



Convention on the Rights of Persons with Disabilities

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Summary record of the 528th meeting

Held via videoconference on Wednesday, 17 March 2021, at 12.30 p.m. Central European Time

Chair: Ms. Kayess

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The meeting was called to order at 12.40 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 21–33 (continued)

2. **Mr. Kuus** (Estonia), responding to questions put at the previous meeting, said that persons with disabilities, including retirees, were entitled to State benefits that partially compensated for the additional costs associated with their disability and promoted independent living, social integration and equal opportunities. In 2020, the Government had increased the social benefits paid to children with disabilities, which varied in accordance with the severity of the recipient's disability. Measures taken to promote access to the labour market for persons with disabilities had brought about a significant increase in their employment rate between 2015 and 2019. Moreover, the risk of poverty for persons with disabilities, and persons with reduced capacity to work, had fallen in recent years, as had the relative poverty rate for the former group. Welfare payments, including pensions, had played a significant role in reducing the relative poverty rate for the population as a whole.

3. Under the Social Welfare Act, the local authorities were responsible for ensuring the provision of social housing, which had been allocated to over 2,000 persons with special needs in 2019. The State provided additional funding to the local authorities so that they could improve access to accessible housing for persons with disabilities. Steps had also been taken to improve the accessibility of public transport. For instance, accessibility was a key issue considered by the Government when it evaluated tenders for the provision of public transport services. Under the Social Welfare Act, the municipalities were required to ensure that special transport arrangements were made for any persons who required them.

4. Efforts had been made to ensure that all products, goods, services and infrastructure that were co-funded by European structural and investment funds were accessible to persons with special needs. A special unit attached to the Ministry of Social Affairs provided advice and training with a view to mainstreaming equality standards. The boards responsible for supervising investment programmes included relevant stakeholders, such as members of organizations representing persons with disabilities.

5. **Ms. Hindriks** (Estonia) said that, under national law, children had the right to live at home and be raised by their parents. Under the Child Protection Act, disabled children had the right to grow up within a family and to receive assistance in accordance with their specific needs. Childcare and social transport services were provided to families to enable them to balance their professional and private lives. When employees were unable to work for personal reasons, including reasons related to their family commitments, their employers were required to pay them a proportion of their wage for a reasonable period of time. The parents of disabled children were entitled to take 12 days of paid leave per year in addition to their usual annual leave. Persons caring for a child under 12 years of age, or for a disabled or injured person under 19 years of age, were entitled to receive an allowance for a period of time that depended on the circumstances of the case.

6. **Ms. Limperk-Kütaru** (Estonia) said that all students in Estonia had the right to live at home and study with their peers at the local school. School directors were responsible for ensuring that children with special educational needs received the necessary support in a manner that did not impede the right of other students to receive a quality education. Children with special educational needs generally attended mainstream schools in accordance with the principles of inclusive education, which had been enshrined in national law and prioritized in the Estonian Lifelong Learning Strategy 2020.

7. In 2014, the Ministry of Education and Research had issued regulations governing the implementation of the principles of inclusive education in mainstream schools with a view to improving the preparedness of such schools to teach students with special needs in an

ordinary class or, if necessary, a special class. The education of children with special educational needs was organized on a case-by-case basis. The authorities worked with children and their families to determine the educational level that children could be expected to attain and how best to assess their academic achievement. To the extent possible, special needs teachers and psychologists assisted children with special needs who required specialist assistance. The Government was working with partners with a view to remedying the lack of support specialists in the education system.

8. The forms of additional support most often provided by schools included differentiated instruction in the classroom, additional after-school support and speech therapy. If a child with a disability required highly specialized arrangements or support services, he or she would be given the opportunity to join a special group or attend a special school. However, parents were free to decide the type of school that their child attended. If the measures put in place for a particular child failed to achieve the desired results, schools and parents could seek advice from regional guidance centres. If necessary, additional psychological or medical examinations were conducted and a committee proposed an optimum learning programme for the child concerned.

9. Simplified educational materials had been developed for children with special needs. Textbooks in Braille were available for children with visual impairments, and a hearing rehabilitation programme had improved access to education for hard-of-hearing children. Teachers undergoing basic teacher training learned how to include and support children with special needs in the learning process, while teachers taking in-service training courses further developed their competences in that regard. Children with special support needs were able to attend school during the current wave of the coronavirus disease (COVID-19) pandemic, although distance learning could also be arranged for them, subject to the agreement of all the parties concerned. The Ministry of Education and Research and its partners had developed a guide to good practices for persons involved in the education of children with special needs during the COVID-19 pandemic. The Ministry supported local authorities in their efforts to ensure access to the Internet and digital devices for families who required them.

10. **Ms. Palmet** (Estonia) said that the Ministry of Social Affairs and its partners had taken a number of measures to promote the development of Estonian Sign Language. In May 2019, the Social Insurance Board had launched a remote sign language interpretation service for persons of working age and had made the same service available for all age groups in January 2021. Under the Media Services Act, the providers of audiovisual media services were required to make use of subtitles, sign language interpretation, separate audio channels and other tools in order to make their services accessible to persons with visual or hearing impairments. Under the new Media Services Act, which would be entering into force in the current year, service providers would be required to draw up accessibility action plans. Since 2012, it had been mandatory for the State and local authorities to meet level AA of the Web Content Accessibility Guidelines 2.0. Currently, the websites of all government ministries complied with a common visual and technical standard.

11. Under the Estonian Public Broadcasting Act, original programmes broadcast on State television channels were required to be accessible to hard-of-hearing persons. Sign language interpretation was provided at all press conferences held by the Government. As of 2020, there were 20 professional sign language interpreters in Estonia. In order to ensure the sustainability of sign language interpretation services, it would be necessary to train new interpreters. Although no university currently offered a degree course in sign language interpretation, consideration was being given to the possibility of including modules in that subject in other degree courses. Special education teachers were taught sign language during their initial training.

12. In recent years, efforts had been made to increase access to social rehabilitation services for persons with disabilities and reduce waiting periods. Under the Social Welfare Act, the right to social rehabilitation services was ensured for persons with disabilities, persons declared unable to work and persons with first-episode psychosis. In January 2016, the Social Insurance Board had assumed responsibility for assessing applicants' needs for complex rehabilitation services. Contracts for service providers had been made more flexible, and the teams of professionals responsible for providing rehabilitation services had been expanded to include a peer counsellor, a nurse and a doctor.

13. The statistics available showed that services were increasingly being provided close to home. Since January 2021, persons experiencing episodes of psychosis and needing social rehabilitation services had been allowed to receive those services before the end of their hospitalization. Children under 16 years of age with an identified disability and children under 18 years of age recognized as needing assistance under the Child Protection Act were eligible for social rehabilitation services. With assistance from the European Social Fund, the network of service providers had been expanded to make services available to children in all areas, including rural ones, and the Government was working to provide mobile social rehabilitation services. The need to continue financing social rehabilitation services once European Union funding was no longer available had been acknowledged.

14. **Mr. Koppel** (Estonia) said that certain groups who did not make contributions to the compulsory health insurance system, including children and persons with disabilities, were insured in accordance with the law. All residents of working age who had partial or no work ability under the Work Ability Allowance Act were insured. Under the Health Insurance Act, services were provided according to the needs of the insured individuals. All health-care services approved by the Government, including sexual and reproductive health services, were covered and available in all regions of the country.

15. Access to health-care services during the COVID-19 pandemic had had to be limited, especially for elective procedures. However, telemedicine services were available for both primary and secondary care, and hospital emergency rooms remained open to anyone who needed immediate care.

16. Medical students were trained in genetics, and a separate medical genetics residency programme had been established in 1998. Doctors generally provided genetic counselling to patients dealing with infertility or inherited diseases.

17. **Ms. Pärj** (Estonia) said that a large share of the active labour market service budget was allocated to services targeting health-related obstacles. The Government's open labour market services were more popular than its sheltered employment services among persons with disabilities, with labour market training and work rehabilitation being the most popular. The Estonian Unemployment Insurance Fund reimbursed employers who retrained workers unable to perform their duties owing to a medical condition and carrying a reduced workload; helped employers make workplaces, including workplaces in the home, accessible; provided guidance to employers hiring persons with decreased work ability; and offered training grants. The Fund carried out campaigns with the Estonian Employers' Confederation to raise employers' and employees' awareness of special needs workers and disabled workers.

18. Under the Occupational Health and Safety Act, employers must assess psychosocial risks in the workplace and take appropriate measures to prevent harassment and improve the psychosocial working environment. The maximum fine for endangering employees' health and safety was €32,000.

19. **Ms. Einman** (Estonia) said that, under the Gender Equality Act, employers had an obligation to protect employees from sexual harassment, which was considered a form of discrimination. The Government, together with the Estonian Human Rights Centre, had launched a diverse workplace label, which was awarded to participating companies that had developed strategies to promote equal treatment, including the equal treatment of persons with disabilities. The Centre also coordinated the Estonian Diversity Charter.

20. A three-year study into the causes of the gender wage gap, set to conclude in 2021, would provide the basis for further action on the issue, including the development of a digital tool allowing employers to analyse and address the gap. The Ministry for Social Protection was to submit a proposal to address the gap through amendments to the Gender Equality Act. Projects were under way to identify methods for decreasing gender segregation in education and the labour market. To encourage fathers to share childcare responsibilities, paternity leave had been extended from 10 working days to 30 calendar days in July 2020.

21. The Chancellor of Justice had a budget of €300,000 for activities related to the Convention and her role as the national institution for the promotion and protection of human rights; that figure was expected to increase to €500,000 over the next few years. The Chancellor's total 2021 budget was close to €3 million. Advisers to the Chancellor on the

protection and promotion of the rights of persons with disabilities included the Head of Disability Rights and members of the Inspection Visits Department, who inspected special care institutions, the Business Environment Department, which assisted with accessibility issues, and the Social Rights Department. The Chancellor had also convened a 37-member advisory council of persons with disabilities in accordance with article 33 of the Convention.

22. **Ms. Rummo** (Estonia) said that the five-year survey on the situation of persons with disabilities conducted in 2009 had not been repeated in 2016. Instead, a survey on the public's care needs and limitations on their activities had been conducted in 2020. It had targeted a larger group of people than the 2009 survey. The results, which would be ready in March 2021, would be used to assess implementation of the Convention and identify and address barriers encountered by persons with disabilities. The survey had used some of the same questions as the 2009 survey to allow the results to be compared.

23. Statistics Estonia could also use data already collected in other studies on disability. It could combine data on the employment status of persons with disabilities and data on access to State services. Data collection on local government services and benefits was improving and, in the future, could also be linked to data on disability. Data protection rules were taken into account when designing data exchange systems.

24. **Ms. Jõeorg-Jurtšenko** (Estonia) said that, because the Family Law Act required guardianship measures to be as narrow as possible, they did not always entail the loss of the right to vote. Any loss of active legal capacity with respect to voting rights must be expressly stated in a court order. According to the Code of Civil Procedure, if a court ordered that all of an individual's affairs be put under guardianship, that person would be deemed to be without active legal capacity with respect to the right to vote and would lose that right. The State party did not plan to change those rules.

25. The State Electoral Office worked closely with organizations representing persons with disabilities to facilitate the participation of persons with disabilities in elections. Persons with special needs could vote from home or in custodial institutions, hospitals or care homes. Persons requiring assistance could request it from the person of their choice. Some 200 individuals were registered to vote using screen readers and a specially configured Internet voting application. Voters could choose whether to vote electronically or by paper ballot.

26. After consulting with organizations representing persons with disabilities, the State Electoral Office had posted information targeting voters with disabilities on its website and had included information on accessibility in an online application to search for polling stations. Meetings of the accessibility task force, involving representatives from the State Electoral Office, the Ministries of Justice and Social Affairs, organizations representing persons with disabilities and the Chancellor of Justice, had helped to improve the accessibility of elections.

27. **Mr. Ruskus** (Country Rapporteur) said that he would like to know whether, within the new work ability system, persons with disabilities were employed in the open labour market or in sheltered workplaces.

28. **Ms. Gabrielli** said that she would like to know what was considered to be a lack of "necessary conditions" to accommodate children with disabilities in schools, as she was concerned that the criterion was dangerous and biased. She wished to know what measures had been taken to adapt the collection of statistics to the methodology of the Washington Group on Disability Statistics.

29. **Ms. Gamio Ríos** said that she would like to know how deaf and blind children were given access to inclusive education. She would appreciate a response to reports that persons with psychosocial and intellectual disabilities and young deaf persons had significant difficulties in obtaining regular work. She would also like to have clarification on the use of genetics in medicine, whether such use was compatible with public policy on disability and whether the purpose was to prevent disability.

30. **Ms. Fefoame** said that she would like to know what policies and mechanisms were in place to ensure a transition from sheltered workshops to open market employment schemes, what proportion of persons with disabilities had made such a transition and what mechanisms were in place to facilitate their career progression.

31. **Mr. Morris** said that he was interested to know whether the Government recognized that the key to eradicating negative attitudes towards persons with disabilities was through an inclusive education strategy and what specific measures had been taken to improve accessibility at all levels of education. He wondered whether persons with disabilities were required to declare their disability status before or after job interviews. He wished to know the rates of employment in the public and private sectors. He would also like to know whether any of the country's active parliamentarians had a disability and what steps were being taken to encourage the participation of persons with disabilities in politics.

32. **Ms. Fernández de Torrijos** said that members of the delegation had repeatedly used the word "disabled" and she wished to remind them of the importance of person-first language. She would appreciate clarification on whether all persons with disabilities or the entire population were covered by public or private health insurance. She would also like to know whether persons with disabilities were included in the COVID-19 vaccination programme and what level of priority they had been given.

33. **Ms. Thongkuay** said that she would appreciate information about awareness-raising and training programmes provided to public authorities and employers on gender and disability equality in the open labour market. She wished to know what had been done to address the employment-related issues experienced by persons with disabilities during the COVID-19 pandemic.

34. **Mr. Kabue** said that he would like to know how the impressive levels of government funding provided to the disability movement affected the independence of organizations of persons with disabilities in their ability to raise issues about monitoring of the implementation of the Convention and participation. He would like to know the reason for the reported lack of interest in higher education on the part of deaf persons. He wished to know how well persons with disabilities were represented in public affairs and how well women with disabilities were represented in mainstream women's organizations.

35. **Mr. Basharu** said that he would like to have information about the measures in place for the teaching of Braille and the number of blind persons who used the Braille system.

36. **Ms. Fitoussi** said that she would like to know whether sufficient funding was provided to allow parents with disabilities to have personal assistance in their homes as often as necessary, whether such assistance was provided to people with all types of disabilities, who made up the funding gap between the level of benefits and the cost of assistance and what kind of training the assistants received. She wondered whether the inclusive education process applied to students with all types of disabilities, including intellectual disabilities and autism. She would like to know whether parents had a real choice between special and mainstream schools or whether a lack of reasonable accommodation in mainstream schools effectively forced them to opt for special schools.

37. **Ms. Amrani** said that she wished to have information about specific measures taken for women and girls with intellectual disabilities. She wondered whether specific sexual and reproductive health measures existed that were clearly targeted at persons with different types of disability, including women with intellectual disabilities. She would also like to know whether non-verbal autistic persons and persons with cerebral palsy had access to tools and techniques for augmentative and alternative communication.

38. **Mr. Schefer** said that he would like to know how many persons with disabilities had lost their political rights owing to guardianship, how many guardianships were in place, their average duration and who was usually appointed guardian. He would appreciate confirmation that the State party had no plans to move from the guardianship system towards supported decision-making.

39. **Sir Robert Martin** said that he would like to know whether persons with disabilities were involved in training professionals, including medical professionals, about all types of disability. He wished to know whether persons with disabilities were involved in sport, art and recreation and, if so, whether the activities were segregated or inclusive, particularly of persons with intellectual disabilities.

The meeting was suspended at 2 p.m. and resumed at 2.10 p.m.

40. **Mr. Kuuse** (Estonia) said that, since Estonia was a relatively small country, the national and municipal authorities provided assistance and services to persons with specific needs on an individual basis. If necessary, benefits and services provided by the national authorities could be supplemented at the local level. The funding provided to organizations representing persons with disabilities carried no special conditions or restrictions. Those organizations were separate legal entities and were free to decide how best to conduct their work and inform public policy. He wished to apologize for the use of language that could be considered pejorative; it had not been used intentionally.

41. **Mr. Koppel** (Estonia) said that, in Estonia, genetic counselling was provided in women's clinics and children's hospitals. Under the guidelines currently in force, all pregnant women were to undergo monitoring from when the pregnancy was first confirmed. Pregnant women who presented risk factors that might increase the likelihood of a genetic defect received special attention from health-care staff. Women who experienced miscarriages were offered a genetic consultation. If a genetic defect was detected during a normal pregnancy, the expectant mother could decide to terminate the pregnancy up until the twenty-second week.

42. Around 95 per cent of the population were insured under the country's solidarity-based health insurance scheme. Persons with disabilities were also insured under that scheme. If they worked, their health insurance contributions were deducted directly from their salary. If they were unable to work, the State covered the cost of their health insurance. Estonia did not have an extensive private health insurance system.

43. Under the Estonian COVID-19 vaccination programme, priority had been given to health-care workers and specialists, care workers and residents of care homes, persons over the age of 70 and persons with high-risk medical conditions.

44. In Estonia, measures were not taken to promote the sexual and reproductive health rights of specific groups, such as women and girls with disabilities; those rights were guaranteed to all persons without distinction. Additional or specialized services could, however, be provided based on individual or medical need. Lastly, in Estonia, persons with disabilities could train and work as medical professionals in primary health-care facilities and hospitals.

45. **Ms. Limperk-Kütaru** (Estonia) said that, whenever possible, students with disabilities were included in State schools and parents of students with disabilities were given the choice between sending them to a mainstream or a special school. Students with disabilities necessitating highly specialized learning support were normally educated as part of a special needs group or in a special school. Deaf students were very much interested in pursuing higher education in Estonia, but there was a lack of experienced sign language interpreters. Sign language training was being provided in a modular format to promote skills development in that area and to generate interest among students. A fully fledged sign language training programme was envisaged in the future.

46. Changing attitudes towards persons with disabilities in the education system was indeed the key to promoting inclusive education. Parents, teachers and leaders all had a part to play in promoting tolerance towards and raising the profile of persons with disabilities in schools. Several inclusive education movements had been launched. Promoting the normalization of and access to inclusive education was one of the key priorities of the national education strategy covering the period up to 2035.

47. **Ms. Palmet** (Estonia) said that, as of 2020, there were around 8,000 persons with a visual impairment in Estonia. However, no statistics were available on the number of persons using Braille. Persons with disabilities could avail themselves of alternative communication devices subsidized by the State. Local governments covered the cost of home help services for persons with disabilities who could otherwise not afford them. Efforts were being made to improve access to sporting activities for persons with disabilities. The Estonian guardianship system would be reviewed to identify shortcomings and to determine how supported decision-making mechanisms could be integrated into it.

48. **Ms. Pärj** (Estonia) said that persons with disabilities could be employed in either the open labour market or in sheltered workplaces, depending on their needs and work ability.

However, in practice, persons with disabilities were more likely to need additional support in gaining access to the former. The sheltered employment scheme was intended for persons with partial work ability or a disability who were registered as unemployed and who could not be employed in the open labour market on account of their specific needs. Persons with disabilities participating in the sheltered employment scheme were expected to progress towards working at least 20 hours a week over a period of one year or more.

49. Persons with a mental impairment were supported through peer advisory services provided by specially trained counsellors with a similar disability or illness. There was no evidence to suggest that the pandemic had affected the employment rate of persons with disabilities.

50. **Ms. Sinisaar** (Estonia) said that, according to the data collected by Statistics Estonia, 75 per cent of persons with reduced work ability were employed in the private sector, while only 24 per cent were employed in the public sector. Almost 77 per cent of employed persons with disabilities worked in the private sector, while only 23 per cent worked in the public sector. At the beginning of 2020, over 10,600 persons with reduced work ability were employed in the public sector, including over 3,100 persons working for the central Government.

51. The Estonian parliament had 101 members, some of whom were hard of hearing or were wheelchair users. The parliament building was accessible to parliamentarians with disabilities. Disability rights advocates were active in parliament and in a number of other sectors in Estonia. There were no obstacles preventing persons with disabilities from participating in Estonian political life. Over 1,070,000 people were registered to vote in the upcoming municipal elections. Only 1,489 persons were not entitled to vote in those elections.

52. **Ms. Rummo** (Estonia) said that it was part of the mandate of Statistics Estonia to collect statistical information on disability. Statistics Estonia had been asked to participate in the work of the Washington Group on Disability Statistics in order to facilitate the collection and publication of more statistical data on disability. In 2014, a specific survey model and methodology had been prepared on the basis of the work of the Washington Group and the European Health Interview Survey.

53. **Mr. Kuuse** (Estonia) said that he was grateful to the Committee for the interest that it had shown in the situation of persons with disabilities in Estonia and trusted that it now had a clearer idea of the steps taken to guarantee the rights of that group. While some progress had been achieved, more needed to be done to strengthen existing policy frameworks and service delivery and to increase public awareness of the need to prioritize the well-being of persons with disabilities.

54. **Ms. Saarevet** (Office of the Chancellor of Justice, Estonia) said that she wished to thank the Committee and all those who had participated in the interactive dialogue and the Estonian Chamber of Disabled People for its valuable input. The Office of the Chancellor of Justice would continue to fulfil its role as the country's independent monitoring institution and to work closely with persons with disabilities in that endeavour.

55. **Mr. Ruskus** said that, while the State party was to be congratulated on its efforts to advance the implementation of the Convention in partnership with organizations of persons with disabilities, it appeared that many elements of the medical model of disability still persisted and affected the civil and political rights of persons with disabilities. The terminology used throughout the dialogue showed that, in Estonia, attitudinal barriers persisted and that persons with disabilities were still viewed as having disorders or special needs when, in fact, the rights of persons with disabilities to freedom, equality and social inclusion were not special needs. It was worrying that persons with disabilities could still be deprived of their right to freedom through the restriction of their legal capacity and of the right to make their own decisions, and that use was still being made of congregate care settings, such as "family-type houses", despite their discriminatory effects. All of the above served to perpetuate the medical model of disability and to promote a paternalistic approach to it, which was at variance with the human rights model of disability provided for in the Convention.

56. Keeping legislation, policies, practices and social attitudes towards persons with disabilities under review could help support the implementation of the Convention. The adoption of a comprehensive disability strategy that established supported decision-making as an absolute right and guaranteed the rights of persons with disabilities to live independently and to have access to various forms of personal community-based assistance and to all services and facilities on an equal footing with rest of the population could facilitate the transition towards the human rights model of disability. The State party might also wish to refer to the Committee's general comments, which described the measures that States parties should take in order to fulfil their obligations under the Convention.

57. **The Chair** said that she wished to thank the delegation of Estonia for having participated in the interactive dialogue with the Committee and hoped that the Committee's concluding observations would assist the State party in implementing the Convention in a more comprehensive manner throughout its territory.

The meeting rose at 2.40 p.m.