She would like more specific information about the additional support that would be provided under the Welfare Development Plan 2016–2023 to persons with disabilities in situations of poverty, especially those who were unemployed, homeless or migrant workers.

50. **Mr. Schefer** said that he would like to know whether the Government planned to repeal the legal provisions stipulating that the establishment of guardianship to manage all a person's affairs entailed the loss of his or her right to vote. He also wondered whether voting materials were accessible to persons with intellectual disabilities, for example through their provision in Easy Read format.

51. **Mr. Ruskus** said that he would like to know what had been done to ensure high-quality inclusive education for children with disabilities, especially in rural areas and among families with a lower socioeconomic status, during periods of remote learning in the context of the COVID-19 pandemic. He would appreciate information on measures to ensure lifelong learning opportunities for children with disabilities, including access to tertiary education and support for their transition to the open labour market. He would like to know whether the work ability assessment system promoted employment in the open labour market rather than sheltered workplaces for persons with disabilities, including deinstitutionalized persons and women with disabilities, and reasonable accommodation in workplaces in the open labour market, including for persons with intellectual and psychosocial disabilities and autistic persons.

52. He wished to know whether international investment programmes, including those of the European structural and investment funds, were harmonized with the Convention and the extent to which organizations of persons with disabilities were consulted in the development and implementation of such programmes. He would like to hear about the human and financial resources provided to the Office of the Chancellor of Justice to fulfil its mandate as the independent monitoring mechanism and about support for the broad and meaningful involvement of the representative organizations of persons with disabilities in the monitoring of the implementation of the Convention.

53. **The Chair** said that she would like to know whether the five-year interval survey about the situation of persons with disabilities had been conducted in 2016 as planned, whether disaggregated data had been collected and whether the results from the 2016 and 2009 surveys were being used to assess implementation of the Convention and to identify and address barriers experienced by persons with disabilities. She wished to know whether steps had been taken to develop disaggregated data collection tools in accordance with the human rights model of disability.

The meeting rose at 2.30 p.m.