INCLUSIVE POLITICS AND POLICIES:

people with disabilities

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This compendium was done by the Division of Elections and Civil Society of the Council of Europe within the framework of the Council of Europe project on "Supporting the transparency, inclusiveness and integrity of electoral practice in Ukraine".

The compendium is aimed at increasing public awareness about standards and policies of the Council of Europe in the respective field. The compendium is not exhaustive and for information purposes only. For professional or legal advice, please, consult a qualified professional.

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INTRODUCTION

Participation and engagement of all citizens in political and electoral processes is a cornerstone of any democracy. Political and electoral rights are fundamental human rights which are rooted and set out in many international legal documents, including the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the United Nations Convention on the Rights of Persons with Disabilities, the European Convention on Human Rights and other legal instruments. Political participation and engagement imply the right of every person to equal participation in public affairs, policy and decision-making processes, the right to vote and to be elected, the right to access to public service at the local, regional or national levels.

Discriminatory laws and stereotypes may lead to restriction or prohibition of the right to vote, particularly for persons with psychosocial or intellectual disabilities, as well as to exclusion of persons with disabilities from public outreach by political parties or for consideration as candidates for public office. People with disabilities may face a range of different barriers, including legal, institutional, communicational and social, to exercise their rights on the basis of having a medical condition or impairment.

The Council of Europe strives to protect and promote human rights for all, including people with disabilities, and in this respect to enhance equal opportunities, improve the quality of life and independence of people with disabilities, guarantee their freedom of choice, full citizenship and active participation in public and political life of their communities.

There are five priorities outlined in the Council of Europe Strategy on the Rights of Persons with Disabilities for 2017 – 2023, namely:

1. Equality and non-discrimination
2. Awareness raising
3. Accessibility
4. Equal recognition before the law
5. Freedom from exploitation, violence and abuse

The Council of Europe’s actions are aimed at ensuring political and electoral participation and engagement of people with disabilities at different levels of government and decision-making processes. Thus, the Council of Europe supports its member States in bringing their national legal framework and practice in compliance with international and European rules and standards pertaining to ensuring political and electoral rights for people with disabilities. Active engagement and participation of people with disabilities in elections can serve as a means and an effective tool of mainstreaming the fundamental human rights in their political life. Furthermore, it can contribute to breaking down stereotypes, changing mindsets and combating overall discrimination amongst and within societies.

This publication represents the Council of Europe documents that concern participation and engagement of people with disabilities in public and political decision-making processes. It aims to raise awareness of electoral and political stakeholders in the Council of Europe member States about existing standards and good practices by pro¬viding a list of resolutions and recommendations issued by the Committee of Ministers and the Parliamentary Assembly on actions and measures to be taken in order to ensure a safe and inclusive political environment for all, which is fundamental for democracy and sustainable development.

Contents


CONSEIL DE L'EUROPE
COUNCIL OF EUROPE
ICELAND
GREECE
GERMANY
GEORGIA
FRANCE
FINLAND
CROATIA
DENMARK
CHAIRPERSON
EUROPEAN UNION
ESTONIA
CZECH REPUBLIC
NEGRO

Committee of Ministers

COMMITTEE
OF MINISTERS
COMITÉ
DES MINISTRES

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Council of Europe Disability Strategy 2017-2023

Adopted by the Committee of Ministers on 30 November 2016 at the 1272nd meeting of the Ministers' Deputies

Table of contents

FOREWORD

The Council of Europe promotes, protects and monitors the implementation of human rights for all, including persons with disabilities. Persons with disabilities are entitled to have access to and enjoy, on an equal basis with others, the full range of human rights safeguarded by the European Convention on Human Rights, the European Social Charter, the United Nations Convention on the Rights of Persons with Disabilities and other international treaties. The Council of Europe Strategy on the Rights of Persons with Disabilities – Human Rights: A Reality for All – outlines the Organisation's priorities in the period 2017-2023.

The overall goal of the Strategy is to achieve equality, dignity and equal opportunities for persons with disabilities in specific areas where the Council of Europe can make an input. This requires ensuring independence, freedom of choice, full and active participation in all areas of life and society.

This will be achieved through work and activities around five priority areas:

1. Equality and non-discrimination
2. Awareness raising
3. Accessibility
4. Equal recognition before the law
5. Freedom from exploitation, violence and abuse

Action will also target five cross-cutting themes: participation, co-operation and co-ordination, universal design and reasonable accommodation, gender equality perspective, multiple discrimination and education and training.

The priority areas build on, and further develop the existing body of work by the Council of Europe, bringing added value to work done in other regional and international contexts, notably the United Nations (UN) and the European Union (EU). In addition they aim to bring focus to the Council of Europe work related to disability rights to increase impact and achieve tangible results. Both priority areas and cross-cutting themes are anchored in the UN Convention on the Rights of Persons with Disabilities (UNCRPD) thus placing strong emphasis on the implementation of existing human rights standards.

The interpretation and implementation of these priority areas will be done in line with the UNCRPD, the evolving body of decisions, guidelines and General Comments of the UNCRPD Committee, the developing case law of the European Court of Human Rights, the decisions of the European Committee of Social Rights and policy and legislative developments at the level of the EU.

Additionally, international standards on social responsibility, including corporate social responsibility, aimed at promoting the engagement of private sector and business enterprises in respect of the implementation of human rights at the level of the UN Global Compact and the UN Sustainable Development Goals (SDGs), will be used to improve the inclusion of persons with disabilities in the society.

The beneficiaries of the Strategy are persons with disabilities living in the 47 Council of Europe member States and society as a whole. The Strategy provides a flexible policy instrument and framework that can be adapted at national level, taking into account specific developments, legislation and policies. The governments of member States will drive the implementation of the Strategy at national and local levels in close co-operation with persons with disabilities, represented by their organisations, and all other relevant stakeholders. These include National Human Rights Institutions, Equality Bodies, Ombudsman Institutions, service providers and civil society.

THE COUNCIL OF EUROPE AND THE RIGHTS OF PERSONS WITH DISABILITIES

Context

1. The Council of Europe promotes, protects and monitors the implementation of human rights for all, including persons with disabilities. This document sets out the priority areas of the Council of Europe in this area for the period 2017 to 2023. It also gives **guidance and inspiration to member States and other stakeholders** on policies, activities and measures to ensure implementation of priorities at national and local levels.

2. **Persons with disabilities are entitled to have access to and enjoy the full range of human rights** safeguarded by the European Convention on Human Rights, the European Social Charter and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD[1]) as well as all other international human rights instruments, on an equal basis with others.

3. This Strategy seeks to encompass **all civil, political, economic, social and cultural rights**. It sets out the commitment of the Council of Europe and its member States to make the rights a reality for all persons with disabilities, regardless of their impairments. This includes children and young persons with disabilities, wherever they are placed and without discrimination, in line with the Council of Europe Strategy for the Rights of the Child 2016-2021[2] and the UN Convention on the Rights of the Child.[3] This also includes older persons, in line with the Council of Europe recommendation on the promotion of human rights of older persons.[4]

4. In constantly changing societies new situations emerge. The ongoing economic challenges and the increasing amount of refugees and persons seeking asylum within the member States has changed priorities and has had an impact on persons with disabilities and their support services. In order to mitigate the challenges, **continuous attention to and action on the rights of persons with disabilities** by the decision makers, persons with disabilities, their organisations and their family members, service providers, and the population in general is required.

5. **Close consultation and active involvement of persons with disabilities** of all ages through their representative organisations in the work of member State governments is obligatory, as stipulated in the UNCRPD. Participation and contribution of National Human Rights Institutions, Equality Bodies and Ombudsman Institutions and their regional and international networks is of high importance. This will improve mainstreaming and implementation of strategy priorities and the UNCRPD principles. The Council of Europe will seek to increase this co-operation in all fields of its activities.

Council of Europe Legal Standards

6. All legal standards of the Council of Europe apply equally to all persons, including all persons with disabilities.

7. The **European Convention on Human Rights** provides the foundations for the Council of Europe work to protect and promote human rights for all, including the rights of persons with disabilities. The European

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[1] UN Convention on the Rights of Persons with Disabilities.

[2] Council of Europe Strategy for the Rights of the Child (2016-2021).

[3] UN Convention on the Rights of the Child.

[4] Recommendation CM/Rec(2014)2 of the Committee of Ministers on the promotion of human rights of older persons.

Court of Human Rights has enshrined these rights in its case law and plays an important role by prompting States to undertake legislative changes to safeguard human rights of persons with disabilities.

8. The **European Social Charter** contains specific rights for persons with disabilities, in particular Article 15 (right of persons with disabilities to independence, social integration and participation in the life of the community) and Article E (providing that the rights of the Charter shall be secured without discrimination on any ground).

9. Other legally binding standards especially relevant to the rights of persons with disabilities include: **the Council of Europe Conventions on Preventing and Combating Violence against Women and Domestic Violence** (Istanbul Convention); **on the Protection of Children against Sexual Exploitation and Sexual Abuse** (Lanzarote Convention); and **on the Action against Trafficking in Human Beings**.

Council of Europe Disability Action Plan 2006-2015

10. In April 2006, the Committee of Ministers adopted Recommendation Rec(2006)5 "the Council of Europe Action Plan to promote the rights and full participation of persons with disabilities in society: improving the quality of life of persons with disabilities in Europe 2006-2015".[5] The Recommendation included in its appendix the **Council of Europe Action Plan**.[6] In December 2006, the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)** was adopted. It entered into force in May 2008. By the end of September 2016, 44[7] out of the 47 Council of Europe member States have ratified the UNCRPD.[8] The Optional Protocol has been ratified by 31 member States.[9]

11. Both the UN Convention and the Council of Europe Action Plan marked a"paradigm shift" from the traditional medical-based approach to disability to one based on human rights. Persons with disabilities as human beings with dignity and rights is the underlying principle of this approach which is best summarised by the fundamental principles shared by both texts: **independence, freedom of choice, full participation, equality and human dignity**.

12. In 2014-2015, the Council of Europe carried out an **evaluation of the implementation of the Council of Europe Action Plan** in all of its 47 member States. The evaluation process, also encouraged by the Parliamentary Assembly in its Recommendation 2064 (2015),[10] built on and benefited from the wide knowledge, experience and expertise on human rights of persons with disabilities by various stakeholders: national experts from public administrations and academia, civil society organisations working with and for persons with disabilities, persons with disabilities themselves as well as service providers.

13. The evaluation document[11] comprised an analysis of developments in the national legislation, policies, action plans, as well as specific and targeted actions at both the national and European levels in the area of promoting and protecting human rights of persons with disabilities. It highlighted **achievements**, in particular **with regard to legislation, service delivery, the physical environment and attitudes towards persons with disabilities**.

14. The evaluation also underlined that discrimination and barriers to participation persist and that there are significant **challenges** in ensuring compliance with international standards **to combat discrimination and to achieve the full respect of all human rights of persons with disabilities**. It pointed out that the disparity between the standards and practice, referred to as the **implementation gap**, needs to be addressed as a matter of priority.

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[5] Recommendation Rec(2006)5 of the Committee of Ministers on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe (2006-2015).

[6] Council of Europe Disability Action Plan (2006-2015).

[7] By the end of September 2016, Ireland, Liechtenstein and Monaco had not yet ratified the UNCRPD.

[8] United Nations Treaty Collection, Ratifications of the UNCRPD.

[9] United Nations Treaty Collection, Ratifications of the Optional Protocol.

[10] PACE Recommendation 2064 (2015) "Equality and inclusion for persons with disabilities".

[11] Abridged evaluation report of the Council of Europe Disability Strategy (2006-2015).

15. The report emphasised the need and importance of **continued commitment** of governments, including funding and the full involvement of organisations working with and for persons with disabilities, persons with disabilities themselves, and other relevant stakeholders. Sharing of know-how and exchanging of promising practices is needed to ensure that Europe becomes a democratic, welcoming home for all, and upholds its values of democracy, respect for human rights and diversity.

The new Strategy

16. The **overall goal** of the Council of Europe Disability Strategy 2017-2023 (the Strategy) is **to achieve equality, dignity and equal opportunities for persons with disabilities**. This requires ensuring independence, freedom of choice, full and effective participation in all areas of life and society, including living in the community.

17. The member States have already agreed to these goals by ratifying the UNCRPD. Unlike the UNCRPD, **the Strategy does not create legal obligations** to member States. The Strategy document aims at guiding and supporting the work and activities aimed at implementing the UNCRPD and carried out by the Council of Europe, its member States and other stakeholders both at national and local levels.

18. At the outset, the Strategy identifies **five cross-cutting issues that need to be considered in all the** Council of Europe **work and** in all its **activities** supporting member States. These issues are also essential for member States to take into consideration in their legislation, policies and activities and in all areas of life to improve the lives of persons with disabilities.

19. The **cross-cutting issues** are:

- Participation, co-operation and co-ordination
- Universal design and reasonable accommodation
- Gender equality perspective
- Multiple discrimination
- Education and training

20. The Strategy has **five rights-based priority areas**. They are anchored in the European Convention on Human Rights and other Council of Europe standards promoting and protecting human rights. Each of them is also connected to corresponding Articles of the UNCRPD, aiming at its implementation in practice.

21. The **priority areas** are:

1) Equality and non-discrimination
2) Awareness raising
3) Accessibility
4) Equal recognition before the law
5) Freedom from exploitation, violence and abuse

22. **The priority areas build on and further develop the existing body of work by the Council of Europe, bringing added value to work done in other regional and international contexts**, such as at the level of the EU and the UN. In addition, they aim to bring focus to the future Council of Europe work related to disability rights in order to achieve tangible results during the period covered by the Strategy (2017-2023).

23. The **interpretation and implementation** of these priority areas will be done **in line with the UNCRPD**, the European Convention on Human Rights, the European Social Charter and the developing case law of the European Court of Human Rights. The evolving body of decisions, guidelines and General Comments of the UNCRPD Committee, as well as the conclusions and decisions of the European Committee of Social Rights are duly taken into account.

24. Additionally, international standards on social responsibility, including corporate **social responsibility**, aimed at promoting the engagement of the private sector and business enterprises in respect and implemen-

tation of human rights,[12] the **UN Global Compact**[13] and the **UN SDGs**,[14] are part of the tools to improve the inclusion of persons with disabilities in the society.

25. The **beneficiaries** of the Strategy are persons with disabilities living in the 47 Council of Europe member States and society as a whole. The governments of member States drive the implementation of the Strategy at **national and local levels in close co-operation with persons with disabilities and their families**, represented by their organisations, and all other relevant stakeholders. These include National Human Rights Institutions, Equality Bodies, Ombudsman Institutions, service providers and civil society. All these stakeholders were invited to contribute in the **broad and open consultations** during the preparation of the Strategy.

Risk management and national implementation

26. **Lack of political commitment** leading, *inter alia*, to insufficient financial and human resources, is a general risk factor that apply to all priority areas. This factor risks undermining respect for human rights and fundamental freedoms of persons with disabilities and the provision of empowering support.

27. In the Strategy document, each priority area has a **risk analysis table** attached to it. The tables state the **expected impact** or ultimate goal at beneficiary level for each priority area. This can be reached in many different ways, in accordance with developments and structures at national and local levels.

28. The risk analysis tables present **some general examples** of possible:

- **risk factors** that could negatively affect the achievement of the outcomes at the level of the member States,
- **mitigating actions** to counter such risk factors,
- **outcomes** as steps towards the expected impact.

29. The examples are indicative and do not cover all possible options available at national and local levels. Other examples as well as specific actions and activities (**outputs**) will be examined in detail during the implementation of the Strategy **at national and local levels** on the basis of disability **strategies, action plans, indicators and other relevant policy documents and standards**.

30. In addition to the activities undertaken at national and local levels by the member States and other stakeholders, **a biennial work plan** with a selection of actions and activities (outputs) to be undertaken by the Council of Europe, in co-operation with the member States, will be prepared (see § 86. Implementation and follow up).

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[12] Recommendation CM/Rec(2016)3 of the Committee of Ministers on human rights and business.

[13] UN Global Compact.

[14] UN Sustainable Development Goals.

CROSS CUTTING THEMES

Participation, co-operation and co-ordination

31. **Full and effective participation of persons with disabilities** in all areas of life and society as a whole is crucial for the enjoyment of all human rights. In the context of the Council of Europe this means increased and improved participation of persons with disabilities throughout the work and activities of the Council of Europe, including in co-operation projects funded, supported, managed or implemented by the Council of Europe.

32. Article 32 of the UNCRPD recognises the importance of **international co-operation** in support of the national implementation of the Convention. It is therefore important that the Council of Europe and its independent monitoring mechanisms[15] align their work and activities in this field, building on the added value of the Council of Europe and benefiting from the **meaningful participation** of representative organisations of persons with disabilities and other relevant stakeholders. This will ensure the effective implementation of the UNCRPD and Council of Europe standards at national and local levels.

33. All Council of Europe work on issues related to disability rights will continue to pay particular attention to **synergies, co-operation and co-ordination**. This includes, *inter alia*, co-operation with national focal points, co-ordination mechanisms and independent monitoring frameworks as formulated in and assigned nationally under Article 33 of the UNCRPD. This also includes co-operation with other regional and international organisations, National Human Rights Institutions (NHRIs), Equality Bodies, Ombudsman Institutions and civil society, service providers, specialised agencies, the media, the private sector, academia, independent experts and in particular organisations of persons with disabilities.

34. All different levels of participation need to be taken into consideration in all work within the Council of Europe and at national and local levels, including in the work of independent monitoring mechanisms.

Universal design and reasonable accommodation

35. Disability is the result of interaction between **individual impairments and existing attitudinal and environmental barriers**. Disability may hinder the full enjoyment of human rights and fundamental freedoms and prevent persons with disabilities from participating effectively and equally in the society. Persons with multiple, complex and intersecting impairments face additional barriers and are at higher risk of institutionalisation, exclusion and poverty. Measures to prevent or remove existing barriers are necessary investments for sustainable development and improved accessibility.

36. Accessibility challenges can be avoided or greatly diminished through intelligent and not necessarily costly applications of the **universal design**, which benefits everyone. In addition to necessary **accessibility measures** related to groups, **individual barriers** can further be overcome by individually tailored **reasonable accommodation**. Denial of reasonable accommodation as well as denial of access can constitute discrimination. Both of these concepts are defined and described in the UNCRPD (Articles 2 and 4).

37. Universal design and the **promotion and development of affordable assistive technologies, devices and services** aimed at removing existing barriers should be increasingly promoted. They need to be taken into consideration in all work within the Council of Europe and at national and local levels, including in the work of independent monitoring mechanisms.

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[15] Council of Europe, Monitoring mechanisms.

Gender equality perspective

38. **Gender equality** means equal visibility, empowerment, responsibility and participation for both women and men in all spheres of public and private life.

39. In the context of the Council of Europe, this means that gender equality concerns are included in the **planning, budgeting, implementation, monitoring and evaluation** of all policies, programmes and activities in the field of disability and vice versa. It also requires the use of sex and disability disaggregated data and the equal participation of women and men in all programmes and activities in this field.

40. Women and girls with disabilities often face **additional barriers** and higher levels of discrimination in their access to human rights and activities in comparison to men. Women and girls with disabilities are also often at greater risk of all forms of violence, both within and outside the home.[16]

41. In order to mitigate these additional barriers and improve equality, a **gender equality perspective** needs to be employed in all work and activities within the Council of Europe and at national and local levels, including in the work of independent monitoring mechanisms.

Multiple discrimination

42. Many persons with disabilities are at risk of **multiple and/or intersecting forms of discrimination and segregation** from the society due to their specific situations (e.g. financial or educational status, living or housing arrangement, level of assistance needed, disability or combination of multiple disabilities, etc.) or to certain grounds (e.g., race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, birth, age, sexual orientation, gender identity[17] or other status). This Strategy attributes attention to the application of the non-discrimination principle across all priority areas.

43. To tackle multiple discrimination and its harmful effects, including to the development of children and young people, it is important to acknowledge that it exists and take it into consideration in all the work and activities within the Council of Europe and at national and local levels, including in the work of independent monitoring mechanisms.

Education and training

44. **Quality education**, including human rights education, is a prerequisite for persons with disabilities to enjoy human rights on an equal basis with others. This also includes early childhood and family support.

45. In the context of the Council of Europe, this means **improved access for persons with disabilities to information, education and training** programmes and events about human rights and their implementation. This also means inclusion of persons with disabilities as actors and users in education and training projects funded, supported, managed or implemented by the Council of Europe.

46. **Education and training programmes, campaigns and materials aimed at professionals** need to include a disability dimension to ensure that professionals have the requisite skills and knowledge, to fulfil their duties in an equal and inclusive way. Such programmes need to take into account due respect for the rights of persons with disabilities and guarantee high quality services in the mainstream as required by and in compliance with international standards.

47. Lastly, quality education includes **education for everyone**, including family members of persons with disabilities on disability and human rights, capabilities of persons with disabilities and barriers they encounter (i.e. awareness raising).

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[16] Recommendation CM/Rec(2007)17 of the Committee of Ministers on gender equality standards and mechanisms, Explanatory Memorandum, paras 181-182.

[17] Recommendation CM/Rec(2010)5 of the Committee of Ministers on measures to combat discrimination on grounds of sexual orientation or gender identity.

48. Education and training, including human rights education of persons with disabilities and education and training about rights of persons with disabilities, should be taken into consideration in all work within the Council of Europe and at national and local levels, including in the work of independent monitoring mechanisms.

PRIORITY AREAS

Equality and non-discrimination

49. **Equality is a core principle of all human rights and fundamental freedoms**. It is guaranteed to everyone in the European Convention on Human Rights, the European Social Charter, the UNCRPD (Article 5) and other regional and international human rights treaties and related documents. The work on equality and non-discrimination includes focus on gender equality (UNCRPD, Article 6) and on the rights of children with disabilities (UNCRPD, Article 7).

50. Unequal treatment and discrimination in its many forms are preventing the full and equal enjoyment of all human rights and fundamental freedoms for persons with disabilities. Also, the economic crisis and austerity measures can risk accentuating inequalities by the shortage of resources and budget cuts on national and local levels in support and services aimed at persons with disabilities.

51. Council of Europe bodies, member States and other relevant stakeholders should seek to:

a) **Mainstream equality and non-discrimination** as well as information about human rights for all persons with disabilities in all areas of work of the Council of Europe and at national and local levels.

b) **Encourage** independent Council of Europe monitoring mechanisms to integrate equality and non-discrimination of all persons with disabilities and their equal enjoyment of human rights into their monitoring work, where applicable, and to make recommendations in this regard.

c) **Promote equality and non-discrimination** of all persons with disabilities, in particular through an inclusive education system and the development of training, communication and employment initiatives.

These need to target a broad range of professionals, including civil servants and service providers and must be developed with active involvement of persons with disabilities, their families and their representative organisations.

d) **Support** efforts to collect adequately disaggregated data and targeted statistics on discrimination towards persons with disabilities and barriers preventing full enjoyment of their human rights and include this information in general statistics and data collection.

e) **Promote** the setting up of strong, independent and well-resourced National Human Rights Institutions, Equality Bodies and Ombudsman Institutions ensuring equality and non-discrimination at national and local levels.

f) **Identify, collect and disseminate** existing remedies and good practices aiming at facilitating access of persons with disabilities to affordable legal protection in cases of discrimination.

Risk Analysis		
EQUALITY AND NON-DISCRIMINATION		
Expected Impact: **Persons with disabilities are treated equally with others and without discrimination in society**		
Risks	**Mitigating actions**	**Outcomes**
Insufficient steps are taken by stakeholders to mainstream equality, including gender equality, and non-discrimination in their work.	Awareness raising, information campaigns and joint discussions on equality and non-discrimination in general, and in specific with regard to persons with disabilities	*Changes in legislation* Discrimination on the basis of disability is made illegal in all the Council of Europe member States *Recognition of multiple discrimination* Multiple and intersecting forms of discrimination of persons with disabilities are acknowledged and relevant action is taken. *Monitoring* Rights of persons with disabilities are taken into consideration, including in the work of the independent monitoring bodies, and implemented without discrimination and on an equal basis with others.
The education and health care systems and labour market fail to engage and include persons with disabilities or there is insufficient level of assistance and reasonable accommodation available.	Awareness raising and information campaigns to educators, health care professionals and educational and professional training authorities on the importance of inclusion and on the various needs for assistance in education or employment.	*Inclusive programmes* Increasing amount of educational institutions and places of employment include persons with disabilities and create assistance schemes, whenever is needed. *Training* All professional training includes awareness on disabilities and persons with disabilities.

Lack of accessible and effective means of legal protection and assistance in cases of discrimination on the basis of disabilities and in relation to multiple discrimination.	Dissemination of good practices on access to legal protection and improved co-operation between various institutions (FRA Clarity tool).	*Accessible information on rights and remedies* Persons with disabilities receive information and assistance in various accessible means, modes and formats, including sign languages and braille on the legal remedies against discrimination on the basis of disability and in relation to multiple discrimination.

Awareness raising

52. **Awareness raising**, including through the education system, **is a specific State obligation under the UNCRPD** (Article 8). Persons with disabilities are still confronted with indifference, unacceptable attitudes and stereotypes based on existing prejudices, fear and distrust in their abilities. Action should be aimed at changing these negative attitudes and stereotypes through effective awareness raising policies, strategies and actions involving all relevant stakeholders, including the media.

53. Discriminatory attitudes and behaviour, stigmatisation and their damaging or harmful consequences on persons with disabilities must be countered by **accessible and objective information on ability as opposed to inability**. This includes disabilities and the barriers in society in order to promote a better understanding of the needs and fulfilment of rights of persons with disabilities and their inclusion in all areas of life.

54. Council of Europe bodies, member States and other relevant stakeholders should seek to:

a) **Undertake public awareness raising initiatives** and human rights-based training programmes on the equal rights, positive perception and capabilities of persons with disabilities in all areas of life, especially with regard to education and labour market, taking into account diversity and a gender equality perspective.

b) **Develop information campaigns** to change legislation and combat negative attitudes, stereotypes and practices to make discrimination of persons with disabilities both illegal and unacceptable. The use of targeted statistics as a critical campaign information tool is encouraged. These information campaigns will be relayed, in addition to the public at large, to national parliaments and local and regional authorities and to the Parliamentary Assembly and the Congress of Local and Regional Authorities.

c) **Ensure close co-operation** with and active participation of the representative organisations of persons with disabilities and their families, the National Human Rights Institutions, Equality Bodies and Ombudsman Institutions and their respective networks and other relevant mainstream stakeholders to benefit from their experience and expertise with regard to human rights and lived experience of persons with disabilities.

d) **Promote** respect, equality, capabilities and active participation, involvement and inclusion of persons with disabilities in the media, entertainment and cultural life as both active actors and users.

e) **Identify, collect and disseminate** good practices with regard to awareness raising.

Risk Analysis		
AWARENESS RAISING		
Expected Impact: Public awareness on and visibility of disabilities and persons with disabilities is improved in society in general and in the media in specific		
Risks	**Mitigating actions**	**Outcomes**
Stereotypes, discrimination and indifference prevail and are further reinforced by "hate speech" towards persons with disabilities.	Awareness raising and media campaigns on the skills and capabilities of persons with disabilities. Human rights training programmes for persons with disabilities, their family members and persons working with them.	*Human rights knowledge* Persons with disabilities, their family members and persons working with them are aware of and respect the human rights, human value and dignity of persons with disabilities.
Lack of media coverage, negative stereotypes and negative portrayal of disability-related issues or persons with disabilities. Sensational reporting.	Awareness raising training on disability aimed at representatives of the media. Partnerships with media (both traditional and new media).	*Visibility of persons with disabilities* Persons with disabilities are included in the media as active actors and users, including being aware of dangers on the internet.
Lack of knowledge of prevalence of disabilities in society.	Dissemination of good practices on improving statistics with regard to types and frequency of disabilities and persons with disabilities.	*Data collection* Accurate and age- and sex-disaggregated statistical data is available on disabilities and persons with disabilities.

Accessibility

55. **Accessibility**, as defined in UNCRPD (Article 9) **is a precondition** for persons with disabilities to be able **to enjoy human rights** actively, **participate and contribute** fully and equally in the society, **be independent and make choices** about all aspects of their lives.

56. Accessibility is often viewed only as accessibility to the built environment. However, it is a much wider concept. It extends also to accessibility of products and services, including the channels in which services are delivered. Accessibility is connected to all the provisions of the UNCRPD and therefore needs to be seen from the perspective of equality and non-discrimination. It applies equally to public and private sectors. **Accessibility is**, in other words, **an enabler for persons with disabilities in all areas of life**. Here, however, special focus is given to access to information, information technologies and the communication sector.

57. **Access to information**, as defined in the UNCRPD (Article 21) and the definitions of communication and language (Article 2) are important components of accessibility. Differences in individuals' capabilities **to receive and impart information and to use information and communications technologies** represent a knowledge divide that creates inequality. Accessibility can bridge the knowledge divide as a means to foster media and information literacy, inclusion and participation[18] and eventually enables enjoyment of other human rights. Human rights cannot be enjoyed without information about them and access to them.

58. The fast changing and continuously ongoing developments in the information technology and communication sectors are re-shaping the way in which people interact with each other, conduct business, access goods, services and information and communicate in general. **It is important** that all persons benefit from technological advancements and **that no-one is left behind**, including persons with multiple disabilities and complex needs.

59. Currently, information and communication continue to be largely inaccessible for many persons with disabilities and therefore attention needs to be paid to appropriate and alternative communication modes, means and formats, access to printed word and copyright issues. This includes the need for **accessible political campaigns** to promote full participation in public and political life.

60. Council of Europe bodies, member States and other relevant stakeholders should seek to:

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[18] UN General Assembly Resolution A/RES/70/125 from 16 December 2015, entitled "Outcome document of the high-level meeting of the General Assembly on the overall review of the implementation of the outcomes of the World Summit on the Information Society", paragraph 23.

a) **Promote debate on quality access** to information, communications and digital environment for persons with disabilities. Debate should also include media and information literacy as well as inclusion and participation in shaping public policies on the information society.

b) **Promote accessibility** and the use of universal design, in addition to assistive devices and with regard to access to goods, services and information to make the services of governments, private entities, media and providers of information via internet, accessible to persons with disabilities.

c) **Promote the use of accessible and user friendly means, modes and formats of communication**, including sign languages, braille, easy to read text and other alternative and augmentative communication methods, in all communications, media releases and internet services of the Council of Europe and at the national and local levels, including in parliaments and local and regional authorities and the private sector stakeholders.

d) **Promote information, learning opportunities and protection measures** for persons with disabilities in accessible means, modes and formats of communication to enable safe and responsible use of the new information and communication technologies (ICT) and to avoid their harmful side effects. Such side effects include, among others, cyber-bullying, fraud and sexual abuse or exploitation through the social network sites, especially with regard to children and young persons with disabilities.

e) **Encourage** the independent Council of Europe monitoring mechanisms to take into consideration in their monitoring work, activities and publications, the use of accessible and user friendly means, modes and formats of communication, including sign languages, braille and easy to read text, etc.

f) **Support** efforts to collect adequately age and sex-disaggregated data and targeted statistics to enable States to formulate and develop policies and tools to improve access to human rights by persons with disabilities.

g) **Identify, collect and disseminate** existing good practices on accessibility, and in particular on access to information.

Risk Analysis		
ACCESSIBILITY		
Expected Impact: **Persons with disabilities can fully participate independently in all aspects of society on an equal basis with others and are able to receive and impart information and participate in media with the support of accessible ways of communication, including by using sign languages and braille**		
Risks	**Mitigating actions**	**Outcomes**
Persons with disabilities face barriers to fully participate in society in general and experience obstacles accessing information in particular due to inaccessible environments.	Dissemination of good and affordable practices and solutions on accessibility are promoted. Accessibility criteria through universal design are included in all public procurement exercises.	*Application of Universal design* Universal design is used as a standard for all new developments, including on the internet and the media and reasonable accommodation is available. *Sign languages and braille* Sign languages and braille are legally recognised, their use is promoted in all member States as well as in the Organisation and the practices are monitored by relevant Council of Europe monitoring mechanisms.
Lack of availability and high price of technological solutions	Dissemination of information on new affordable innovations in the technological area.	*Cost of training and technical assistance devices* Information and training are available in member States in accessible means, modes and formats of communication and technical assistance devices and various printed products are available either for free or at low cost for persons with disabilities.

Equal recognition before the law

61. Equal recognition before the law, as defined among others by the UNCRPD (Article 12),[19] refers to the two parts of legal capacity; the **capacity to hold rights and duties** and the **capacity to act** on them. Legal capacity and access to justice are essential to real participation in all areas of life and full inclusion of persons with disabilities in society. Legal capacity is in fact connected to all human rights and their enjoyment.

62. **Control over one's life and all its aspects are fundamental requirements for the full enjoyment of all human rights**. Legal capacity continues to be denied to a part of the population on the basis of disability, particularly intellectual or psychosocial disability. Substituted decision-making, including full guardianship regimes where persons are stripped of their personhood in the eyes of the law and of the society, still prevail in many member States. Some aspects of these practices have been confirmed as a violation of basic human rights and fundamental freedoms by decisions of the European Court of Human Rights,[20] which has called on the relevant authorities to remedy such violations.

63. States are required under the UNCRPD, as far as possible to replace **substituted decision-making** with systems of **supported decision-making**. Possible limitations on decision-making should be considered on an individual basis, be proportional and be restricted to the extent to which it is absolutely necessary. Limitations should not take place when less interfering means are sufficient in light of the situation, and accessible and effective legal safeguards must be provided to ensure that such measures are not abused.

64. Council of Europe bodies, member States and other relevant stakeholders should seek to:

a) **Support** member States in their efforts to improve their legislation, policies and practices with regard to ensuring legal capacity of persons with disabilities.

b) **Identify, collect and disseminate** existing good practices on **supported decision-making systems and practices** that persons with disabilities have available for being able to exercise their legal capacity and have access to choices and rights.

c) **Promote** training of public and private professionals engaged in supported decision-making systems and develop communication initiatives for the general public to enhance understanding and knowledge of the right to equal recognition before the law, in co-operation with persons with disabilities and their families.

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[19] UNCRPD Committee General comment No. 1 (2014).

[20] European Court of Human Rights, Factsheet on Persons with disabilities and the European Convention on Human Rights.

d) **Identify, collect and disseminate** existing national legislation, policies and practices providing for **appropriate and effective safeguards** to protect persons with disabilities from exploitation and abuse in accordance with international human rights law, including assistance and support mechanisms available to persons with disabilities in engaging those safeguards.

e) **Identify, collect and disseminate** existing good practices aiming at facilitating access of persons with disabilities to mainstream **legal protection**, and out-of-court and quasi-legal stages of protection in all areas of life (*inter alia* through National Human Rights Institutions, Equality Bodies, Ombudsman Institutions, etc.)

<table>
<tr><th colspan="3">Risk Analysis</th></tr>
<tr><th colspan="3">**EQUAL RECOGNITION BEFORE THE LAW**</th></tr>
<tr><th colspan="3">Expected Impact:
Persons with disabilities enjoy equal recognition before the law and substituted decision-making is replaced by supported decision-making in all Council of Europe member States</th></tr>
<tr><th>Risks</th><th>Mitigating actions</th><th>Outcomes</th></tr>
<tr><td>Persistence of stereotypes and stigma; prevalence/ domination of the long tradition of “protecting” persons with disabilities by using substituted decision-making.</td><td>Awareness raising on the importance of legal capacity and supported decision-making options.
Peer-to-peer exchange of good practice and promising policies on supported decision-making.</td><td>*Supported decision-making*
Persons with disabilities retain their legal capacity and substituted decision-making is replaced as far as possible by effective, accessible and affordable supported decision-making in all member States.</td></tr>
<tr><td>Complicated safeguard systems and lack of effective assistance systems.</td><td>Dissemination of information on accessible, effective and affordable assistance systems.</td><td>*Assistance and safeguards*
Accessible, effective and affordable support, assistance structures, information and effective safeguards are available for persons with disabilities to enable access to legal capacity and legal protection according to their needs.</td></tr>
</table>

Freedom from exploitation, violence and abuse

65. Under UNCRPD (Article 16), it is a State duty to **prevent** all forms of exploitation, violence and abuse and to **protect** persons with disabilities from them. Also, **promotion** of recovery, rehabilitation and reintegration are necessary parts of the implementation.

66. Compared to the general population, persons with disabilities face a higher risk of violence and abuse of various types, such as physical, sexual, financial or psychological.

67. Particularly children, young and older persons and those with complex needs are at risk of **multiple and intersecting types of exploitation, violence and abuse**. This includes also homeless and persons living in institutional or segregating living arrangements.

68. Women and girls with disabilities, in particular, are exposed to a high risk of **gender-based violence**, the structural nature of which has been recognised by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention).[21]

69. Furthermore, **living arrangements in isolation or segregation from the community** as such, are not only contrary to the right to live in the community as enshrined under UNCRPD (Article 19), but also often give rise to some of the most serious human rights violations in Europe. The widely-documented violence and abuse in such arrangements is one of the many reasons for the need to progressively replace them with community-based services.

70. In addition to discrimination, violence, intolerance, hate crime and hate speech faced by many migrants, refugees and asylum seekers, those with disabilities are more exposed to all forms of discrimination as well as exploitation, violence and abuse. A comprehensive, strategic approach to the integration and inclusion of **migrants with disabilities** is needed both at national and local levels.[22] [23]

71. Hate crime and bullying, especially on the internet, are also forms of exploitation, violence and abuse that affect especially children and young persons with disabilities.

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[21] Council of Europe Convention on preventing and combating violence against women and domestic violence.

[22] Council of Europe Human Rights Commissioner CommDH/IssuePaper (2016)2.

[23] Secretary General of the Council of Europe: State of Democracy, Human Rights and the Rule of Law, Security imperative for Europe, 2016.

72. The difficulty in combating exploitation, violence and abuse is that it often goes under-reported. Victims do not want or do not know how and where to report the violence, family members do not know about it or are themselves the perpetrators. **Awareness and skills for the prevention** of and response to cases of exploitation, violence and abuse by law enforcement, social and medical professionals, as well as current information about the rights and possible support services for victims need to be improved.

73. Council of Europe bodies, member States and other relevant stakeholders should seek to:

a) **Mainstream** the rights of persons with disabilities in the activities and work related to:

- the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention),
- the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention),
- the Council of Europe Convention on Action against Trafficking in Human Beings,
- the Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention) and its Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin,
- the independent monitoring mechanisms of the above conventions, and others, including the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), the European Commission against Racism and Intolerance (ECRI) and the European Committee of Social Rights (ECSR), where and as applicable.

b) **Raise awareness** to change legislation and to combat negative attitudes, stereotypes and practices in order **to make exploitation, violence and abuse** of persons with disabilities, including violence against women and domestic violence as well as institutional violence, **illegal, visible and unacceptable**.

c) **Provide and promote** human rights-based and gender sensitive **disability-related training** including in the framework of Council of Europe programmes (such as the HELP Programme) for professionals in public and private sectors to enable them to recognise and react against exploitation, violence and abuse of persons with disabilities and the risk of multiple discrimination.

d) **Provide and promote** human rights-based training and necessary and accessible **support to persons with disabilities and their family members** against exploitation, violence and abuse to enable and to **empower them** to recognise and to report such actions to relevant authorities, especially in institutional living arrangements while institutions remain and are not yet fully replaced by community-based services.

e) **Identify, collect and disseminate** any existing good practices aiming at facilitating access of persons with disabilities, including women, children, young and old people and persons with complex needs, to **legal protection and necessary support** in cases of exploitation, violence and abuse on an equal basis with others and according to their individual needs.

Risk Analysis		
FREEDOM FROM EXPLOITATION, VIOLENCE AND ABUSE		
Expected Impact: **Persons with disabilities are free from exploitation, violence and abuse and have access to prevention, protection, prosecution and support services on an equal basis with others**		
Risks	Mitigating actions	Outcomes
Violence against persons with disabilities, including in institutions or private homes, is not recognised or talked about.	Awareness raising and human rights-based training on recognising exploitation, violence and abuse.	*Changes in legislation and practices* Violence against persons with disabilities is made illegal. Harmful or abusive practices are abolished in all member States.

Claims of exploitation, violence and abuse of persons with disabilities, are not taken seriously or understood by family members, professionals or authorities.	Awareness raising campaigns and human rights-based and gender sensitive training programmes on prevention and protection are provided on exploitation, violence and abuse for relevant personnel, family members and persons with disabilities.	*Legal protection, services and assistance* Claims of exploitation, violence and abuse by or on behalf of persons with disabilities are taken seriously and handled appropriately. Persons with disabilities have access to accessible and affordable legal protection, services and assistance.

WORKING METHODS

Institutional setting

74. The transversal nature of the Disability Strategy presupposes that all Council of Europe decision-making, standard setting, advisory and monitoring bodies support and actively contribute to the achievement of the goals and the strategic objectives of the Strategy. They will be invited to take initiatives within their respective mandate's remit taking due account of their status and resources.

75. To stimulate and facilitate this process, the Council of Europe will foster internal co-operation and synergies in particular with and among:

- the Committee of Ministers,
- the Parliamentary Assembly,
- the Congress of Local and Regional Authorities,
- the Office of the Commissioner for Human Rights,
- the European Court of Human Rights,
- the Council of Europe Development Bank (CEB),
- the Conference of the INGOs,
- Steering committees, other inter-governmental bodies, Council of Europe monitoring mechanisms and partial agreements.

76. The **Ad Hoc Committee of Experts on the Rights of Persons with Disabilities**, the intergovernmental group of experts open to all Council of Europe member States, has the mandate to support the implementation of the Disability Strategy, advise and involve the various stakeholders as well as liaise with relevant intergovernmental bodies, providing expertise and a forum for the exchange of good practices and issues of concern.

Partnerships

77. Like the Council of Europe, other international and regional partners are working to improve the enjoyment of all human rights by persons with disabilities, including through the promotion and implementation of the UNCRPD.

78. At the **UN level**, in addition to many interagency actors on disability, the Special Rapporteur on the Rights of Persons with Disabilities, the Committee on the Rights of Persons with Disabilities and the Special Envoy of the Secretary-General on Disability and Accessibility, all work to promote the full and effective participation of persons with disabilities in society and the full and equal access to and enjoyment of all human rights by persons with disabilities on the basis of the UNCRPD. The UN Sustainable Development Goals as well as the UN Global Compact, including Social Corporate Responsibility, also have disability-related dimensions.

79. The **European Union**, itself a party to the UNCRPD (under Article 44 of the UNCRPD), implements the UNCRPD principles through its legislation, including the EU Charter of Fundamental Rights, the EU Disability Strategy and the developing body of decisions by the European Court of Justice. The Strategy consists of eight areas: accessibility, participation, equality, employment, education and training, social protection, health and

external action. The EU's monitoring framework with regard to the UNCRPD is actively working on the basis of its Work Plan to promote, protect and monitor the implementation of the UNCRPD in the EU. The **European Union Agency for Fundamental Rights (FRA)** is developing indicators and benchmarks and carrying out comparative legal and social research with regard to disability and the implementation of the UNCRPD in the EU member States.

80. The **Organisation for Security and Co-operation in Europe (OSCE)** and its **Office for Democratic Institutions and Human Rights (ODIHR)** focus their disability-related work on four areas. These are the legislative support mainstreaming inclusion of persons with disabilities, electoral participation of persons with disabilities, awareness raising in the form of training on tolerance and hate crime and the new portfolio focusing on participation in political and public life.

81. The **World Health Organisation (WHO)** and the **World Bank** published their overarching World Report on Disability in 2011. The WHO is currently implementing its Global Disability Action Plan 2014-2021. The World Bank has a multitude of ongoing projects and research with regard to persons with disabilities.

82. The **Council of Europe** will seek to enhance co-operation, dialogue and synergies with the above mentioned international and regional organisations and other global actors to facilitate and ensure full access to and enjoyment of all human rights by all persons with disabilities and the effective implementation of the UNCRPD.

83. Additionally, the **Council of Europe** will seek to involve, engage and use the experience and expertise of **civil society organisations** and the **organisations of persons with disabilities**, when relevant, in the development, implementation and assessment of policies, programmes and activities, and encourages the member States to do the same at the national and local levels.

84. Equally, the **National Human Rights Institutions, Equality Bodies** and **Ombudsman Institutions** and their respective networks will be included in the work. Other natural partners in the implementation of the Disability Strategy include:

- Parliaments;
- National governments;
- Local and regional authorities and their associations;
- Professional networks (in particular in the judiciary, law enforcement, journalism, education, health and social services fields);
- Trade unions and employers associations;
- Higher education institutions;
- the media;
- the private sector.

Communication

85. A communication plan, including traditional and new social media, will be developed with the aim of:

a) **increasing the visibility** of the human rights of persons with disabilities within Council of Europe standards, studies, guidelines, events and their results on the rights of persons with disabilities;

b) **making** the Council of Europe's work on human rights of persons with disabilities accessible to wide and diverse audience through various accessible modes, means and formats of communication;

c) **raising awareness** on disability issues, taking due account of a diversity and a gender equality perspective, with a view to changing legislation, structures, negative attitudes and behaviour within the Council of Europe and at national and local levels;

d) **facilitating the exchange of information** between member States and other partners;

e) **promoting visibility** of good practices at the national and local levels.

Implementation and follow up

86. The implementation of the Strategy by the member States and the Council of Europe will include co-operation with the government representatives to the Ad Hoc Committee of Experts on the Rights of Persons with Disabilities. It will also include co-operation with national focal points, co-ordination mechanisms and independent frameworks, as they are established nationally under Article 33 of the UNCRPD as well as with civil society.

87. The implementation will be based on **a "twin-track" approach**. One track comprises specific projects, campaigns, trainings, activities, etc., organised **at national and local levels** by national stakeholders in the member States. The second track consists of mainstreaming disability-related issues in all the work and activities of **the Council of Europe**.

88. The member States and other stakeholders, while implementing the Strategy should take into consideration the **developments** within the Council of Europe, as well as in the UN, on the interpretation and implementation of the UNCRPD. This includes the UN Global Compact and the UN Sustainable Development Goals (SDGs).

89. **Training** within the Council of Europe on issues related to the human rights of persons with disabilities will be provided as needed and requested by the different sectors within the Organisation.

90. The **follow-up of the Strategy** will focus on strengthening co-operation in the field of disability and will allow for effective exchange of information, experience and good practices both within the Organisation and in the member States.

91. To **assess progress in the implementation of the Strategy** at the level of the Council of Europe and its member States, the Ad Hoc Committee of Experts on the Rights of Persons with Disabilities will prepare **biennial reports** to be brought to the attention of the Committee of Ministers. The biennial report will take into account, among others and where applicable, recommendations by the independent monitoring mechanisms and various other structures within the Council of Europe, relevant case-law of the European Court of Human Rights, disability rights-related events, campaigns and publications, as well as legislative and structural developments at the international, regional, national and local levels.

Recommendation Rec(2004)10

of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder

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Adopted by the Committee of Ministers on 22 September 2004 at the 896th meeting of the Ministers' Deputies[1]

The Committee of Ministers, under the terms of Article 15.*b* of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members, in particular through harmonising laws on matters of common interest;

Having regard, in particular:

- to the Convention for the Protection of Human Rights and Fundamental Freedoms of 4 November 1950 and to its application by the organs established under that Convention;
- to the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine ("Convention on Human Rights and Biomedicine") of 4 April 1997;
- to Recommendation No. R (83)2 concerning the legal protection of persons suffering from mental disorder placed as involuntary patients;
- to Recommendation No. R (87)3 on the European Prison Rules;
- to Recommendation No. R (98)7 concerning the ethical and organisational aspects of health care in prison;
- to Recommendation 1235 (1994) of the Parliamentary Assembly of the Council of Europe on psychiatry and human rights;

Having regard to the work of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment;

Having regard to the public consultation on the protection of the human rights and dignity of persons suffering from mental disorder, initiated by the Steering Committee on Bioethics;

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[1] In accordance with Article 10.2c of the Rules of Procedure of the meetings of the Ministers' Deputies, the Permanent Representative of the United Kingdom indicated that she reserved the right of her government to comply or not in certain limited respects with Articles 17, 18, 20, 24, 28 and 37 of the Recommendation.

Considering that common action at European level will promote better protection of the human rights and dignity of persons with mental disorder, in particular those subject to involuntary placement or involuntary treatment;

Considering that both mental disorder and certain treatments for such disorder may affect the essence of a person's individuality;

Stressing the need for mental health professionals to be aware of such risks, to act within a regulatory framework and to regularly review their practice;

Stressing the need to ensure that persons with mental disorder are never emotionally, physically, financially or sexually exploited;

Conscious of the responsibility of mental health professionals to guarantee, as far as they are able, the implementation of the principles enshrined in these guidelines;

Recommends that the governments of member States should adapt their laws and practice to the guidelines contained in this Recommendation;

Recommends that the governments of member States should review their allocation of resources to mental health services so that the provisions of these guidelines can be met.

GUIDELINES

Chapter I – Object and scope

Article 1 – Object

1. This Recommendation aims to enhance the protection of the dignity, human rights and fundamental freedoms of persons with mental disorder, in particular those who are subject to involuntary placement or involuntary treatment.

2. The provisions of this Recommendation do not limit or otherwise affect the possibility for a member state to grant persons with mental disorder a wider measure of protection than is stipulated in this Recommendation.

Article 2 – Scope and definitions

Scope

1. This Recommendation applies to persons with mental disorder defined in accordance with internationally accepted medical standards.

2. Lack of adaptation to the moral, social, political or other values of a society, of itself, should not be considered a mental disorder.

Definitions

3. For the purpose of this Recommendation, the term:

- "competent body" means an authority, or a person or body provided for by law which is distinct from the person or body proposing an involuntary measure, and that can make an independent decision;
- "court" includes reference to a court-like body or tribunal;
- "facility" encompasses facilities and units;
- "personal advocate" means a person helping to promote the interests of a person with mental disorder and who can provide moral support to that person in situations in which the person feels vulnerable;
- "representative" means a person provided for by law to represent the interests of, and take decisions on behalf of, a person who does not have the capacity to consent;

- “therapeutic purposes” includes prevention, diagnosis, control or cure of the disorder, and rehabilitation;
- “treatment” means an intervention (physical or psychological) on a person with mental disorder that, taking into account the person’s social dimension, has a therapeutic purpose in relation to that mental disorder. Treatment may include measures to improve the social dimension of a person’s life.

Chapter II – General provisions

Article 3 – Non-discrimination

1. Any form of discrimination on grounds of mental disorder should be prohibited.

2. Member States should take appropriate measures to eliminate discrimination on grounds of mental disorder.

Article 4 – Civil and political rights

1. Persons with mental disorder should be entitled to exercise all their civil and political rights.

2. Any restrictions to the exercise of those rights should be in conformity with the provisions of the Convention for the Protection of Human Rights and Fundamental Freedoms and should not be based on the mere fact that a person has a mental disorder.

Article 5 – Promotion of mental health

Member States should promote mental health by encouraging the development of programmes to improve the awareness of the public about the prevention, recognition and treatment of mental disorders.

Article 6 – Information and assistance on patients’ rights

Persons treated or placed in relation to mental disorder should be individually informed of their rights as patients and have access to a competent person or body, independent of the mental health service, that can, if necessary, assist them to understand and exercise such rights.

Article 7 – Protection of vulnerable persons with mental disorders

1. Member States should ensure that there are mechanisms to protect vulnerable persons with mental disorders, in particular those who do not have the capacity to consent or who may not be able to resist infringements of their human rights.

2. The law should provide measures to protect, where appropriate, the economic interests of persons with mental disorder.

Article 8 – Principle of least restriction

Persons with mental disorder should have the right to be cared for in the least restrictive environment available and with the least restrictive or intrusive treatment available, taking into account their health needs and the need to protect the safety of others.

Article 9 – Environment and living conditions

1. Facilities designed for the placement of persons with mental disorder should provide each such person, taking into account his or her state of health and the need to protect the safety of others, with an environment and living conditions as close as possible to those of persons of similar age, gender and culture in the community. Vocational rehabilitation measures to promote the integration of those persons in the community should also be provided.

2. Facilities designed for the involuntary placement of persons with mental disorder should be registered with an appropriate authority.

Article 10 – Health service provision

Member States should, taking into account available resources, take measures:

i. to provide a range of services of appropriate quality to meet the mental health needs of persons with mental disorder, taking into account the differing needs of different groups of such persons, and to ensure equitable access to such services;

ii. to make alternatives to involuntary placement and to involuntary treatment as widely available as possible;

iii. to ensure sufficient provision of hospital facilities with appropriate levels of security and of community-based services to meet the health needs of persons with mental disorder involved with the criminal justice system;

iv. to ensure that the physical health care needs of persons with mental disorder are assessed and that they are provided with equitable access to services of appropriate quality to meet such needs.

Article 11 – Professional standards

1. Professional staff involved in mental health services should have appropriate qualifications and training to enable them to perform their role within the services according to professional obligations and standards.

2. In particular, staff should receive appropriate training on:

i. protecting the dignity, human rights and fundamental freedoms of persons with mental disorder;

ii. understanding, prevention and control of violence;

iii. measures to avoid the use of restraint or seclusion;

iv. the limited circumstances in which different methods of restraint or seclusion may be justified, taking into account the benefits and risks entailed, and the correct application of such measures.

Article 12 – General principles of treatment for mental disorder

1. Persons with mental disorder should receive treatment and care provided by adequately qualified staff and based on an appropriate individually prescribed treatment plan. Whenever possible the treatment plan should be prepared in consultation with the person concerned and his or her opinion should be taken into account. The plan should be regularly reviewed and, if necessary, revised.

2. Subject to the provisions of chapter III and Articles 28 and 34 below, treatment may only be provided to a person with mental disorder with his or her consent if he or she has the capacity to give such consent, or, when the person does not have the capacity to consent, with the authorisation of a representative, authority, person or body provided for by law.

3. When because of an emergency situation the appropriate consent or authorisation cannot be obtained, any treatment for mental disorder that is medically necessary to avoid serious harm to the health of the individual concerned or to protect the safety of others may be carried out immediately.

Article 13 – Confidentiality and record-keeping

1. All personal data relating to a person with mental disorder should be considered to be confidential. Such data may only be collected, processed and communicated according to the rules relating to professional confidentiality and personal data protection.

2. Clear and comprehensive medical and, where appropriate, administrative records should be maintained for all persons with mental disorder placed or treated for such a disorder. The conditions governing access to that information should be clearly specified by law.

Article 14 – Biomedical research

Biomedical research on a person with mental disorder should respect the provisions of this Recommendation and the relevant provisions of the Convention on Human Rights and Biomedicine, its additional Protocol on Biomedical Research and the other legal provisions ensuring the protection of persons in research contexts.

Article 15 – Dependants of a person with mental disorder

The needs of family members, in particular children, who are dependent on a person with mental disorder should be given appropriate consideration.

Chapter III – Involuntary placement in psychiatric facilities, and involuntary treatment, for mental disorder

Article 16 – Scope of chapter III

The provisions of this chapter apply to persons with mental disorder:

i. who have the capacity to consent and are refusing the placement or treatment concerned; or

ii. who do not have the capacity to consent and are objecting to the placement or treatment concerned.

Article 17 – Criteria for involuntary placement

1. A person may be subject to involuntary placement only if all the following conditions are met:

i. the person has a mental disorder;

ii. the person's condition represents a significant risk of serious harm to his or her health or to other persons;

iii. the placement includes a therapeutic purpose;

iv. no less restrictive means of providing appropriate care are available;

v. the opinion of the person concerned has been taken into consideration.

2. The law may provide that exceptionally a person may be subject to involuntary placement, in accordance with the provisions of this chapter, for the minimum period necessary in order to determine whether he or she has a mental disorder that represents a significant risk of serious harm to his or her health or to others if:

i. his or her behaviour is strongly suggestive of such a disorder;

ii. his or her condition appears to represent such a risk;

iii. there is no appropriate, less restrictive means of making this determination; and

iv. the opinion of the person concerned has been taken into consideration.

Article 18 – Criteria for involuntary treatment

A person may be subject to involuntary treatment only if all the following conditions are met:

i. the person has a mental disorder;

ii. the person's condition represents a significant risk of serious harm to his or her health or to other persons;

iii. no less intrusive means of providing appropriate care are available;

iv. the opinion of the person concerned has been taken into consideration.

Article 19 – Principles concerning involuntary treatment

1. Involuntary treatment should:

i. address specific clinical signs and symptoms;

ii. be proportionate to the person's state of health;

iii. form part of a written treatment plan;

iv. be documented;

v. where appropriate, aim to enable the use of treatment acceptable to the person as soon as possible.

2. In addition to the requirements of Article 12.1 above, the treatment plan should:

 i. whenever possible be prepared in consultation with the person concerned and the person's personal advocate or representative, if any;

 ii. be reviewed at appropriate intervals and, if necessary, revised, whenever possible in consultation with the person concerned and his or her personal advocate or representative, if any.

3. Member States should ensure that involuntary treatment only takes place in an appropriate environment.

Article 20 – Procedures for taking decisions on involuntary placement and/or involuntary treatment

Decision

1. The decision to subject a person to involuntary placement should be taken by a court or another competent body. The court or other competent body should:

 i. take into account the opinion of the person concerned;

 ii. act in accordance with procedures provided by law based on the principle that the person concerned should be seen and consulted.

2. The decision to subject a person to involuntary treatment should be taken by a court or another competent body. The court or other competent body should:

 i. take into account the opinion of the person concerned;

 ii. act in accordance with procedures provided by law based on the principle that the person concerned should be seen and consulted.

However, the law may provide that when a person is subject to involuntary placement the decision to subject that person to involuntary treatment may be taken by a doctor having the requisite competence and experience, after examination of the person concerned and taking into account his or her opinion.

3. Decisions to subject a person to involuntary placement or to involuntary treatment should be documented and state the maximum period beyond which, according to law, they should be formally reviewed. This is without prejudice to the person's rights to reviews and appeals, in accordance with the provisions of Article 25.

Procedures prior to the decision

4. Involuntary placement, involuntary treatment, or their extension should only take place on the basis of examination by a doctor having the requisite competence and experience, and in accordance with valid and reliable professional standards.

5. That doctor or the competent body should consult those close to the person concerned, unless the person objects, it is impractical to do so, or it is inappropriate for other reasons.

6. Any representative of the person should be informed and consulted.

Article 21 – Procedures for taking decisions on involuntary placement and/or involuntary treatment in emergency situations

1. Procedures for emergency situations should not be used to avoid applying the procedures set out in Article 20.

2. Under emergency procedures:

 i. involuntary placement or involuntary treatment should only take place for a short period of time on the basis of a medical assessment appropriate to the measure concerned;

 ii. paragraphs 5 and 6 of Article 20 should be complied with as far as possible;

iii. decisions to subject a person to involuntary placement or to involuntary treatment should be documented and state the maximum period beyond which, according to law, they should be formally reviewed. This is without prejudice to the person's rights to reviews and appeals, in accordance with the provisions of Article 25.

3. If the measure is to be continued beyond the emergency situation, a court or another competent body should take decisions on the relevant measure, in accordance with Article 20, as soon as possible.

Article 22 – Right to information

1. Persons subject to involuntary placement or involuntary treatment should be promptly informed, verbally and in writing, of their rights and of the remedies open to them.

2. They should be informed regularly and appropriately of the reasons for the decision and the criteria for its potential extension or termination.

3. The person's representative, if any, should also be given the information.

Article 23 – Right to communication and to visits of persons subject to involuntary placement

The right of persons with mental disorder subject to involuntary placement:

i. to communicate with their lawyers, representatives or any appropriate authority should not be restricted. Their right to communicate with their personal advocates or other persons should not be unreasonably restricted;

ii. to receive visits should not be unreasonably restricted, taking into account the need to protect vulnerable persons or minors placed in or visiting a psychiatric facility.

Article 24 – Termination of involuntary placement and/or involuntary treatment

1. Involuntary placement or involuntary treatment should be terminated if any of the criteria for the measure are no longer met.

2. The doctor in charge of the person's care should be responsible for assessing whether any of the relevant criteria are no longer met unless a court has reserved the assessment of the risk of serious harm to others to itself or to a specific body.

3. Unless termination of a measure is subject to judicial decision, the doctor, the responsible authority and the competent body should be able to take action on the basis of the above criteria in order to terminate that measure.

4. Member States should aim to minimise, wherever possible, the duration of involuntary placement by the provision of appropriate aftercare services.

Article 25 – Reviews and appeals concerning the lawfulness of involuntary placement and/or involuntary treatment

1. Member States should ensure that persons subject to involuntary placement or involuntary treatment can effectively exercise the right:

i. to appeal against a decision;

ii. to have the lawfulness of the measure, or its continuing application, reviewed by a court at reasonable intervals;

iii. to be heard in person or through a personal advocate or representative at such reviews or appeals.

2. If the person, or that person's personal advocate or representative, if any, does not request such review, the responsible authority should inform the court and ensure that the continuing lawfulness of the measure is reviewed at reasonable and regular intervals.

3. Member States should consider providing the person with a lawyer for all such proceedings before a court. Where the person cannot act for him or herself, the person should have the right to a lawyer and, according to national law, to free legal aid. The lawyer should have access to all the materials, and have the right to challenge the evidence, before the court.

4. If the person has a representative, the representative should have access to all the materials, and have the right to challenge the evidence, before the court.

5. The person concerned should have access to all the materials before the court subject to the protection of the confidentiality and safety of others according to national law. If the person has no representative, he or she should have access to assistance from a personal advocate in all procedures before a court.

6. The court should deliver its decision promptly. If it identifies any violations of the relevant national legislation it should send these to the relevant body.

7. A procedure to appeal the court's decision should be provided.

Chapter IV – Placement of persons not able to consent in the absence of objection

Article 26 – Placement of persons not able to consent in the absence of objection

Member States should ensure that appropriate provisions exist to protect a person with mental disorder who does not have the capacity to consent and who is considered in need of placement and does not object to the placement.

Chapter V – Specific situations

Article 27 – Seclusion and restraint

1. Seclusion or restraint should only be used in appropriate facilities, and in compliance with the principle of least restriction, to prevent imminent harm to the person concerned or others, and in proportion to the risks entailed.

2. Such measures should only be used under medical supervision, and should be appropriately documented.

3. In addition:

   i. the person subject to seclusion or restraint should be regularly monitored;

   ii. the reasons for, and duration of, such measures should be recorded in the person's medical records and in a register.

4. This Article does not apply to momentary restraint.

Article 28 – Specific treatments

1. Treatment for mental disorder that is not aimed at producing irreversible physical effects but may be particularly intrusive should be used only if no less intrusive means of providing appropriate care is available. Member States should ensure that the use of such treatment is:

   i. subject to appropriate ethical scrutiny;

   ii. in accordance with appropriate clinical protocols reflecting international standards and safeguards;

   iii. except in emergency situations as referred to in Article 12, with the person's informed, written consent or, in the case of a person who does not have the capacity to consent, the authorisation of a court or competent body;

   iv. fully documented and recorded in a register.

2. Use of a treatment for mental disorder with the aim of producing irreversible physical effects should be exceptional, and should not be used in the context of involuntary placement. Such a treatment should only

be carried out if the person concerned has given free, informed and specific consent in writing. The treatment should be fully documented and recorded in a register, and used only:

- **i.** in accordance with the law;
- **ii.** subject to appropriate ethical scrutiny;
- **iii.** in accordance with the principle of least restriction;
- **iv.** if an independent second medical opinion agrees that it is appropriate; and
- **v.** in accordance with appropriate clinical protocols reflecting international standards and safeguards.

Article 29 – Minors

1. The provisions of this Recommendation should apply to minors unless a wider measure of protection is provided.

2. In decisions concerning placement and treatment, whether provided involuntarily or not, the opinion of the minor should be taken into consideration as an increasingly determining factor in proportion to his or her age and degree of maturity.

3. A minor subject to involuntary placement should have the right to assistance from a representative from the start of the procedure.

4. A minor should not be placed in a facility in which adults are also placed, unless such a placement would benefit the minor.

5. Minors subject to placement should have the right to a free education and to be reintegrated into the general school system as soon as possible. If possible, the minor should be individually evaluated and receive an individualised educational or training programme.

Article 30 – Procreation

The mere fact that a person has a mental disorder should not constitute a justification for permanent infringement of his or her capacity to procreate.

Article 31 – Termination of pregnancy

The mere fact that a person has a mental disorder should not constitute a justification for termination of her pregnancy.

Chapter VI – Involvement of the criminal justice system

Article 32 – Involvement of the police

1. In the fulfilment of their legal duties, the police should coordinate their interventions with those of medical and social services, if possible with the consent of the person concerned, if the behaviour of that person is strongly suggestive of mental disorder and represents a significant risk of harm to him or herself or to others.

2. Where other appropriate possibilities are not available the police may be required, in carrying out their duties, to assist in conveying or returning persons subject to involuntary placement to the relevant facility.

3. Members of the police should respect the dignity and human rights of persons with mental disorder. The importance of this duty should be emphasised during training.

4. Members of the police should receive appropriate training in the assessment and management of situations involving persons with mental disorder, which draws attention to the vulnerability of such persons in situations involving the police.

Article 33 – Persons who have been arrested

If a person whose behaviour is strongly suggestive of mental disorder is arrested:

i. the person should have the right to assistance from a representative or an appropriate personal advocate during the procedure;

ii. an appropriate medical examination should be conducted promptly at a suitable location to establish:

  a. the person's need for medical care, including psychiatric care;

  b. the person's capacity to respond to interrogation;

  c. whether the person can be safely detained in non-health care facilities.

Article 34 – Involvement of the courts

1. Under criminal law, courts may impose placement or treatment for mental disorder whether the person concerned consents to the measure or not. Member States should ensure that the person can effectively exercise the right to have the lawfulness of the measure, or its continuing application, reviewed by a court at reasonable intervals. The other provisions of chapter III should be taken into account in such placements or treatments; any non-application of those provisions should be justifiable.

2. Courts should make sentencing decisions concerning placement or treatment for mental disorder on the basis of valid and reliable standards of medical expertise, taking into consideration the need for persons with mental disorder to be treated in a place appropriate to their health needs. This provision is without prejudice to the possibility, according to law, for a court to impose psychiatric assessment and a psychiatric or psychological care programme as an alternative to imprisonment or to the delivery of a final decision.

Article 35 – Penal institutions

1. Persons with mental disorder should not be subject to discrimination in penal institutions. In particular, the principle of equivalence of care with that outside penal institutions should be respected with regard to their health care. They should be transferred between penal institution and hospital if their health needs so require.

2. Appropriate therapeutic options should be available for persons with mental disorder detained in penal institutions.

3. Involuntary treatment for mental disorder should not take place in penal institutions except in hospital units or medical units suitable for the treatment of mental disorder.

4. An independent system should monitor the treatment and care of persons with mental disorder in penal institutions.

Chapter VII – Quality assurance and monitoring

Article 36 – Monitoring of standards

1. Member States should ensure that compliance with the standards set by this recommendation and by mental health law is subject to appropriate monitoring. That monitoring should cover:

i. compliance with legal standards;

ii. compliance with technical and professional standards.

2. The systems for conducting such monitoring should:

i. have adequate financial and human resources to perform their functions;

ii. be organisationally independent from the authorities or bodies monitored;

iii. involve mental health professionals, lay persons, persons with mental disorder and those close to such persons;

iv. be coordinated, where appropriate, with other relevant audit and quality assurance systems.

Article 37 – Specific requirements for monitoring

1. Monitoring compliance with standards should include:

   i. conducting visits and inspections of mental health facilities, if necessary without prior notice, to ensure:

      a. that persons are only subject to involuntary placement in facilities registered by an appropriate authority, and that such facilities are suitable for that function;

      b. that suitable alternatives to involuntary placement are provided;

   ii. monitoring compliance with professional obligations and standards;

   iii. ensuring powers exist to investigate the death of persons subject to involuntary placement or involuntary treatment, and that any such death is notified to the appropriate authority and is subject to an independent investigation;

   iv. reviewing situations in which communication has been restricted;

   v. ensuring that complaints procedures are provided and complaints responded to appropriately.

2. Appropriate follow-up of the results of monitoring should be ensured.

3. In respect of persons subject to provisions of mental health law, the persons conducting monitoring should be entitled:

   i. to meet privately with such persons, and with their consent or that of their representatives, have access to their medical file at any time;

   ii. to receive confidential complaints from such persons;

   iii. to obtain from authorities or staff responsible for the treatment or care of such persons any information that may reasonably be considered necessary for the performance of their functions, including anonymised information from medical records.

Article 38 – Statistics, advice and reporting

1. Systematic and reliable anonymised statistical information on the application of mental health law and on complaints should be collected.

2. Those responsible for the care of persons with mental disorder should:

   i. receive from those responsible for quality assurance and monitoring:

      a. regular reports, and where possible publish those reports;

      b. advice on the conditions and facilities appropriate to the care of persons with mental disorder;

   ii. respond to questions, advice and reports arising from the quality assurance and monitoring systems.

3. Information on the implementation of mental health law and actions concerning compliance with standards should be made available to the public.

Recommendation CM/Rec(2009)3

of the Committee of Ministers to member States on monitoring the protection of human rights and dignity of persons with mental disorder

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Adopted by the Committee of Ministers on 20 May 2009 at the 1057th meeting of the Ministers' Deputies

The Committee of Ministers, under the terms of Article 15.*b* of the Statute of the Council of Europe,

Considering that common action at European level will promote better protection of the human rights and dignity of persons with mental disorder;

Having regard, in particular:

- to the Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5, 4 November 1950) and to its application by the organs established under that Convention;
- to the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine ("Convention on Human Rights and Biomedicine") (ETS No. 164, 4 April 1997);
- to its Recommendation Rec(2004)10 to member States concerning the protection of the human rights and dignity of persons with mental disorder;
- to its Recommendation Rec(2006)2 to member States on the European Prison Rules;
- to its Recommendation No. R (98) 7 to member States concerning the ethical and organisational aspects of health care in prison;
- to Recommendation 1235 (1994) of the Parliamentary Assembly on psychiatry and human rights;

Having further regard:

- to the work of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT);
- to the work of the World Health Organisation (WHO), in particular the Mental Health Action Plan for Europe "Facing the Challenges, Building Solutions", and to the corresponding Mental Health Declaration for Europe endorsed at the WHO European Ministerial Conference on Mental Health, held in Helsinki in January 2005;
- to the work of the European Union, in particular the Green Paper "Improving the mental health of the population: Towards a strategy on mental health for the European Union" and the European Pact for

Mental Health and Well-being, adopted at the European Union High-Level Conference, held in Brussels in 2008;

Considering that the development and implementation of member States' national strategies for mental health should:

- promote better understanding of mental health;
- provide more accessible and appropriate services based on individual needs;
- work towards the reduction of the stigma of, and discrimination against, people with mental disorder; and
- ensure better protection of the human rights and dignity of persons with mental disorder;

Considering that national strategies should provide adequate resources to support legal processes that underpin the protection of human rights and dignity, to develop services that are community based and to improve the care and treatment provided within health and social care;

Recalling that the development of national strategies should move mental health care and treatment from the margins of health policy and planning and treat them as essential elements in the development of socially cohesive societies;

Recalling that developments in the role of medical and other relevant non-medical professionals in the care and treatment of people with mental disorder will require not only regulatory frameworks, but also the need for further appropriate training and supervision;

Bearing in mind that all those involved in the care of people with mental disorder have a responsibility to ensure the protection of their human rights and dignity;

Bearing in mind that it is therefore necessary to work in partnership with, and provide information and support to, persons with mental disorder and those that support them, as well as the organisations that represent them,

Recommends that the governments of member States use the checklist that forms the appendix to this recommendation as the basis for the development of monitoring tools to assist in determining their level of compliance with Recommendation Rec(2004)10 of the Committee of Ministers to member States in order to protect the dignity and human rights of persons with mental disorder and ensure appropriate care for them.

Appendix to Recommendation CM/Rec(2009)3

Principle 1 – Non-discrimination

Primary derivation

Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder: Article 3 and its explanatory memorandum, paragraphs 39-45.

Meaning

Non-discrimination in this context means the avoidance of unfair discrimination against people with a history of mental disorder, a current mental disorder, or who have undergone psychiatric treatment or received a diagnosis of mental disorder. This discrimination can occur in many domains of life, such as health care, social care, housing or employment. It can be both direct and sanctioned officially or indirect, the latter being more difficult to tackle. Non-discrimination may include positive action or "reasonable adjustments" to help people to participate in society as full citizens.

Examples of measures

There is no established single line of intervention against discrimination that has a strong evidence base. However, states may find some of the following measures helpful:

i. the development of legal instruments that make it unlawful to discriminate either against people with disabilities or differences, either generally or specifically against people with a psychiatric disability, in various domains of life, such as employment;

ii. administrative measures that encourage the employment of people with such disabilities (for example quotas, workplace adjustments) coupled with services that enable access to employment, such as supported employment;

iii. anti-stigma campaigns via a variety of mechanisms (for example through mass media advertising or non-governmental organisation (NGO) publicity);

iv. anti-stigma training for key groups of workers such as the police or teachers.

Questions/Indicators

General question	Supplementary indicators		
Is discrimination prohibited by law?	Is discrimination against people with mental disorders specifically prohibited?	Is discrimination in society monitored? Are relevant data and empirical evidence available?	Where and how is it monitored? Is civil society (NGOs) involved in this process?
Q1.1	Q1.1.a	Q1.1.b	Q1.1.c
Is there an anti-discrimination campaign?	What mechanisms are used to campaign and in what settings?	What resources are allocated?	Is impact monitored, how and with what result?
Q1.2	Q1.2.a	Q1.2.b	Q1.2.c
Do public agencies encourage the employment of people with mental disorders?	Are there any quotas and are they monitored?	Are there effective measures to promote employment, such as rehabilitation programmes and supported employment schemes?	Is discrimination in the workplace monitored?
Q1.3	Q1.3.a	Q1.3.b	Q1.3.c
Is there equitable access for people with mental disorder to public services, including housing, in all parts of the country?	Is there equitable access to health care? Is there equitable access to care for people with mental disorder detained in prison or the penal system?	Are standards on an equal footing for both mental and physical health-care provision?	Is there equitable access to welfare benefits?
Q1.4	Q1.4.a	Q1.4.b	Q1.4.c
What percentage of people with mental disorders receive treatment?			
Q1.5			

Principle 2 – Civil and political rights

Primary derivation

Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder: Articles 4 and 13 and its explanatory memorandum, paragraphs 46-49.

Meaning

This principle goes hand-in-hand with the principle of non-discrimination. People with mental disorders must be allowed, wherever possible and practicable, to exercise their civil and political rights. Examples of such rights might include the right to be free from inhuman and degrading treatment, the right to respect for private and family life, the right to vote and the right to hold a public office, if capable. Confidentiality of medical records is a key part of private life in such circumstances.

Examples of measures

States may find the following types of policy interventions useful:

i. legal measures to uphold the rights of the group in question;

ii. administrative measures to uphold rights, often in support of existing legal measures;

iii. the creation of monitoring agencies (for example, a mental health/welfare commission) or use of generic monitoring agencies, for example to undertake visits to institutions;

iv. training of staff in upholding rights;

v. creation of advocacy schemes to support the exercise of rights, whether in the state sector, in NGOs or informal or user-led schemes;

vi. more general measures to encourage participation via advocacy and information, user groups, or community activities.

Questions/Indicators

General question	Supplementary indicators	
Are people with mental disorder allowed to vote?	Are people in any type of mental health institution entitled to vote?	Are there other rights that are compromised due to someone's mental health status?
Q2.1	Q2.1.a	Q2.1.b
Are people with mental disorder allowed to hold public office?		
Q2.2		
Are people with mental disorder allowed to start a family?	Are there laws or practices on sterilisation/castration that might undermine this right?	
Q2.3	Q2.3.a	
Is privacy respected both in institutions and in the community?	Are people allowed private mail, meetings or telephone conversations?	
Q2.4	Q2.4.a	

Is there an inspection agency that is able to ensure rights are upheld?	How often does it visit the institutions or people concerned?	Are its reports in the public domain?
Q2.5	Q2.5.a	Q2.5.b
Is information provided to patients on their rights in an appropriate way?	Is there a clear authority patients can go to in order to appeal against or challenge violations of their rights?	
Q2.6	Q2.6.a	
What is the extent of advocacy schemes – is there a legal and institutional framework for advocacy?	Are advocates independent?	Can they meet with patients in private?
Q2.7	Q2.7.a	Q2.7.b
How is the confidentiality of all mental health patient records protected?	Is access to these records regulated?	Are patients, advocates or those close to patients able to access records when appropriate?
Q2.8	Q2.8.a	Q2.8.b
Are the rights of people with mental disorder from minority groups protected?	Are people allowed to practice their religion?	Are they allowed to speak in their mother tongue and are they given access to translation and/or interpretation, if necessary?
Q2.9	Q2.9.a	Q2.9.b
What choice is offered to people with mental disorder on such issues as where they live or work?		
Q2.10		

Principle 3 – The promotion of physical and mental health

Primary derivation

Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder: Article 5 and 10 and its explanatory memorandum, paragraphs 50 and 69-79.

Meaning

There are two separate but related aspects to the principle of health promotion:

i. aiming to promote the mental health of the whole population and of whole communities within it (namely, public mental health), including people who are in good mental health, those who are vulnerable and those with mental disorder; this is supported by general public health principles;

ii. attending to the needs of people with mental disorder regarding care for their general physical and mental health, as this is often compromised by poor access to health care, diagnostic “overshadowing”, discrimination and systemic inequalities.

Examples of measures

There is a considerable range of relevant policy interventions to promote mental health and to promote the physical health of people with mental disorder. States may wish to consider the following:

i. some countries have developed public health or mental health improvement programmes covering information, resilience building, community development and other interventions to improve the population's mental health. Some of these address health holistically and some specifically address mental health. Many are setting-specific (for example, mental health in schools), and financed by volunteer-led or nationally funded programmes;

ii. in terms of physical health for people with mental disorder, these programmes can also range from health promotion campaigns (for example, through exercise or diet) through to improving access to health care, either via mainstream care, by providing general medical services within mental health institutions or through the use of screening programmes and health checks.

Questions/Indicators

General question	Supplementary indicators		
What national, regional or local programmes exist to promote mental health?	What resources are allocated to these programmes?	Are people with mental health problems offered any help to improve their general mental and physical health?	Are there programmes for preventing completed suicide and suicide attempts?
Q3.1	Q3.1.a	Q3.1.b	Q3.1.c
What is known about the physical health status of people with mental disorder in all settings (health, social care, community)?	Do they have any support or services to help treat physical health problems?	Is there a system to monitor the mortality of people with mental disorder by major disease groups? If so, what are the mortality rates by major disease groups?	
Q3.2	Q3.2.a	Q3.2.b	
Is the mental health and well-being of the general population monitored?	If so, how is it changing over time?	How do these figures break down by region, gender, age, etc.?	
Q3.3	Q3.3.a	Q3.3.b	

Principle 4 – The protection of vulnerable persons

Primary derivation

Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder: Articles 7 and 14 and its explanatory memorandum, paragraphs 55-57.

Meaning

People with mental disorders may be vulnerable to physical or sexual abuse, neglect or economic abuse for a variety of reasons, whether due to cognitive impairment or other reasons detailed in the explanatory memorandum to Recommendation Rec(2004)10. Policy measures and staff awareness are both necessary to protect vulnerable individuals from abuse or neglect.

Examples of measures

Many countries have legislation to protect vulnerable people or people lacking mental capacity from abuse, with varying definitions relating to capacity or vulnerability. States may wish to consider adopting the following additional mechanisms to ensure satisfactory protection:

- **i.** creating administrative systems within health or social care agencies or municipalities in order to identify vulnerable people and protect them;
- **ii.** creating an agency to oversee vulnerable people's affairs;
- **iii.** using NGOs or advocates to provide independent support for vulnerable people;
- **iv.** using criminal justice agencies to pursue abusive individuals;
- **v.** training mental health staff and other professionals to look for warning signs and seek advice;
- **vi.** using judicial authorities to appoint attorneys/guardians or similar to look after the best interests of vulnerable people.

These protective mechanisms should also address the participation of persons with mental disorder in biomedical research.

Questions/Indicators

General question	Supplementary indicators			
Is there legislation to protect vulnerable people?	What resources are deployed to implement this legislation?	What is the level of prosecutions for abuse, neglect or fraud in relation to vulnerable persons?	Is an agency charged with overseeing the legislation?	Do the regulations cover biomedical research?
Q4.1	Q4.1.a	Q4.1.b	Q4.1.c	Q4.1.d
Is clear information on capacity issues available to all concerned?	Are research staff informed about vulnerability issues?	Is there a clear distinction between the presence of mental disorder and capacity/incapacity?		
Q4.2	Q4.2.a	Q4.2.b		
Are vulnerable individuals assigned guardians, advocates or supporters?	What measures are taken to ensure the quality of such guardians?			
Q4.3	Q4.3.a			
Are there measures in place to report and investigate suspected physical or sexual abuse?				
Q4.4				
Are treatments and care settings culturally appropriate and suitable for the needs of minority groups?				
Q4.5				

Principle 5 – The quality of living conditions, services and treatment

Primary derivation

Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder: Articles 9-12, 27, 28, 36, 37 are of general relevance to service provision and its explanatory memorandum, paragraphs 63-98.

Meaning

Quality in this context refers to a range of issues covering:

- **i.** basic standards of accommodation, treatment and staff behaviour that guarantee the basic right to human dignity;
- **ii.** whether accommodation is appropriate, services and treatment are therapeutic;
- **iii.** whether they conform with accepted international standards;
- **iv.** whether they are satisfactory, first of all to the person concerned, and to those close to the person, staff and advocates, taking into account any relevant international and national norms for health care, housing etc.;
- **v.** whether services or treatment are evidence-based and take account of various types of evidence and various relevant disciplines (for example, medicine, social science, management science, psychology).

These are complex issues that will vary from one state to another according to the location and nature of the care system. In some ways it is harder to monitor the quality of care for patients in the community than in institutions. However, certain general principles can be applied.

In order to achieve high quality it is essential that services, however they are organised, have well-defined governance administrative arrangements so that it is clear who holds ultimate responsibility for quality, and for dealing with complaints or incidents.

Examples of measures

Quality assurance in some form or another tends to be the fundamental basis of policy for many member States, based on a wider evidence base that applies across health and social care and even public- and private-sector management generally. Such measures may include:

- **i.** the setting of quality standards nationally, regionally and locally;
- **ii.** clinical governance, in other words the monitoring and supervision of clinical practice to ensure that it meets quality standards and is in accordance with the best available evidence;
- **iii.** the creation of regulatory agencies to deal with poor-quality facilities, staff or practices;
- **iv.** the encouragement of consumer involvement, NGOs and the creation of incentives to improve quality;
- **v.** the establishment of mechanisms to encourage or enforce evidence-based care and treatment.

Questions/Indicators

General question	Supplementary indicators		
Are there national, regional or local standards concerning living conditions and treatment?	How are these standards monitored? Do they cover all the main aspects of living conditions and treatment?	What proportion of services/ facilities meet these standards?	Do the standards meet or exceed the minimum level as set out by the CPT (the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment)?

Q5.1	Q5.1.a	Q5.1.b	Q5.1.c
Is there a registration or other regulatory framework for service providers?	Are there mechanisms for complaints to be received from interested parties?	Is the regulator independent and can he or she suspend registration?	Is there a regulatory system for staff as a whole or for relevant staff groups that covers eligibility to practice?
Q5.2	Q5.2.a	Q5.2.b	Q5.2.c
Is there a national service plan/framework to develop services?	What funding is allocated for strategic development?	Who is responsible for delivery over what time scale?	Does the plan outline the contribution of general services (for example, health, social care, housing)?
Q5.3	Q5.3.a	Q5.3.b	Q5.3.c
Do plans or standards cover the criminal justice and penal system?			
Q5.4			
Is there a system nationally, locally or regionally, to monitor the quality of clinical practice (clinical governance)?	Is there a source of guidance/direction on evidence-based treatment that can inform practice and clinical governance or supervision?		
Q5.5	Q5.5.a		
Is the governance of service providers clear and understood?	Is information available on governance mechanisms for patients and those close to them?		
Q5.6	Q5.6.a		
Is there a system of individual care planning?	Is each patient's care regularly reviewed?	Are plans explained or disclosed to patients?	
Q5.7	Q5.7.a	Q5.7.b	
Is basic information collected on the need for services?	Are there data on epidemiology, levels of need, etc., to support planning?		
Q5.8	Q5.8.a		
Are there measures to monitor changes over time in a range of indicators reflecting the quality of mental health services?	Are there measures to monitor re-admission rates in psychiatric in-patient facilities over time?		

Q5.9	Q5.9.a		
Are there specific mechanisms for ensuring all patients give informed consent, where they are able to do so?	Is adequate information on services and treatments given to patients and advocates?		
Q5.10	Q5.10.a		
Are there suitable arrangements for workforce development to support quality in services?	Is the supply of workers in each discipline adequate?		
Q5.11	Q5.11.a		
Is the availability of effective therapeutic and rehabilitative care adequate?			
Q5.12			
Are there mechanisms allowing for the participation of patients and those close to them in programme planning, health service delivery and evaluation?			
Q5.13			

Principle 6 – Least restrictive alternative

Primary derivation

Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder: Articles 3 and 8 and its explanatory memorandum, paragraphs 39-45 and 58-62.

Meaning

People with mental disorder should be cared for in the way and in the setting that least restricts their liberty and ability to live a normal life and to participate in the life of the community. This principle must be continuously balanced against the need to provide appropriate treatment (subject to consent provisions) and the protection of their health and safety and the safety of others.

Examples of measures

The key to being able to realise this principle is the provision of a range of services that allows patients to receive care in the setting and manner that is least restrictive for them. Many member States have developed such a range of services in different ways, and there is a large body of literature on this. Deinstitutionalisation is a large part of this agenda, but it has been recognised that:

i. institutions can vary in their level of restriction, and this principle should apply to institutions as well as other services;

ii. community services can be as restrictive as institutions if they are poorly designed.

Questions/Indicators

General question	Supplementary indicators		
Are people with mental disorder allowed to refuse treatment (except where due process has determined involuntary treatment)?	In cases of involuntary placement, are people allowed to refuse treatment?	What mechanisms exist to monitor the use of seclusion and/or restraint?	
Q6.1	Q6.1.a	Q6.1.b	
Do clinical practice guidelines on seclusion and restraint exist?	How are these guidelines monitored? Do they include an obligation to register and report every instance of seclusion and restraint?	Is there an independent review of any decision to apply seclusion or restraint?	What actions exist to progressively reduce the need to apply restraint or seclusion?
Q6.2	Q6.2.a	Q6.2.b	Q6.2.c
Does a range of facilities for care including non-institutional care exist?	If not, are there plans in place to develop such a range of facilities?	Are home or community treatment options available or planned?	Is adequate aftercare provided to support life in the community after discharge?
Q6.3	Q6.3.a	Q6.3.b	Q6.3.c
Is primary health care equipped to help people with mental disorders?			
Q6.4			
Is there any choice of treatment options?	Are there alternatives to medication?		
Q6.5	Q6.5.a		
Where care is institutional what measures are in place to minimise restrictions on normal life?	Are there arrangements for day activities, community involvement, etc.?	Are there visiting arrangements?	Can patients communicate with society at large by phone, mail, etc.?
Q6.6	Q6.6.a	Q6.6.b	Q6.6.c
Are patients in mental health facilities individually informed of their rights and of the house rules in writing or in another form they can understand?	Are the house rules of mental health facilities subject to independent scrutiny?		
Q6.7	Q6.7.a		

Is there a system to monitor the rates per 100 000 population of the use of the occurrence of both involuntary placement and treatment?			
Q6.8			

Principle 7 – The quality of the legal framework for mental health and its implementation and monitoring

Primary derivation

Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder: Chapter III, and its explanatory memorandum, paragraphs 119-224.

Meaning

Good quality legislation and monitoring methods are indispensable in order to ensure that people's rights are protected when they are involuntarily placed in relevant institutions and/or involuntarily treated because of their mental disorder. This is dealt with in great detail in Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of the human rights and dignity of persons with mental disorder.

Examples of measures

Many countries have mental health legislation, but some use wider legislation (for example, on mental capacity) to regulate mental health-related involuntary placement and involuntary treatment. These laws are well documented. Many countries also have public reports from monitoring agencies on a regular basis.

Questions/Indicators

General question	Supplementary indicators		
Is there a comprehensive legal framework (whether separate or as part of wider legislation) that protects the rights and dignity of persons with mental disorder?	Does it comply with the principles set out in Recommendation Rec(2004)10?	Is there an appropriate scrutiny of records documenting involuntary placement and involuntary treatment?	
Q7.1	Q7.1.a	Q7.1.b	
Is there a national monitoring agency that ensures compliance with the legislation?	Does it report regularly?	Are those reports published?	Are there links with other quality assurance mechanisms, for example, registration arrangements?

Q7.2	Q7.2.a	Q7.2.b	Q7.2.c
Does an independent agency monitor deaths and serious incidents amongst detained patients?	Are such reports published?		
Q7.3	Q7.3.a		
Is there clear guidance and training for staff on the legislation?	Are there training programmes for the police on relevant aspects of the mental health legislation and on dealing with people with mental disorder?		
Q7.4	Q7.4.a		
Does the legislation include appeals procedures?	Are appeals heard by independent and appropriately qualified individuals?	Is there a clear complaints procedure?	
Q7.5	Q7.5.a	Q7.5.b	
Is information on the law available to patients and families?	Do patients and those close to them have access to independent advocacy?		
Q7.6	Q7.6.a		
Is there an appropriate legal framework for dealing with offenders with mental disorder?	Can mental health care be accessed by those detained in criminal justice or penal settings?	Is there independent scrutiny of the therapeutic environment in forensic establishments?	
Q7.7	Q7.7.a	Q7.7.b	
Is there a clear definition of what constitutes voluntary hospitalisation?	Who determines whether it is voluntary and are there arrangements for guaranteeing the rights of hospitalised adults without legal capacity?		
Q7.8	Q7.8.a		
Are there clear admission procedures for both voluntary and involuntary patients?	At what stage is the patient's mental state assessed?		
Q7.9	Q7.9.a		
Are patients encouraged to express their views about future treatment when well enough to do so?			
Q7.10			

Are there suitable arrangements for dealing with the detention of children?	Are there arrangements for involving parents, guardians or carers in the decision to detain a child?		
Q7.11	Q7.11.a		

Principle 8 – Taking account of the rights and needs of those close to people with mental disorder

Primary derivation

Recommendation Rec(2004)10 of the Committee of Ministers to member States concerning the protection of human rights and dignity of person with mental disorder: Article 15 and its explanatory memorandum, paragraphs 95, 103 and 112-114.

Meaning

In Europe, persons with a mental disorder are mainly taken care of by their families and people close to them. Yet the physical and mental health of these informal carers can be under threat as a result of mental disorder within the family. Some mental disorders should be seen in the context of the family (biological, psychological and social). There is a need to pay attention to the rights and needs of non-professional carers and those who are dependent on persons with mental disorder, particularly children.

Examples of measures

Policy interventions to support those close to the patient, and especially carers, are relatively poorly developed internationally, but examples may include:

i. rights for carers set out as part of legal instruments concerning mental health generally, for example, the right to be involved in the process of taking persons with mental disorder into care and involuntary placement in institutions;

ii. the provision of support services for carers and those close to the patient, such as a carer's assessment, counselling, respite care, etc.;

iii. the development of mutual support groups and information tailored to the person's needs, often led by NGOs.

Questions/Indicators

General question	Supplementary indicators		
Is there a mechanism for assessing the needs of those close to the patient?	Are there any services to support carers and others close to the patient?	Are there plans to develop such services in the future?	What resources are devoted to public and/or NGO services and support for carers and those close to the patient?
Q8.1	Q8.1.a	Q8.1.b	Q8.1.c
Are there mechanisms for seeking the views of those close to the patient as part of formal and informal care processes?	Are there self-help groups and other social networks for carers?		
Q8.2	Q8.2.a		
Are there mechanisms for assessing the needs of dependants, particularly children?			
Q8.3			

Recommendation CM/Rec(2011)14

of the Committee of Ministers to member States on the participation of persons with disabilities in political and public life

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Adopted by the Committee of Ministers on 16 November 2011 at the 1126th meeting of the Ministers' Deputies

The Committee of Ministers, under the terms of Article 15.*b* of the Statute of the Council of Europe,

Having regard to the Universal Declaration of Human Rights (1948), the United Nations International Covenant on Civil and Political Rights (1966), the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) and the United Nations Convention on the Rights of Persons with Disabilities (2006), which recognise to all persons the universal right to equality before the law and protection against discrimination;

Having regard to the relevant provisions of the Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5), and particularly of its Protocol (ETS No. 9), Article 3, "Right to free elections";

Bearing in mind the principles embodied in the European Social Charter (revised) (ETS No. 163), namely Article 15 "The right of persons with disabilities to independence, social integration and participation in the life of the community", including paragraph 3 thereof on reasonable accommodation with a view to promoting full social integration and participation of persons with disabilities in the life of the community;

Having regard to the relevant provisions of the United Nations Convention on the Rights of Persons with Disabilities on the participation of persons with disabilities in political and public life, particularly its Article 29 "Participation in political and public life", which highlights the obligation to secure for persons with disabilities the enjoyment of their political rights on an equal basis with other members of society, and Article 2 "Definitions", which includes the denial of reasonable accommodation in its definition of discrimination on the basis of disability;

Recalling that in the Warsaw Declaration, adopted at their Third Summit (2005), the Heads of State and Government of the Council of Europe affirmed that "effective democracy and good governance at all levels are essential for preventing conflicts, promoting stability, facilitating economic and social progress, and hence for creating sustainable communities where people want to live and work, now and in the future", and that this presupposes the active involvement of citizens and civil society;

Taking into account the *acquis* of the Council of Europe in the field of participatory democracy and social cohesion over the last ten years, including the following:

1. Committee of Ministers' recommendations:

- Rec(2001)19 on the participation of citizens in local public life;
- Rec(2003)3 on balanced participation of women and men in political and public decision making;
- Rec(2004)11 on legal, operational and technical standards for e-voting;
- Rec(2004)15 on electronic governance ("e-governance");
- CM/Rec(2009)1 on electronic democracy (e-democracy);
- CM/Rec(2009)2 on the evaluation, auditing and monitoring of participation and participation policies at local and regional level;
- CM/Rec(2009)3 on monitoring the protection of human rights and dignity of persons with a mental disorder;
- CM/Rec(2009)6 on ageing and disability in the 21st century: sustainable frameworks to enable greater quality of life in an inclusive society;
- CM/Rec(2009)8 on achieving full participation through Universal Design;

2. Parliamentary Assembly texts:

- Recommendation 1592 (2003) "Towards full social inclusion of people with disabilities";
- Recommendation 1598 (2003) "Protection of sign languages in the member States of the Council of Europe";
- Resolution 1459 (2005) and Recommendation 1714 (2005) "Abolition of restrictions on the right to vote";
- Resolution 1642 (2009) and Recommendation 1854 (2009) "Access to rights for people with disabilities and their full and active participation in society";

3. Congress of Local and Regional Authorities of the Council of Europe texts:

- Revised European Charter on the Participation of Young People in Local and Regional Life (2003);
- Additional Protocol to the European Charter of Local Self-Government on the right to participate in the affairs of a local authority (2009);

Having specific regard to Recommendation Rec(2006)5 of the Committee of Ministers to member States on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015 ("Council of Europe Disability Action Plan"), especially Action Line No. 1 "Participation in political and public life" which states that participation by all citizens "in political and public life and democratic processes is essential for the development and maintenance of democratic societies";

Recalling that the aforementioned Action Line No. 1 stresses the importance of including all citizens in decision making and taking account of the diversity of the members of society in order to "benefit from their varied experience and knowledge" in managing public affairs at all stages in the development of legislation, policies and practices;

Considering that the 15 Action Lines in the Council of Europe Disability Action Plan are complementary and that they all set specific goals in pursuit of the aim of constructing inclusive, participatory societies respecting the human rights of all the members of these societies in their diversity;

Considering that this aim cannot be achieved without involving persons with disabilities, whatever their individual impairment(s) might be; such involvement requires positive action from member States in favour of persons with disabilities in order to provide them with necessary reasonable accommodations and legal guarantees on the exercise of their political rights under conditions of equality and non-discrimination;

Being convinced that, in all the relevant fields of action, at the international, national, regional and local levels, an approach based on human rights, which are universal, indivisible and interdependent, has to be adopted, member States have several means at their disposal for doing so, recognising that there is no one tried-and-true approach to combating discrimination;

Acknowledging that, where the social integration of persons with disabilities is concerned, a conceptual and methodological sea change has taken place in international law since the end of the 20th century, as persons with disabilities are no longer considered as patients or objects of charity but as subjects of rights and full citizens who, when interacting with social and environmental barriers, may be prevented from participating in the life of society;

Acknowledging that it is incumbent on the governments of member States to identify and eliminate any obstacles impeding the participation of persons with disabilities in the life of society and to prevent the creation of any new obstacles, in order to guarantee equal and democratic rights in society for all individuals by recognising that all of society should benefit from diversity and equal participation by all;

Considering that the intergovernmental work on democratic participation of persons with disabilities in public and political life at the national, local and regional levels which has been conducted since the adoption of the Council of Europe Disability Action Plan has highlighted a number of questions which would be worth addressing under a new recommendation to member States referring to Action Line No. 1 "Participation in political and public life" and also to other action lines in the said action plan,

Recommends that the governments of member States:

1. continue their efforts to reach the objectives of Action Line No. 1 "Participation in political and public life" of the Council of Europe Disability Action Plan and to monitor and evaluate the implementation of the provisions of this action line;

2. adopt the appropriate legislative measures in line with the above mentioned Action Line No. 1, facilitate the development of the proper support services providing the needed assistance and conduct other positive actions likely to encourage women and men with disabilities, as well as children and young people with disabilities, to participate in political and public life as citizens holding equal political rights and obligations, with respect for the following principles and measures which are presented in detail in the appendix to this recommendation:

    2.1. equal rights and opportunities;

    2.2. accessibility:

        2.2.1. built environment;

        2.2.2. goods and services;

        2.2.3. information and communication;

        2.2.4. voting procedures, ballots and facilities;

    2.3. non-discrimination in the exercise of legal capacity;

    2.4. assistance in decision making and free choice by persons with disabilities;

    2.5. education and training in democratic participation;

    2.6. including persons with disabilities in decision-making processes;

3. initiate or continue work to evaluate the democratic participation of persons with disabilities and its impact at national, regional and local levels, so as to consolidate co-operation among decision makers, election management bodies, researchers, academic institutions and NGOs in their respective countries, in order to secure reliable and comparable information and statistics in respect to national legislation, as well as to collect good practices;

4. reinforce their co-operation within the Council of Europe by exchanging good practices and developing intergovernmental activities and networks with a view to creating the conditions to include all persons with disabilities in political and public life and ensure their equal rights and opportunities;

5. integrate this recommendation into their national disability strategies, policies and programmes, translate it into their official language(s) and disseminate it as widely as possible;

6. involve persons with disabilities, including children and young people with disabilities, through their representative organisations, in disseminating and implementing this recommendation.

Appendix to Recommendation CM/Rec(2011)14

The objective of the present appendix is to propose principles and measures to increase the participation of persons with disabilities in political and public life at all levels – local, regional, national and international – in the Council of Europe member States. It is noted that persons with disabilities generally account for a small proportion of those involved in public affairs and occupying representative functions. The aim is to achieve full equality in participation in elections and representation of all members of society in decision-making bodies to ensure that the diversity of views and needs is taken into account in national, regional and local legislation and policy development in member States.

1. Equal rights and opportunities

All persons with disabilities – men and women, including in certain circumstances children – have the right to participate in political and public life as citizens on an equal basis with others. Member States should secure for persons with disabilities equal rights and opportunities to participate in political and public life, and therefore prevent any possible discrimination by providing appropriate information and creating an environment which will enable persons with disabilities to participate fully in political and public life.

Persons with disabilities should be enabled, freely and without discrimination, particularly of a legal, environmental and/or financial nature, to:

- vote and stand for election at all levels;
- have access to communication, information, procedures and facilities related to their political rights;
- have equal access to public duties;
- meet, join or found associations;
- meet, join or found political parties;
- express their opinions;
- be closely consulted and actively included in the development and implementation of legislation and policies, and in other decision-making processes concerning issues that affect them.

In all the measures taken to facilitate the participation of persons with disabilities in political and public life, the authorities and other competent bodies should take into account the fact that persons with disabilities represent various groups in society. They can have a wide variety of impairments, very different personal characteristics and be in varying socio-economic situations.

The general principle of non-discrimination should form the basis of governmental policies geared to ensuring equal rights and opportunities for persons with disabilities through the removal of restrictions on legal capacity, the abolition of voting tests, the introduction of relevant legal provisions, specific forms of assistance, awareness raising and funding.

In the event of a violation of their rights, persons with disabilities shall have equal access to justice and enjoy the same level of legal protection as all other persons, in accordance with the United Nations International Covenant on Civil and Political Rights (1966) and, as appropriate, Article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), as well as foreseen by the Universal Declaration of Human Rights (1948) and the provisions of Action Line No. 12 "Legal protection" of the Council of Europe Disability Action Plan 2006-2015 (Recommendation Rec(2006)5 on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015).

2. Accessibility

Participatory democracy for persons with disabilities involves accessibility of premises, services and goods, procedures, rules, information and communications. Failure to guarantee accessibility by means of Universal Design and reasonable accommodations would infringe the rights and the dignity of persons with disabilities and the principles of non-discrimination and equal opportunities. "Reasonable accommodation" and "Universal Design" should be understood as defined in Article 2 of the UNCRPD.[1]

Member States should ensure that all aspects of political and public life are accessible to persons with disabilities. To this end, they should pay particular attention to the manner in which all relevant actors, public or private, implement the legal provisions guaranteeing equal access by all members of society to products, assets and services (see Article 4, paragraph 1.*e* and Article 9 of the UNCRPD).

2.1. Built environment

The built environment is a challenge to persons with disabilities when they wish to participate in public affairs and when they defend their rights, for example in the judicial sphere (see Article 13 of the UNCRPD). Member States should avoid and prevent the creation of barriers in access to the built environment.

Legislative and other appropriate measures should be adopted in order to guarantee the removal, within a reasonable time, of existing physical obstacles hampering access to places where public affairs such as central and local administrative activities and judicial proceedings are conducted. The same recommendation applies to political activities such as campaigns and elections; it is recommended to organise all public meetings and events in accessible premises.

In order to achieve this, the principles of Universal Design should be applied in a co-ordinated, harmonised and intersectoral manner (see Recommendation CM/Rec(2009)8 of the Committee of Ministers to member States on achieving full participation through Universal Design). It should be noted that Universal Design is transgenerational and user-oriented, and fulfils the criteria of convenience and ease of use for all members of society.

2.2. Goods and services

To enable persons with disabilities to participate fully in political and public life, member States should take appropriate measures to guarantee them effective non-discriminatory access to and supply of relevant goods and services, including transportation and other indoor and outdoor facilities, which are open or provided to the general public, both in urban and rural areas.

Measures to be taken by member States or providers of goods and services should not impose a disproportionate burden, or require fundamental alteration of goods and services in question or require the provision of alternatives thereto. Goods and services should be provided by anticipation in a manner that respects the dignity and independence of persons with disabilities.

2.3. Information and communication

Member States should take steps to ensure that information on public affairs and political activities (including electoral programmes) are available in various forms (including sign language, Braille, audio, electronic and easy-to-read and understand versions). It would be useful to facilitate several modes of communication between citizens and their political representatives or other public mandate holders.

Universal Design principles should be used to design, develop, implement and promote new technologies, including assistive technologies and equipment, which could facilitate the participation of persons with disabilities in political and public life. These technologies and equipment should be accessible and affordable to all those who need them. When communicating with a person with disabilities, a provider of goods and services should be required to do so in a manner that takes into account the person's disability.

Member States should require political parties, associations, broadcasting corporations and other bodies in receipt of state subsidies or funding to be accountable for the active measures adopted to ensure that persons with disabilities have access to information on political debates, campaigns and events which fall within their field of action.

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[1] UNCRPD definitions: "Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. "Universal Design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design. "Universal Design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

2.4. Voting procedures, ballots and facilities

Member States should pay due attention to the importance of accessible rules and procedures before and during elections at all levels, as well as at other occasions when citizens are invited to participate in the conduct of public affairs. Accessible ballot papers and facilities should be available at the time of voting. Information about accessibility of voting procedures, ballots and facilities, through communications in easy-to-read and to understand formats, should be largely disseminated in advance, in order to encourage citizens to participate in political and public life.

Universal Design principles should help to ensure that existing obstacles hampering access to the physical environment, goods and services, information and communications, in particular as regards voting procedures and ballots, are removed and that no new obstacles are created. The objectives and specific actions set out in Action Lines No. 6 "Built environment", No. 7 "Transport", No. 3 "Information and communication" and, as appropriate, the provisions of the relevant articles of the UNCRPD, namely 9 "Accessibility", 21 "Freedom of expression and opinion, and access to information" and 13 "Access to justice" should be used to guide the measures to be taken in pursuing the aims of total accessibility as described above.

3. Non-discrimination in the exercise of legal capacity

Bearing in mind the provisions of Action Line No. 12 "Legal protection" of the Council of Europe Disability Action Plan 2006-2015 and, as appropriate, Article 12 "Equal recognition before the law" of the UNCRPD, member States should ensure that their legislation overall does not discriminate against persons with disabilities in political and public life. They should make support available to persons who may need assistance in exercising their legal capacity in various aspects of life, in particular when exercising their right to vote, which is a universal right, in particular under the terms of Article 29 of the UNCRPD, as in other international legal instruments to which member States are parties. Member States should ensure that their legislation is devoid, at all levels, of provisions depriving persons with disabilities of the right to vote or stand for election.

All persons with disabilities, whether they have physical, sensory, or intellectual impairments, mental health problems or chronic illnesses, have the right to vote on the same basis as other citizens, and should not be deprived of this right by any law limiting their legal capacity, by any judicial or other decision or by any other measure based on their disability, cognitive functioning or perceived capacity. All persons with disabilities are also entitled to stand for office on an equal basis with others and should not be deprived of this right by any law restricting their legal capacity, by any judicial or other decision based on their disability, cognitive functioning or perceived capacity, or by any other means.

Member States should ensure that discrimination based on disability is prohibited in all fields of political and public life, namely wherever it is a question of voting, standing for election, exercising a mandate and/or being active in political parties or non-governmental organisations, or exercising public duties. These discriminatory acts include the failure to comply with the obligation to implement reasonable accommodations (see point 2 above, "Accessibility") for persons with disabilities so that they can fully enjoy their political rights.

4. Assistance in decision making and free choice by persons with disabilities

All citizens should be empowered to fully participate in political and public life. As regards persons with disabilities, the recognition of their capacities, knowledge and expertise in making their own decisions and taking part in political and public life is a precondition for increasing their meaningful participation in the life of society. Persons with disabilities and/or their representative organisations should be involved in the whole policy cycle: programming, planning, implementing, monitoring and evaluating policies that affect persons with disabilities. The right to vote and to stand for elections guarantees in the first place citizens' participation in political and public life.

Consequently, member States should ensure that polling stations and ballot papers are fully accessible and that measures are for instance taken to enable persons with disabilities to vote without assistance (by providing facilities in polling stations for instant access to information, for example pocket instruments or other tactile devices to be placed on the ballot papers to help blind or partially-sighted people).

Where persons with disabilities need assistance in order to vote or express their opinion, member States should ensure that they are allowed to be accompanied by a person of their choice, for example in the voting booth when casting their vote. “Assistance” here means helping the person with disabilities to express his or her decision, not taking the decision in his or her place.

Member States should ensure that participation in political and public life is possible for persons with disabilities living in hospitals or any other type of residential establishment. All persons in all living situations should have access to information on political campaigns and events and have practical opportunities for voting. To this end, member States should introduce mechanisms to enable persons with disabilities to vote by other means, where travel to conventional polling stations is a major obstacle to their political participation.

In pursuing these objectives, member States should bear in mind the provisions of Article 29 “Participation in political and public life” and Article 20 “Personal mobility” of the UNCRPD, and Action Line No. 8 “Community living” of the Council of Europe Disability Action Plan.

5. Education and training in democratic participation

As regards participation of persons with disabilities in political and public life, combating stereotypes among all members of society is a task which should be tackled by means of training programmes and awareness-raising campaigns in accordance with the spirit of Article 8 of the UNCRPD and Action Line No. 15 of the Council of Europe Disability Action Plan, both of which are entitled “Awareness-raising”.

Every person who deals with members of the public or other third parties on behalf of a provider of information, goods or services in connection with political or public life, whether the person does so as an employee, agent, volunteer or otherwise, should receive training on the provision of information, goods or services to persons with disabilities. Practical training should be in particular provided for all officials responsible for elections and those responsible for operating or supervising polling stations. Training should be provided on an ongoing basis in connection with changes to relevant legislations, policies, practices and procedures, and include the following matters:

- how to interact and communicate with persons with various types of disability;
- how to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person;
- how to use equipment or devices available on the premises concerned that may help persons with disabilities;
- what to do if a person with a particular type of disability is having difficulty accessing information, goods or services provided.

Persons with disabilities themselves, children and adults, should, by means of formal education, extracurricular activities, interactive learning programmes and appropriate individual and vocational training courses, gain confidence in themselves in order to carry out their own decisions and fulfil their potential and capacities in public and political life (see points 1 and 4 above). Active measures are required to encourage persons with disabilities to discharge official duties with regard to managing elections and ensure the requisite reasonable accommodation to enable them to do so, and to take active part in political and public life.

In order to encourage all persons with disabilities, from a very early age, to take an interest in and seek information on the political process, member States should adopt measures corresponding to the specific objectives of Action Line No. 4 and Article 24 of the UNCRPD, both of which are entitled “Education” and which advocate inclusive education. One of these measures should consist of ensuring that active citizenship and the political process are subjects dealt with in the educational programmes at all levels.

6. Including persons with disabilities in decision-making processes

Member States should engage in close consultation with and actively involve persons with disabilities and their representative organisations in developing, implementing and monitoring legislation, policies and programmes which affect their participation in political and public life and, more generally, life in society. They should take appropriate capacity-building and financial measures with a view to making sure that organisations of persons with disabilities (DPOs) have the capacity to fully participate and contribute to the conduct of public affairs. Public authorities and DPOs should aim at having a constructive relationship based on mutual trust.

Member States should also ensure that all their participatory processes are fully accessible to persons with disabilities and do not exclude them, in accordance with the spirit of the Council of Europe Disability Action Plan and the UNCRPD, particularly Article 4, paragraph 3, Article 29.*b* and Article 33 thereof. Appropriate mechanisms should be adopted to ensure meaningful representation of persons with disabilities and/or DPOs in relevant bodies of public authorities and advisory boards.

Member States which have ratified the UNCRPD should also engage with DPOs to regularly review the procedures for integrating persons with disabilities and their representative organisations in the mechanism, which States Parties to the convention are required to establish under Article 33 of the UNCRPD, responsible for promoting, protecting and monitoring the implementation of the convention. Where the participation of persons with disabilities and their representative organisations in this mechanism is limited (because, for instance, it does not take proper account of the diversity of persons with disabilities mentioned in point 1 above or owing to physical obstacles or obstacles to information, etc.), arrangements should be made to facilitate their participation. These measures should, as appropriate, include granting financial or other assistance to programmes for reinforcing the capacities of DPOs.

Recommendation CM/Rec(2012)6

of the Committee of Ministers to member States on the protection and promotion of the rights of women and girls with disabilities

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Adopted by the Committee of Ministers on 13 June 2012 at the 1145th meeting of the Ministers' Deputies

The Committee of Ministers, under the terms of Article 15.*b* of the Statute of the Council of Europe,

Having regard to the Universal Declaration of Human Rights (1948), the United Nations Declaration on the Elimination of Violence Against Women (1993), the Beijing Declaration (1995), the United Nations Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights (1966), the United Nations Convention on the Elimination of All Forms of Discrimination against Women (1979) and its Optional Protocol (1999), the United Nations Convention on the Rights of the Child (1989) and its Optional Protocols (2000), the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) and the United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol (2006), which recognise to all women the universal right to equality before the law and protection against discrimination;

Having regard to the relevant provisions of the Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5), particularly Article 14 "Prohibition of discrimination", and Protocol No. 12 (ETS No. 177), particularly its Article 1 "General prohibition of discrimination", the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201) and the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (CETS No. 210);

Bearing in mind the principles embodied in the European Social Charter (ETS No. 35) and the revised European Social Charter (ETS No. 163), in particular its Article 15 "The right of persons with disabilities to independence, social integration and participation in the life of the community";

Having regard to the relevant provisions of the United Nations Convention on the Rights of Persons with Disabilities on women with disabilities, particularly its Article 6 "Women with disabilities" which highlights the measures to be taken in order to "ensure the full development, advancement and empowerment of women";

Recalling that in the Warsaw Declaration adopted at the Third Summit of the Heads of State and Government of the Council of Europe (2005), the member States affirmed that "effective democracy and good governance at all levels are essential for preventing conflicts, promoting stability, facilitating economic and social progress, and hence for creating sustainable communities where people want to live and work, now and in the future", and that this presupposes the active involvement of citizens and civil society;

Taking into account the *acquis* of the Council of Europe in the fields of equal opportunities, non-discrimination and social cohesion over the last fifteen years, including the following legal texts:

1. Committee of Ministers' recommendations and resolution:

- Recommendation Rec(85)2 on legal protection against sex discrimination;
- Recommendation Rec(92)6 on a coherent policy for people with disabilities;
- Recommendation Rec(98)14 on gender mainstreaming;
- Recommendation Rec(2002)5 on the protection of women against violence;
- Recommendation Rec(2003)3 on balanced participation of women and men in political and public decision making;
- Recommendation Rec(2004)10 concerning the protection of the human rights and dignity of persons with mental disorder;
- Resolution ResAP(2005)1 on safeguarding adults and children with disabilities against abuse;
- Recommendation CM/Rec(2005)5 on the rights of children living in residential institutions;
- Recommendation CM/Rec(2006)5 on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015;
- Recommendation CM/Rec(2007)13 on gender mainstreaming in education;
- Recommendation CM/Rec(2007)17 on gender equality standards and mechanisms;
- Recommendation CM/Rec(2008)1 on the inclusion of gender differences in health policy;
- Recommendation CM/Rec(2009)3 on monitoring the protection of human rights and dignity of persons with mental disorder;
- Recommendation CM/Rec(2009)6 on ageing and disability in the 21st century: sustainable frameworks to enable greater quality of life in an inclusive society;
- Recommendation CM/Rec(2009)8 on achieving full participation through Universal Design;
- Recommendation CM/Rec(2009)9 on the education and social inclusion of children and young people with autism spectrum disorders;
- Recommendation CM/Rec(2010)2 on deinstitutionalisation and community living of children with disabilities;
- Recommendation CM/Rec(2010)10 on the role of women and men in conflict prevention and resolution and in peace building;
- Recommendation CM/Rec(2011)12 on children's rights and social services friendly to children and families;
- Recommendation CM/Rec(2011)14 on the participation of persons with disabilities in political and public life;

2. Parliamentary Assembly recommendations and resolutions:

- Recommendation 1229 (1994) on equality of rights between men and women;
- Recommendation 1371 (1998) on abuse and neglect of children;
- Recommendation 1413 (1999) on equal representation in political life;
- Recommendation 1450 (2000) on violence against women in Europe;
- Resolution 1337 (2003) on migration connected with trafficking in women and prostitution;
- Recommendation 1592 (2003) "Towards full social inclusion of people with disabilities";
- Recommendation 1601 (2003) on improving the lot of abandoned children in institutions;
- Resolution 1464 (2005) on women and religion in Europe;

- Recommendation 1698 (2005) on the rights of children in institutions: follow-up to Recommendation 1601 (2003) of the Parliamentary Assembly;
- Resolution 1558 (2007) and Recommendation 1800 (2007) on the feminisation of poverty;
- Resolution 1615 (2008) on empowering women in a modern, multicultural society;
- Recommendation 1853 (2008) on involving men in achieving gender equality;
- Resolution 1642 (2009) and Recommendation 1854 (2009) on access to rights for people with disabilities and their full and active participation in society;
- Resolution 1669 (2009) and Recommendation 1872 (2009) on the rights of today's girls: the rights of tomorrow's women;
- Resolution 1662 (2009) on action to combat gender-based human rights violations, including the abduction of women and girls;
- Recommendation 1949 (2010) on promoting the most favourable gender equality laws in Europe;

3. Congress of Local and Regional Authorities recommendations and resolutions:

- Resolution 85 (1999) and Recommendation 68 (1999) on women's participation in political life in the regions of Europe;
- Resolution 134 (2002) and Recommendation 111 (2002) on women's individual voting rights: a democratic requirement;
- Resolution 176 (2004) and Recommendation 148 (2004) on gender mainstreaming at local and regional level: a strategy to promote equality between women and men in cities and regions;
- Resolution 279 (2009) and Recommendation 260 (2009) on combating domestic violence against women;
- Resolution 303 (2010) and Recommendation 288 (2010) on achieving sustainable gender equality in local and regional political life;

Having specific regard to Recommendation Rec(2006)5 of the Committee of Ministers to member States on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015, especially sub-paragraph 4.2, under "Cross-cutting aspects", entitled "Women and girls with disabilities", which states that "obstacles which prevent women with disabilities from enjoying their rights on the same basis as men and other women" should be removed in such areas as "relationships, parenthood, family life, sexuality and protection from violence and abuse" and member States should take appropriate measures to "ensure equal opportunities to participate in political and public life, education, training, employment and social and cultural life" for women and girls with disabilities;

Recalling that the aforementioned cross-cutting aspect stresses the importance of encouraging all citizens to participate in society and taking account of the diversity of the members of society in order to develop and implement policies and measures "so as to ensure a balance of opportunities between disabled men and women";

Considering that the 15 action lines in the Council of Europe Disability Action Plan (Rec(2006)5) are complementary and that they all set specific goals in pursuit of the aim of constructing inclusive and participatory societies that respect the human rights of all members in their diversity;

Considering that this aim cannot be achieved without involving people with disabilities, particularly women and girls with disabilities, whatever their individual impairment(s) may be. Such involvement requires positive action from member States in favour of people with disabilities in order to provide them with necessary reasonable accommodation and legal guarantees concerning the exercise of their rights under conditions of equality and non-discrimination;

Being convinced that, in all relevant fields of action, at the international, national, regional and local levels, an approach based on human rights, which are universal, indivisible and interdependent, has to be applied, and that member States have several means at their disposal of doing so, recognising that there is not just one tried and tested approach to combating discrimination;

Acknowledging that, where the social integration of persons with disabilities is concerned, a conceptual and methodological change has taken place in international law since the end of the 20th century, as people with disabilities are no longer considered as patients or objects of charity but as holders of rights and full citizens who, when interacting with social and environmental barriers, may be prevented from participating in society;

Acknowledging that it is incumbent on the governments of member States to identify and eliminate any obstacles impeding the participation of women and girls with disabilities in society and to prevent the creation of any new obstacles, in order to guarantee equal and democratic rights in society for all individuals by recognising that society as a whole should benefit from the diversity and equal participation of all;

Considering that the intergovernmental work on the participation of persons with disabilities at national, local and regional levels, which has been conducted since the adoption of the Council of Europe Disability Action Plan 2006-2015 (Rec(2006)5), and the 2010 mid-term review report on the implementation of that plan, have highlighted a number of questions which are worth addressing in a specific recommendation to member States related to the cross-cutting aspect "Women and girls with disabilities",

Recommends that the governments of member States:

1. continue their efforts to reach the objectives of the Council of Europe Disability Action Plan 2006-2015, in particular its cross-cutting aspect "Women and girls with disabilities", and set up a mechanism that will allow them to monitor and evaluate the implementation of the provisions of the said aspect and of the present recommendation at national level;

2. adopt the appropriate legislative measures and conduct other positive actions likely to encourage the participation of women and girls with disabilities in all areas of life as citizens holding equal rights and obligations, particularly considering the following fields included in the appendix to this recommendation:

   1 equality and non-discrimination legislation,
   2 research, data and statistics,
   3 participation in political and public life as well as decision making,
   4 education and training,
   5 employment and economic situation,
   6 health care and rehabilitation,
   7 access to social protection and community-based services,
   8 sexual and reproductive rights, motherhood, and family life,
   9 access to justice and protection from exploitation, violence and abuse,
   10 participation in culture, sport, leisure and tourism,
   11 raising awareness and changing attitudes;

3. initiate or continue work to evaluate the participation of women and girls with disabilities and its impact at the national, regional and local levels, so as to consolidate co-operation among decision makers, researchers, academic institutions and NGOs in their respective countries, in order to secure reliable and comparable information and statistics as well as to collect good practices;

4. reinforce their co-operation within the Council of Europe by exchanging good practices and developing intergovernmental activities and networks with a view to creating the conditions for including all people with disabilities in the life of the community and ensuring their equal rights and opportunities;

5. translate this recommendation into their official language(s), including production in accessible formats, using equivalents of the internationally recognised term "people with disabilities", and circulate the recommendation, together with the Council of Europe Disability Action Plan (Rec(2006)5) to:

- national, regional and local administrative bodies,
- political parties,
- organisations of and for people with disabilities and other non-governmental organisations,

- national human rights institutions, ombudspersons' offices, equality bodies,
- the media,
- other relevant stakeholders;

6. involve women and girls with disabilities, through their representative organisations, in disseminating and implementing this recommendation;

7. integrate the gender equality dimension into all policies for people with disabilities;

8. undertake information and awareness-raising programmes, targeting the general public, women and girls with disabilities, their families, friends and professional groups, the business community and political decision makers;

9. apply relevant guidelines without bias in different fields, such as health, education, employment, vocational guidance and training, social protection and social services, urban planning and construction, for full involvement and integration of women and girls with disabilities into society.

Appendix to Recommendation CM/Rec(2012)6

The objective of the present appendix is to propose principles and measures to increase full and active participation of women and girls with disabilities in society in the Council of Europe member States. It is noted that women and girls with disabilities may suffer multiple discrimination based on disability and gender. The aim is to achieve full equality, participation in society and enjoyment of all rights on an equal basis with others.

1. Equality and non-discrimination legislation

i. Member States should devise, with the participation of women and girls with disabilities, national legislation, policies and programmes of relevance to them, with effective provision for their implementation and evaluation.

ii. Member States should systematically, and in line with a gender mainstreaming approach, integrate the gender equality dimension into all legislation, policies and programmes for people with disabilities, and specifically consider women and girls with disabilities as part of gender equality legislation, policies and programmes to ensure that needs of women and girls with disabilities are addressed.

iii. Member States should verify that their national legislation, policies and programmes respond to the needs of women and girls with disabilities and that they comprise a gender equality dimension.

iv. All those involved in fields such as health, education, employment, vocational guidance and training, social protection and social services, urban planning and construction should be instructed, at the relevant levels in the various member States, to include women and girls with disabilities, as a matter of course and to the fullest possible extent, into all normal forms of provision of services. Special systems and facilities should only be used where it is not possible to make use of ordinary structures even when all possible adaptation and support facilities have been provided. It should be ensured that relevant guidelines are applied without gender bias; the existence of such bias justifies the introduction of specific guidelines in relation to women and girls.

v. Special attention should be paid to elderly women with disabilities.

2. Research, data and statistics

i. National authorities and all other relevant bodies should strive to ensure that statistics on people with disabilities are disaggregated by sex, and that research is carried out to provide a clearer picture of the situation of women and girls with disabilities. The combined effect of disability and sex should be statistically measured.

ii. Statistics should be broken down by sex and analysed to establish the impact of policies on women and girls with disabilities. Data should be defined to review progress and establish factors influencing the participation level of women and girls with disabilities.

iii. Research should be undertaken into the situation of women and girls with disabilities who care for their family members, and specific measures to protect such women and girls should be introduced where necessary.

iv. Specific research into violence against women and girls with disabilities should be carried out in order to learn more about its causes and identify more effectively measures to combat it.

v. Wherever women or gender issues are the subject of research or particular measures, specific attention should be paid to the situation of women and girls with disabilities.

3. Participation in political and public life as well as decision making

i. All authorities in the member States should ensure that women and girls with disabilities and/or their legal representatives and/or their representative organisations are consulted and have a role to play in determining legislation, policies and programmes, in all fields, for women, and should undertake to seek and respond to their views.

ii. Authorities should ensure that women and girls with disabilities are represented in a balanced way in public organisations.

iii. This balanced representation approach should be applied to all situations where the individual circumstances of women and girls with disabilities are being assessed, whether in the context of action taken by the authorities or professionals (as, for example, when deciding on admission to a vocational rehabilitation programme or providing health care, especially in relation to reproductive health), or when any other decision affecting the person's private life has to be made.

iv. Women with disabilities should be encouraged and given the ability to take part in the electoral and voting process. They should be provided with information on the importance of their participation in an accessible format as well as in the environment where they live.

v. Peer support groups as well as organisations and networks of women and girls with disabilities should be encouraged at national, regional and local levels. Resources – including funding, premises, transport and facilities for childcare or the care of other dependants – should also be made available to them.

vi. Measures taken to increase the participation of women and girls with disabilities in their community and the political system should take account of the need for such participation and of its advantages for society as a whole.

vii. Women and girls with disabilities should receive training in decision-making processes and in defending their rights. Information technology and Internet training programmes should be set up for women and girls with disabilities to enable them to participate more easily in society.

4. Education and training

i. Advisory services, schools and universities, vocational training services, and decision makers and trainers in the area of education and vocational rehabilitation should be properly informed and prepared to take the necessary steps to ensure that women and girls with disabilities receive education and preparation for employment that should procure them fulfilment and independence. All staff working in education should be educated and trained to avoid and reject all forms of prejudice and to combat any prejudice held against or by women and girls with disabilities or their families.

ii. Encouragement should be given to the setting up of consultative bodies on education and training that pay particular attention to women and girls with disabilities, including those who become disabled as adults.

iii. Schools, universities, and vocational training centres should be encouraged to provide support for students with disabilities to promote their participation, paying specific attention to female students.

iv. Women and girls with disabilities should be channelled towards effective training in all professional areas, enabling them to find financially rewarding employment or occupation, guaranteeing their independence and equal opportunities and using each person's abilities to the fullest.

v. Women and girls with disabilities should be provided with education on sexuality and reproductive health, and the possibility of following training programmes in self-esteem and self-defence, if they so wish.

vi. Vocational training programmes should be developed and implemented bearing in mind the particular needs of women and girls with disabilities.

vii. A pro-active, targeted approach should be implemented in order to provide information to, and promote opportunities for, women and girls with disabilities to return to education and resume training, especially for women and girls who are particularly disadvantaged, for example due to isolation

viii. Information technology and Internet training programmes should be set up for women and girls with disabilities to enable them to participate in education and training at all levels and in lifelong learning.

5. Employment and economic situation

i. All employment-relevant services, employers, trainers, agencies, co-workers and trade unions should be made aware of the needs of women and girls with disabilities in order to understand, accept and promote their rights to obtain and remain in employment that is commensurate with their abilities.

ii. Public authorities should set an example by employing women with disabilities.

iii. Career guidance services should seek to offer women with disabilities the full range of employment possibilities.

iv. Employers should provide reasonable accommodation to make workplaces accessible to women and girls with disabilities, and to introduce other feasible measures such as, where appropriate, home-based work, extended assignment times, part-time work or flexible working hours.

v. Employment support schemes, including quota systems – where appropriate – should be adapted to the needs of women with disabilities and evaluated in terms of how they benefit the employment situation of women with disabilities.

vi. Labour-market measures specifically targeting women with disabilities, and in particular women with disabilities in need of a high level of support, should be developed.

6. Health care and rehabilitation

i. Women and girls with disabilities should not be discriminated against on the grounds of disability in questions of access to diagnosis, treatment or rehabilitation.

ii. Hospitals admitting women and girls with disabilities should be in a position to ensure that their education or studies continue while they are hospitalised.

iii. Support for childcare or the care of other dependents, and the possibility of access to appropriate modes of transport, should be guaranteed to women and girls with disabilities who are attending training, particularly in the case of rehabilitation.

iv. Equipment and facilities, such as gynaecological examination tables and mammography facilities, modified to meet the needs of women and girls with disabilities, should be available.

v. Women and girls with disabilities should not be subjected to forced medical treatment or required to take part in experiments.

vi. Vocational rehabilitation of women and girls with disabilities is one of the areas in which discrimination in the application of rules is a particular problem. This is why staff should be educated to combat prejudice and the women and girls themselves should be actively involved in the procedures by making their choices clear.

7. Access to social protection and community-based social services

i. Additional support, including access to childcare, care for other dependants, transport to their place of work and access to a personal assistant, should be made available to women and girls with disabilities to enable them to work.

ii. National authorities should ensure that appropriate resources are set aside for personal assistance services where they are necessary.

iii. Entitlement to assistance with transport, adaptation of vehicles, childcare or care of others should not be restricted to women and girls with disabilities in paid employment but should also be made available to facilitate women's and girls' involvement in voluntary activities and enable them to participate in society in general.

iv. National authorities should review their social security systems in order to eliminate indirect discrimination against women and girls with disabilities. Those who manage social security systems should be trained so that they themselves do not introduce forms of discrimination.

v. Authorities should ensure that specific gender-sensitive training is organised and provided to personal assistants of women and girls with disabilities.

vi. Women with disabilities who employ (a) personal assistant(s) should receive special gender-sensitive training concerning their role as employers.

8. Sexual and reproductive rights, motherhood and family life

i. The right of women and girls with disabilities to sexuality should be guaranteed.

ii. Parents should be informed and educated about questions concerning the sexual identity of their daughters with disabilities.

iii. Sex education classes should include issues concerning the sexuality of women and girls with disabilities, when appropriate.

iv. Decisions taken by women and girls with disabilities about their own sexual or reproductive rights should be given the same consideration as those taken by others.

v. With regard to motherhood, the choices of women with disabilities should be respected.

vi. Health professionals should be trained to deal with and assist women with disabilities in the area of sexuality, reproductive health and motherhood and to accept and respect the choices they make with regard to motherhood, in compliance with national legislation.

vii. Effective measures should be taken against the forced sterilisation of women and girls with disabilities and against coerced abortion.

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

ix. Disability should never be used as a justification for separating boys or girls from their mothers with disabilities, or boys or girls with disabilities from their mothers in legal proceedings. Any assistance required by mothers with disabilities to support them in their role should be provided in accordance with their individual and personal needs and the best interest of the child.

9. Access to justice and protection from violence and abuse

i. Governments should ensure that effective measures are taken to combat violence against women and girls with disabilities, both within and outside the home.

ii. Women and girls with disabilities should be taught to know and respect their own physical and psychological integrity, to recognise violence or abuse and to defend themselves, to assert their rights if violence or abuse have occurred and to report cases of violence and abuse.

iii. Staff employed to provide support or assistance to victims of violence or abuse should be made aware of the specific needs of women and girls with disabilities and should be trained to handle reports of incidents of violence or abuse filed by women or girls with disabilities.

iv. Institutions should prevent the occurrence of violence and abuse. If incidents of violence or abuse have occurred, a record should be kept. Security and surveillance in institutions should be compulsory and rigorously implemented.

v. In the event of violence or abuse, women and girls with disabilities – including those placed in an institution or those in situations of particular dependence or distress – should be able to obtain immediate and appropriate support, assistance or services, with access, where necessary, to psychological support, health services adapted to their needs or security measures.

vi. Hostels and refuges for women or girls who have been victims of violence or abuse should be fully accessible to women and girls with disabilities.

10. Participation in culture, sport, leisure and tourism

i. Authorities, particularly at local level, should take appropriate measures to ensure that women and girls with disabilities can participate in culture, sports, leisure and tourism, both as actors and as spectators.

ii. Women and girls with disabilities should be given the opportunity to participate in artistic, cultural, sports and tourism activities from pre-school age and throughout their life.

iii. Governments should ensure that measures are taken to encourage the participation of women and girls with disabilities in culture, sports, leisure and tourism.

iv. Governments should encourage the media to increase the coverage of women's sporting events, both for ordinary and high-level athletes.

11. Raising awareness and changing attitudes

i. Information and awareness-raising programmes on women and girls with disabilities should be undertaken at all levels, targeting the general public, families and friends of women and girls with disabilities, professionals, the business community and most importantly political decision makers. These programmes should be implemented with the participation of women and girls with disabilities.

ii. Governments should take measures to make public and private media aware of the need to present positive images of women and girls with disabilities in order to combat stereotypes and prejudices. The same applies to public and private advertising, public relations and marketing.

iii. All initiatives aimed at changing attitudes and behaviour towards women and girls with disabilities should draw on the experience and expertise of all relevant stakeholders, and in particular of organisations defending the interests of women and girls with disabilities.

Recommendation CM/Rec(2013)2

of the Committee of Ministers to member States on ensuring full inclusion of children and young persons with disabilities into society

Adopted by the Committee of Ministers on 16 October 2013 at the 1181st meeting of the Ministers' Deputies

The Committee of Ministers of the Council of Europe,

Under the terms of Article 15.*b* of the Statute of the Council of Europe;

Having regard to the Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5) and the European Social Charter (revised, ETS No. 163);

Having regard to the United Nations Convention on the Rights of the Child and the United Nations Convention on the Rights of Persons with Disabilities;

Taking into account Recommendation Rec(2006)5[1] of the Committee of Ministers to member States, referred to as the Council of Europe Disability Action Plan 2006-2015, the New Strategy and Council of Europe Action Plan for Social Cohesion, as adopted by the Committee of Ministers in 2010, and the Council of Europe Strategy for the Rights of the Child (2012-2015),[2] as adopted in 2012;

Whereas:

1. to participate and be included in society and to live a quality life is an aspiration for all children and young people in Europe, both boys and girls, including those with disabilities – however, developing social and professional skills, getting jobs, building up strong social and family ties and attaining a sense of oneself as an equal citizen can be more difficult for young persons with disabilities; these difficulties have their source in the barriers which young persons with disabilities may encounter from a very early age, and which hinder their full participation in society and the fulfilment of their personal potential;

2. discrimination against persons with disabilities, a lack of accessibility and appropriate support, prospects – including learning opportunities – and reasonable accommodation for children and young persons with disabilities often limits their chances to develop their capacities and to contribute to society; strategic approaches co-ordinated among the different sectors involved, which result in empowering children and young persons with disabilities to become autonomous and active participants in society, are urgently needed;

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[1] Recommendation Rec(2006)5 of the Committee of Ministers to member States on the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006 2015.

[2] CM(2011)171-final.

3. with regard to persons subject to multiple discrimination, appropriate measures are required to ensure their full and equal enjoyment of human rights and fundamental freedoms;

Promoting full belonging to society

4. protecting and fulfilling human rights of all persons with disabilities is a fundamental duty of every Council of Europe member State; breach of the rights of persons with disabilities, including children and young persons, leaves many of them disadvantaged and hampers their active participation in the community in all its aspects: political, public, economic, social, cultural and leisure; ensuring accessibility in line with the principles of Universal Design[3] and provision of reasonable accommodation reinforce the right to independent living;

5. many European countries have already committed themselves to deinstitutionalisation,[4] however, the necessary alternative community-based support services, such as accessible housing and support services, have not always been put into place;

6. some children and young persons with disabilities have low self-esteem, insufficient education and restricted employment opportunities that can lead them to live below the poverty level as adults; a key response to these problems consists in enhancing the social roles of children with disabilities at a very early age, thanks to positive action programmes, incentives and other measures such as human rights education, which is vital; in parallel, it is essential to undertake awareness-raising campaigns on the rights and needs of children and young persons with disabilities to encourage their inclusion in society and prevent discrimination, segregation and institutionalisation;

Participation, choice and decision making

7. children and young persons with disabilities – both boys and girls – call for the chance to make decisions in relation to their own lives, in accordance with their evolving capacities, and not just in disability specific matters, but on every aspect of political, public, economic, social and cultural life; children and young persons with disabilities run a higher risk of having their rights violated; it is therefore important that parents, guardians, educators, trusted influencers, persons with disabilities, carers and service providers empower children and young persons with disabilities and support them to make choices about their lives; empowerment includes learning about rights and duties in an accessible and age-appropriate language and format, as well as discussing openly communities' cultural and ethical norms and expectations;

8. however, accessible and age-appropriate information for children and young persons with disabilities is rare; children and young persons with disabilities, their families and other support networks, need independent, timely, relevant and accessible information at key times, for example at the point of diagnosis and at other major transition periods, such as the shift from education to employment, to enable them to make informed choices;

9. children and young persons with disabilities, their families, carers, and other support networks are not always recognised and respected as partners with professionals in decision-making processes; procedures for admission to services, for devising individual support plans or for advocacy services and complaints procedures are not routinely accessible to children and young persons with disabilities; innovative, targeted and individualised approaches are required to ensure that children and young persons with disabilities, including those with communication difficulties, mental health problems, learning difficulties or complex health or dependency needs, are listened to, heard and responded to;

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[3] Recommendation CM/Rec(2009)8 of the Committee of Ministers to member States on achieving full participation through Universal Design.

[4] Recommendation CM/Rec(2010)2 of the Committee of Ministers to member States on deinstitutionalisation and community living of children with disabilities.

Support to empower children and young persons with disabilities

10. the main aim of services to be provided to children and young persons with disabilities – both boys and girls – is to enable them to fully enjoy their human rights and to be active citizens[5] on an equal basis with others; services have a crucial role in promoting the autonomy, inclusion and well-being of children and young persons with disabilities; they will enable children and young persons with disabilities to fulfil their potential and make their contribution to an inclusive society;

11. the failure of relevant stakeholders, notably private community-based agencies, service providers and local or other public authorities, to work in a cross-sectoral, co-ordinated and long-term partnership contributes to the obstacles faced by children and young persons with disabilities in the exercise of their rights; demedicalised language is not used to the extent recommended by the World Health Organisation;[6] excessive importance is currently attached to diagnosis and eligibility criteria as a means to determine access to services, with the result that some children and young persons with disabilities are excluded from the services they require, thus inappropriately reinforcing the medical model of disability; the location and delivery of disability-specific services may not always take account of how best to fit in with various aspects of the person's life, such as going to school, having friends or enjoying sporting, cultural, social and leisure activities;

12. in order to fulfil their various tasks, service providers themselves need support in moving from an approach based on care to one based on human rights, which gives adequate support for the exercise of the individual rights of every child or young person with disabilities on an equal basis with others; in the field of disability, such a shift will only be possible if adequate measures are put in place and sufficient long-term financial and in-kind support to key players in the provision of human rights-based services is allowed to facilitate the mainstreaming process and to guarantee the availability, affordability, accessibility, quality, sustainability and innovation of the services supporting persons with disabilities across Europe;

Inclusive education facilitating full citizenship

13. all children and young persons with disabilities have the same aspirations and goals as those without a disability in terms of education, work, vocational training, lifelong learning and independent living; this recommendation contains in its appendix an illustration of such a desire: a letter by a boy with disabilities addressed to decision makers across Europe about his educational wishes; it is crucial that schools and educational environments, parents, carers and service providers recognise the importance of fulfilling the aspirations of children and young persons with disabilities; children with disabilities need equal access to appropriate and quality early-years educational provision in an inclusive environment;

14. the idea of inclusive education has been raised in several international instruments, such as the Salamanca Statement on Principles, Policy and Practice in Special Needs Education (1994), the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), the United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006) and the European Disability Strategy 2010-2020; it is strongly affirmed in the revised European Social Charter (1996) as well as in the Council of Europe Disability Action Plan 2006-2015; nevertheless, the full implementation of the principle of inclusive education has not yet been achieved in most countries; inclusive education is distinct from integration into mainstream schools: in the integration model, the learner is expected to adapt to the educational system, whereas in the inclusion model the educational system is expected to adapt to the needs of all learners in order to respect human diversity; with a view to achieving the inclusive model of education, a real change in mentalities and educational culture is needed;[7]

15. children and young persons with disabilities are faced with extensive barriers in their aspiration to educational achievement and personal fulfilment; the transition to independent adult life is more likely to be successful if it is planned in advance and with the participation of the person concerned in order to ensure the continuity of his/her personal development,

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5. Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice (as adopted on 17 November 2010), Guidelines on child-friendly health care (as adopted on 21 September 2011), and Recommendation CM/Rec(2011)12 on children's rights and social services friendly to children and families.

6. International Classification of Functioning, Disability and Health (ICF).

7. Recommendation CM/Rec(2012)13 of the Committee of Ministers to member States on ensuring quality education; Recommendation CM/Rec(2009)9 of the Committee of Ministers to member States on the education and social inclusion of children and young people with autism spectrum disorders.

Recommends that governments of member States, in the light of the above-mentioned considerations, and with due regard for their own national, regional or local structures and respective responsibilities, should ensure full inclusion of children and young persons with disabilities in society.

a. Children and young persons with disabilities should be able to fully enjoy fundamental rights and freedoms on an equal basis with their peers from birth;

b. Denial of reasonable accommodation should be considered and treated as discrimination against persons with disabilities;

c. To make community living a reality, adequate alternative services,[8] whether at home, in a settlement or in the form of personalised support, should be made available and accessible to all persons who require them;

d. Adequate funding for community-based social services should be secured to avoid other forms of exclusion brought about by loneliness, poverty of families and worsening economic conditions in some member States;

e. Equal opportunities to be heard and to engage in community life should be made available for children and young persons with disabilities – both boys and girls;[9]

f. In all actions concerning children, the best interest of the child should take precedence over other considerations; this principle should also be upheld in relation to children with disabilities;

g. Services should be developed with an individualised and person-centred perspective; moreover, they should be conceived in partnership with children and young persons with disabilities, parents, community members, private community-based agencies and public authorities;

h. Services should be organised on the basis of clear and stable legal frameworks and provided by well-trained staff using, when relevant, technological solutions that promote inclusion;

i. Greater attention should be paid to identifying and removing or preventing possible barriers, to accessing the built environment, transport and amenities, education and training, information and communication, including ICTs, services provided or open to the public both in urban and in rural areas, so that children and young persons with disabilities become or remain engaged, included in and able to access opportunities in education, cultural, sporting and leisure activities, employment and vocational training;

j. Learners with disabilities should, on an equal footing with others, be enabled and encouraged to meet their full potential academically, emotionally and socially;

k. Governments should in particular engage with various public and private stakeholders to carry out the following positive actions:

  i. to ensure accessibility, applying the principles of Universal Design of the built environment, transportation, education and training, information, and communication, including ICTs, and services provided or open to the public both in urban and in rural areas, to ensure that persons with disabilities have equal access to all areas of life, noting that assistive technology solutions and reasonable accommodation should nevertheless be provided to address individual requirements, if needed;

  ii. to create, maintain and promote, in the best interests of all children and young persons with disabilities – both boys and girls – community living conditions, preferably within their own family, that are favourable to their full civic participation and well-being within society; deinstitutionalisation and the transition from institutional to community-based care should be the main goals of policies geared to ensuring the inclusion of children and young persons with disabilities;

  iii. to prioritise, monitor and uphold the international legal obligations to supply an inclusive education, adapted to the individual needs of students with disabilities while providing the necessary support, and the opportunities to achieve the fullest possible educational and social attainments for children and young persons with disabilities throughout their childhood and adulthood, from preschool to entry into the labour market and throughout necessary lifelong learning;

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[8] Recommendation CM/Rec(2005)5 of the Committee of Ministers to member States on the rights of children living in residential institutions.

[9] Recommendation CM/Rec(2010)2 of the Committee of Ministers to member States on deinstitutionalisation and community living of children with disabilities.

iv. to ensure that inclusive education and vocational training give young persons with disabilities, by adapting the curricula, the skills required to obtain a job in the open, inclusive labour market, and that reasonable accommodation and necessary support are available in the workplace;

v. to develop action plans to reform educational systems to be inclusive; the transition period and professional development of existing personnel of mainstream and special schools, colleges and universities should be properly funded to help the whole system and its actors to implement the principles of inclusive education and to be more effective in this field; these plans should be closely linked to deinstitutionalisation policies;

vi. to reform initial and in-service teacher training schemes to enable teachers and trainers, as well as school staff and academic personnel, to promote, deliver and sustain an inclusive educational system in line with Articles 24 and 19 of the UN Convention on the Rights of Persons with Disabilities, namely the right for persons with disabilities to education and to live independently and be included in the community;

vii. to listen to children and young persons with disabilities, to empower them and to take account of their views in decisions concerning them, and involve them in decision-making processes according to their evolving capacities in line with Article 7 of the UN Convention on the Rights of Persons with Disabilities, namely ensuring that children with disabilities have the right to express their views freely on all matters affecting them, with their views being given due weight in accordance with their age and maturity on an equal basis with other children, and to be provided with disability and age-appropriate assistance to exercise that right;

viii. to promote education in human rights for all following a disability- and gender-sensitive approach in order to accelerate the establishment of *de jure* and *de facto* equality and equity in society for better understanding of human diversity and individual rights;

ix. to actively promote human rights of children and young persons with disabilities and to protect boys and girls with disabilities against possible violations of their rights by introducing, if necessary, appropriate legal anti-discriminatory safeguards and by informing them in an accessible way of their rights and existing redress procedures, thus securing the full enjoyment of the rights and freedoms enshrined in the relevant international human rights instruments;

x. to ensure the availability, affordability, accessibility, quality, innovation and sustainability of services of general interest such as community-based social and health care services tailored to the needs of children and young persons with disabilities and their families;

xi. to support and/or provide training for professional staff working with children and young persons with disabilities in order to enable them to meet, in a cross-sectoral, co-ordinated manner, the specific requirements of boys and girls with disabilities in the fulfilment of their personal potential and aspirations to live independently;

xii. to create models and share good practices to support transition from education or training to employment for young persons with disabilities and to support employers in providing sustainable employment to young persons with disabilities;

xiii. to involve non-governmental organisations of persons with disabilities, notably those representing children and young persons with disabilities and their families, as well as non-governmental service providers, in the implementation and monitoring of the measures advocated in this recommendation;

xiv. to ensure the widest possible dissemination of this recommendation and its appendix to all parties concerned, in particular private actors, for example through exchange of good practices among member States, training sessions and awareness-raising campaigns, accessible website portals with good practice examples, outlines of basic action and strong involvement of civil society;

xv. to incorporate issues concerning children and young persons with disabilities in the United Nations Post-2015 Sustainable Development Agenda.

Letter by a young person with disabilities to decision makers in Europe[10]

Newcastle, Galway, Ireland

19/11/2012

Dear Ministers across Europe,

My name is Oliver. I am a young person with autism and a moderate level of general learning disability. In June 2013 I expect to graduate from St Joseph's school. My hope is to become a script writer for video games. This has been my dream for a while.

I would like to share with you some of my thoughts about the rights of children with disabilities because I believe our voice is not always heard.

It is very important that children with disabilities have the chance to be educated in the same schools together with other children. This is how we can learn to live together and learn that everyone has something that makes them different and unique. To make this happen, we need friendly and welcoming schools where everybody can easily go around and take part in all activities during classes, on the sport field or on the playground. We are all eager to learn but some of us need ramps, audio books or language interpreters. Without them or other forms of support, we are not able to enjoy what other children our age do.

I believe education is very important because this is how I discovered what I enjoy the most. I like doing projects where I can explore new things by myself in text books, library books and the Internet. The Internet keeps me informed, and I think every child should have the opportunity to use computers and social media. In my class, children are interested in different things and they learn in different ways. For example, I know I am better than many children at creative writing. I also think that we should be able to make suggestions and give ideas about what we want to learn and teachers should listen, understand and be patient with us.

Apart from school, I believe that children with disabilities should be able to do what other kids do, like go out, meet friends, have a laugh, go to the cinema, do sports or other fun activities. We want to be able to do all of these close to our homes, but this is sometimes difficult. No matter who you are, you should be given the possibility and freedom to do what you like and feel you are accepted. I wish that everybody would take their time to really talk and listen to what we want and feel instead of only asking our parents, carers and teachers.

I know that this is the responsibility of the governments and of the people around us to make sure that our rights are protected. Could you please make sure that this will happen?

Yours sincerely,

Oliver Flanagan

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[10] Letter published *in extenso* with prior agreement of its author.

Parliamentary Assembly

Parliamentary Assembly
Assemblée parlementaire

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Recommendation 1598 (2003)[1]

Protection of sign languages in the member States of the Council of Europe

1. The Parliamentary Assembly recalls its Recommendation 1492 (2001) on the rights of national minorities, and particularly paragraph 12.xiii concerning sign languages.

2. The Assembly takes note of the reply by the Committee of Ministers to this recommendation, contained in Document 9492. It regrets that the Committee of Ministers did not make a pronouncement on the opinions delivered by the Committee of Experts of the European Charter for Regional or Minority Languages (ETS No. 148) and by the Committee on the Rehabilitation and Integration of People with Disabilities (Partial Agreement). This reply warrants, if any justification were needed, the Parliamentary Assembly's concern that the rights of sign language users should be incorporated into a specific legal instrument, or into an additional protocol to the charter, without prejudging the position that may be adopted by the organisations representing deaf people.

3. The Assembly recognises sign languages as the expression of Europe's cultural wealth. They are a feature of Europe's linguistic and cultural heritage.

4. The Assembly also recognises sign languages as a complete and natural means of communication for deaf people.

5. The Assembly takes the view that official recognition of these languages will help deaf people to become integrated into society and gain access to justice, education and employment.

6. The Assembly acknowledges the importance of a detailed study of requirements, necessarily preceding the framing of any policy on sign languages. It stresses the need to involve users of these languages in the process.

7. The Assembly observes that a number of member States have introduced programmes in support of sign languages. Although all experience a shortage of sign language interpreters, this demonstrates the strength of demand and the positive and inclusive social benefits such services provide.

8. The Assembly takes the view that official recognition of sign languages will facilitate the training, recruitment and retention of more interpreters.

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[1] Origin – Assembly debate on 1 April 2003 (11th Sitting) (see Doc. 9738, report of the Committee on Legal Affairs and Human Rights, rapporteur: Mr Bruce; and Doc. 9765, opinion of the Social, Health and Family Affairs Committee, rapporteur: Baroness Knight). Text adopted by the Assembly on 1April 2003 (11th Sitting).

9. For the above reasons, and in the knowledge that only action at European level will afford a solution to this problem, the Assembly recommends that the Committee of Ministers devise a specific legal instrument on the rights of sign language users, and accordingly:

9.1. instruct the relevant bodies of the Council of Europe to undertake a preparatory study in consultation with national experts and representatives of the deaf community in order to clarify outstanding issues in regard to the protection of the use of sign languages;

9.2. define clear goals to be achieved, exact deadlines to be met, and resources and methods to be used, founded on a full study of requirements with the mandatory participation of associations representing the users of these languages;

9.3. consider drafting an additional protocol to the European Charter for Regional or Minority Languages incorporating sign languages into the charter, among the non-territorial minority languages.

10. The Assembly also recommends that the Committee of Ministers encourage member States:

10.1. to give the sign languages used in their territory formal recognition;

10.2. to train sign language interpreters and sign language tutors;

10.3. to give education in sign languages to deaf people;

10.4. to train teachers, in preparation for working with deaf and hearing-impaired children, in sign languages;

10.5. to broadcast television programmes in sign languages, and make sign language subtitling of programmes transmitted in spoken language a general practice;

10.6. to inform deaf and hearing-impaired people about the use of sign languages;

10.7. to utilise the new technologies and make them available to deaf people;

10.8. to include sign languages as a valid academic qualification in mainstream secondary schools with equal status to other taught languages;

10.9. to grant deaf people the right to choose freely between oral and bilingual school systems;

10.10. to subsidise the publication of instructive literature in sign languages.

Resolution 1642 (2009)[1]

Access to rights for people with disabilities and their full and active participation in society

1. More than one person in every 10 suffers from some form of disability, representing a total of 650 million people worldwide, with an even greater ratio of up to 200 million in Europe alone. There is a correlation between age and disability: as the population ages and health care improves, the number of people with disabilities in Europe grows, and it will continue to grow.

2. The Parliamentary Assembly recalls that the Council of Europe's European Convention on Human Rights (ETS No. 5) protects all people, including those with disabilities, and that Article 15 of the revised European Social Charter (ETS No. 163) explicitly guarantees people with disabilities the effective exercise of the right to independence, social integration and participation in the life of the community. A more recent and eagerly awaited text, the United Nations Convention on the Rights of Persons with Disabilities, came into force with effect from 3 May 2008. The Assembly welcomes this text, which gives a detailed description of the rights of people, including children, with disabilities, and will certainly contribute to the change of perception needed to improve the situation of people with physical or mental disabilities.

3. The Assembly notes that, in practice, the access of people with physical or mental disabilities to their rights on an equal basis with those of people without disabilities frequently remains wishful thinking and proves inadequate. It therefore welcomes the preparation by the Council of Europe of the Disability Action Plan to promote the rights and participation of people with disabilities in society for 2006-2015 (Recommendation Rec(2006)5 of the Committee of Ministers), which endeavours to find practical responses to the most serious and most common problems encountered by people with disabilities, to foster equality of opportunities, and which advocates a number of measures to improve the situation of people with disabilities in all aspects of everyday life.

4. The Assembly considers that the Council of Europe Disability Action Plan must serve as the reference document for any new disability-related policies and activities that are adopted and as a practical policy tool for Europe to promote the United Nations Convention on the Rights of Persons with Disabilities. It invites all member States to participate in, to promote and implement the action plan at national and local levels and to begin the necessary reforms which will finally rectify the inequalities that persist, notwithstanding numerous declarations of intent.

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[1] Origin – *Assembly debate* on 26 January 2009 (2nd Sitting) (see Doc. 11694, report of the Social, Health and Family Affairs Committee, rapporteur: Mr Marquet). *Text adopted by the Assembly* on 26 January 2009 (2nd Sitting). See also Recommendation 1854 (2009).

5. Moreover, the Assembly calls on member States, through their national parliaments, to regularly report to the Council of Europe on the progress of the implementation of the action plan. It also invites the competent services of the Council of Europe to carry out a mid-term review of the Disability Action Plan 2006-2015 by organising a European review conference in 2010.

6. The Assembly invites member States to include disability issues in every area of policy making, to ensure that disability-related programmes are sufficiently resourced and that people with physical or mental disabilities are able to enjoy full citizenship on an equal basis with others. It is necessary to couple the fight against discrimination and violence with the adoption of positive measures. In order to speed up integration into society, the Assembly considers that certain key areas of action need to be given priority.

7. Firstly, the Assembly invites member States to guarantee that people with disabilities retain and exercise legal capacity on an equal basis with other members of society by:

   7.1. ensuring that their right to make decisions is not limited or substituted by others, that measures concerning them are individually tailored to their needs and that they may be supported in their decision making by a support person;

   7.2. taking the necessary measures to ensure that, in accordance with the United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol, people placed under guardianship are not deprived of their fundamental rights (not least the rights to own property, to work, to a family life, to marry, to vote, to form and join associations, to bring legal proceedings and to draw up a will), and, where they need external assistance so as to exercise those rights, that they are afforded appropriate support, without their wishes or intentions being superseded;

   7.3. providing sufficient safeguards against abuse of people under guardianship notably through establishing mechanisms for periodic review of guardians' actions and ensuring that legislation mandates compulsory, regular and meaningful reviews of guardianship, in which the person concerned is fully involved and has adequate legal representation.

8. The Assembly considers that in order to enable the active participation of people with disabilities in society, it is imperative that the right to live in the community be upheld. It invites member States to:

   8.1. commit themselves to the process of deinstitutionalisation by reorganising services and reallocating resources from specialised institutions to community-based services;

   8.2. provide adequate and sustained assistance to families, above all through human and material (particularly financial) means, to enable them to support their disabled family member at home;

   8.3. develop effective, independent inspectorates to monitor existing institutions.

9. With respect to employment, the Assembly invites member States to ensure to the maximum extent possible that people with disabilities have access to sustainable employment by:

   9.1. offering incentives to work where they are able to do so; following an objective and individual assessment of the employability of people with disabilities, they should be given support so that they can find appropriate employment or return to their previous job;

   9.2. taking specific measures of an appropriate nature to facilitate the occupational integration of young adults with disabilities leaving the institutions where they have spent their whole lives;

   9.3. protecting people with disabilities against discrimination at every stage of the filling of a vacancy – from candidate selection to recruitment – and throughout their career;

   9.4. offering genuine incentives to encourage employers to take on people with disabilities, *inter alia* through the use of recruitment procedures that ensure that job offers are effectively made to people with disabilities, and making reasonable adjustments to the workplace and/or or working conditions;

   9.5. taking into account in health and safety legislation and regulations the specific needs of people with disabilities and by eliminating any provisions that discriminate against them;

9.6. implementing support measures such as sheltered or supported employment for people in need of personalised assistance on the labour market; provision must also be made for people with disabilities to be able to move from sheltered or supported employment to ordinary employment;

9.7. offering incentives to employers to create new jobs, especially for disabled people.

10. In the sphere of education, another priority field, the Assembly invites member States to:

10.1. grant equal access to education at every level to all people with disabilities, and particularly to children, whatever the nature and severity of their disabilities, giving particular attention to the educational needs of children living in specialised institutions;

10.2. support and promote vocational education and training throughout the lives of people with disabilities; it is important that a transition should be possible between each stage of their education and between education and employment;

10.3. ensure that all syllabuses and teaching materials within the general education system are accessible to people with disabilities;

10.4. guarantee access to non-formal education, so that people with disabilities may develop skills which they could not acquire through ordinary education.

11. The Assembly invites member States to ensure that the rights of people with disabilities are respected at every level of the education system, by taking any appropriate steps, including raising awareness of disability among very young children as part of the syllabuses taught at schools and institutions offering general education.

12. The Assembly considers that the creation of a society for all implies equal access for all citizens to the environment in which they live. It invites member States to make this environment genuinely accessible to people with disabilities and to remove any obstacles that prevent them from playing a full part in everyday life and from enjoying their fundamental rights by:

12.1. including universal design principles in the training of all who will work in the occupations relating to built environments, such as architects, engineers and town planners, so as to simplify the lives of all by making the environment more accessible, usable and understandable;

12.2. removing any obstacles in public buildings and indoor and outdoor public areas and by ensuring that no new obstacles are created. Every newly built structure must conform to universal design principles: pavements, for instance, must not be laid without dropped kerbs;

12.3. giving particular attention to the safety of people with disabilities when evacuation and emergency procedures are planned and carried out;

12.4. allowing the animals which assist or guide people with disabilities free access to all public buildings and areas.

13. The Assembly invites member States to contribute to equal access to social facilities, cultural sites and sports venues and to raise awareness of the opportunities presented by physical training, sports, a healthy lifestyle and psychological methods of rehabilitation as a way to achieve inclusiveness and social reintegration. The Assembly calls on member States to promote scientific research in these fields and to put special emphasis on the development and promotion of the Paralympic movement.

14. The Assembly considers that the accessibility of transport remains a priority area, notwithstanding genuine progress made in the implementation of accessible transport policies, especially relating to public transport. It invites member States to:

14.1. include disability awareness training in the standard training courses for public transport staff;

14.2. oblige public-service transport providers to supply services accessible to all users;

14.3. authorise and provide space in all public transport for the animals which assist or guide people with disabilities (guide dogs for the blind, for instance);

14.4. provide adequate numbers of suitable parking spaces for the vehicles used by people with disabilities whose mobility is reduced, and to make sure that these are used only by people who are entitled to them.

15. The Assembly calls on member States to ensure equal access to health care for people with disabilities and to encourage the consultation of people with disabilities or their representatives in the taking of decisions relating to their health plan. Care should be taken to ensure that:

15.1. all the relevant information is supplied to them in a comprehensible format;

15.2. priority is given to the adoption of effective measures to detect, diagnose and treat disability at an early stage; appropriate instructions should be prepared on early detection, as should intervention measures;

15.3. attention is paid to the ageing of the population and the health consequences thereof, especially for people with disabilities;

15.4. health-care professionals in all member States accept the human and social rights model for people with disabilities and do not focus solely on the medical aspect of disability;

15.5. a sufficient number of professionals, especially health-care professionals and social workers are trained, and that the prevention of abuse is promoted among employees of health-care establishments;

15.6. with the participation of those concerned, full, accessible and appropriate rehabilitation services are available, so as to enable people with disabilities to achieve maximum independence and to make the greatest possible use of their physical, mental, occupational and social capacities.

16. The Assembly calls on member States to ensure full access to the media for disabled people, including printed and electronic media and the Internet.

17. The growing numbers of elderly people in Europe mean a greater likelihood of disability, reduced independence, increased use of various services and reduced quality of life. There are nevertheless many disability risk factors among elderly people which can be altered, several of these linked to socio-economic criteria and living conditions, but the lack of information about people with disabilities acts as an impediment to the devising of relevant policies. The Assembly therefore considers that there is an urgent need for research into specific health care for elderly people with disabilities and for related economic studies, and for:

17.1. research to be carried out into the environment-related risk factors, which have to date not been the subject of particular interest;

17.2. in-depth research to be carried out into ways of rehabilitating people with disabilities and reintegrating them into the community;

17.3. encouragement to be given to applied scientific research, particularly relating to new technologies, apparatus and products which might foster an independent life for people with disabilities and greater participation by them in community life.

18. Whereas the attitude of society, prejudice and fixed mindsets remain the main obstacle to the access to rights for people with disabilities and their full and active participation in society, the Assembly invites member States to:

18.1. step up their campaigns drawing public attention to, and providing information about, disability-related issues;

18.2. take legal action against and penalise discriminatory practices and unacceptable attitudes towards people with disabilities, especially abuse, committed either by isolated individuals or in health-care establishments;

18.3. disseminate examples of good practices in all spheres of everyday life, so as to make clearer – to all, and particularly to young people – the scope of this question in civil society, the working environment and the world of education;

18.4. ensure the full and active participation of people with disabilities in all of these processes.

19. The Assembly invites the member States concerned to show their political will to speed up the access to rights for people with disabilities by ratifying and by implementing:

19.1. the revised European Social Charter (accepting, *inter alia*, Article 15 on persons with disabilities) and its Additional Protocol providing for a system of collective complaints, which allows national and/or international non-governmental organisations to lodge complaints with the European Committee of Social Rights about violations by states of social rights;

19.2. the recent United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, which also makes it possible for individuals and groups of individuals to assert their rights.

Resolution 2039 (2015)[1]

Equality and inclusion for people with disabilities

1. There are more than 80 million people with disabilities in Europe. Every human being is likely to suffer some temporary or permanent impairment at some point in his or her life. However, equality and inclusion for people with disabilities are rarely seen as priorities. People with disabilities are often excluded from society and are invisible to the rest of the population. In addition to the many obstacles they face, people with disabilities are particularly affected by the austerity measures taken by member States.

2. The Parliamentary Assembly reasserts that it is the various barriers encountered by people with impairments which create the situation of disability. Measures must be taken to secure the rights of people with disabilities to equality and full participation in society, as enshrined in the European Convention on Human Rights (ETS No. 5), the European Social Charter (revised) (ETS No. 163) and the United Nations Convention on the Rights of Persons with Disabilities.

3. The Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015 must serve as a reference framework for member States. The Assembly believes that particular attention must be paid to certain areas with a view to moving decisively towards equal rights and inclusion for people with disabilities.

4. The Assembly therefore calls on the Council of Europe member States to:

   4.1. ratify, if they have not yet done so, the United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, and take the necessary measures to implement them;

   4.2. ratify, if they have not yet done so, the revised European Social Charter and accept in full Article 15 on the right of persons with disabilities to independence, social integration and participation in the life of the community;

   4.3. closely consult and actively involve the organisations representing people with disabilities in the development of policies and measures for people with disabilities;

   4.4. introduce mechanisms for evaluating national policies and measures for people with disabilities, in particular by establishing independent monitoring mechanisms, and ensure their sufficient funding;

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[1] Origin – *Assembly debate* on 30 January 2015 (9th Sitting) (see Doc. 13650, report of the Committee on Equality and Non-Discrimination, rapporteur: Ms Carmen Quintanilla). *Text adopted by the Assembly* on 30 January 2015 (9th Sitting). See also Recommendation 2064 (2015).

4.5. allocate sufficient funding to policies and measures designed to foster the full participation of people with disabilities in society, in particular the accessibility of premises and services;

4.6. support people with disabilities and their families financially to enable them to access the services and care they need, thereby taking into account General Comment No. 2 of the Committee on the Rights of Persons with Disabilities on Article 9 of the United Nations Convention on the Rights of Persons with Disabilities.

5. With regard to legal capacity, the Assembly recalls Resolution 1642 (2009) on access to rights for people with disabilities and their full and active participation in society, and calls on member States to start replacing substitute decision-making mechanisms by supported decision-making mechanisms, in line with their international commitments.

6. The Assembly calls on member States to give up the culture of institutionalisation, in particular by putting an end to the construction and public funding of large institutions for people with disabilities, and to give consideration to alternatives to care in institutions, taking account of the choices of people with disabilities.

7. The Assembly is concerned about the scale of the problem of violence against people with disabilities, in particular women and children, and recommends that national parliaments ensure that disability is fully taken into account in their monitoring of the implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (CETS No. 210). The Assembly also calls on the Council of Europe member States to:

7.1. ratify, if they have not yet done so, the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201) and the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence;

7.2. take account of the specific situation of women and girls with disabilities in their policies to combat violence against women.

8. With regard to access to employment, the Assembly encourages member States to develop policies to foster the employment of people with disabilities and, in particular, to:

8.1. introduce incentive, awareness-raising and support measures for employers so as to help people with disabilities find employment and stay in their jobs;

8.2. protect people with disabilities against discrimination during recruitment and throughout their careers, and make specific provision in legislation for the requirement for accessibility of workplaces and/or working conditions, as well as for reasonable accommodation.

9. Lastly, the Assembly calls on member States to conduct and/or encourage awareness-raising campaigns for the public, teaching staff and employers in order to overcome the stereotypes and prejudices surrounding disability.

Resolution 2155 (2017)[1]

The political rights of persons with disabilities: a democratic issue

1. Persons with disabilities are scarcely visible on the political stage and are still too often considered and treated as second-class citizens in most Council of Europe member States. The Parliamentary Assembly expresses concern about the fact that persons with disabilities face multiple challenges when trying to exercise their political rights, related to accessibility, inadequate support for the diversity of disabilities, an unjustified link between legal capacity and the right to vote and the frequent reluctance of political parties.

2. Political rights, such as the right to vote, stand for election and be elected, are fundamental human rights. Ensuring respect for the exercise of these rights by persons with disabilities does not mean creating a set of new rights or special rights for a specific category. Guaranteeing the respect of the political rights of persons with disabilities is a democratic issue relevant to the whole population, raising questions about the inclusiveness and efficiency of democratic systems.

3. In this respect, the Assembly recalls that several Council of Europe texts have already underlined the need to ensure full participation of persons with disabilities in political and public life, such as Assembly Resolution 1642 (2009) on access to rights for people with disabilities and their full and active participation in society, Assembly Resolution 2039 (2015) on equality and inclusion for people with disabilities and Committee of Ministers Recommendation CM/Rec(2011)14 to the member States on the participation of persons with disabilities in political and public life.

4. The Assembly is convinced that the participation of persons with disabilities in political life can contribute to breaking down stereotypes, changing mindsets and combating overall discrimination. Concrete measures can be taken to facilitate access to voting and participation in elections, but they require political and financial commitments.

5. Political parties can play an essential role in tackling the lack of rights awareness and encouraging active participation of persons with disabilities. They can contribute to raising awareness of the importance of inclusion and participation of all, without discrimination, in political life.

6. The Assembly welcomes the adoption of the Council of Europe Disability Strategy 2017-2023, which presents an ambitious set of measures promoting the inclusion and participation of persons with disabilities and calls for its swift implementation.

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[1] Origin – *Text adopted by the Standing Committee*, acting on behalf of the Assembly, on 10 March 2017 (see Doc. 14268, report of the Committee on Equality and Non-Discrimination, rapporteur: Ms Mechthild Rawert).

7. In the light of these considerations, the Assembly calls on Council of Europe member and observer States, and States whose parliaments enjoy observer or partner for democracy status with the Parliamentary Assembly to:

7.1. ratify without delay, for the States which have not yet done so, the United Nations Convention on the Rights of Persons with Disabilities, which specifies international human rights standards for the protection of the rights of persons with disabilities, and ensure its full implementation;

7.2. with regard to legal capacity:

7.2.1. delink the right to vote from legal capacity and full guardianship and, recalling Assembly Resolution 2039 (2015), replace substitute decision-making mechanisms with supported decision-making mechanisms, in respect of their international commitments;

7.2.2. ensure the protection and respect for the political rights of persons living in long-term care establishments;

7.2.3. make complaints mechanisms concerning the right to vote clear and accessible to all, irrespective of a person's legal status;

7.3. with regard to combating discrimination against and stigmatisation of persons with disabilities:

7.3.1. launch awareness-raising campaigns on the political rights of persons with disabilities, together with organisations representing persons with disabilities and disabled persons' organisations, in order to combat and break down stereotypes with regard to their capacity to participate in elections and run as candidates;

7.3.2. encourage visibility and participation of persons with disabilities in electoral debates in the media, and the broadcasting of political programmes and debates in accessible formats;

7.3.3. provide civic education in accessible formats;

7.4. with regard to accessibility of polling stations, information and procedures, including electoral campaigns:

7.4.1. ensure physical accessibility of public buildings, including polling stations, national, regional and local parliaments and government buildings, and guarantee that at least one polling station in every election district provides full accessibility;

7.4.2. ensure the provision of information about electoral processes, voting procedures and political programmes in accessible formats, including in easy-to-read and easy-to-understand versions, with sign interpretation when required, subtitles for videos and Braille versions;

7.4.3. provide ballot papers in accessible formats and tactile voting devices for blind people in at least one polling station in every election district;

7.4.4. consider linking State funding of political parties to their compliance with accessibility requirements for persons with disabilities;

7.5. with regard to assistance with voting and to remote and alternative voting:

7.5.1. provide, when requested, assistance with voting via supported decision making, and respect for the voter's free will;

7.5.2. hold training on non-discrimination and assistance to persons with disabilities for polling station officers and officers in charge of voter registration, in co-operation with organisations representing persons with disabilities and disabled persons' organisations;

7.5.3. prepare and disseminate guidelines on assistance to voters with all kinds of disabilities, in co-operation with organisations representing persons with disabilities and disabled persons' organisations;

7.5.4. set up mobile voting units and propose, when possible, electronic voting for cases where persons with disabilities are not in a position to go to a polling station;

7.6. with regard to active participation in elections:

7.6.1. systematise collection of data on the political participation of persons with disabilities at national and local levels to ensure that relevant support measures are taken;

7.6.2. consider the establishment of quotas for the participation of persons with disabilities in parliamentary and local elections, with a view to increasing participation and representation;

7.6.3. provide candidates with disabilities with additional financial support to cover the extra costs they might incur for carrying out electoral campaigns.

8. The Assembly, bearing in mind its Recommendation 1598 (2003) on the protection of sign languages in the member States of the Council of Europe and the European Parliament Resolution of 23 November 2016 on sign languages and professional sign language interpreters (2016/2952(RSP)), also calls on the member States which have not yet done so to recognise sign language as an official language.

9. The Assembly calls on national parliaments to not only guarantee accessibility of premises but also ensure the broadcasting of parliamentary debates and the provision of information on their websites in accessible formats and, as standard, to cover costs for assistance to parliamentarians with disabilities. It also calls on national parliaments to set up systematic consultations with organisations representing persons with disabilities and disabled persons' organisations for the preparation of any new draft law concerning the rights of persons with disabilities, respecting the principle "Nothing about us without us".

10. The Assembly encourages political parties to demonstrate their commitment to making political life more inclusive and representative by producing and disseminating accessible political manifestos and ensuring accessibility of their meeting premises and events. Political parties should promote participation and offer persons with disabilities electable positions on electoral lists.

11. The Assembly recognises the essential role of organisations representing persons with disabilities and disabled persons' organisations to promote the political participation of persons with disabilities and calls for financial support for awareness-raising projects in this field. Moreover, it encourages further co-operation between parliaments, political parties and these organisations.

12. The Assembly decides to publish easy-to-understand versions of its adopted resolutions and recommendations on the rights of persons with disabilities on its website. The Assembly shall also consider the feasibility of providing these texts in sign language interpretation on its website.

The Council of Europe strives to protect and promote human rights for all, including people with disabilities, and in this respect to enhance equal opportunities, improve the quality of life and independence of people with disabilities, guarantee their freedom of choice, full citizenship and active participation in public and political life of their communities.

This publication represents the Council of Europe documents that concern participation and engagement of people with disabilities in public and political decision-making processes. It aims to raise awareness of electoral and political stakeholders in the Council of Europe member States about existing standards and good practices by providing a list of resolutions and recommendations issued by the Committee of Ministers and the Parliamentary Assembly on actions and measures to be taken in order to ensure a safe and inclusive political environment for all, which is fundamental for democracy and sustainable development.

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