

Supplementary Alternative Report:

REFERENCE TO STATE PARTY
REPLIES TO THE LIST OF
ISSUES & UPDATES

SUBMITTED TO THE UN
COMMITTEE ON THE RIGHTS
OF PERSONS WITH
DISABILITIES

By the
Civil Society Forum for the
Promotion and
Implementation of the
CRPD in Israel

AUGUST 2023



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Rights of Persons with Disabilities

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August 2023

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The Civil Society Forum for the Promotion of the Convention on the Rights of Persons with Disabilities in Israel

The Civil Society Forum for the Promotion and Implementation of the Convention on the Rights of Persons with Disabilities in Israel (henceforth 'the Forum') was founded and is led by Bizchut - The Israel Human Rights Center for People with Disabilities, and Beit Issie Shapiro, both organizations with special consultative status with the UN, following Israel's ratification of the CRPD. The Forum operates as an independent body and does not receive government funding. It comprises 30 leading disability organizations: organizations of persons with disabilities and disability advocacy organizations that work to promote the rights of persons with disabilities, representing adults, older adults and children with disabilities from all parts of Israeli society and their families. For more details about the Forum and its activity see the Alternative Report submitted to the CRPD Committee on August 2020.¹

List of Member Organizations

- Accessible Community Hadera (R.A)
- ACI - Autistic Community of Israel
- All Rights for children with special needs
- AlManarah - The Association for the Advancement of Persons with Disabilities in Arab Society (R.A.)
- ASSAF - Aid Organization for Refugees and Asylum Seekers in Israel
- Association of Law in the Service of the Elderly.
- Avnei Derech (Milestones for Life)
- Beit Issie Shapiro (co-director of the Forum)
- Bakehila-integrating people with autism in the community
- Bizchut - The Israel Human Rights Center for People with Disabilities (co-director of the Forum)
- Center for Disability Studies, Hebrew University of Jerusalem
- Disability Rights Clinic in Honor of Prof. Yaakov Neeman, Bar Ilan University Faculty of Law
- Disabled, Not Half a Person (R.A)

¹ [Civil Society Forum for the Promotion and Implementation of the CRPD in Israel. Alternative Report](#), submitted to the CRPD Committee, August 2020.

- Enosh - The Israel Mental Health Association
- Health Forum - Leading towards Health of Persons with Disabilities at Beit Issie Shapiro
- House of Wheels
- Israel Center for the Blind (R.A.)
- Israel Elwyn. (R.A.)
- Israeli Deaf Studies Center
- Keshet - Connecting Special Families
- LINK20 - Young Person Network for the Rights of Persons with Disabilities
- Lishma - For Inclusion and Empowerment of People Coping with Mental Health Issues
- Ofek Liyladenu - Israel National Association of Parents of Children with Blindness and Visual Impairments
- Ometz ("Courage") - Art and Growth Discourse
- Simcha Layeled
- The Rights of People with Disabilities Clinic at the Hebrew University of Jerusalem
- Yated - the Down Syndrome Society of Israel
- Adv. Haya Gershoni: Consultant on matters relating to the Ultra-Orthodox Community.

Abbreviations used in this report:

CHE – The Council for Higher Education

HMO - Health Maintenance Organization (the public healthcare providers in Israel)

MOE - Ministry of Education

MOH – Ministry of Health

MOWSA – Ministry of Welfare and Social Affairs

SPRQ – Replies of Israel to the list of issues in relation to its initial report, May 2022 (CRPD/C/ISR/R/Q/1)

PWD – Persons with Disabilities

2020 Alternative Report – Civil Society Forum for the Promotion and Implementation of the CRPD in Israel, Alternative Report, submitted to the CRPD Committee, August 2020.

Introduction

We are pleased to present a report to the UN Committee on the Rights of Persons with Disabilities concerning the status of the rights of PWD in Israel, in advance of the Committee's session in August 2023. This report is a complementary report to the Alternative Report prepared by the Civil Society Forum for Advancing the Rights of Persons with a Disability in Israel (hereinafter – the Forum) in 2020, ahead of the preliminary discussion held that year by the Committee concerning the implementation of the CRPD in Israel (hereinafter – the 2020 Alternative Report). The current report includes comments on the responses provided by the State to the questions asked by the UN Committee pursuant to the preliminary discussion (LOIs), updates on changes that have occurred since the previous report was written, and comments on several issues that were not mentioned in the previous report.

The 2020 Alternative Report and the current report present a broad, reliable, and comprehensive picture regarding the rights of PWD in Israel. This picture is based on the experience of PWD and their families and on the extensive knowledge acquired by the member organizations of the Forum. As is evident throughout the reports, although over 10 years have passed since the State of Israel ratified the CRPD, there are still substantial gaps between its provisions and the actual situation of PWD in Israel in various fields of life. This report also includes a series of recommendations for narrowing these gaps.

We hope that these reports will help the Committee to gain a detailed and reliable picture of the actions taken in Israel and to formulate recommendations to the State of Israel regarding steps to be taken in order to implement more fully the provisions of the CRPD.

Articles 1-4

Purpose, Definitions, General Principles, General Obligations

Integration of the principles of the CRPD in state law (CRPD/C/ISR/RQ/1 paras. 1-5): As detailed in the 2020 Alternative Report, and as will be detailed in the complementary report below, despite the changes made in recent years there are still substantial gaps between the requirements of the CRPD and the situation regarding the rights of PWD in Israel. These gaps are due to defective legislation, legislation that is inconsistent with the provisions of the CRPD and the partial implementation of existing legislation. Moreover, as detailed in the 2020 Alternative Report, PWD in Israel receive services and entitlements from various government ministries. This obligates them to maneuver between numerous ministerial and professional interfaces, and in many cases they “fall between the cracks” and their needs are not met. There is no uniform language: definitions of disabilities vary from one ministry to the next; each has its own attitudes and perceptions, which are sometimes contradictory to and often inconsistent with the principles of the CRPD. Moreover, as detailed in the 2020 Alternative Report 0, the database regarding PWD in Israel is seriously defective (for details, see the comments on Article 31). This gap prevents the mapping of the existing gaps between the provisions of the CRPD and the realities of the lives of PWD in Israel. It also prevents policy planning, including the informed and fact-based setting of priorities for narrowing these gaps. It is true, as the state notes (CRPD/C/ISR/RQ/1 para. 2), that international conventions are not directly binding within the Israeli legal system. However, it could have been expected that the principles of the CRPD, which Israel undertook to observe through its ratification thereof, would be clearly and explicitly embedded in Israeli legislation and would serve as a clear and binding “compass” for advancing the rights of PWD. However, as illustrated in the 2020 Alternative Report and as emerges from this one, this is not the case. Moreover, despite the substantial gaps between the provisions of the CRPD and the realities of the lives of PWD in Israel, **the State of Israel still lacks a systemic and holistic national plan for implementing the CRPD, including a clear timetable** – something that exists in many other countries. It should be noted that in its response the state made no mention of any future plans or of the timetable set for overcoming existing challenges, as the Committee required (CRPD/C/ISR/Q/1 para. A1(c)).

Welfare Services for Persons with a Disability Law (CRPD/C/ISR/RQ/1 para. 3): The most significant legislative change that has occurred since the previous report (2020 Alternative Report) is the recent enactment of the Welfare Services for Persons with a Disability Law, 5782-2022. It should be noted that from the outset this law was not intended to enshrine the principles of the CRPD in Israeli law, but rather to enshrine the right of certain PWD to receive welfare services. Following pressure from civil society organizations, most of which are signatories on this report, and after they engaged in dialogue with the Ministry of Welfare, several significant changes were made to the original format of the law. It was determined that part of the principle goal of the Welfare Services for Persons with a Disability Law is to enshrine the right of PWD to receive services “while supporting” their right to an independent and autonomous life and to equal participation in society and the community. It was further established that the welfare services will be provided, among other requirements, in accordance with the principles of the Equal Opportunities for Persons with a Disability Law and the principles of the

CRPD.² The law further requires the Ministry of Welfare to prepare a plan for reducing institutional frameworks for PWD and to report to the Knesset on this plan (see below). However, the wording of the law is very general and the manner in which it will be implemented will depend largely on the regulations and on the plan for reducing institutions that the Ministry of Welfare is required to prepare in accordance with the law; these documents are still in the drafting stage. The wording of the regulations will largely determine to what extent PWD, including those requiring significant support, will actually be able to receive assistance enabling them to realize their right to an independent life in the community. It should also be emphasized that in some significant aspects the law itself is inconsistent and even incompatible with the principles of the CRPD:

- **Perpetuation of segregation between persons with different disabilities:** The law distinguishes between persons with different disabilities on the basis of their medical diagnosis, contrary to the principles of the CRPD. For example, the law does not apply to people with a psychosocial disability,³ who are supposed to receive services from another government ministry, under a different law enacted 20 years ago that does not include any reference to the CRPD or its principles.⁴ Moreover, although persons with an intellectual disability are entitled to services under the new law, its enactment did not lead to the nullification of the existing anachronistic law concerning them;⁵ parts of this law are still in force. As a result, the proceeding for recognizing the eligibility of persons with an intellectual disability will continue to be different from that of persons with other disabilities; the possibility to impose means of treatment on these persons, in certain situations, still remains (see the comments on Article 14 in the 2020 Alternative Report). Moreover, the law itself offers a vague definition of motor disability, and there is already serious concern that persons with certain disabilities, including those with progressive diseases and rare syndromes, may not be eligible to receive services under its scope.
- **The law does not explicitly mandate a deinstitutionalization process:** The Welfare Services Law requires the Ministry of Welfare to prepare a “plan for the transition of PWD to the community and for the gradual reduction of the scope of residency of PWD in frameworks with large numbers of residents, as well as a reduction in the number of residents living therein.”⁶ However, the law does not define “frameworks with a large number of residents” and does not explicitly mandate the closure of all existing institutional frameworks (see the comments on Article 19) and the development of solutions allowing all residents of these frameworks to pursue an independent life. Accordingly, there is concern that the plan to be prepared by the Ministry of Welfare will be a limited one that will not lead to the closure of all institutional frameworks as required by the CRPD. We already know that, according to the interpretation of the Ministry of Welfare, the term “institutional reduction” includes, among other actions, the division of very large institutions housing over 100 persons each into smaller units of several dozen persons, while investing resources in the existing institutions.⁷

² Welfare Services for Persons with a Disability Law, 5782-2022, sections 2-3.

³ With the exception of persons with a “double diagnosis,” i.e., people with a psychosocial disability who also have a disability included in the list of disabilities entitling individuals to receive services under the law.

⁴ Rehabilitation of Mentally Disabled Persons in the Community Law, 5760-2000.

⁵ Welfare Law (Care of Persons with an Intellectual-Developmental Disability), 5729-1969.

⁶ Section 44(D) of the Welfare Services for Persons with a Disability Law, 5782-2022.

⁷ See, for example: Comptroller General – Exemption Committee, Protocol 3011 of a Discussion Held on June 7, 2023.

- **Budget:** The Welfare Services for Persons with a Disability Law establishes that most of the budgetary increment granted for the implementation of the law will be earmarked for “advancing the integration of PWD in the community, including by means of services that support an independent and autonomous life in the community.”⁸ However, the law does not explicitly establish that the budget in the law is not to be used to finance institutional services and other services inconsistent with the principles of the CRPD. Moreover, as detailed below, in the absence of a deinstitutionalization plan there is serious concern that the Ministry of Welfare will continue to budget institutional frameworks and to allocate budgets for the renovation of existing institutions, as it does at present.
- **Use of restraints in residential frameworks:** As detailed below (see the comments on Article 14), the use of restraints is common in residential frameworks for PWD, in a manner that is completely incompatible with the provisions of the CRPD. In May 2022, the Ministry of Welfare published a director-general’s circular intended to regulate the use of these improper means, and effectively permitting the continued use of some of them.⁹ Moreover, in January 2023, just a few months after the enactment of the Welfare Services for Persons with a Disability Law, the Ministry of Welfare published a memorandum for an amendment to the law enshrining the ongoing use of restraints in frameworks for PWD.¹⁰
- **The law does not apply to PWD who are not residents of Israel:** As detailed below, the law has been applied solely to residents of Israel, while PWD who do not have resident status, including refugees and asylum seekers (hereinafter: RAS) with a disability living in Israel for almost two decades under protection against deportation.

Misuse of terms: As noted in the 2020 Alternative Report, and as will be detailed below, various acts of legislation and government ministry policies sometimes misuse terms that appear in the CRPD. Thus, for example, the term “housing in the community” is also used to refer to full-fledged institutional frameworks, such as hostels; the reform being led by the Ministry of Education that has resulted in the streaming of many students with a disability into segregative frameworks is called the “Integration and Inclusion Reform,” and so forth.

Continued procrastination by the state in enacting regulations: As detailed in the 2020 Alternative Report, and although three years have passed since it was written, even when existing legislation is consistent with the principles of the CRPD (at least partially, as in the example of the accessibility chapter in the Equal Rights for Persons with a Disability Law and the Legal Capacity and Guardianship Law), this legislation is only partially implemented. One reason for this is that the procedures for enacting regulations under these laws has still not been completed (see below for details).

Harmonization with a human rights model for PWD in accordance with the CRPD (CRPD/C/ISR/RQ/1 paras. 1-6): Regarding the differing definitions of disability (CRPD/C/ISR/RQ/1 para. 6), and as detailed in the 2020 Alternative Report (see the comments on Articles 1-4), it is

⁸ Section 31(A).

⁹ Director-General’s Circular 2022-002 – “Tools and Procedures for Identifying, Preventing, and Responding to Dangerous Challenging Behavioral Situations in Frameworks of the Disabilities Administration (Hebrew).

¹⁰ [Memorandum: Welfare Services for Persons with a Disability Law \(Amendment – Restrictive Protective Means\), 5783-2023](#) (Hebrew).

important to note that in some contexts the definition of the disability is inconsistent with the principles of the CRPD.

Contrary to the claim in the SPRQ (CRPD/C/ISR/RQ/1 para. 7), and as detailed in the 2020 Alternative Report and below, the vast majority of persons currently receiving housing services from the Ministry of Welfare do so in institutional frameworks or in frameworks with institutional characteristics that do not meet the provisions of the CRPD (for details, see the comments on Article 19 in the 2020 Alternative Report and below). A similar situation can be seen in employment: many people are employed in segregative frameworks or receive other services in the field of employment in a manner that is inconsistent with the provisions of the CRPD (see the comments on Article 27). In the field of education, too, many students with a disability attend segregative frameworks that do not meet the principles of the CRPD. Contrary to the comments in the SPRQ, in most cases people do not have the possibility to choose between different types of services and are referred to particular services according to their “functional level” and type of disability. Moreover, in many cases the services themselves do not operate in a manner that is consistent with the core principles of the CRPD and do not facilitate the realization of basic rights, such as the right to personal autonomy. It should be noted that despite the establishment of the Disabilities Authority in the Ministry of Welfare, many services are still provided based on a distinction between different types of disability.

Despite the efforts to make information about existing services available to PWD (CRPD/C/ISR/RQ/1 para. 8), and as detailed in the previous report and in this report, many services provided for the public as a whole are still not accessible to PWD and many services intended for PWD do not meet the principles of the CRPD.

The “**ecological rehabilitation model**” referred to in the SPRQ (CRPD/C/ISR/RQ/1 para. 10) is actually a model for new totally institutional frameworks established by the Ministry of Health in recent years for people with a psychosocial disability (for details, see the comments on Article 19 below).

Participation and involvement of DPOs and Human Rights Organizations (CRPD/C/ISR/RQ/1 para. 13): Despite the comments in the SPRQ, and although there has been an improvement in this field in recent years, the participation and involvement of civil society are still by no means undertaken through full and genuine participation. Participation proceedings are implemented in an unstructured and unregulated manner, and in most cases are not accessible to all PWD. In many cases the participation is perfunctory and civil society representatives cannot exert a meaningful influence. This is certainly true when their position is contrary to a legislative initiative that has already been established and decided without the involvement of civil society. Consultations with civil society organizations are not binding: the authorities can decline to accept the position of the organizations, and there is not even any requirement to provide grounds and explain why. Thus, for example, the Ministry of Education sought to advance a legislative change concerning students with a disability, despite the overwhelming opposition of all the civil society organizations (for details, see the discussion on Article 24). The consultations with civil society representatives undertaken by the state ahead of the current dialogue did not reach the senior echelon of the decision makers in the government ministries and was confined to officials at the professional level who lack the significant power needed in order to secure the required changes in the implementation of the CRPD in Israel.

The different government ministries choose with whom they wish to consult; there are no clear and transparent criteria for selecting representatives of DPOs and of organizations working to advance the rights of PWD. As a result, in some situations individuals enjoy a similar status to civil society organizations that have been active for many years; there is confusion between organizations that

provide services and civil society organizations; the distinction between PWD and their families is not always maintained, and so forth.

Regarding legislative proceedings, the state publishes legislative memorandums for public comments. However, these memorandums are not accessible to all PWD. Moreover, and as detailed below, Knesset committee proceedings, including discussions concerning legislation relating to PWD, are not accessible to all PWD (see the comments below on Article 29).

It should be noted that some of the forums mentioned in the SPRQ are no longer active, and in some programs mentioned by the state only a very small group of people participated.

Recommendations

1. **Implementing the principles of the CRPD in legislation:** the state should promote legislation, including secondary legislation, clearly and explicitly enshrining the principles of the CRPD and the rights of all PWD in light of these principles. The state should also act to nullify or amend existing legislation that is inconsistent with the principles of the CRPD.
2. **National plan for the implementation of the CRPD:** The State of Israel should prepare a national plan for the implementation of the CRPD, including a binding timetable and the allocation of the necessary resources. This should take place with the full participation of DPOs and organizations working to advance their rights. The goals of the plan should be:
 - To map and create an infrastructure for the systemic collection of data concerning the obstacles that are delaying the full participation of PWD in society in equality with others, and the existing gaps between the provisions of the CRPD and the actual situation of PWD in Israel. This should include attention to the various groups within Israeli society.
 - To develop forms of action to narrow the gaps and remove obstacles to the optimal inclusion of all PWD in Israel in the various spheres of life and the connecting contexts, including a clear and binding timetable.
 - To develop and structure forms of cooperation, consultation, and involvement of PWD, DPOs and their families, and organizations working to advance the rights of PWD in decision-making procedures regarding PWD.
 - To create inter-ministerial cooperation in contexts where this is required.
 - To develop services consistent with the provisions of the CRPD.
 - To provide a response for the many different corners of Israeli society, with an emphasis on disadvantaged and minority groups.

The structure of the plan, to be led by and include the Prime Minister's Office, in cooperation with the Commission for the Equal Rights of Persons with a Disability, will comprise four stages:

- **Establishing a founding team** through inter-ministerial and full inter-sector partnership, including representatives of the relevant government ministries, of DPOs, and of civil society organizations.

- **Monitoring and mapping gaps between the realities of life in Israel and the requirements of the CRPD**, based on existing data and the collection of lacking data, including attention to different identities (Arab society, Haredi society, immigrants, gender, persons without civil status – including RAS, etc.). Defining secondary themes and objectives.
- **Preparing a government workplan** on the district and local authority level, including the definition of measurable objectives, clear timetables, and the allocation of the appropriate resources for narrowing gaps and for ensuring equal and autonomous life in accordance with the provisions of the CRPD.
- **Creating a mechanism for monitoring and inspection** of the implementation of the plan on an ongoing basis, according to the criteria defined.

Article 5

Equality and Non-Discrimination

As emerges from the previous report and from this report, substantial gaps exist between the provisions of the CRPD and the actual reality for PWD in Israel. In the case of PWD who also belong to minority or underprivileged groups in society, these gaps are even more substantial and they experience more instances of discrimination and exclusion.

PWD in Arab society: The proportion of PWD in Arab society is 22%. As noted in the previous report, this rate is higher than that among the Jewish and “other” population.¹¹ As the State mentions (CRPD/C/ISR/RQ/1 para. 17), the proportion of PWD receiving services in Arab locales is significantly lower than in Jewish ones.¹² For example, the proportion of PWD in Jewish society who receive housing services under the responsibility of the MOWSA is five times higher than that in Arab society.¹³ The factors and causes behind the low utilization of services in Arab society include a lack of cultural and linguistic adaptation of services and a passive approach in government ministries to the adaptation of services to the needs of the Arab population, inadequate efforts to raise awareness of these services and to increase the number of service recipients, a policy of “supply according to demand,” and the financial condition of Arab local authorities. In addition, residency in small, peripheral locales with limited availability of services; deep poverty; lack of physical access to services; difficulties in accessibility in

¹¹ The “other” category includes non-Arab Christians, members of other religions, and other groups. From: Nagar-Idelman, R, Constantinov, V. and Barlev, L., 2022, [Persons with a Disability in Israel: Selected Statistics](#), Brookdale Institute and Ministry of Justice (Hebrew).

¹² Efrati, R. and Uda-Saba, L., 2023, [Information centers for persons with a disability and their families in Arab society: Concluding evaluation report](#), Harriette Szold Institute (Hebrew).

¹³ See the comments on Article 19 in the 2020 Alternative Report, and also: Saragusti, A., 2021, [One in a thousand - housing in the community for persons with a disability in Arab society - review, mapping of obstacles, and recommendations for amending policies](#), Bizchut – The Center for the Human Rights of Persons with a Disability (Hebrew).

the public – and sometimes the private – domains; infrastructure problems; and poor transportation all constitute obstacles limiting the ability of PWD in Arab society to participate in community life.¹⁴

PWD in Haredi society: A study by the Brookdale Institute on children with a disability in Israel¹⁵ found that a lower proportion of Haredi children with a disability are identified relative to the national average (8.2% and 12.1%, respectively), and as a result less receive disability benefits. In another section of the study (awaiting publication), it emerges that Haredi families find it difficult to realize their rights due to problems in accessibility of online websites because of the limited use of the internet in Haredi society. In some cases, people go without services due to a lack of cultural adaptation among caregivers. The findings also suggest that some religious institutions and synagogues are not accessible.¹⁶

Refugees and asylum seekers (RAS): Approximately 60,000 RAS currently live in Israel. They include around 25,000 persons who arrived 10-15 years ago from Africa, mainly Eritrea and Sudan; approximately 14,000 persons from Ukraine who arrived after the war broke out and are still present in Israel; around 20,000 Ukrainian citizens who arrived in Israel before the war; and a few hundred persons from the Tigray region in Ethiopia. As of August 2023, all these groups are protected against refoulement, and the State of Israel recognizes that they cannot be deported to their countries of origin. However, as will be detailed below, this protection against refoulement does not include almost any economic and social rights, including National Insurance benefits, subsidized health insurance or welfare services.

In the absence of access to health and welfare services, the condition of RAS with a disability in Israel is harsh and they live in extreme poverty. This is true both because they are not eligible for health services (with the exception of emergency and front-line medical services), including rehabilitation services, and because they are not eligible for National Insurance benefits and allowances, including disability allowances, supplementary income, and most welfare services. As a result, if they cannot work for their living they are left without any framework for rehabilitation and assistance.

In addition to the above, PWD living in peripheral areas, where there is often a lack of available services, and PWD who are new immigrants (particularly those from Ethiopia) are among the disadvantaged groups that experience exclusion and discrimination more acutely than the general population of PWD in Israeli society. It should be noted that there are almost no detailed and transparent statistics concerning these groups (alongside the general lack of data concerning PWD – see the comments on Article 31). Accordingly, it is difficult to gauge the extent to which their rights are being violated.

¹⁴ Monikandam-Givon, Y., 2017, [Persons with a disability in Arab society - general statistics and statistics on students in the special education system](#), Knesset Research and Information Center (Hebrew); Badran, L. et al., 2022, [Intellectual-developmental disability in Arab society in Israel: An intersectionality perspective](#), in: *Intellectual-Developmental Disability: Theory, Research, and Practical Ramifications*, Al-Yadon, M., and Margalit, M. (eds.), (Hebrew).

¹⁵ Lital Barlev, Rinat Namer-Furstenberg, Nurit Gadaj, 2021, [Children with a disability in Israel - national study](#), Brookdale Institute (Hebrew).

¹⁶ Yoni Green, 2018, [Don't the disabled pray? Survey: most synagogues are not accessible to persons with disabilities](#), Becharedi Haredim website (Hebrew).

Article 6

Women with Disabilities

Gender equality (CRPD/C/ISR/RQ/1 paras. 26-27): Women with a disability continue to face double discrimination and exclusion as detailed in the 2020 Alternative Report (p. 12). The gaps between these women and women without a disability are still very substantial in all spheres of life (employment, protection, sexual education, health, etc.).

Regrettably, there is no dedicated legislation, policy or practice designed to empower women with a disability and advance their rights. Moreover, women with a disability are at best only symbolically involved in thinking processes and in the advancement of their own rights. The legislation mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 26) and in the annex do not make any specific mention of women with a disability.

In addition, the Annex to the SPRQ (CRPD/C/ISR/RQ/1 para. 39) includes misleading information concerning employment rates among women with a disability. The employment rate among PWD in general is lower than among the population as a whole (53% and 80%, respectively).¹⁷ Accordingly, even if the gaps in employment rates between men and women with a disability are similar to those between men and women without a disability, a significant gap still remains between women with a disability and women without a disability, due to the low employment rates of PWD as a whole.

Women's health (CRPD/C/ISR/RQ/1 paras. 28-29): It should be noted that while the Lilach Project mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 28) indeed relates to the encounter with a gynecologist, this is confined to the medical context. There is no discussion of the need for language simplification in practices concerning sexuality and family life in the context of gynecological visits.

The Eve Clinic mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 29) is situated at Tel Hashomer Hospital in central Israel. This single clinic does not meet the needs of all women with a disability, particularly those who live in the periphery.

For further details concerning women's health, see our comments on Article 25 and the discussion in Article 23 on the subject of family life.

Although women with a disability experience all forms of violence and vulnerability at a higher rate than women without a disability, as detailed in the 2020 Alternative Report (p. 13), only two shelters for women victims of violence are physically accessible to women with a disability – one in Tel Aviv in central Israel, and the other in Haifa in the north. Moreover, we know of cases in which women with a psychosocial disability were not permitted to stay in the shelters on the grounds that these are not adapted to their needs.

In the context of the double exclusion faced by women with a psychosocial disability, the hospitals do not ensure that a midwife is on call who is capable of providing adapted care for victims of trauma – a vital service for their birthing process. It is also important to note that Israel currently has a few Soteria houses recognized by the HMOs; all are intended for men only, or for men and women, but there is not

¹⁷ [People with a Disability in Israel 2021, Facts and Figures](#), JDC-Israel and the Brookdale Institution, October 2021, Jerusalem (Hebrew).

a single recognized Soteria house for women only. Moreover, not all hospitals have an in-patient department for women, while out-patient departments are intended specifically for post-trauma victims, and not for women with psychological difficulties on the basis of other backgrounds. There is no track for in-patient therapeutic postnatal care following the mother and baby model, and accordingly the parental rights of such women are violated and almost irreparable damage is caused to their bond with their baby.¹⁸

Recommendations

1. Systemic data should be collected, including a timetable, concerning the obstacles facing women with a disability in various fields of life.
2. Dedicated legislation should be created to protect and realize the rights of women with a disability, as well as the development of educational, administrative, cultural, political, linguistic, and other tools by the state in order to ensure the inclusion of girls and women with a disability in all spheres of life. This should include the definition of steps to be taken by the state to prevent double and triple discrimination and should include a developmental perspective.
3. A program should be established to change perceptions and attitudes among teachers, professionals, and relatives of girls and adolescents with a disability in order to create a supportive environment, promoting openness and knowledge in the field of sexuality and encouraging a healthy lifestyle.
4. A workplan should be created for the state relating to the development of focused sexual counseling and therapy for women with a disability, and counseling and couples therapy services should be developed as part of the spectrum of services in the community. This should be done while recognizing the specific obstacles that women with disabilities face in this sphere.
5. An action plan should be regulated to prevent harm to women with a disability, particularly by expanding the knowledge of women with disabilities regarding vulnerability and by identifying points of danger. The plan should also include ways to address the need to prevent dangers, the development of accessibility services in the field (including ensuring that shelters for women victims of sexual assault are accessible), and training therapists (including therapists with disabilities) to provide an accessible service.
6. Responses and services should be regulated for women with a psychosocial disability relating to birth, the training of midwives for women in labor who are trauma victims, allocating staffing positions at all the hospitals, and acting to enhance the bond with the baby/child during hospitalization.
7. A plan should be prepared to open Soteria houses for women with a psychosocial disability and create spaces where they can be provided with psychological assistance.

¹⁸ Tolchin, I., 2022, [By the time the mother recovers, the baby does not remember or recognize her at all](#), (Hebrew).

Article 7

Children with disabilities

Children with disabilities of refugees and asylum seekers (RAS): Naturally, the rights of children with disabilities of RAS are strongly interlinked to their parents' rights. Hence, these children, most of whom were born in Israel, live in extreme poverty and many families (estimated at 50%) consist of single mothers. According to MOWSA's Director General's Circular (No. 100) at-risk RAS children are entitled to social services. However, in practice these services fall short of the holistic services that Israeli citizen's families of at-risk children receive, mainly because neither the children nor their parents are entitled to social security benefits, including child allowances and disabled child allowances.

As to healthcare, RAS children (Ukrainian children excluded) are entitled to join subsidized health insurance (known as the Meuhedet health scheme) at a monthly cost of 120 NIS (approx. 30 EU) per month for the first child, and 240 NIS per month for two children and over. Those among RAS children who have joined the Meuhedet health scheme and have been able to meet the monthly premiums enjoy adequate access to health services, but those whose parents are not able to pay the insurance fees are left without healthcare, including diagnosis of disabilities and treatments.

Recommendations

RAS children with disabilities should receive provision of full access to healthcare, social security allowances and benefits, and all welfare and social services similar in scope to that of Israeli citizens' children with disabilities. This should include child allowances and disabled child allowances, diagnosis and rehabilitation services, aid at home and accessibility services.

Article 9

Accessibility

Incomplete Legislation

The Equal Rights for Persons with Disabilities Law defines the right of PWD to participate equally and in a dignified manner in all aspects of life, and the accessibility obligations incumbent upon entities that provide services to the public to eliminate obstacles hindering PWD from realizing said participation.

As noted in the 2020 Alternative Report, and as emerges from the SPRQ (CRPD/C/ISR/RQ/1 paras. 44-47), the procedure of installing regulations under the Equal Rights for Persons with a Disability Law has not yet been completed, although almost 20 years have passed since the original date set in the law for their completion. Lacking regulations include, among others, regulations concerning a significant portion of the health sphere (see our comments on Article 25) and regulations concerning access to roads and sidewalks. One reason for this is that the MOH and the Ministry of the Interior, which are

responsible for these regulations, received for the third time an extension from the government through October 2024 for the completion of the regulations. It should be emphasized that in the absence of the said regulations it is not possible to implement the law, thereby causing the ongoing violation of the rights of PWD.

It should also be noted that in 2017 the law was amended to state that interurban buses will only be bound by some of the accessibility requirements, particularly sensory accessibility. Even this requirement is not adequately implemented, severely impeding the mobility of PWD in interurban travel and limiting their capacity to participate in the job market, acquire higher education, and enjoy cultural and leisure activities.

In addition to the procrastination in installing vital regulations, in many situations existing regulations are only partially implemented (for example, see our comments on education in the 2020 Alternative Report and in this report). Dates for the completion of implementation are repeatedly postponed due to insufficient budgeting. Moreover, the existing regulations are not updated, and as a result are inconsistent with current needs (for example, see our comments on the Website Accessibility Regulations under Article 21).

Arab society: Further to our comments in the 2020 Alternative Report concerning discrimination in Arab society, and on a positive note, it is important to mention that dedicated budgeting has been provided for promoting accessibility in Arab society. Many Arab local authorities are using these funds in an attempt to bridge the significant gaps that exist in accessibility by comparison to Jewish local authorities. However, it is important to add that various planning difficulties concerning the status of Arab local authorities in general are liable to perpetuate gaps in the field of accessibility, as in other fields.

Moreover, no mechanism has as yet been established for the creation of a database facilitating monitoring, inspection, and adaptation of policy in the field of accessibility.

Recommendations

1. The State should create a budgeting mechanism ensuring the implementation of the existing regulations and preventing further delays in completing their installment.
2. The State should ensure the systemic updating of the existing regulations in order to adapt them to current needs and rapid technological changes.
3. The State should prepare a plan including a clear timetable, together with appropriate budgeting, for narrowing the gaps in accessibility between Jewish and Arab society.
4. The State should establish a database and mechanisms for monitoring and inspecting the implementation of the Accessibility Regulations.

Article 10

The Right to Life

Comments on the SPRQ (CRPD/C/ISR/RQ/1 paras. 49-52)

In its response, the State mentions a police procedure for responding to situations involving a person with a psychosocial disability (CRPD/C/ISR/RQ/1 para. 52). However, the situation on the ground shows that this procedure provides a very partial response to the needs. To the best of our knowledge, over the past two years alone – since the above-mentioned procedure was published – the enforcement and security forces have shot and killed 11 PWD. Just recently, on April 22, 2023, Michael Hassan, a person with a psychosocial disability, was shot and killed by police officers. The officers were likely aware that they were dealing with a PWD, but they lacked the appropriate tools to cope with the situation.

As mentioned in the SPRQ (CRPD/C/ISR/RQ/1 paras. 50-51), following the killing by the security forces of Iyad al-Halak, a young resident of East Jerusalem who had a disability, the Inter-ministerial Committee for Addressing the Response of the Enforcement and Security Forces to Persons with Disabilities (hereinafter “the Committee”), was established. One of the Committee’s chief recommendations¹⁹ was to establish crisis teams – multi-professional teams that will intervene when a call or complaint is received relating to a PWD. The teams will offer specific assistance, including an evaluation of the person’s psychosocial condition, mediation, assistance in turning to therapeutic bodies, and so forth. The goal of the crisis teams is to restrict the involvement of law enforcement agencies to the absolute minimum; prevent escalation and exacerbation in such situations; reduce the scope of involuntary psychiatric hospitalizations; and reduce the involvement of PWD in criminal proceedings, similar to existing models around the world. Although all the relevant bodies recognize the need for such teams, and despite a degree of progress on the subject,²⁰ crisis teams have still not been established and, as noted, PWD continue to be injured and killed by law enforcement bodies.

On July 6, 2023, the District Court acquitted the Border Guard police officer who shot and killed Iyad al-Halak of the charge of reckless homicide.²¹ The court found that the defendant could not have known that the deceased was a PWD and, accordingly, his action was reasonable in circumstances in which a security force employee is convinced that a terror attack is underway. The Police Investigation Unit stated that it is studying the ruling and considering its position.

It should be noted that the State’s response to the question regarding demonstrations is very partial (CRPD/C/ISR/RQ/1 para. 53). Testimonies we receive from the field suggest that PWD who participate in demonstrations sometimes encounter problematic behavior on the part of police officers. For example, testimonies have been received regarding persons who rely on wheelchairs for mobility who

¹⁹ The Committee submitted its report in February 2021: [Recommendations of the Inter-ministerial Committee to Address the Response of the Enforcement and Security Forces to Persons with Disabilities](#)

²⁰ A proposed law seeking to regulate this subject was recently brought for preliminary discussion – the Proposed Law: Crisis Intervention Teams, 5783-2022. However, it remains unclear at this stage when the proposed law will be promoted.

²¹ (CC 40172-06-21 State of Israel v Anonymous).

were placed into a police patrol vehicle without their wheelchair, the confiscation of communications aids from people, the unavailability of essential medicines, and so forth.

Further Updates

Termination of pregnancy due to suspected “congenital impairments”: Further to the comments in the 2020 Alternative Report, section 316(A)(3) of the Penal Code, 5737-1977 permits the cessation of pregnancy if the fetus is liable to be born with a disability. In practice, the remotest fear of a disability is sufficient for pressure to be applied on parents to terminate the pregnancy, without the opportunity to be fully informed about the potential disability or to familiarize themselves with persons with a similar disability who live a worthwhile life.

Sub-Round Table to the Inter-ministerial Round Table on Persons with a Disability during the Covid-19 Pandemic: In its response to Question 11, the State claims that the Recommendation Report submitted following the Inter-ministerial Round Table on Persons with a Disability during the Covid-19 Pandemic, established during the pandemic, is only supposed to be implemented in future emergencies. Despite repeated requests to the round table administrations, no reply has been received to date concerning the implementation of the recommendations by government ministries.

Position paper on the prioritization of patients in serious condition during the Covid-19 pandemic: As detailed in the 2020 Alternative Report, during the Covid-19 pandemic the Ministry of Health published a guideline document for the medical community regarding the prioritization of the allocation of ventilators to Covid-19 patients requiring these devices. The document placed PWD at the bottom of the list of eligibility for ventilators. Following protests from NGOs and PWD, the document was amended, but the discriminatory prioritization remained. In response to repeated requests from civil society, the Ministry of Health has claimed that it no longer supports this document, although it still appears on the ministry’s website.

Recommendations

1. A policy should be set for the inclusion of PWD on the committees that establish criteria regarding the right to life. Training should be provided to change attitudes among the bodies involved in decisions regarding the right to life, relating to the right to life of PWD and the impact of decisions concerning them.
2. The Ministry of Health should issue an official clarification to all medical bodies that the prioritization document is not lawful and is not to be followed. Means of enforcement and penalization should be defined for persons who violate this notification.
3. Multidisciplinary crisis teams should be established to intervene and offer assistance when the police receives a call or complaint involving a PWD.
4. The State should specify which updated provisions for conduct during security incidents include disability (including intellectual, psychosocial, and communication disability) as an explanation for suspicious behavior, and what has been done to prevent the killing of innocent persons in such incidents.

Article 11

Persons with Disabilities in Situations of Risk and Humanitarian Emergencies

Risk and emergency situations and the COVID-19 pandemic (CRPD/C/ISR/RQ/1 paras. 54-55 & 58-65): PWD in Israel face numerous challenges in situations of risk and humanitarian emergencies. Only in May 2022, after a delay of several years, the Equal Rights for Persons with Disabilities Regulations (Accessibility in Population Evacuation Incidents and Absorption in Emergencies) were enacted.²² The regulations will only come into full force in February 2024. In practice, therefore, there is no adapted response for PWD in a security crisis or in humanitarian emergencies, such as health emergencies (e.g., during the COVID-19 pandemic) or earthquakes. For example, para. 77 of the Appendix to the SPRQ notes that the website of the Ministry of Welfare provides interactive information for emergencies; in practice, this information relates solely to earthquakes. On the basis of the data available to us, the following are the main obstacles:

Physical obstacles: Inaccessible infrastructures and public spaces pose a significant obstacle for PWD in emergencies. Despite the above-mentioned regulations, no information is available regarding accessibility to bomb shelters. According to a survey conducted in Israel, only around 50% of public buildings comply with the accessibility regulations, impairing the ability of people with a physical disability to evacuate or seek shelter safely. This lack of accessibility exacerbates the risks they face during an emergency.

Communication obstacles: Despite the comments in the SPRQ (CRPD/C/ISR/RQ/1 para. 74), PWD often encounter communication obstacles – particularly people with a hearing disability or cognitive disability. In emergencies, media channels do not always provide subtitles, information in simplified language or accessible emergency alerts. This prevents those concerned from understanding critical information and impairs their ability to respond or evacuate properly.

Lack of special assistance: No adapted response is provided to meet the special needs of PWD in emergencies, and this lack is particularly grave in the periphery. In times of war, migrant workers working as caregivers often choose to return to their homes; PWD are thus left without any response or assistance in their homes, particularly in communities close to the border. Moreover, accessible transportation and evacuation plans are not always available or properly implemented. Similarly, special medical crews and rehabilitation services may have a limited ability to help, and immediate and long-term attention to PWD is often impaired.

Disproportionate restrictions during the COVID-19 pandemic: During the COVID-19 pandemic, PWD living in residential facilities or psychiatric hospitals were not permitted to meet their loved ones, sometimes for many months, despite the fact that they were not classed as a high medical risk. Even when visits were possible, these took place under additional restrictions beyond those required of the general population at the time. For example, relatives were only permitted to meet their loved ones in psychiatric hospitals outside the institution fence, and for a limited time. This restriction

²² [Equal Rights for Persons with Disabilities Regulations \(Accessibility in Population Evacuation Incidents and Absorption in Emergencies\), 5782-2022](#)

also applied to visits to hospitalized minors. These restrictions were maintained even after the restrictions on the general population were removed, seriously exacerbating the situation of PWD in residential institutions.

Lack of data and research: There is a lack of comprehensive data relating to different populations and identities. In the absence of detailed data, it is impossible to meet the specific challenges faced by PWD, to provide a focused response, and to set policy.

Recommendations

1. A structured and viable plan should be promoted for improving accessibility and communication channels and for strengthening support systems in emergencies, together with DPOs, PWD, and organizations working to advance the rights of PWD. The plan should include education and training for emergency bodies.
2. Comprehensive data should be collected regarding the needs of PWD in emergencies, in order to promote evidence-based policy and interventions and to provide an adapted and proper response for the needs of PWD during crises.

Article 12

Equal Recognition before the Law

Guardianship and supported decision-making (CRPD/C/ISR/RQ/1 paras. 66-68): As the State notes, the number of people declared legally incompetent is very low. However, it must be recalled that the appointment of a guardian for a person effectively constitutes the denial of their legal capacity. Although the Administrator General makes a considerable effort to encourage supported decision-making, the scale of appointment of guardians is still very high by comparison to supported decision-making appointments. In 2022, decision-making supporters were appointed for approximately 300 people, while guardians for property and personal affairs were appointed for some 10,300 people; most of these were sweeping appointments (for both property and personal affairs).²³ In the same year, a total of 70,843 people were subject to guardianship for property and personal affairs. In addition, over 5,000 appointments were issued for urgent medical affairs.²⁴

Moreover, no systemic reexamination has been undertaken to date regarding past guardianship appointments that were issued prior to Amendment No. 18 to the Legal Capacity and Guardianship Law, and the Administrator General has not published any instruction on this matter. The scope of nullifications of appointments made in the past is very limited and is initiated by the individual themselves or by their guardian.

As noted in the SPRQ, the Administrator General indeed makes extensive efforts to disseminate information. However, many stakeholders – PWD, relatives, professionals, judges, and others – are not sufficiently aware of the changes mandated by the Legal Capacity and Guardianship Law. As a result,

²³ [Administrator General and Appointee for Inheritance Affairs, Summary of Activity 2022, Ministry of Justice](#) (in Hebrew).

²⁴ Information provided verbally by the Office of the Administrator General; there are no precise figures.

the scope of appointment of guardians remains very high. It should be noted that currently a decision-making supporter can only be appointed through a judicial order. In the future, the Ministry of Justice intends to permit the appointment of a supporter by means of an agreement. A pilot project is currently being implemented in this field,²⁵ but this possibility is still not entrenched in legislation and is not available to the public as a whole.

Representation and participation of PWD in guardianship proceedings (CRPD/C/ISR/RQ/1 para. 73): As the SPRQ notes, there is currently no vested right to representation in legal capacity proceedings held at the courts. Regarding hearing the person with a disability in the proceeding (see the comments in the 2020 Alternative Report), no figures are available regarding the total of number of cases processed or the number of hearings that took place without the person's presence.

Recommendations

1. All past appointments of guardians should be reexamined.
2. Training sessions for judges and professionals should be expanded with the goal of ensuring a significant reduction in the scope of appointments and requiring professionals in key positions to undergo relevant training.
3. The courts should be clearly required to hear the PWD during the proceeding, including ensuring the necessary accommodations. The right to representation of persons in legal capacity proceedings should be enshrined.
4. Detailed statistics should be collected regarding court proceedings under the Legal Capacity and Guardianship Law, including the number of proceedings initiated, their results, whether alternative and less restrictive means were considered during the proceeding, the holding of a hearing, the presence and participation of the person who was the subject of the proceeding, and their representation.

Article 13

Access to Justice

Adaptations of legal proceedings: (CRPD/C/ISR/RQ/1 para. 74): In the SPRQ, the State confined its comments to the enactment of regulations under the Investigation and Testimony Procedures (Adjustments for persons with Mental and Intellectual Disabilities) Law, 5766-2005, which relate to special interrogators, although as detailed in the 2020 Alternative Report, the deficiencies in this field are numerous. Israel has adopted innovative legislation enshrining the right of PWD to accessible legal proceedings. However, as detailed in the 2020 Alternative Report, legislative deficiencies and flawed implementation mean that, in practice, many legal proceedings in which PWD participate are inaccessible to them. In the police interrogation stage, only some PWD are entitled to be questioned by a special interrogator, while others are questioned by an "ordinary" police interrogator who may not always know how to adapt the interrogation to their special needs. In the courts, judges and attorneys lack the necessary knowledge to adapt the proceeding in order to enable PWD to give testimony.

²⁵ Under the pilot project, initiated by the Administrator General, 18 supported decision-making agreements have been signed to date.

The experience accumulated over the years by Bizchut and the experience in various countries show that the main accommodation required in these proceedings is the possibility to receive assistance from an access to justice intermediary. The intermediaries undergo training enabling them to adapt the proceeding to the person's special needs while maintaining its propriety. As noted in the 2020 Alternative Report, despite recognition among all those in the field – prosecutors, defenders, and judges – of the need for this service, this profession has not yet been recognized and the service is not funded by the State. At present, the burden of making the accommodations is borne by a small group of volunteers in NGOs, who are unable to meet the existing need. As a result many proceedings take place without accommodations for the needs of PWD, leading in more than one case to a distortion of justice.²⁶

Training courses: (CRPD/C/ISR/RQ/1 para. 75-79): In the SPRQ, the State details existing training courses, and in some sections it also notes how many employees in the legal system and how many law enforcement bodies underwent training regarding PWD. However, the State only provides absolute numbers, so that it is unclear what proportion the figures represent of all employees in these systems. Moreover, it is unclear from the SPRQ whether, to what extent, to what scope, and in what manner PWD were included in running the mentioned courses.

Recommendations

1. Legislation should be introduced enshrining the duty of the police to ensure that all interrogations of victims of offenses and suspects of all offenses are made accessible to people with a psychosocial disability or autism by means of access to justice intermediaries.
2. The duty to make court proceedings and other legal proceedings accessible for people with an intellectual or psychosocial disability or autism by means of access to justice intermediaries should be enshrined in law, as should the obligation on the State to fund this service and to train the intermediaries.
3. Data should be collected regarding the number of interrogees with disabilities (suspects and victims), the number of cases in which an indictment was filed involving a PWD, and the number of judicial proceedings involving a PWD which were made accessible.
4. The training provided for law enforcement bodies and workers in the legal system regarding the rights of PWD and the accommodations they require should be expanded, and PWD should be integrated in providing this training.
5. Detention facilities and prisons should be made accessible to people with all disabilities, including intellectual and psychosocial disability and autism. Adjusted alternatives to detention and incarcerations should be developed and prisons should be made accessible to visitors who are PWD.

²⁶ See State Comptroller Report 69B, [Securing the Rights of Persons with Disabilities in Legal Proceedings](#), 2019; [Public Defense, Activity Report, 2021](#).

Article 14

Liberty and security of the person

Involuntary hospitalization (CRPD/C/ISR/RQ/1 para. 84): It should be noted that the most recent statistics presented by the State Party date from 2019. According to these statistics, in 2019 approximately 30% of hospitalizations in psychiatric hospitals were involuntary hospitalizations. MOH figures indicate that in 2020, 37% of all hospitalizations were involuntary and in 2021, 34% of all hospitalizations were involuntary.²⁷ More recent statistics are not available. In other words, according to available statistics, since 2019, the proportion of involuntary hospitalizations out of all psychiatric hospitalizations has increased. Additionally, as stated in the 2020 Alternative Report, even when the hospitalization is considered to have been carried out ‘with consent,’ it is not clear to what extent consent was, in fact, freely given. As stated in the 2020 Alternative Report, persons experiencing acute mental crises currently have virtually no alternatives in the community. The State Party does note in its Reply that the MOH is advancing alternatives to psychiatric hospitalization. However, these are available on an extremely small scale and, therefore, have no impact on the scope of psychiatric hospitalizations, much less involuntary hospitalizations. Accordingly, in 2022 only 858 people received care in publicly funded Soteria houses, compared to approximately 22,000 people who were admitted to psychiatric hospitals.²⁸ As far as we are aware, no plan currently exists that will significantly reduce the number of involuntary hospitalizations, much less eliminate them.

Use of restraints during psychiatric hospitalization (CRPD/C/ISR/RQ/1 paras. 86-87): Following a public campaign (led by Bizchut, one of this report’s signatories), use of restraints during psychiatric hospitalization significantly decreased between 2016 and 2018, as stated in the SPR. However, according to statistics recently received from the MOH, it appears that the number of directions to use restraints during psychiatric hospitalization increased by 35% between 2018 and the end of 2021. Additionally, it has emerged that the MOH does not receive the complete figures that psychiatric hospitals are required to provide according to the Director General Circular mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 87 and Annex²⁹ para. 131). This casts doubts on the extent to which the MOH supervises this aspect of psychiatric hospitalizations. We also note that we are aware that geriatric institutions and general hospitals also routinely restrain people to their beds, but we do not have statistics or detailed information on this matter, and it is doubtful that the State has any such information.

Rights during psychiatric hospitalization: In addition to the information provided in the 2020 Alternative Report with respect to denying visits in psychiatric hospitals during the Covid-19 pandemic, we note that visits to persons in psychiatric care are more restricted than in general hospital care. For instance, while parents may remain by their children’s side in general hospital care, most psychiatric hospital wards do not offer such an opportunity at all.

²⁷ [Mental Health Yearbook 2021, Ministry of Health, January 2023](#) (Hebrew).

²⁸ Livnat Y. and Connor Atias A., 2023, [Mental Health in Israel: Huge gap between needs and services](#), Adva Center,(Hebrew).

²⁹ [Annex to Replies to list of Issues on initial report of Israel](#), May 2022.

Use of restraints in facilities overseen by the MOWSA: Use of restraints is prevalent in residential facilities for PWD that are under the purview of the MOWSA. A report issued by a public commission recently established to look into these residential facilities³⁰ notes that use of restraints is widespread and uncontrolled. In many residential facilities, restraints are used extensively and on a daily basis, including physical restraints (such as residents being held by staff members to prevent them from moving), mechanical restraints (such as binding to a bed or heavy chair and using cage beds), or isolation in a designated room. Use of restraints by care staff may stem from a variety of motives, as has been reported to us as well. These include a desire to address challenging behaviors from residents that may be a risk to themselves or others; a desire to prevent other risks (such as falls from a chair or a bed), and as an educational, therapeutic or punitive tool. The commission also noted that, as of today, the scope, manner and reasons for using restraints are not monitored by the MOWSA or professional experts.³¹ The commission's report adds: "It is important to note that even in cases where restraints are used out of a desire to address what is known as 'challenging behavior' (which may be a risk to the person or to others), we have identified no significant systemic attempt, certainly not at the policy level, to provide alternative responses to enable addressing such behaviors with less restrictive and violent means. In fact, it seems that for both the Ministry and facility operators, using the readily available option of restraints, such as sending a person to isolation, serves as a substitute for investing the professional resources required to respond to individuals considered to be engaging in challenging behavior."³² In addition, the commission also notes the widespread and insufficiently controlled use of psychiatric drugs in residential settings.

As detailed above (see our comment to Article 1-4) in January 2023 the Government issued a bill designed to amend the Welfare Services for Persons with Disabilities Law - 2022. The proposed amendment would incorporate into law the option of using restraints in facilities for PWD in cases of 'challenging behavior,' in diametric opposition to the principles of the CRPD.

Recommendations:

1. The MOH Director General Circular must be followed with the aim of significantly decreasing, to the point of eliminating, the use of restraints in psychiatric hospitalization while fully adhering to the guidelines on oversight, control and monitoring of the use of restraints.
2. The protocol and memorandum of law permitting the use of restraints in facilities overseen by the MOWSA must be revoked.
3. The law must be amended, and a plan must be prepared with a view to significantly decreasing the scope of involuntary hospitalization to the point of its abolition and to developing alternative responses that do not involve coercion and comply with the provisions of the CRPD.

³⁰ [Report of the Commission to Examine and Build Management and Operation Protocols for Out-of-Home Residential Facilities for Persons with Disabilities, submitted to the Minister of Welfare and Social Affairs, February 2023 \(Hebrew\).](#)

³¹ Ibid. p. 46.

³² Ibid. p. 47.

Article 15

Freedom From Torture Or Cruel, Inhuman Or Degrading Treatment Or Punishment

The "Procedure of Informed Consent to Human Clinical Trials" mentioned in the State's response (CRPD/C/ISR/RQ/1 paras. 97 and Annex para. 137) (hereinafter: The Regulation), highlights in its introduction, that the duty to inform, explain and receive the participant's consent to a medical procedure is intensified when dealing with participation in a clinical trial, in which the outcome (risk or benefit) cannot be anticipated. For this reason, the Regulation asserts, according to the existing legislation, that a human clinical trial will not be held, unless an informed consent of the potential participant was given. Despite this fundamental assertion, and as appears in the State's response, regarding PWD under guardianship the Regulation states that there is no need to find out the person's position or to get his/her consent to participate in a clinical trial. The guardian's consent is enough. Furthermore, the Regulation does not even require attempting to explain to the person who has a guardian the meaning of the trial and its consequences, as is the case regarding minors.

Article 18

liberty on Movement and Nationality

Refugees and asylum seekers (RAS) (CRPD/C/ISR/RQ/1 para. 114): As detailed under the relevant articles, although the refugees from Africa have been lawfully present in Israel for almost two decades, refugees with a disability are not entitled to any of the health, welfare, and rehabilitation services to which PWD with citizen or resident status are entitled, with the exception of placement in an institution in extreme cases. Their rights in accordance with the CRPD are gravely violated.

Article 19

Living independently and being included in the community

General: The State of Israel continues to systematically violate the provisions of Article 19, impinging on the right of PWD to living independently in the community. The 2020 Alternative Report includes a breakdown of the gaps between the provisions of the Convention and the actual situation in the State of Israel. Despite statements from the MOSWA and the MOH regarding intentions to develop solutions that would allow PWD to live in the community and transfer the center of gravity from institutional services to the community, and despite legislative developments over the past year (details below) - in practice, there has been no significant change with regards to the implementation of Article 19 since the 2020 Alternative Report.

As detailed in the 2020 Alternative Report, as well as below, a shortage of community solutions and a slew of additional barriers prevent PWD from exercising their right to living independently and being included in the community, as enshrined in the Convention. While most PWD do live in the community, as noted by the State Party (CRPD/C/ISR/RQ/1 para.116), as detailed in the 2020 Alternative Report, due to the scarcity and inaccessibility of services to support independent living in the community, their quality of life is impaired; they are denied a real possibility to choose their preferred way of life, and often the ability to take part in the life of the community, as required by the CRPD. Most individuals receiving housing services continue to receive them within large, segregated settings, which are considered, according to any professional and ethical standard, institutions. A considerable proportion of them live in full-care institutions, where all day-to-day activities take place inside the institution.

Choice of place of residence (CRPD/C/ISR/RQ/1 paras.117-121): Many of the people living in the community receive no services whatsoever.³³ Due to the scarcity of services within the community, some people are forced to enter an institutional residential setting at some point in their lives, including full care facilities, since that is their only option for receiving support,³⁴ unless their families have the financial and other resources to support them privately. Notably, the lack of community-based solutions and the difficulties associated with renting residences often force PWD to remain in their parents' homes through adulthood.

In addition, in its reply, the State Party notes the system of diagnostic committees as a mechanism allegedly intended to enable the right to choose. However, as noted in the Reply and detailed in the 2020 Alternative Report, these committees continue to refer individuals to services in accordance with "abilities and the existing options" (CRPD/C/ISR/RQ/1 para.117), thus denying many individuals, particularly those with complex support needs, the possibility of receiving independent living support services in the community.

³³ Barlev, L. For, Y and Becher, Y., 2021, [Persons with Disabilities in Israel 2021 Facts and Figures](#), Myers-JDC-Brookdale Disabilities Research Center, Jerusalem (Hebrew).

³⁴ [Report of the Commission to Examine and Build Management and Operation Protocols for Out-of-Home Residential Facilities for Persons with Disabilities](#), submitted to the Minister of Welfare and Social Affairs, February, 2023 (Hebrew).

Even when welfare services do offer residence in a home facilities apartment in the community, recipients are often unable to choose the place of residence (since such settings are not offered by all local authorities), the service provider (due to the MOWSA tendering method) or the roommates.

Services under the responsibility of the MOH (CRPD/C/ISR/RQ/1 para.121): The State Party notes that anyone who is entitled may apply to committees established by virtue of the Rehabilitation of Mentally Disabled Persons in the Community Law 5760-2000 and that these committees make an effort to take into account the wishes, goals and needs of the applicants. However, in this case too, there is a division according to the scope of support needed. The more complex a person's support needs, the more institutional the support they receive. For people with the most complex support needs, the only option for support is full care facilities or psychiatric hospitalization for years.

Out-of-Home placement, isolation and separation from the community (CRPD/C/ISR/RQ/1 paras. 122-127)

Services under the responsibility of the MOWSA: According to figures we have obtained, the number of PWD living in institutions and institution-like facilities that do not meet the core requirements of the CRPD has remained unchanged or increased over the years: The number of PWD living in large, full care MOWSA facilities has remained virtually unchanged over the years, and in recent years, the MOWSA opened new hostels which are institutions in every respect. So, for instance, over the past decade, the number of individuals with intellectual disabilities living in large, full care institutions was 7,485 in 2012, compared to 7,323 in 2021. In addition, extremely large institutions with upwards of 100 residents per institution persist. The average number of residents in institutions for individuals with intellectual disabilities is 105 per institution. Fourteen of the institutions have more than 150 residents, and nine have more than 200. Furthermore, the MOWSA has expanded the use of 'hostels,' which are smaller institutions where residents engage in some activities outside the facility. In 2012, 1,859 people lived in such facilities. The number increased to 2,557 in 2021.³⁵ Even individuals living in home facilities apartments with up to six people are often unable to select their roommates and are forced to share a room with a person they did not choose to live with.

The State continues to invest a great deal in existing institutions. For example, just recently, ILS 4 million (roughly USD 1.078 million) was approved in funding for renovations in one of the large institutions.³⁶

The '900 Project' (CRPD/C/ISR/RQ/1 para.123): In its reply to the LOIs in relation to its initial report (CRPD/C/ISR/RQ/1 para.123) - the State Party refers to a project in which 900 PWD were transferred from institutions to the community. Individuals allegedly moved to the community as part of this project moved to 'extensions' of the larger institutions built nearby or lived in these 'extensions' previously and continued to receive most daily services inside the institutions themselves. Moreover, some of them were even moved back to the institution in certain situations, and the places vacated by those moved into the extensions were filled by others, such that the total number of people in large institutions remained virtually unchanged, as the data show.

Services under the responsibility of the MOH (CRPD/C/ISR/RQ/1 para.126): The MOH, which is responsible for providing services to persons with psychosocial disabilities, also continues to provide many people with services in institutional settings ('hostels') as part of the services provided under the Rehabilitation of Persons with Mental Disabilities in the Community Law (CRPD/C/ISR/RQ/1

³⁵ Ibid. p. 38.

³⁶ Accountant General - Exemption Committee, Transcripts 3011 of discussion held on June 7, 2023 (Hebrew).

para.121). In addition, in recent years, the MOH has opened several new full care facilities ('rehabilitative communities,' 'ecological villages'), each of which has several dozen residents living together, contrary to the provisions of the CRPD and contrary to the trend described in the State Party's Reply (Annex, para.150). Furthermore, following pressure from civil society organizations, the MOH stated it intends to move people residing in psychiatric hospitals for many years into the community, but has instead moved them into institutional settings it opened outside the hospitals.

Community-living support services (CRPD/C/ISR/RQ/1 para.129): The programs mentioned by the State Party in its Reply offer a relatively small number of hours of support per person and are provided to a relatively small number of people. Some of these programs serve only several dozen people and some several hundreds, leaving tens of thousands of people to live in the community without services to support independent living in the community.³⁷ For more details, see 2020 Alternative Report.

Personal assistance (CRPD/C/ISR/RQ/1 para.130): The role of the foreign workers mentioned in the State Party's Reply is to provide nursing care and help with home maintenance. In most cases, these workers receive no training and are not expected to assist with many other needs, such as schooling, employment, leisure, maintaining social ties and more. Additionally, some do not speak the native language of the PWD (Hebrew, Arabic, etc.), which further limits their ability to assist beyond nursing care itself. The PWD or their family act as the de facto employer for the personal caregiver, but receive no training on how to manage the employment or the worker's rights, nor do they receive assistance with the associated bureaucracy. Neither the corporations which, by law, have exclusive power to bring foreign workers to Israel nor nursing care agencies provide substitutes when a worker goes on leave. Corporations often back employees' demands, even if they are not legally sanctioned, and violate the rights of PWD. No group that represents the interests of the employers, i.e., PWD, exists. On top of all this, the benefits provided to financially cover the cost of employing a personal care worker do not cover the full cost, and many individuals who need this form of assistance cannot afford it.

Rent subsidies and public housing (CRPD/C/ISR/RQ/1 para.132): As detailed in the 2020 Alternative Report, public housing eligibility criteria are extremely limited, and most PWD are ineligible for public housing. According to statistics we have obtained, only about 1,500 PWD live in public housing apartments and about 4,400 more are waitlisted. The statistic mentioned in the SPRQ is unclear.

Rent subsidies: The gap between rental costs in Israel and rental subsidies given to PWD continues to grow over the years, as, on the one hand, housing costs keep rising, while on the other hand benefits have not been updated for many years. So, for instance, a PWD living in the Jerusalem area is entitled to a maximum subsidy of ILS 770 (roughly USD 208) per month. The average cost to rent a one or two-bedroom apartment in this area is about ILS 3,434 (roughly USD 925) per month.³⁸ Recently, an agreement has been reached whereby persons with psychosocial disabilities will receive an additional allowance to cover rent. However, even this increase falls far short, and there are currently no plans to provide a similar increase to individuals with other disabilities.

³⁷ So, for example, according to the statistics provided in the Annex to the LOI reply document, supported housing services are provided to 330 people. The independent-living supporting community program, which, according to the State Party's Reply is provided to 1,862 people, has only two staff positions (about 80 hours per week) per 100 people, meaning less than one hour per person per week on average.

³⁸ Statistics from the Israel Central Bureau of Statistics webpage for first quarter of 2023.

Refugees and asylum seekers (RAS) with disabilities (CRPD/C/ISR/RQ/1 para.114):

General : The State of Israel denies RAS living in its territory the ability to exercise their right to living independently in the community and autonomy therein as enshrined in the CRPD, as it does not recognize their right to receive services in the community and does not provide such services.

As aforementioned, Israel currently grants group protection from deportation to Eritrean, Sudanese and Ukrainian nationals (as well as people from the Tigray region). However, this protection is not accompanied by hardly any economic and social rights, including access to State-subsidized health insurance, social security allowances and benefits, and most social services. Therefore, once RAS with disabilities are not able to work and provide for themselves, they often find themselves in severe humanitarian distress.

Services under the responsibility of the MOWSA: According to MOWSA's Director General Circular No. 168 RAS with a disability are eligible for emergency out-of-home placements only.³⁹ In practice, most of the placements on offer are unsuitable to their needs and do not provide adequate long-term solutions for them. Additionally, oftentimes RAS with disabilities are refused by these institutions, mainly because of lack of health insurance which is a mandatory precondition for such placements. Moreover, even when accepted by these institutions, they do not receive medical care for which they have to travel, nor do they receive necessary para-medical therapeutic aid such as speech therapy, physiotherapy, psychological treatment etc. because they lack medical insurance. As a result, there is no rehabilitation. All they receive is a bed and food. Without community-based solutions, the condition of RAS with disabilities often deteriorates and they find themselves living in the streets, forced to seek these institutional solutions.

The new Welfare Services for Persons with Disabilities Law does not apply to RAS with disabilities, despite efforts to the contrary by civil society organizations. Currently, the provisions of Director General Circular No. 168 have not been adapted to the principles of the new law, and therefore, the only services that will continue to be provided to RAS with disabilities will likely be exclusively institutional.

Services under the responsibility of the MOH: The Rehabilitation of Persons with Mental Disabilities in the Community Law 2000 provides services to residents of Israel only, such that it is effectively inapplicable to RAS with disabilities, whom Israel does not consider to be residents (even if they have lived in the country for more than a decade). For this reason, RAS with mental disabilities, including survivors of torture camps, human trafficking and slavery, are ineligible for rehabilitation services under the law.

Housing assistance: RAS with disabilities are not entitled to any housing assistance, either rent subsidies or public housing.

Further Updates:

Welfare Services for Persons with Disabilities Law – 2022: see above our comments on Articles 1-4.

Continued erroneous use of the term 'community': Government ministries continue to use the term 'community' in a manner that does not conform to the CRPD,⁴⁰ hampering the ability to collect

³⁹ Director General Circular No. 168 applies only to refugees from Africa and not to the war refugees from Ukraine.

⁴⁰ For details see 2020 Alternative Report, pp.34-35.

statistics and present them in a manner that truly reflects reality. Worse still, the erroneous use of the term ‘community’ indicates that the principles of the CRPD have yet to be duly internalized by government ministries. So, for example, the MOH claims that new facilities it established, each designed to house about 40 people, most if not all of whom receive all services within the facility, qualify as ‘community facilities.’ In addition, in its Reply, the State Party notes that “The MOWSA acknowledges the importance of living in the community and is therefore making efforts to achieve this goal” (CRPD/C/ISR/RQ/1 para.125). However, the services the State Party lists as community-based are apartments for up to six people, in which, for the most part, two people who did not choose to live together share a room. As detailed in the 2020 Alternative Report, these apartments are also often run in an institutional manner. It is important to note that in its Reply, the State Party does not, in fact, acknowledge the right every PWD has to live in the community, but rather that it “acknowledges the importance of living in the community.”

Report of the Commission to Examine and Build Management and Operation Protocols for Out-Of-Home Residential Facilities for Persons with Disabilities, chaired by Justice (Emeritus) Shulamit Dotan: After reports about several serious incidents in institutions for PWD, including severe violence and ongoing abusive treatment of residents by caregivers in one such institution, and the death of three in another due to suspected neglect, in June 2022, the Minister of Welfare and Social Services appointed a commission to examine and build management and operation protocols of out-of-home residential facilities for PWD. One of the tasks the Commission received was to assess the situation in residential facilities for PWD in light of CRPD principles. After months of intensive work, on February 28, 2023, the Commission submitted an in-depth, detailed report to the Minister of Welfare and Social Services (hereinafter: Dotan Report).⁴¹

Referring to what goes on in residential facilities for PWD, the Dotan Commission wrote: “Out-of-home housing facilities, especially hostels and boarding residences, are the scenes of unimaginably shocking, intolerable practices that neither the heart nor the mind can countenance. This inconceivable systemic reality, falling somewhere between insufficient quality of life and abuse, includes poor treatment to the point of violence and abuse, medical neglect, widespread and uncontrolled use of restrictive measures, poor sanitation and hygiene conditions, improper living and residential conditions, buildings and infrastructure in a state of disrepair (such as courtyards surrounded by fences similar to animal enclosures, peeling walls, broken cabinets), limited and extremely inadequate care services, limited options for exercising choice and autonomy, and residents having to pass their day idly and meaninglessly. As noted, the Commission received hundreds of pages containing heart-wrenching descriptions, heard testimonies and visited various facilities... To illustrate the systemic nature of the situation, we list (as examples only) various practices of which the Commission has been made aware and which are referred to in this report as “normalized institutional aberrations.” These include treatment practices that are injurious to varying degrees and are carried out openly. Various stakeholders, including staff, management and often ministry staff, are aware of these practices and approve them either explicitly or implicitly.

- A resident who raped another resident continued to live in the same facility and in the same building as the victim for months.
- A woman living in an otherwise all-male building, who finds herself in the room with males sitting around her, exposed and masturbating, while staff members see and do nothing.

⁴¹ [Report of the Commission to Examine and Build Management and Operation Protocols for Out-of-Home Residential Facilities for Persons with Disabilities](#), submitted to the Minister of Welfare and Social Affairs, February, 2023 (Hebrew).

- In some dormitories and hostels, ten-year-old children and sometimes younger are often housed together with adults, even seniors.
- Use of cage beds, enclosed on all sides, during the night and for many hours during the day.
- Widespread and unmonitored placement of residents in isolation rooms.
- Undergarments shared by all residents of the same building, male and female.
- Unexplained bodily injuries that are not investigated.
- Unmonitored use of psychiatric drugs.

Over the course of its work, the Commission became aware of further grievous occurrences. We chose to present these particular examples here, as they expose everyday life in these residential facilities and the fact that much of the abuse suffered is not perpetrated in secret but in plain sight and with the consent of various stakeholders. Following this, the Commission came to the conclusion that all stakeholders, including MOWSA representatives, are familiar with and aware of the state of affairs in some form and to varying degrees of reduction, denial, suppression or acceptance.”⁴²

In light of all this, the Commission recommends the implementation of a national plan for deinstitutionalization and transition to life in the community, ultimately leading to the closure of all institutional residential facilities for PWD within five years, with PWD offered “an appropriate, respectful and professionally worthy alternative in the community.”⁴³ The Commission’s report includes a breakdown of the various stages in the plan’s formulation and implementation, as well as recommendations for the role played by other government ministries in the process. The Commission’s report also includes a host of recommendations for correcting the additional systemic weaknesses it lists, with respect to staffing complement, oversight and monitoring, etc., as well as recommendations for immediate implementation.

Referring to the Welfare Services for Persons with Disabilities Law, the Commission wrote that the enactment of this law, along with a series of measures taken by the MOWSA, “give hope for a change.” However, the Commission added: “Based on the learning process undertaken and the full set of findings made, the Commission has reached the conclusion that the realization of the law’s intentions is in no way guaranteed.” The Commission then went on to list a litany of barriers to change, reaching the conclusion that: “*Without a strategic plan to take all this into account or regulations under the Welfare Services Law in the spirit of the strategic plan herein, the intentions of the law have no prospect of being realized and any declaration regarding a transition into living in the community will remain a false promise.*”⁴⁴

With the Report’s submission, the Minister of Welfare and Social Affairs declared he was adopting the Commission’s conclusions and would take action toward their implementation. Nevertheless, as of the time of writing, we are not aware of any practical steps taken by the Ministry to implement the recommendations of the Dotan Commission, nor is there currently any strategic plan for deinstitutionalization in the State of Israel. Moreover, as stated above, in practice, the State continues to invest in institutions at present.

Staffing crisis: In recent years, and more so since the Covid-19 pandemic, Israel, and the rest of the world, has been facing a growing crisis with respect to hiring and retention of care and support staff for PWD. Care staff salaries hover around minimum wage, failing to provide sufficient compensation

⁴² Dotan Report, pp 10-11.

⁴³ Ibid. P. 16.

⁴⁴ Ibid. p. 13.

for these workers. The result is that even now, some services have shut down, and others are short-staffed. According to MOWSA figures, there is a 33% shortage, as measured against the required staff complement, and people do not receive the support they need and to which they are entitled. Developing solutions to support independent living in the community, as required by the Welfare Services for Persons with Disabilities Law, and implementing a national deinstitutionalization plan will require recruiting and training staff.

Recommendations:

- 1. Formulation of a national deinstitutionalization plan:** Formulation of a national plan for deinstitutionalization and transition to life in the community within five years from the date of the decision, in accordance with CRPD principles, including the interpretation of Article 19 and the requirements arising from the guidelines on deinstitutionalization.⁴⁵ Independent community living support services must be developed for all PWD, regardless of the level of support they need. New institutions and hostels must not be opened, nor should existing ones be expanded. No resources should be invested in the division of large institutions into several small institutions. The plan will be applied to services for people with psychosocial disabilities as well (services under the responsibility of the MOH) with the necessary adjustments. A clear timeline for the implementation of the plan and the additional recommendations of the Dotan Report will be put in place.
- 2. Welfare Law Regulations compliance with CRPD:** The regulations to be enacted pursuant to the Welfare Services Law, including the plan for institution reduction, as required by the law, will be in full compliance with the CRPD and the deinstitutionalization plan. Every PWD will be given the right to choose the type of community living support services, regardless of the type of disability or the level of support they need.
- 3. CRPD-compatible definition of ‘living in the community’:** Immediate adoption of CRPD-compatible definition of ‘living in the community’ by all government ministries (particularly the MOH and the MOWSA) and commitment to using this term in all documents addressing services for PWD. This will include the segmentation of service recipients according to this definition in ministry reports (particularly to the CRPD Committee).
- 4. Personal support and assistance:** The regulations to be enacted pursuant to the Welfare Services for Persons with Disabilities Law will guarantee access to personal support and assistance for living and inclusion in the community to any person interested in receiving same within the support limits determined for the person, as required under the CRPD. PWD will have the opportunity to **choose the service and the service provider** according to their preferences and needs. Personal support should be flexible enough to respond to the needs and preferences of the service recipient without curtailing their rights.
- 5. Development of additional community living support services and making available services accessible to the entire population:** In addition to personal support and assistance, the State must ensure every PWD has access to a range of additional independent community living support services, and make available services accessible to the entire PWD public to enable each and every PWD’s inclusion in the community irrespective of the scope of their needs, range of function or type of disability and according to their needs and will.
- 6. Housing solutions:** An inter-ministerial plan to solve PWD’s housing crisis must be prepared and implemented by the MOWSA, the MOH, the Ministry of Finance and the Ministry of

⁴⁵ Guidelines on deinstitutionalization, including in emergencies (2022).

Housing, including within the free market and as part of urban renewal programs and public housing. Rent subsidies provided to PWD must be adjusted to market prices.

7. **Staffing:** The MOWSA and MOH must prepare a feasible plan, including timelines and budget, to address the severe staffing crisis, such as to enable the exercise of the right to living independently in the community and the implementation of the deinstitutionalization plan for people at all levels of support.
8. **The Arab community:** Action must be taken to provide culturally and linguistically adapted services to PWD in the Arab community and reduce the gaps in the scope of services provided to them as compared to services provided to PWD in the Jewish sector.
9. **Extension of rights and services provided to Israeli citizens with disabilities to refugees and asylum seekers with disabilities:** At a minimum, RAS with disabilities who have been lawfully living in Israel for many years should be provided with the same services provided to PWD with citizenship or residency status.

Article 21

Freedom of Expression and Opinion and Access to Information

Accessibility of information and websites (CRPD/C/ISR/RQ/1 para. 74)

Accessibility of government websites

Government websites are not sufficiently accessible to PWD, and some of them are not accessible at all. For example, the Available Government⁴⁶ and Legal Net⁴⁷ have various accessibility problems, such as insufficient contrast, lack of tags for forms or names for links, and an absence of ARIA values. The National Identification website⁴⁸ is not accessible for registration by persons with cognitive or psychosocial disabilities (despite requests to ensure accessibility), due to identification and registration requirements that are not typically at their disposal (such as providing credit card or passport details). PWD who do not have a cell phone and rely on help from others cannot register on the National Identification website, because it is not possible for two people to receive an access code to a single email address or telephone number. Moreover, internal or shared interfaces that the State uses in the work of various ministries, such as the “Shahar” system⁴⁹ for the management of requests and management of legal and other files, are not accessible, contrary to the claim in the SRPQ (CRPD/C/ISR/RQ/1 para. 140). Furthermore, many bodies, including governmental ones, request and receive exemption from the State, thereby contradicting the desire to promote accessibility and facilitate self-expression.⁵⁰

⁴⁶ [Government Services website](#)

⁴⁷ [Legal Net website](#)

⁴⁸ [National Identification website](#)

⁴⁹ [Shahar system](#)

⁵⁰ Private bodies can receive an exemption on account of technological unfeasibility, economic burden, and/or small number of users, while public authorities can request an exemption on account of technological

Accessibility of Websites of Private Bodies: Enforcement by the State regarding the accessibility of websites is limited and irregular. As emerges from the SPRQ (CRPD/C/ISR/RQ/1 para. 141), the State has only inspected the accessibility of about 380 websites, although as of 2021-2022 approximately 6,000 internet addresses were registered in Israel.⁵¹ Moreover, complaints about websites that were not inspected were not processed for over a year.

The fact that the government does not enforce the obligation of accessibility established in law has created a vacuum. In response, attorneys have begun to file class suits on account of the inaccessibility of websites.⁵² The large number of suits has created negative public opinion concerning accessibility, which is regarded as a pretext for gaining money at the expense of the public. Companies rushed to provide poor-quality accessibility solutions, such as an accessibility toolbar offering limited access. Such toolbars provide a “legal” fig leaf that obscures the substantive problem of lack of access, in a field that is entirely planned and designed to meet human needs, with the exception of accessibility for PWD.⁵³

Failure to update the regulations concerning website accessibility: As detailed in the previous report, websites have become a significant infrastructure for the consumption of various contents and services. This reality and the rapid pace of technological developments require the regular updating of the regulations. The absence of such updating creates a situation where the existing regulations are anachronistic and inconsistent with rapid changes. Thus, even when websites are accessible in accordance with the existing requirements, this accessibility is not always adequate.

Accessibility of Information

The 2013 Service Accessibility Regulations establish that information provided for the general public, as well as individual information, will be provided at the request of a person with a disability in a manner “ensuring accessibility to the information and to receipt of the service, subject to the provisions of the Regulations.”⁵⁴ A PWD interested in receiving accessible information is required to submit forms requesting that this be made accessible. Thus the regulations create a bureaucratic obstacle (for receiving the service) and a legal one (the wording and restrictions in the regulations limit use by PWD of a key tool for enforcing justice) in the receipt of accessible information. A further obstacle is that the regulations do not define a timeframe within which the service provider is required to submit the accessible information, thereby creating an additional burden on PWD as compared to the general public.

The 2013 Service Accessibility Regulations do not apply to medical information. The delays in the enactment of accessibility for health institutions, particularly regarding the accessibility of the service in health institutions, have created a gap that leaves many PWD without access to health information and with poor or non-existent alternatives.

unfeasibility. From: [Information concerning Accessibility of Websites to Persons with a Disability](#), Knesset Research and Information Center, June 2015 (Hebrew).

⁵¹ [Domains](#)

⁵² [Article in TheMarker on class suits due to inaccessibility of websites](#) (Hebrew).

⁵³ [The Failings and Obstacles Created by Accessibility Add-Ins / Accessibility Toolbars for People with a Disability](#) (Hebrew).

⁵⁴ Equal Rights for Persons with a Disability Regulations (Accessibility Accommodations for a Service), 5773-2013.

Subtitles and Translation to Sign Language

The Government Publication Office opposes double accessibility (subtitles and translation to sign language) in official state broadcasts.⁵⁵

In 2022 the State finally stopped granting an automatic exemption for suppliers of television broadcast content from the requirement to provide a translation into sign language in series and film with multiple participants. To date, however, no accessibility has been arranged. Moreover, some television broadcasts including translation into sign language are translated by unqualified persons.

The State does not ensure that only qualified translators into sign language are employed in the courts and in interrogations conducted by investigative bodies on behalf of the State, such as the police and the Taxes Authority. This violates the rights of interrogees and of the victims of offenses whose testimony is impaired. Some interrogees have even suffered the violation of their rights during arrest, and some complaints by victims have been closed without proper processing. The State promised in 2017⁵⁶ to undertake work at the headquarters level regarding translation, but as of now (June 2023) no work has actually taken place on this subject.⁵⁷

The MOWSA defines translators into tactile sign language as “transcribers” who mediate communication⁵⁸ for the deafblind, thereby justifying the poor conditions of employment of these workers, who earn approximately 60% of the salary of translators into sign language.⁵⁹ As a result, there is a shortage of translators into tactile sign language, thereby restricting the possibilities for the deafblind population to enjoy access to public information and to participate in society in an equitable and dignified manner.

Recognition of sign language and promoting its use: The SPRQ mentions the government decision to ensure the maintenance and development of Israeli Sign Language (CRPD/C/ISR/RQ/1 para.142). The State also notes that the Commission for Equal Rights of Persons with Disabilities has promoted awareness of and access to the world of sign language (para. 144). In addition, we are aware that the Commission has advanced the right of a person to receive translation in higher education.⁶⁰ However, the State still does not recognize sign language as an official language, and the Prime Minister’s position is that sign language is “one of the skills for the advancement of deaf persons who cannot acquire and use the spoken language.”⁶¹ This position, which is incompatible with the approach of the CRPD, has not changed.

It should be noted that Decision 591 of November 2020, mentioned by the State (CRPD/C/ISR/RQ/1 para. 142), establishes a need “to examine the establishment of a unity in academia to be devoted to ensuring the preservation and development of Israeli Sign Language.” However, the decision does not

⁵⁵ Yaron, L., 2017, [Government Advertising Agency opposes accessibility through sign language](#): this will harm the hearing public and create a visual burden. Education and Society,

⁵⁶ As part of the compromise agreement in H CJ 1617/17.

⁵⁷ Response to a freedom of information request – labor division. Sent June 4, 2023. Personal correspondence.

⁵⁸ Ministry of Welfare website – [Rights and Services for the Deaf and Hard-of-Hearing](#)

⁵⁹ News from the Knesset Labor and Welfare Committee, January 27, 2022: [Salary of a translator to sign language is NIS 90 an hour; salary of a “transcriber” mediating communication for the deafblind - NIS 55 an hour](#)

⁶⁰ [The right to sign language in training, guidance, and studies: Position of the Commission for Equal Rights for Persons with a Disability. Interpretation of Regulation 69\(B\)\(2\) of the Equal Rights for Persons with a Disability Regulations \(Service Accessibility Accommodations\), 5773-2013, July 2019](#)

⁶¹ Proposed Law: Recognition of Sign Language.

constitute the clear recognition of sign language and does not mandate any action. According to the Office of the Attorney General, the implementation of the decisions requires legislative amendments, since the establishment of a unit in academia is contrary to law and to the constitution of the Academy of the Hebrew Language. Moreover, although several proposed laws have been tabled for the recognition of sign language,⁶² the State has expressed opposition to such recognition and is effectively refusing to realize its undertaking in accordance with the CRPD.

Recommendations

1. The State should ensure accessibility on the websites of public bodies and enforce the requirement for accessibility.
2. The State should advance and enforce accessibility on private websites in accordance with the law more rapidly and on a broader and deeper scope than at present.
3. The State should update the regulations regularly in accordance with technological advancement and alter the conditions for granting exemption from the accessibility requirement.
4. The State should simplify the procedures for submitting requests for accessible information and should establish that the service provider must make the information accessible within a reasonable and short timeframe. Bodies required to provide medical information should be encouraged and required to provide an accessible alternative pending the completion of the enactment of the Health Service Regulations.
5. The State should recognize sign language as an official language in law and should promote its use.

Article 23

Respect for Home and the Family

Parents with a disability (CRPD/C/ISR/RQ/1 para. 148): As far as parents with a disability are concerned, it is true that the presence of the disability per se is not officially regarded as a reason to separate parents and children. In practice, however, as detailed in the 2020 Alternative Report, the disability is present in the background to such separation, in several key aspects. **Firstly**, there is an intrusive practice whereby parents are questioned about every type of disability at the time of their baby's birth and before the baby is released home from the hospital. This practice is implemented without any grounds or authority. **Secondly**, in most cases parents with a disability do not receive adequate support from the welfare authorities at critical stages, including support with aspects of parental capacity. This may lead to substantial difficulties in child rearing and even to the removal of children from their home. The **third aspect** is the inadequate level of awareness among courts and welfare authorities regarding the right of PWD to equality in parenthood and the obligations that should stem from this right. As a result, the parental capacity assessment by the welfare authorities and the

⁶² Proposed Law: Recognition of Sign Language.

court is undertaken without reference to the presence of the disability, despite the fact that the disability often influenced capacity. Thus, while the separation of parents and children (whether through removal from guardianship or adoption) is not explicitly undertaken because of the parent's disability, in practice the behavioral ramifications of the disability (particularly in the case of an intellectual or psychosocial disability) lead to determinations of parental incapacity and separation of parents and children. Moreover, parents' right to legal representation from Legal Aid in legal proceedings is subject to financial eligibility, which is often difficult to prove; this may lead to the absence of representation. The **fourth aspect** is the mechanism used to make decisions that influence the relationship between the parent and child, including decisions concerning forms of treatment. In some instances the court is not involved and the decision is made in support planning committees in the social services departments. These committees are not public, an attorney is not automatically appointed for parents, and there are even instances in which attorneys are prevented from representing the parents. Thus, even when the committee approves the participation of an attorney, it defines their role as a "friend of the family" and not a representative. In addition to the inherent imbalance of power between the authorities and the parents, PWD do not receive an adapted explanation in these committees. Accordingly, decisions concerning forms of treatment are considered to have been made with the parents' consent, although in many instances this was not informed consent. The **fifth aspect** is legislation, particularly section 13(A)(7) of the Child Adoption Law, which establishes that it will be possible to deliver a child for adoption without the parents' consent when it does not seem that there will be any change in their condition. Disabilities, particularly intellectual disabilities, are usually stable, and this serves to justify the prioritization of adoption even in cases in which the violation of rights could be reduced through fostering or parental assistance.

Parents with a disability (section 24(b) of the LOIs):

The right to parenthood: (CRPD/C/ISR/RQ/1 paras. 149-150): The right to parenthood of PWD in Israel is still not well-established and does not form a substantive part of the policies of the various authorities regarding PWD. The lack of access of PWD to parenthood is manifested in regard to both having children and raising them.

Having children: Fertility physicians show a negative and stigmatic attitude toward men and women with a disability. Legal obstacles do not allow PWD who cannot maintain a pregnancy or produce gametes because of their disability to participate in procedures involving various fertility technologies. The women's health system – including gynecological clinics, breast surgery clinics, and labor rooms – is not fully accessible (see the comments on Article 25). Laws concerning adoption, foster care, and surrogacy prioritize "healthy" parents. Various institutional obstacles exist; for example, residence in an institutional facility does not permit family or intimate life, and contraceptives are not provided on a routine basis (particularly for people with an intellectual disability). The number of programs mentioned in the SPRQ that permit the development of intimate relationships and even family life is very small and does not reflect the reality of life for most PWD.

Child-rearing: Parents with a disability only receive general assistance from the welfare authorities when their children are defined as "at risk." Their disability per se is not sufficient grounds for the provision of assistance. This approach creates an a priori negative attitude toward the choice of PWD to bring children into the world who will be defined as "at risk." Moreover, in most cases the assistance is not adapted or made accessible to parents with various types of disabilities. The programs mentioned in the SPRQ, including the interdisciplinary programs (welfare and health), are limited in number. Despite the encouraging findings that emerge from these programs, such as those from the integrated Brosh program, which provides support in very early stages of parenthood, they have still not been expanded significantly. In most instances, there is insufficient separation between welfare authorities

charged with supporting the parents and welfare authorities responsible for the removal of children from the home; as a result, parents are reluctant to seek assistance from the welfare authorities. In addition, the economic support (in money or in kind) provided for parents with a disability is limited, and is usually granted only to parents eligible for a disability allowance, whose number is considerably lower than that of parents with a disability as a whole. Moreover, parents with a disability encounter negative perceptions of their disability when they seek attention for their children in child development clinics and educational institutions.

Despite the above, and as detailed in the SPRQ, over recent years the first signs have been seen of a willingness to consider the equal rights of PWD in the field of parenthood and the family – something that was virtually absent previously. This change is due primarily to extensive interdisciplinary discussions held on the initiative of the Commission for Equal Rights of Persons with Disabilities leading to the publication of a joint report by the Commission, the MOWSA, and the Disability Rights Legal Clinic at Bar-Ilan University. Despite the consensus surrounding the report's recommendations, almost all of them have not yet been developed to the stage of activation in the field or the practical advancement of the parenthood rights of PWD. If the State implements the report's commendations – the collection of data, activities to change attitudes, the development of means of support in the community and in residential systems, complementary legal attention by the legal authorities, and cooperation between the authorities – it will be able to meet the requirements of Article 23 far more fully. Another positive approach is embodied in the “Soul Bird” service of the MOH, which provides supervisory and training services for parents with a psychosocial disability. The Welfare Services for Persons with a Disability Law, 5782-2022, adopted in June 2022, addressed for the first time (in section 10 of the Addendum to the Law) the rights of PWD to receive assistance in the field of parenthood that is not conditioned on the definition of a “child at risk.” This law has not yet come into force; it has not yet been determined what assistance will be provided for parents, and the enactment of the law is to be spread over five years.

Recommendations

1. Reliable data should be collected regarding the number and profile of parents with disabilities.
2. The right to legal representation on behalf of the State for parents with disabilities should be enshrined in any proceeding liable to reduce their parental status, including support planning committees. The representative attorneys should be provided with special training.
3. Action should be taken to eradicate inequality in the field of fertility and birth against women with a disability.
4. Action should be taken to provide parents with a disability with supervisory and support systems throughout all stages of raising their children, including economic support.
5. Services supporting life in the community should be developed for couples and families.
6. Training programs and services provided for parents by the various authorities should be made accessible, including child development, health, and education services for parents who are PWD and for their children.
7. Action should be taken to develop awareness and tools for judges who hear cases involving issues of parenthood among PWD.
8. The maternity/paternity leave for parents who give birth to a child with a disability should be extended and they should receive expanded support and assistance. It is particularly important to provide supervision and support during the critical initial period of the child's life, in part in order to prevent situations where children are removed from their families.

9. Cooperation should be developed between the different ministries, and particularly between the MOWSA and the MOH, regarding support for parenthood of PWD.

Article 24

Education

Promoting Inclusive Education (CRPD/C/ISR/RQ/1 paras. 154-160): As explained in detail in our 2020 Alternative Report regarding Article 24, Amendment 11 of the Special Education Law, mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 154) not only failed to advance inclusive education, but actually worsened the situation concerning integration. Moreover, it seems that the MOE has failed to internalize the conceptual and systemic changes needed in teaching methods, examinations, training of professionals, and so forth in order to make the education system inclusive and adapted to all students with their diverse needs, as the Convention provisions require. The reform that included the amendment of the Special Education Law was called the “Inclusion and Integration Reform,” but the amendment made no reference to inclusion or the systemic changes needed to advance it. The amendment focused solely on the mechanism used to determine eligibility for special education services and its manner of operation. Accordingly (and as we anticipated), the amendment led to the streaming of students with disabilities into separate educational frameworks. In its response to the question about strategies for making the education system inclusive, the State mentioned (among other points) the resources devoted to the construction of separate special education classes, which have nothing at all to do with an inclusive system (Annex, para. 167). The construction of these classes was required due to the above-mentioned streaming into separate frameworks.

As noted, the amendment worsened the situation regarding integration. Despite the declarative goal of the amendment “to promote the integration of students with special needs in general educational institutions,”⁶³ the wording of the law and its problematic implementation had precisely the opposite effect. The amendment led to the **streaming of many students into separate special education frameworks**, and seriously harmed those who chose to integrate. As detailed in the 2020 Alternative Report, the amendment enshrined and perpetuated the existing discrimination in the type and scope of services provided for students with a disability integrated in the general education system, as compared to the services provided for students in the separate special education system. This is also evident from the SPRQ (CRPD/C/ISR/RQ/1 para. 158), which states that certain services are provided for students with a disability who attend a special education framework, but not to students with a disability in the general education system, even if their needs are similar.

Although the SPRQ notes (CRPD/C/ISR/RQ/1 para. 155) that by law special education is a service and not a place, the above-mentioned gaps in the law between the services provided for students with a disability in the general education system and those in the special education system, together with numerous difficulties in the implementation of the law (as detailed below), strip these principles of any meaning. In practice, “special education” is still a place, not a service. This is also reflected in budgetary gaps. For example, although 59.5% of students with a disability were integrated in the general education

⁶³ Section 2(3) of the Special Education Law, 5748-1988.

system in the 2022/23 school year, only 29% of the budget for special education teaching and assistance hours was allocated to these students.⁶⁴

Alongside the problems in the legislation itself, as mentioned, numerous difficulties also emerged in the implementation of the law. For example, while the law set a minimum threshold for the scope of assistance provided to students with different disabilities at different levels of functioning, the guidelines given to the committees set a maximum level. The committees were given extremely limited discretion in this respect, so that in practice they were unable to determine a basket of services consistent with the student's needs as the law requires. As a result, the scope of assistance received by many students did not in practice allow them to integrate in general education frameworks. In addition, the shortage of professionals and the prioritization of the allocation of existing professionals to the separate special education frameworks further widened the gap between the services actually provided for integrated students and those provided for students in separate special education frameworks.

It is true, as noted in the SPRQ (CRPD/C/ISR/RQ/1 para. 156), that Amendment 11 ostensibly enabled parents to choose the educational framework in which their child will study. However, the above-mentioned gaps between the services provided for students with a disability who choose the general education system and those provided if the same students attended the separate special education system forced many parents to choose the special education system for their child. In addition, we are aware that many parents have been persuaded by the professionals on the eligibility and profiling committees that it would be better if they sent their children to the segregated educational frameworks, on the grounds that “they will receive more professional attention” and “they won’t be alone.” This effectively streamed many students into this system. This reality is also apparent from the figures presented in the SPRQ (CRPD/C/ISR/RQ/1 para. 159), which reflect an increase over recent years in the proportion of students with a disability who attend separate special education frameworks.⁶⁵ The situation now is worse than it was over 20 years ago: in 2002, 34% of students with a disability attended separate special education frameworks, while by 2023 this figure has risen to 41%. Moreover, many integrated students do not currently receive the support they require. Parents who can afford to do so pay out of pocket for the necessary assistance. All those involved in the education system now recognize the failure of the “special education reform” – a failure that was predicted in warnings by numerous stakeholders, including the Commission for Equal Rights of Persons with Disabilities, educators, psychologists, academics, parents, and organizations working to advance the rights of PWD.

The Government of Israel has changed since the writing of the SPRQ. Several months ago, the incoming Minister of Education announced the establishment of a committee to examine special education services (“Education through the Prism of Special Education,”) in light of the grave crisis facing these services. The intention is that the recommendations of this committee will determine the manner of provision of education services for students with a disability over the coming years. However, the committee’s mandate does not include any reference to the principles to which the State committed itself when it ratified the CRPD and does not obligate the committee to examine the education services provided for students with a disability in light of these principles. The absence of any mention of the CRPD raises grave concern that the committee’s recommendations will not only ultimately fail to specify the steps the State must take in order to make the education system inclusive and to reduce the

⁶⁴ Wiseblay, E., 2023, [Special Education System](#), Knesset Research and Information Center.

⁶⁵ According to the figures, in absolute terms the number of students with a disability attending the separate special education frameworks rose from 90,800 in the 2016/17 school year (prior to the amendment of the Law) to 121,200 in the 2022/23 school year.

current significant gaps between the Convention's provisions and the reality on the ground, but will actually lead to the widening of these gaps.

Individual accessibility arrangements: (CRPD/C/ISR/RQ/1 paras. 161-163): As noted in the 2020 Alternative Report, in many cases lengthy periods pass before accommodations for individual accessibility are implemented. In the meantime, students who do not receive accommodations are forced to pay the price. For example, a student with a visual impairment submitted a request for individual accommodation in the form of a computer and ancillary equipment adapted for people with impaired vision. The request was submitted shortly before the student completed the 9th grade. After repeated requests to the relevant bodies, the student received some of the requested equipment (a laptop computer, without additional aids) only two years later. He did not receive the remaining equipment he required until he completed his studies. It should be noted that while the State claims that only a handful of suits have been filed on account of the violation of the individual accessibility arrangement regulations, the actual scope of violations is much larger.

Lack of response for students with psychosocial difficulties: Figures show an alarming increase in the proportion of students facing psychosocial crises, including students at risk for suicide. The situation was serious before the COVID-19 epidemic and worsened significantly due to its impact. However, the education system, which has an important role to play in locating and preventing the development of psychosocial crises among children and young people, does not have adequate responses. The consultation system and the educational-psychological service are seriously understaffed. Grave gaps also exist in the health system (see our comments on Article 25). Given this difficult reality, a national emergency plan for the mental health of children and young people was formulated over the past year by a team including professionals from the Ministries of Health, Education, and Welfare. However, no budget has been allocated for the plan and it has not yet been implemented.

Students with a disability in Haredi society: Due to agreements between the State and the Haredi education system, which seeks to preserve its distinct characteristics, schools in this system are not inspected and do not receive full state budgeting. As a result, children with a disability who attend these schools do not always receive the assistance they require. For lack of an alternative, many of them move to segregated special education schools, and sometimes even to non-Haredi schools.

Higher Education

Service accessibility in higher education institutions in Israel is provided on a regular basis by the National Insurance Institute for undergraduate students, with the purpose of creating and improving livelihood opportunities.

In practice, academic institutions do not make studies accessible as require and do not sufficiently inform students with a disability about their rights in the field of service accessibility, especially for persons with sensory or invisible disabilities.

This difficulty is exacerbated in the case of advanced academic degrees.

Budgeting of support centers in higher education institutions: The support centers in higher education institutions provide all students with a disability with diverse and significant support, despite the lack of budgeting from the State for accommodations in the field of service accessibility.

Since the budgeting of the support centers by the National Insurance Institute ended in 2018, and the State did not allocate an alternative budget for this subject, these essential support centers, which are the main engine for the accessibility of service on campuses, do not receive any financial support and their operations are not supported by a regular policy. As a result, these support centers operate in a constant state of shortage and their future is uncertain.

Exclusion from the budget of the Planning and Budget Committee: The budget of the Planning and Budget Committee for the higher education system does not include any specific reference to students with disabilities, with the exception of a fixed specific budget for students with learning disabilities and one-time budgets for physical accessibility.

Creating a policy and budget plan for to increase the representation of PWD in higher education: There are no programs and no policy supported by budgets aimed at integrating students with a disability into higher education and increasing their representation, in contrast to the situation regarding other minority groups in Israeli society.

Faculty training: There is currently a high degree of differentiation in the way in which academic and administrative staff are trained regarding accessibility for students with a disability (both physical disabilities and, in particular, invisible disabilities). This has resulted in a situation where the accessibility of studies and various accommodations vary from one lecturer to another, do not observe a uniform standard, and sometimes depend on the goodwill of the faculty members. Moreover, in some instances faculty members are unaware of the proper attitude towards PWD and do not act appropriately or with the necessary sensitivity.

Lack of data: The Council for Higher Education and its Planning and Budget Committee do not have reliable data on the proportion of students with disabilities in the higher education system. The reason for this is that there is no orderly registration of these students or a structured policy for data collection regarding this group. The lack of data on this group is even more noticeable by comparison to the abundance of data on the marginalized groups defined in the work plans of the CHE (women, Haredim, Arabs and new immigrants) and the work plans addressing the advancement of these groups. This situation reflects a lack of attention to students with disabilities and even their low prioritization relative to other excluded groups. The CHE rarely addresses this issue.⁶⁶

COVID-19 pandemic: The pandemic forced academic institutions to find solutions for distance learning. Online studies and recording of classes allow students with disabilities who were previously prevented from attending classes due to lack of accessibility to participate. Unlike in the past, the pandemic has made the possibility of obtaining access to recordings of lectures a common and routine reality. However, these accommodations are not currently provided to students who need them.

Obstacles in the field of practical training: In the field of practical training, which is a mandatory requirement of studies in fields such as social work and psychology, there is a lack of clarity concerning the rights and obligations that apply to the academic institutions, to the institutions where the training takes place, and to the students themselves in all areas relating to accommodations for students with a disability. It is unclear who is responsible for providing the accommodations (the academic institution or the place where the practical training takes place), and in practice students with a disability often have difficulty finding suitable places for training.

⁶⁶ According to the CHE website, a handful of decisions have been made over the past three years regarding students with a disability. Most of these related to physical accessibility in campuses, despite the numerous obstacles facing students with a disability in other fields.

Practical training exists on the borderline between studies and employment; at present, there is no uniform regulation of this issue.

Flaws in accessibility accommodations for students with a disability: Many students with a disability do not receive the accommodations they require. For example, blind and visually impaired students do not receive accessible learning materials that meet their needs and enable independent functioning using any of the existing accessibility methods: braille, enlarged print, accessible digital file or audio. It is not possible to combine different accommodations as required by the student. Students with a medical disability receive no assistance in the event of absence due to hospitalization and there is no possibility for students to participate in distance learning via technological means.

Lack of accommodations in advanced degrees: Undergraduate students receive accessibility services regarding study materials, mentoring, transcription, and reading out of academic materials through the National Insurance Institute. However, postgraduate students do not always receive these services. Deaf students find it very difficult to obtain sign language translation in postgraduate studies.

Haredi students: The CHE has established special platforms that provide dedicated studies for Haredi students under the auspices of various higher education institutions. No accessibility coordinators have been appointed in these platforms themselves, yet the students are not entitled to use the accessibility coordinators of the general student population, who are responsible solely for training. Thus, Haredi students with a disability fall between the chairs and are forced to finance the necessary accommodations by themselves and to depend on the goodwill of officials.

Recommendations:

1. The Ministry of Education should prepare a plan to transform the education system into an inclusive one, as the CRPD requires. This should include details on the required resources and a clear timetable, with consideration to training for all education professionals to ensure that they have the knowledge and tools to teach and to provide educational, emotional, and social support for a wide range of students; efforts to decrease the number of students per classroom; and more.
2. The Ministry of Education should determine that the mandate of the Shapiro Committee will direct the members of the Committee to give recommendations to the general education system to lead to optimal inclusion of students with a disability and to provide education services, including special education services, to students with a disability in accordance with the principles of the CRPD.
3. Until a long-term plan is formulated to make the education system inclusive, immediate action must be taken to ensure that every student with a disability receives the necessary support for optimal integration in academic, emotional, and social aspects, including allocation of the required resources and training of relevant education professionals and the members of the eligibility and characterization committees in all matters relating to the principles of the CRPD and to the relevant legislation in Israel.
4. The right to individual accessibility must be enforced as enshrined by the Equal Rights of Persons with a Disability Law; the procedure should be simplified to allow students to receive individualized adaptations, and additional resources should be allocated so that students who need adaptations will receive them within a reasonable timeframe.
5. Action must be taken to regulate the eligibility of students with a disability studying in Haredi schools to receive the support they require to be included in the general education system.

6. The State should prevent the discrimination of students based on their disability and provide support and special education services according to their needs rather than their type of disability.
7. The state should provide a psychosocial response for students requiring this service, including in the field of prevention and early location.

Higher Education Recommendations

8. Support center budgeting

A fixed budget must be ensured for the support centers for students with a disability in order to ensure their ongoing and regular operation.

9. A plan to increase the representation of PWD in higher education

- 9.1 An appropriate program must be defined in the Planning and Budget Committee budget for the advancement of students with a disability and to encourage them to participate in higher education. This should include clear short- and long-term goals and be based on data to be collected regarding students with a disability.
- 9.2 A steering committee should be established in the CHE to promote the integration of students with a disability in higher education institutions in Israel. This committee will include DPOs, organizations that work to advance the rights of PWD, representatives of the support centers, and student representatives.

10. Faculty training

The CHE should publish clear and uniform instructions for institutions of higher education concerning the obligation to provide training courses for the administrative and academic faculty regarding the integration of PWD in higher education institutions. DPOs and other organizations that work to advance the rights of PWD should be involved in formulating the training plan.

11. Data

The CHE should pay strict attention to the collection of systematic data regarding students with a disability in higher education, including reference to the demographic background, type of disability, fields of study, dropout rates, the proportion of students who continue to postgraduate degrees, etc., in a way that will make it possible to learn from the data and to formulate short- and long-term strategies for advancing the participation of students with a disability in higher education. It must be ensured that the data collection is done for statistical purposes only, while fully maintaining the privacy of the students and in a way that does not allow their identification.

12. Using solutions developed during the Covid-19 pandemic

Institutions should maintain infrastructures for accessibility that were developed during the pandemic in order to allow students who need these solutions to pursue online studies, including adapted examinations as necessary.

13. Practical training

Regulations should be developed regarding the accessibility and accommodations to which students employed in practical training as a requisite of their studies are entitled. It should be determined who is responsible for providing the accommodations and for ensuring that the rights of students in training are observed.

14. Accessibility accommodations for students with a disability

14.1 It must be ensured that students with a disability receive all the accommodations they require. This should include attention to ensuring that blind or visually impaired students can use a wide and diverse range of accommodations and to making the study material and lessons accessible, in order to allow them to conduct themselves as independently as possible, and not to limit them to one type of accommodation, such as the reading out of an examination. It must also be ensured that students with a disability pursuing postgraduate degrees receive the full accommodations they require.

14.2 It must be ensured that students in special programs, such as students in the separate program for Haredim, receive the accommodations and accessibility to which all students in institutions of higher education are entitled.

Article 25

Health

Sexual and reproductive health programs available to PWD (CRPD/C/ISR/RQ/1 para. 167):

Sexual and reproductive health programs for PWD: The MOWSA funds referrals for sexual-social services for PWD.⁶⁷ However, in practice, the service is only provided in certain parts of the country, and PWD living in outlying areas have no access to services in this field. Due to the division of powers between the MOH and the MOWSA with respect to PWD, individuals with psychosocial disabilities sometimes fall through the cracks when it comes to receiving sexual-social care.

Acute Care Units (for victims of sexual assault): Though sexual assault is more prevalent among PWD than among persons without disabilities, it is unknown to what degree the ten acute care units⁶⁸ (centers that offer care for victims of sexual assault) in Israel are adapted for PWD in general, and individuals with PTSD as a result of sexual trauma in particular.

Training programs for medical staff regarding the rights of PWD: In this regard, the SPRQ is insufficient and fails to address the issues listed in the 2020 Alternative Report. Training programs for medical staff regarding the rights of PWD are currently not a required part of the curriculum in medical schools in Israel.

⁶⁷ [MOWSA website](#) (Hebrew).

⁶⁸ [Lobby Against Sexual Violence](#) website (Hebrew).

The State Party's claim regarding cooperation with PWD in policy design in the field of mental health (CRPD/C/ISR/RQ/1 para.168): Currently, participation by PWD and PWD organizations in policy design within the healthcare system is insufficient.⁶⁹

Mental health and rehabilitation services for RAS, including women asylum-seekers involved in 'survival sex' (CRPD/C/ISR/RQ/1 paras. 176-177): In the absence of subsidized public health insurance, health services available to RAS are inadequate, and their right to health, and sometimes even their right to life, is compromised.⁷⁰ RAS have no access to public health services other than in emergencies, in hospital ERs. Following ER care, they are discharged with no follow-up care, rehabilitation, check-ups or medication. Private insurance options are employment and work-capacity dependent and fail to provide an adequate solution as they provide only partial coverage and are interrupted when work stops. For these reasons, RAS who are PWD, including persons with psychosocial disabilities, do not receive the healthcare and rehabilitation services they need, and many of them deteriorate physically, mentally and financially.⁷¹

With regards to the clinics mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 176), The MOH currently operates only three clinics for RAS from Africa that provide basic health services and limited mental health services. The three clinics have limited capacity, and all three are located in Tel Aviv and are not accessible to RAS living in other cities.

RAS in survival prostitution – since the government does not provide health and welfare support, RAS are extremely vulnerable to abusive employment, trafficking and survival prostitution.⁷² In 2021, funding was allocated to provide services to status-less women (including RAS) engaged in survival prostitution. A tender for the provision of rehabilitation services has been issued recently, but to the best of our knowledge, as of today (August 2023) there has been no progress on the matter.

Further Updates:

Gaps in consumption of medical services: The increase in the cost of living in Israel over the years and the fact that many PWD live on National Insurance benefits that do not meet all needs⁷³ or work in low-paying jobs⁷⁴ result in a higher proportion of PWD foregoing purchasing medication compared to people without disabilities.⁷⁵ In addition, the shortage of public health services forces more and more people to seek private services,⁷⁶ an option less available to many PWD due to financial constraints. The result is a growing health gap between PWD and people without disabilities.

Inaccessibility of healthcare services: Although the Equal Rights for Persons with Disabilities Law stipulates Healthcare Accessibility Regulations would be enacted by 2006, and despite the High Court ruling that the State must complete the enactment of regulations pursuant to the Equal Rights for Persons

⁶⁹ [Crucial Partnership Project](#) (Hebrew).

⁷⁰ See, e.g.: [Medical Insurance Arrangement for Asylum Seekers - Policy Paper](#) (Hebrew).

⁷¹ See for example: [Neglect, Deterioration and Life-threatening Situations: The Abandonment of Asylum Seekers' Health in Israel](#) (Hebrew).

⁷² Review available to the [ASSAF website](#).

⁷³ 2020 Alternative Report, on Article 28, p. 50.

⁷⁴ [Nagar Idelman, R., Constantinov, V., and Barlev, L. 2022, People with Disabilities in Israel 2022: Selected Statistics, 22-219. Meyers-JDC-Brookdale Institute](#) (Hebrew)

⁷⁵ Ibid.

⁷⁶ Israel Central Bureau of Statistics, [Press Release](#) (Hebrew).

with Disabilities Law by the end of 2022,⁷⁷ including the Healthcare Accessibility Regulations, that has yet to be done. While a memorandum for regulations regarding accessibility of services in healthcare facilities has been released recently, no date has been set for their enactment. In addition to this, in 2022, the deadline for MHO and hospitals to become fully compliant with the Healthcare Facility Accessibility Regulations was pushed back to 2024, meaning some healthcare facilities remain inaccessible. It is important to note that even when the regulations are enacted, they will only require public healthcare services to become accessible, whereas less stringent requirements would apply to facilities operated by parties outside the public healthcare system, such as non-profits, and they would be eligible for exemptions due to the financial burden involved.

Furthermore, according to the Equal Rights for Persons with Disabilities Law - 1998, an Accessibility Coordinator must be appointed at any workplace with more than 25 employees.⁷⁸ Despite the particular importance of this position in the healthcare system, staff positions have not been sufficiently allocated, meaning most Accessibility Coordinators in healthcare facilities perform this work on a volunteer basis, in addition to their main job, and lack the appropriate availability to perform the role.

Shortage of paramedical treatments for PWD: In 2019, the MOH launched a “reform” in child development services aimed at shortening wait times. In practice, the reform has failed.⁷⁹ Currently, wait times for treatment reach months and even years, and there is a dire shortage of paramedical professionals.⁸⁰ Because of the severe crisis in paramedical treatments, children with disabilities suffer great harm in all areas of life, causing developmental delays with a likely impact on their adult lives as well. Also, as noted in the 2020 Alternative Report, adults with disabilities are not entitled to all paramedical treatments, leaving some without access to the care they need. Following a government resolution on this matter,⁸¹ the Prime Minister’s Office prepared a report with recommendations for bridging the gaps in healthcare provision generally and in the public system particularly.⁸² However, government ministries have not approved the recommendations, stalling any progress on the issue. As a possible solution for the shortage of healthcare professionals, the State is promoting a bill whereby in some fields, non-academic training at a reduced scope than the current norm will be given. This proposal is controversial and raises serious concerns about undermining the quality of treatment.

Rehabilitative medical equipment that is not adapted to needs: As detailed in the 2020 Alternative Report, PWD have difficulties obtaining medical-rehabilitation equipment. The State has recently decided to transfer responsibility for these services from the MOH to public healthcare providers (HMOs), which are, by law, responsible for all health services in Israel. However, it is not clear at this stage whether and how this transfer of responsibility will solve existing problems in this area, and there is concern that without proper supervision, the issues will not only remain unresolved, but may actually worsen.

Serious deficiencies in mental health services in the community: As noted in the 2020 Alternative Report, the mental healthcare system has been suffering from a severe lack of resources and

⁷⁷ [HCJ 5833/08 Israel Accessibility Association v. Minister of Transportation](#) (Hebrew).

⁷⁸ [Commission for Equal Rights of Persons with Disabilities](#) website.

⁷⁹ See [Knesset website](#) (Hebrew).

⁸⁰ E.g.: [Report on Staffing Gaps in Health Care Professions](#) (Hebrew).

⁸¹ Government Resolution 1140.

⁸² Rott, D. 2022, [Where Women with Disabilities Meet the Health Care System in Israel - Research Report](#) (Hebrew).

ongoing neglect for years,⁸³ a situation made worse following the Covid-19 Pandemic, due to an increase in the number of people seeking mental health care. For example, statistics show a significant increase in children facing depression, anxiety and eating disorders following the Covid-19 pandemic and an increase of about 19% in the number of children's visits to emergency psychiatric services in 2019-2022.⁸⁴ Still, the services offered in the community have not kept up with rising demand, and wait times have grown longer in recent years.⁸⁵ Additionally, there is an extremely short supply of professionals, and a particularly severe shortage of services and professionals in Israel's Arab community⁸⁶ (for further reference to the lack of services in the community, see our comments on Section 14).

Furthermore, there are hardly any mental health programs available for people with a dual diagnosis (for example, people with an intellectual developmental disability or autism who also have a psychosocial disability⁸⁷ or people with a physical or sensory disability who also have a psychosocial disability).

Arab society: In general, as stated in the 2020 Alternative Report, PWD in Israel's Arab community face double discrimination in all areas of life - including health services.⁸⁸ Therefore, the state of health services and their accessibility covered in this report is worse in all aspects and all areas mentioned above when it comes to Arab society.

Recommendations

1. Sexual-social services for PWD must be developed and delivered nationwide, including in outlying areas.
2. Acute care units for victims of sexual assault must be made accessible to PWD.
3. All academic medical and health care curricula must include courses about the rights of PWD and how to make medical services accessible to them.
4. Participation by PWD and PWD organizations in healthcare policy design must be increased.
5. Adequate availability of paramedical services must be ensured, and action must be taken to solve the severe shortage of paramedical personnel, especially in the public service, while maintaining professional quality.
6. The right of adults with disabilities to adequate paramedical care must be enshrined.
7. The right of RAS to healthcare services must be guaranteed.

⁸³ See State Comptroller's Report: [Annual Report 70b | 2020 - Ministry of Health: aspects of the reform for the transfer of insurance responsibility in mental health](#) (Hebrew).

⁸⁴ See for eg. Rabinovitch, M., 2021, [The emotional and psychological state of children following the Covid-19 Pandemic](#), the Knesset Research and Information Centre (Hebrew).

⁸⁵ See State Comptroller's Report: [Annual Report 70b | 2020 - Ministry of Health: aspects of the reform for the transfer of insurance responsibility in mental health](#) (Hebrew).

⁸⁶ E.g.: Elroi, I., Samuel, H., Medina-Hartom, T., 2018, [Shortage of Professionals from Arab Society in Mental Health Services - Causes and Solutions](#) (Hebrew).

⁸⁷ E.g.: Masia, S et.al., 2022, [A multi-system approach in the treatment of people with a dual diagnosis \(intellectual-developmental disability and psychopathology\)](#), in: Intellectual-Developmental Disability: Theory, Research, and Practical Ramifications, Al-Yadon, M., and Margalit, M. (eds.), (Hebrew).

⁸⁸ E.g.: Efrati, R. and Uda-Saba, L., 2023, [Information centers for persons with a disability and their families in Arab society: Concluding evaluation report](#), Harriette Szold Institute (Hebrew).

Article 27

Work and Employment

Despite declarations and attempts by the State to encourage work by PWD, the improvement was limited. During the Covid-19 pandemic, PWD were the first to lose their jobs and the last to return to the job market. The State does not adopt an inclusion-oriented approach as required by the CRPD. Rather than removing obstacles, enhancing accessibility, and adapting jobs, the State offers separate programs to adapt PWD to the existing environment, or encourages sheltered employment. There is no creative thinking about systemic changes or ways to expand work opportunities for PWD.⁸⁹ The existing solutions for the employment of PWD do not take into account the unique characteristics of PWD, particularly people with invisible disabilities. There is a lack of tools and of adapted programs meeting their needs and insufficient attention to protecting privacy. As a result, many PWD do not work, and many others are employed in segregative workplaces, contrary to the provisions of the CRPD. A further obstacle to employment is the difficulty in reaching the workplace due to general transportation problems and partial accessibility in public transportation.⁹⁰

Opportunities for employment (CRPD/C/ISR/RQ/1 paras. 209-221)

The State claims that there has been an improvement in employment rates among PWD. However, the latest figures⁹¹ suggest that the improvement is very small, and the SPRQ itself shows that gaps persist. Even if there has been an increase in employment rates among PWD, their situation is still poor compared to people without disabilities: employment rates are lower, unemployment rates are higher, and more people work in part-time positions and at a varying scope of hours.⁹²

At present there is a negative incentive to work: disability welfare benefits are linked to the minimum wage, which is far lower than the average wage in the economy, and the pay threshold does not take into account the high expenses faced by PWD.⁹³

Legislation and enforcement of affirmative action in employment

⁸⁹ For example, the individual's ability to compete with persons without a disability in standard jobs is assessed, instead of looking for areas in which the person offers an advantage and tailoring a job definition accordingly. In many cases, the individual is forced to integrate in employment even if the position is incompatible with their profile of difficulties and strengths. There is almost no possibility for the individual to choose between different employment programs and the range of vocations offered is limited.

⁹⁰ Regarding the issue of accessibility in transportation, please see the general remarks in comments on Article 9 of this report and the 2020 Alternative Report.

⁹¹ [Nagar Idelman, R., Constantinov, V., and Barlev, L. 2022. People with Disabilities in Israel 2022: Selected Statistics, 22-219. Meyers-JDC-Brookdale Institute \(Hebrew\)](#)

⁹² According to the Central Bureau of Statistics figures for 2021, 18% of the population in Israel are PWD (approximately 1.7 million people), of whom half are of working age; 39% of PWD do not participate in the workforce (compared to 17% of people without a disability), and 8% of PWD are unemployed (compared to 5% of people without a disability). Among PWD, 25% work in part-time positions, compared to 15% of people without a disability. Of PWD in employment who have a severe disability, 15% work at a scope of hours that is not fixed (compared to 9% of workers without a disability).

⁹³ The pay threshold was increased to ILS 7,122 in January 2023, but the average salary in the economy is approximately ILS 12,000.

Monitoring and enforcement by the Commission for Equal Rights of Persons with Disabilities (CRPD/C/ISR/RQ/1 paras. 189-191): Although the Commission for Equal Rights of Persons with Disabilities has expanded its enforcement operations in the public and governmental sectors, its figures show that these operations concentrated on sending warning letters, following which the bodies prepared an annual plan and appointed an officer.⁹⁴ However, no sanctions were imposed and no figures are available as yet concerning the implementation of the plan and the steps actually taken. A sample review of the annual plans submitted shows that most of them preserve the status quo.⁹⁵

Compliance (or non-compliance) with the targets for appropriate representation in public service (CRPD/C/ISR/RQ/1 paras. 192-193): The law stipulates a 5% appropriate representation target. According to the Civil Service Diversity and Representation Report, in 2021 only 14 of 74 government ministries and subsidiary units met the appropriate representation targets (and only four of 19 government ministries did so).⁹⁶ A decrease can be seen in the appropriate representation of PWD in the civil service.⁹⁷ In the government ministries, only 2.6% of employees were PWD, mainly at an administrative and non-professional rank.⁹⁸

The main obstacle to workers with a disability comes at the entry stage to the public sector: the distribution of workers with a disability at the entry rank is lower than at more senior ranks.⁹⁹ A document prepared by the Knesset Research and Information Center noted that, according to the Civil Service Diversity and Representation Report, the State was preparing to intake directly 200 employees from Hameshakem.¹⁰⁰ It is unclear whether this intake was actually implemented. It is possible that part of the shortfall in the figures is due to indirect employment through rehabilitation employment, which is not included in the appropriate representation figures.

⁹⁴ [Report to the Labor and Welfare Committee on the Activities of the Commission for Equal Rights of Persons with Disabilities for 2021](#), May 26, 2022.

⁹⁵ For example, the plan of the National Insurance Institute does not provide any information about dedicated tenders for PWD, employment figures, and actual representation; there is no cooperation with other bodies in order to publicize positions and the integration of PWD; and there is no reporting on the implementation of training to promote integration and diversity in the organization: <https://www.btl.gov.il/Documents/hozernerhot2022.pdf> (in Hebrew).

⁹⁶ [Civil Service Diversity and Representation Report 2021 - Civil Service Units](#). Senior Division for Strategic Planning and Policy, Civil Service Commission, August 17, 2022 (Hebrew).

⁹⁷ In percentage terms, the decrease in appropriate representation was as follows: from 5.5% in 2016 to 4.2% in 2018, 3.8% in 2019, and 3.7% in 2020, [Civil Service Diversity and Representation Report 2021 - Civil Service Units, May 2021 \(Hebrew\)](#).

⁹⁸ Of all employees with a disability in the government ministries, 55% were at an administrative rank (compared to 43% of all government employees) and 45% were at a professional rank (compared to 57% of all government employees). Furthermore, 24% were ranked as academics in the social sciences and humanities. Thus only 21% were classed in other [professional ranks](#) (physicians, social workers, engineers, jurists, teaching workers, research workers, technical professions, etc.). Relative to the total number of civil servants in each rank, the 2020 figures show that only the nursing rank has met the appropriate representation target: PWD account for 5.8% of all those employed at the rank. Footnote 7, p. 39.

⁹⁹ The proportion of workers with a disability was 1.9% at the entry rank and 4.4% at the senior rank. From: [Appropriate Representation of Persons with Disabilities in the Civil Service](#). Amir Farger, Knesset Research and Information Center, August 2, 2020, p. 14 (Hebrew).

¹⁰⁰ "HaMeshakem" is a company co-owned by the Israeli government (MOWSA) and the World Zionist Organization, which deals with the employment, training, placement and rehabilitation of approximately 2,600 workers with a disability. From: Amir Farger, "Comprehensive representation of people with disabilities in government service," The Knesset Research and Information Center, 2.8.2020.

In December 2016, Amendment 34 of the Government Companies Law, 5735-1975 was enacted, requiring appropriate representation of PWD at a level of 3% on the boards of directors of government companies. As of March 2021, of 365 directors in government companies, only three are PWD, constituting 0.8% of the total.¹⁰¹ The representation of PWD in the civil service's managerial training courses is extremely low: civil service cadets – 1%, senior personnel reserves program – 2.5%, and senior personnel fellows – 0 (the proportion of PWD at the relevant rank is 5.1%).¹⁰²

A sample review of compliance with the due representation targets in workplaces for 2023 shows a shortage of positions filled by PWD over the past year and/or future dedicated tenders for this population. Internal and interministerial tenders are not open to external applications; there is no allocation of accessible positions for PWD; there are no tenders for senior positions; and there are virtually no part-time positions, thereby preventing some PWD from submitting their candidacy. As of July 2020, the proportion of PWD in student positions – one way to integrate in the civil service and acquire professional experience – was exceptionally low compared to students without a disability.¹⁰³

Appropriate representation in the private sector

Section 9 of the Equal Opportunities for Persons with Disabilities Law establishes an appropriate representation requirement of 3% in private companies employing over 100 workers. However, there are no figures concerning compliance with the appropriate representation targets. The State does not activate enforcement on companies that fail to meet the appropriate representation requirement, and even allows [the reduction of the financial penalty for companies that fail to meet the requirement](#).

Encouraging employment (CRPD/C/ISR/RQ/1 paras. 193-194)

The State notes that there are diverse programs for training and encouraging the employment of PWD. In practice, there are numerous obstacles to training for meaningful employment and in admission to professional and rewarding positions.

Providing reasonable accommodations at the workplace and supporting employers

There is insufficient publicity among employers concerning the funding provided by the State for accommodations, and the budget for this purpose for 2023-2024 has been cut by over half.¹⁰⁴ In private companies – such as in the hi-tech sector, for example, where the chances of a person without a disability to find employment are 2.6 times higher than those of a PWD – employers do not know where to turn in order to receive guidance from relevant bodies concerning the recruitment and integration of PWD. Companies have no direct incentive to invest additional resources to this end.¹⁰⁵ The bureaucratic process of receiving funding is exhausting, including strict criteria in order to obtain negligible

¹⁰¹ Zvi Zerachia, [Law for representation of women and minorities is not observed](#). Calcalist, April 4, 2021 (in Hebrew).

¹⁰² Footnote 97, pp. 12-13.

¹⁰³ Of 4,195 students in a student position, only two are PWD. See footnote 9, pp. 36-37.

¹⁰⁴ The planned budget for funding accommodations in the workplace has fallen by comparison to recent years: ILS 3,607,000 for 2023 and 3,485,000 for 2024, compared to 4,247,000 for 2022, 7,547,000 for 2021, and 7,547,000 for 2020.

¹⁰⁵ Regev, E., Weiss, Y. and Amir, D. [Obstacles to the integration of persons with disabilities in the hi-tech sectors in Israel](#). Policy Study 176, Israel Democracy Institute and the Labor Wing, Ministry of Economy and Industry, April 2022 (Hebrew).

assistance. Accordingly, it is not worthwhile for employers to submit requests for the funding of accommodations. The process of implementing the accommodations does not include the workers with disabilities themselves and does not permit individual accommodations. Most of the accommodations are relevant for physical and sensory disabilities, while there are virtually no accommodations for people with other disabilities. For example, a person on the spectrum requires accommodation in the form of mentorship in the workplace and a longer period of adaptation; their output is low initially and the number of work hours rises gradually. None of these aspects are recognized for the purpose of ensuring accessibility, and the employer must show a high level of willingness to train the worker without receiving any compensation. In practice, employers very rarely receive the assistance they require in order to integrate PWD, leading to the under-utilization of the budget for accommodations and accessibility in the workplace.¹⁰⁶

Civil service recruitment and selection procedures

The selection and recruitment procedures are not accessible and criteria for acceptance are sometimes discriminatory, such as a requirement for contiguous employment, which in most cases PWD lack. Selection examinations are sometimes run without relevant accommodations that are essential if the examinees are to have a chance of success.¹⁰⁷

The Civil Service Employment Startup initiative for the integration of PWD in the civil service (May 24, 2022)¹⁰⁸ seeks to create a pool of professionals with disabilities who will be admitted to a dedicated position for PWD. A review of the conditions in the [future tender for the establishment of a database of candidates with a disability](#) shows that there is no intention to change the system, the selection process or the admission requirements in order to make them more inclusive. Instead, the initiative seeks to help candidates to adapt themselves to the system.¹⁰⁹ The tender effectively describes the creation of a privatized service of the employment centers under the civil service in which candidates will be “trained” for as long as they have not been accepted for a position, through a process that also entails the violation of privacy (candidates must register in the database in order to be accepted for a dedicated position for PWD).¹¹⁰

Vocational training

Training courses for the general population are not adapted for PWD and are not accessible in terms of the entry requirements (for example, a requirement for a matriculation certificate for a training course for gym coaches), in geographical terms, and in terms of the training plan for receipt of the certificate.

¹⁰⁶ During a [meeting of the Knesset Labor and Welfare Committee on February 27, 2023](#), Moriah Berrebi, the head of the Legal Desk in the Industrialists Association, commented: “*There are loads of organizations and lots of NGOs, almost all of which do wonderful work and address the subject of persons with disabilities. However, when the employer sets out to find workers, they find themselves dealing with a large number of organizations and don’t know which way to turn. At present there is no comprehensive platform that can do this matching between supply and demand. There is a high level of variance among persons with disabilities, and there is also a high level of variance among employers and their needs. All of this makes placement very complex.*”

¹⁰⁷ For example, it is possible to receive additional time, but since the element of speed is important in many examinations, additional time is not a relevant accommodation.

¹⁰⁸ SPRQ, (CRPD/C/ISR/RQ/1 para. 200).

¹⁰⁹ For example, the service includes professional workshops – although candidates are supposed to come with academic degrees or other diplomas, as well as a preparatory workshop for the screening examinations. However, some disabilities cannot be overcome through training and therefore require that the examinations be made accessible.

¹¹⁰ Footnote 75, comments of the Civil Service Commission, p. 7, footnote 23.

As a result, PWD are not integrated in vocational training courses.¹¹¹ In the technological colleges, which have high placement rates, provide strong technical skills, and implement training courses adapted to employers' needs, there is no dedicated and budgeted program for the integration of PWD.¹¹²

Adult mentorship: To the best of our knowledge, mentorship arrangements for adults are regarded as a violation of employer-employee relations under the labor laws. Accordingly, this option, which could provide a suitable training track for many PWD, is effectively absent from the Israeli job market.

The possibility for adults to undertake a mentorship in workplaces should be regulated, including legislation ensuring that the mentorship will promote meaningful employment for PWD and preventing inappropriate conditions of employment and exploitation, as is the practice in other countries around the world. Mentorship in workplaces should be made accessible to PWD.

The National Insurance Institute, the body that funds training courses for employment rehabilitation, grants one-time eligibility for rehabilitation, and solely for individuals suited to the open job market based on a restrictive definition.¹¹³

Placement services and ongoing vocational training

The "Equal Employment" program of the Populations Employment Administration, which supervises PWD and employers in training and placement, includes approximately 1,700 service recipients a year, with a 48% placement rate. Each person is entitled to a maximum of 15 meetings with an individual coordinator, and the service is limited to two years. In the 2023-2024 state budget, the allocation for employment guidance centers for PWD was cut.¹¹⁴

The State mentions the voucher program under "equal employment," but does not allow the utilization of vouchers in programs under supported or protected/transitional employment of the Ministry of Welfare or the Ministry of Health. No figures are available regarding the utilization of the vouchers for vocational training courses intended for PWD.¹¹⁵

In the Ministry of Welfare frameworks, a very small fraction of the rehabilitation programs are indeed planned together with the person undergoing rehabilitation; in most cases, these are not examined every six months as the guidelines require. The inspectorate does not undertake in-depth examinations of these programs. The local authorities contribute 25% of the cost of training and supported employment welfare programs; as a result, the authorities do channel participants to "cheaper" services, decline to grant budgetary approval to some services, restrict the number of recipients of the service, or limit the length of time for which a person may receive the service. The grant for placement and retention in the workplace is paid to the service operators, not to the actual worker.

¹¹¹ Of 19,000 people who participated in the Ministry of Labor's vocational training courses, we are not aware of a single participant with a disability; there are no statistics on this subject.

¹¹² Lishai Mishali-Kin, Special Populations Division, Ministry of Labor, at a [meeting of the Knesset Labor and Welfare Committee on the subject of "promoting and encouraging programs for the integration in employment of persons with a disability," February 27, 2023](#)

¹¹³ According to the definition of the National Insurance Institute, only individuals capable of earning a wage on a scope of at least 20 weekly hours are suited to the open job market and eligible for employment rehabilitation.

¹¹⁴ The budget will be cut by 40% from 2022 to 2024. The total budget of the Encouragement of Employment of Populations Division for 2023-2024 has fallen by over 50% by comparison to the budget prior to the Covid-19 pandemic.

¹¹⁵ Appendix B to the initial report (2017) of the State on the implementation of the Convention, para. 6 (Revadim Center & CRPD/C/ISR/RQ/1 para. 206 (Equal Employment)).

Mechanisms for ensuring fair employment (CRPD/C/ISR/RQ/1 paras. 209-221)

In its response to the question as to how the rights of workers with disabilities are protected, the State actually describes mechanisms that violate these rights. In 2021 the National Labor Court issued a ruling recognizing certain conditions in employer-employee relations in sheltered factories and certain social rights. The ruling urged the State to regulate the existing situation and resolve the legal gaps that allow the harming of PWD employed in sheltered factories.¹¹⁶ Despite the period granted to the State to arrange this matter, and although the National Labor Court did not grant sweeping recognition to employer-employee relations in sheltered factories, but rather ordered that the balance between the rehabilitation component and the work component be examined in each case on its own merits – the State chose not to regulate the matter, and instead appealed to the Supreme Court against the ruling, requesting its nullification. The matter is now pending before the Supreme Court.

Sheltered Employment Workshops

The State continues to regard sheltered employment workshops as a legitimate workplace. Although their declarative purpose is to provide rehabilitation, the proportion of workers who make the transition from these workshops to integrative frameworks is negligible. Remuneration for work is contrary to the principles of the Convention, as is the advancement of legislation in this field.¹¹⁷

In welfare employment frameworks, there is no limit on the period of time for which a person may be defined as “undergoing rehabilitation.” There is no possibility to choose the framework for employment rehabilitation, which in most cases is determined by place of residence rather than by vocational capabilities. No real examination is undertaken of the person’s earning capacity and there is no creative thought about ways to find appropriate employment. Only 36% of the recipients of employment services under the Ministry of Health are placed in supported or entrepreneurial employment.¹¹⁸

Adjusted Minimum Wage

A minimum wage establishes the threshold required for dignified existence in the state. Permitting the payment of an adjusted minimum wage violates the right of PWD to a dignified existence and perpetuates their dependence on benefits. The State is not advancing any other solutions that do not entail the violation of rights of PWD.¹¹⁹

¹¹⁶ CRPD/C/ISR/RQ/1 para. 211.

¹¹⁷ The Proposed Law: Rights of Persons with a Disability Employed as Persons Undergoing Rehabilitation, 5782-2022 proposes ranks of remuneration for employment according to employment capacity and the scope of the position: capacity at a rate of 1-10% of ordinary working capacity in the same function and at the same place of employment will entitle the worker to a sum equal to 10% of the minimum wage. Employment capacity at a rate of 10-19% will entitle the worker to a sum equal to 19% of the minimum wage.

¹¹⁸ In 2021, 33,412 people received psychiatric rehabilitation services in the community; 20,600 (62%) of these received employment services, including 11,011 (53%) in a sheltered employment workshop and 2,236 (11%) in an employment club (a pre-employment service combining social activities with the inculcation of skills; the clubs operate for about four hours a day): [Mental Health in Israel, Statistical Yearbook 2021](#), Mental Health Division and Information Division, Ministry of Health, January 2023 (in Hebrew).

¹¹⁹ From the minutes of a [meeting of the Knesset Labor and Welfare Committee on the subject of “promoting and encouraging programs for the integration in employment of persons with a disability.” February 27, 2023](#); Lishai Mishali-Kin, Special Populations Division, Ministry of Labor.

Indirect employment

The employment of PWD in government ministries through placement companies on conditions that are not equal to those enjoyed by ministry employees violates their right to direct employment. This situation differs from that of workers without a disability employed through personnel companies, where the State undertakes to absorb the worker in direct employment after six months. A complaint has been presented to the Civil Service Commission on this matter, but we are not aware of any progress on the subject for over 18 months.

PWD in Arab society

The employment rate among PWD in Arab society is lower than that in Jewish society, which is itself low. In 2021, only 33% of Arabs with a disability were employed, compared to 63% of PWD in the Jewish and “other” population. Moreover, the gap between PWD and persons without a disability is wider in the Arab population than in the Jewish and “other” population.¹²⁰

Refugees and asylum seekers (RAS)

Most refugees with a disability cannot work in the positions available to them in Israel – construction and cleaning – since these usually require a significant physical effort over long working hours. In the absence of a social security net and social support, refugees with a disability are liable to face severe humanitarian distress.

Entrepreneurs with disabilities

The Ministry of Economy’s entrepreneurship programs (Maof – under the Israel Small and Medium Enterprises Authority) do not provide an adequate or adjusted response for PWD. The discounts the State mentions in its response¹²¹ regarding this track are general ones; there is no additional subsidy for PWD, most of whom will refrain from receiving the service due to their a priori limited economic capacity. Moreover, there is no dedicated fund for supporting entrepreneurial initiatives by PWD. As a result, private initiatives are established, such as WinWork. The programs do not provide assistance in coping with bureaucracy, which constitutes a significant obstacle for PWD. The Ministry of Health’s rehabilitation basket is the only service that provides dedicated assistance and supervision in entrepreneurship for persons with a psychosocial disability. In its list of programs encouraging entrepreneurship,¹²² the State mentions programs that encourage entrepreneurs to employ PWD; it is unclear how this is connected to encouraging entrepreneurship among PWD themselves.

Moreover, the method used to calculate the income threshold for the disability benefit is monthly, rather than applied over several years. This causes particular harm to self-employed or freelance workers with a disability.

Recommendations

¹²⁰ In Arab society, 63% of persons without a disability are employed, compared to 33% of persons with a disability – i.e., almost twice as many. Among the Jewish and “other” population, 83% of persons without a disability are employed, compared to 60% of PWD – 1.4 times more. From: [Persons with a Disability in Israel: Selected Statistics](#), Nagar-Idelman, R. et al., Brookdale Institute and Ministry of Justice, 2022 (Hebrew).

¹²¹ CRPD/C/ISR/RQ/1 para. 225.

¹²² CRPD/C/ISR/RQ/1 para. 225b.

1. **Meeting the appropriate representation requirement and increasing the number of PWD in the public sector:**
 - **The State should act to ensure that all bodies required to do so comply with the appropriate representation requirement**
 - 1.1 Objective criteria should be established for the recruitment and promotion of PWD in the public sector, in order to reflect the diversity among PWD and utilize their advantages and life experience, particularly in positions that provide services for PWD. Internal tenders should be opened to PWD even if they are not already within the system.
 - 1.2 The indirect employment of PWD should be monitored.
 - 1.3 Figures on appropriate representation in the civil service – the State should specify in the statistics which instances involve PWD who entered the system as such, and which involve a disability that developed after the individual was already in the civil service.
 - 1.4 An examination should be undertaken of the proportion of PWD who participated in a non-dedicated tender in the public sector and declared that they are a PWD; the examination should record whether or not they passed the admission procedures and what were the dropout stages.
2. **Training courses:**
 - 2.1 The State should encourage employers to train workers with disabilities in the workplace through diverse programs, such as internship, mentorship, scholarships, etc.
 - 2.2 The State should make dedicated training courses accessible to all PWD, both in terms of the threshold requirements and in terms of the training procedures.
 - 2.3 The Ministry of Labor should collect numerical data on the number of people and on the budget versus implementation regarding the participation of PWD in training courses under state auspices intended for the general population; the utilization of vouchers in the voucher program by PWD; and the utilization of the OJT and voucher support tracks by employers.
3. **Career development:** The State should encourage employers to develop a long-term career for all their employees, including PWD; this should include training in future fields of employment and the skills they will require.
4. **Entrepreneurship:**
 - 4.1 The State should remove bureaucratic obstacles in order to facilitate entrepreneurship by PWD.
 - 4.2 The Ministry of Economy should collect data concerning the consumption of Maof services by PWD compared to people without a disability, include a breakdown for the different services.
5. **Making a livelihood from work:**
 - 5.1 **The right to receive a disability benefit should not be conditioned on income from work at any particular level; at the very least, the threshold should be increased during an interim period to the level of the average wage in the economy, and the method of calculation for self-employed workers should be changed.**
 - 5.2 The renewal of the **Persons Undergoing Rehabilitation Law** should be halted and the **Adjusted Minimum Wages Regulations** abolished. **An alternative course of action should be advanced** to incentivize employers in the private sector to employ PWD, including people requiring multiple forms of support, without violating their rights.
 - 5.3 **Adjusted minimum wage** – as long as this arrangement exists, the State should monitor and collect data regarding the number of diagnoses undertaken each year, at which stage of employment, the level of the salary approved, how it is ensured that the person knows that they are entitled to request a repeat diagnosis, how many such requests were submitted,

and what were the results of the repeat diagnosis relative to the initial diagnosis for the purpose of determining the level of the adjusted minimum wage.

5.4 Data should be collected concerning compliance with the appropriate threshold targets in the private sector.¹²³

6. **Gradual closure of segregative sheltered employment workshops:** The State should lead a process (including timetables and the allocation of the necessary resources) for the gradual closure of sheltered employment workshops. Instead, the State should encourage integration in the free job market, with an emphasis on ensuring **freedom of choice in the selection of vocation**, rather than on conditions of employment.
 - 6.1 To this end, the Ministry of Welfare should collect updated data on individuals in employment frameworks, including a breakdown by type of framework, type of disability, and age. Data should be presented concerning people who left sheltered employment workshops and integrated in supported employment services and/or in the free job market, including a breakdown by types of service.
7. **Accommodations in the workplace:** The State should adjust positions (and their conditions of admission) in order to ensure that professional requirements and admission and employment procedures reflect the core activity. Non-substantive requirements should be removed, including allowing for the possibility of a part-time position and work from home. Workers/candidates should be involved in the process of implementing accommodations. Similarly, the State should also incentivize private employers to adjust positions and increase the range of accommodations recognized for the purpose of state funding.
8. **People with invisible disabilities:** The State should develop practices for the employment in the job market of people with disabilities that are not physical or sensory. These practices should take into account these individuals' unique and complex characteristics. People with such disabilities and their organizations should be involved in finding creative ways to focus the job definition and conditions of employment on their strengths.
9. **Transportation to the workplace:** The State should provide transportation to the workplace (accompanied, as necessary) for as long as public transportation is not sufficiently accessible. The choice of a workplace should not be conditioned on transportation arrangements.
10. **Strategic plan:** The State should fund research into the impact of ableist attitudes about PWD on ensuring their right to work and on existing obstacles, national policy, government programs, and practices that are contrary to the CRPD. In particular, the Ministry of Health and Ministry of Welfare should publish statistics regarding the recipients of services in the field of work and employment. On the basis of the findings, a strategy and code of practice should be developed for the inclusion of PWD in the job market. All these actions should be undertaken in consultation and cooperation with PWD and their organizations.

¹²³ The target is 3% for enterprises employing over 100 workers.

Article 28

Adequate Standard of Living and Social Protection

Despite significant changes in disability benefits in recent years, the main gaps we noted in the 2020 Alternative Report still persist. As the SPRQ mentions (CRPD/C/ISR/RQ/1 para. 202), following public protest the disability benefit was indeed increased to ILS 4,063. However, there is still a substantial gap between the disability benefit and the minimum wage in Israel, which is ILS 5,572.¹²⁴ This gap significantly impacts the financial condition of PWD. PWD who live in residential facilities, as well as those hospitalized for extended periods in psychiatric hospitals, lose 80% of their benefit. People for whom a professional guardian is appointed are required to pay the guardian's salary from their benefit, although in most cases the appointment is made without the individual's knowledge or contrary to their wishes (see the comments on Section 12 in this report and in the 2020 Alternative Report). As a result, many PWD are left in abject poverty.

As mentioned in the 2020 Alternative Report, the Special Attendance Allowance provided for some PWD who require considerable physical assistance in daily activities or constant supervision by another person does not cover the cost of the services it is supposed to fund. It is important to add in this context that while the salaries of migrant workers in nursing care are subject to the minimum wage, and they are entitled to all social rights, including pension and compensation, the State does not adjust the Special Attendance Allowance accordingly. Thus, as we noted in the 2020 Alternative Report, many PWD cannot pay for the assistance they require.

The income tax benefit mentioned in the SPRQ (Annex, para. 228) in fact seems to constitute a worsening of the previous situation, since a PWD will now be required to pay income tax from a lower threshold than in the past. The new situation effectively encourages PWD to work in part-time positions. Moreover, the criteria for receiving the benefit have also been tightened.

Refugees and asylum seekers: The State of Israel does not meet its obligation in accordance with Article 28 of the Social Security (Minimum Standards) Convention concerning refugees and asylum seekers (RAS) with a disability.

Regarding Director-General's Circular 168, mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 201), see above the comments in this report on Article 19.

Director-General's Circular 100, also mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 201), see above the comments in this report on Article 7.

¹²⁴ It is worth emphasizing that the disability benefit was increased following an extensive public protest led by the organization Disabled, Not Half a Human Being, which is a member of the forum of organizations that is submitting the current report.

Recommendations

1. The State of Israel should produce a policy for evaluating disabilities and define clear goals for the benefit system (loss of work capacity, special attendance benefits, and mobility benefits) whereby each person receives a sum according to their needs, based on a holistic perception of the person and in keeping with the spirit and provisions of the CRPD.
2. The State of Israel should prepare a plan to extricate PWD from the cycle of poverty and enable them to live independently with dignity. The plan should include a clear timetable and allocation of resources for this purpose.
3. The State should remove bureaucratic barriers that impede PWD from realizing their socioeconomic rights, including reducing the number of assessment committees they must go through to receive eligibility recognition and the establishment of a “one-stop service” that looks holistically at the person, their needs, and their wishes.
4. The State should structure the procedure for employing migrant workers and provide the necessary resources to PWD to permit the employment of migrant workers while protecting their rights, and without impairing the rights of PWD themselves.
5. The State should reinstate the tax benefit on earnings of up to ILS 600,000 for PWD, in order to prevent the creation of a negative incentive to work or to work in a full-time position.

Article 29

Participation in Political and Public Life

Accessible Polling Booths

The State recently protected the right of PWD to vote at the nearest accessible polling booth to their home, even if this is not the booth registered for their address.¹²⁵

However, the number of accessible polling booths is low relative to the need. The law establishes an obligation to maintain at least one accessible polling booth in every locale. Although the law requires the opening of one accessible booth for every 10,000 residents in large locales, there are exceptions to this rule in the law. As a result, the total number of accessible booths going into the 2021 elections was 3,889 out of 10,788 total booths. Thus only 36% of all booths were accessible to persons with a mobility disability. Moreover, since people with a mobility disability still receive invitations to a polling booth in accordance with their registered place of residence, which does not mention whether the booth is accessible, they must clarify this for themselves. This information is not always sufficiently accessible for them.

Moreover, the polling booths are not accessible for persons with other disabilities, including persons with a visual, psychosocial or cognitive disability. Many voters complain of a lack of accessibility at

¹²⁵ Hilai, S. [Likud sought to prevent people with disabilities from voting outside their locale but was rejected](#), Ynet, published October 28, 2022 (Hebrew).

the polling booths. For example, blind voters cannot vote independently and must be accompanied by another person, thereby violating one of the basic conditions of democratic elections – a private vote.

Accessibility of electoral information

With the exception of private initiatives, the State has not promoted accessibility in the hearings of the Central Elections Committee or in material for the elections themselves (such as leaflets in simplified language), nor in election broadcasts.

Participation of persons with a disability in the political arena

To the best of our knowledge, the Subcommittee to Improve Accessibility for Voters mentioned in the SPRQ (CRPD/C/ISR/RQ/1 para. 203) has not to date published any documents or guidelines for accessibility in the election system, although six years have passed since it was established, and despite the fact that five elections have been held in Israel over the past four years.

The Knesset Rules of Procedure,¹²⁶ which establish the working procedures in the Knesset, do not make any mention of the issue of accessibility for PWD. The Knesset itself is not fully accessible and accessibility problems impair functioning and violate the right of participation of Members of Knesset and visitors with disabilities in committees, the plenum, and the various rooms and galleries.

For example, a deaf Member of Knesset was elected in 2021. She was forced to receive special permission to bring a translator into the plenum,¹²⁷ since the Knesset Rules of Procedure do not regulate the subject of accessibility for Members of Knesset. Moreover, she did not receive translation into sign language funded by the Knesset, and accordingly used a staff position for a parliamentary assistant for a translator. The amendment to the Rules of Procedure concerning voting by a Member of Knesset “who has difficulty voting due to a serious physical disability” notes that the Knesset will make “every effort to adapt the voting screen in the plenum and to make it accessible,” and that voting by another person will take place only with the approval of the Speaker of the Knesset.¹²⁸ Thus even for Members of Knesset, the Knesset does not ensure accessibility consistent with the requirements of the CRPD or the law, nor comparable with the situation in other parliaments around the world.¹²⁹

Recommendations

1. The State should ensure the accessibility of all polling booths and of information concerning the elections and the electoral proceeding, for persons with all types of disabilities.
2. The State should ensure that the working procedures in the Knesset and the Knesset building itself are accessible to all PWD, whether they are Members of Knesset, Knesset employees or visitors.

¹²⁶ [Knesset Rules of Procedure](#) (Hebrew)

¹²⁷ [Article on the preparation by the Knesset for the arrival of a Member of Knesset with a hearing disability](#)

¹²⁸ Knesset Rules of Procedure, p. 184, dated March 12, 2023.

¹²⁹ [Example of accessibility for an Australian Member of Parliament with a disability](#)

Article 30

Participation in Cultural Life, Recreation, Leisure, and Sport

On the whole, PWD participate less in social activities than people without a disability. This includes participation in cultural, artistic or sporting events as well as visits to various public leisure and recreation sites (forests, nature reserves, national parks, beaches, and urban parks).¹³⁰

Accessibility to cultural centers and libraries (CRPD/C/ISR/RQ/1 para. 208): The State does not mention what proportion of cultural centers and public libraries have actually been made accessible by the budget provided for this purpose, or what proportion of books are accessible to persons with a visual disability in the public libraries.

Accessibility to religious buildings (CRPD/C/ISR/RQ/1 para. 209): Contrary to the State's claim, and according to a publication of the Knesset Research and Information Center, most Jewish holy places within the sovereign territory of the State of Israel are not accessible to PWD.¹³¹ Moreover, in most synagogues the women's section is on the second floor; the SPRQ does not discuss physical access to the women's sections in existing synagogues.

There are also numerous holy places in Israel of other faiths, including Muslims and Christians, and these are included under the obligation to ensure accessibility. However, the Knesset Research and Information Center states that no governmental function is charged with responsibility for ensuring this.¹³² Moreover, although many holy places of other religions are ancient, the State does not explain how it ensures accessibility to these sites alongside the need to conserve them.

Accessible and Inclusive Community campaign (CRPD/C/ISR/RQ/1 para. 210): The State does not mention whether and how the success of the campaign was evaluated, and whether it included attention to different streams within Judaism in Israel.

Raising awareness of accessibility and inclusion among religious leaders (CRPD/C/ISR/RQ/1 para. 211): It is unclear whether and how the State ensures the narrowing of discrimination against PWD in participation in various religious events. The problem is particularly acute since PWD do not enjoy accessibility on religious matters.¹³³

¹³⁰ See: Nagar-Idelman, R. et al., 2022, [Persons with a Disability in Israel: Selected Statistics](#), Brookdale Institute and Ministry of Justice, pp. 22-219 (Hebrew).

¹³¹ The statistics suggest that of 148 sites, 93 are not accessible; regarding 33 there is no information; and only 12 are accessible. See: [Accessibility of holy places in Israel to persons with a disability](#), Knesset Research and Information Center, October 2021 (Hebrew).

¹³² Ibid.

¹³³ For example, see the article [The right to the realization of values of persons with an intellectual-developmental disability](#) (Hebrew).

Encouraging participation of PWD in sporting activities (CRPD/C/ISR/RQ/1 para. 212): The allocation of the budget of the Ministry of Culture and Sport earmarked for encouraging the participation of PWD in sporting activities is unclear.

Establishment of accessible parks in the periphery (CRPD/C/ISR/RQ/1 para. 213): The State's response does not discuss the deployment of the parks mentioned or their accessibility for PWD in Bedouin society in the Negev. Moreover, the State has not provided updates on changes that have occurred, if any, since the submission of the official report in 2017.

Physical accessibility of buildings for cultural, leisure, and sporting purposes (CRPD/C/ISR/1 para. 315): Accessibility to cultural and sporting events is still partial. Cultural event halls have only a small number of accessible seats for persons with a mobility disability, and in most cases these are located to the side of the hall. Only a small number of events are accessible for people with a hearing disability, and there are almost no accessible events for persons with a visual or intellectual-developmental disability. Accessibility in cultural and sports buildings is inadequate and there are no adapted activities for PWD. This limits the possibility for PWD to participate in sporting or theatrical activities.

Accessibility of the service in buildings for cultural, leisure, and sporting purposes (CRPD/C/ISR/1 para. 316): Museums are still not sufficiently accessible, particularly for persons with an intellectual-developmental disability or with a visual disability. Most television programs do not have subtitles and there is no accessibility for persons with an intellectual-developmental disability, with the exception of a small number of special events, such as the Eurovision song contest.

Recommendations

1. The State should ensure that all cultural, entertainment, leisure, and sporting events, as well as all religious buildings and religious services, are accessible to all PWD.

Article 31

Statistics And Data Collection

As detailed in the 2020 Alternative Report, there is no central database of PWD in Israel and there is a serious lack of statistics. The Registry of Disabilities mentioned by the State (CRPD/C/ISR/RQ/1 para. 214(a)) includes only data concerning PWD who are recognized by the MOWSA, as well as IDF disabled persons. This registry seems to lack many significant figures, including statistics for persons recognized by the National Insurance Institute, recipients of benefits, children with a disability in the education system, persons with a psychosocial disability who receive services from the MOH, and so forth. Moreover, it is unclear which data are included in the existing files in the registry. Furthermore,

to the best of our knowledge, the public does not have access to the registry in order to obtain unidentified statistics concerning PWD in Israel; thus civil society organizations cannot use it for monitoring or for any other purpose.

Refugees and asylum seekers (RAS): The State of Israel does not hold accurate and full statistics concerning RAS, neither through the National Insurance Institute nor through the Central Bureau of Statistics and the Commission for the Equal Rights of Persons with a Disability. In part, this is probably because RAS are entitled to almost no economic and social rights.

Regarding RAS children, the State of Israel does not issue them with distinctive identity numbers, although most of the children were already born in the country. Accordingly, Israel does not have full figures regarding the number of children and their condition, including RAS children with a disability.

Recommendation

1. The State should expand the Registry of Disabilities to include data from all government ministries and relevant authorities about PWD, their needs, the services provided to them, the extent to which they exercise their rights and more, in a manner that allows cross-referencing data from different sources. The State should commit to clear outline and allocate the needed resources.
2. The State should release and made transparent to the public the information it has about PWD, with full protection for the privacy of the persons.

Article 33

Monitoring Implementation and Civil Society Involvement

As detailed in the 2020 Alternative Report (pp. 60-61), the Commission for Equal Rights of Persons with Disabilities does not have monitoring and enforcement powers regarding the provisions of the CRPD, with the exception of the areas of accessibility, discrimination, and employment, in the aspects of proper representation and discrimination. As a result, there is no external monitoring body with suitable enforcement powers in many important areas, such as education, health, housing, aspects of employment other than discrimination, and so forth. Moreover, as detailed in the 2020 Alternative Report, the Commission's independence is limited.¹³⁴

¹³⁴ 2020 Alternative Report, comments on Article 33

Over the past year, the media have exposed appalling instances of abuse and deaths in facilities housing PWD, highlighting the need for the monitoring of facilities and for civil society involvement in monitoring. The Committee for the Examination and Structuring of the Management and Operation of Residential Facilities for People with Disabilities,¹³⁵ established following these incidents, recommended the formation of an external complaints commission (ombudsman). Among other suggestions, the Committee proposed that an ombudsman function be created under the Equal Rights for People with Disabilities Law; that the Commission for Equal Rights of Persons with Disabilities be empowered to serve as an ombudsman, including powers to initiate visits to facilities housing PWD; and that a hotline be established to investigate complaints. The report's recommendations noted: "There is an immediate need to implement independent monitoring tools and mechanisms for the investigation of complaints that will complement the Ministry's internal monitoring, as also noted in the UN CRPD. In this context, it should be noted that the Commission for Equal Rights of Persons with Disabilities, established under the Equal Rights for People with Disabilities Law, is the body chosen by the Government of Israel to promote and defend the CRPD and to monitor its implementation. However, the Commission has not to date been granted any formal power to monitor and investigate complaints concerning facilities housing PWD. Accordingly, it cannot serve as such an external monitoring body. In addition to emphasizing the importance of external and independent monitoring, inspection, and enforcement bodies, the UN CRPD explicitly notes that a key strand in the monitoring and inspection of the realization of the rights of residents with disabilities in the various types of facilities must be the residents themselves and their families."¹³⁶

Recommendations

1. The Commission's independence must be strengthened so that it can meet its function as a monitoring and enforcement body regarding the implementation of all the CRPD's provisions. This should include the granting of powers to file petitions against the State and against public and private bodies, as well as the enshrining of its power to express independent opinions in petitions against the State, similar to other bodies, such as the Public Defense and Legal Aid.
2. The powers of the Commission for Equal Rights of Persons with Disabilities should be expanded and formalized in legislation so that it can monitor and enforce the implementation of all the CRPD's provisions and serve as an ombudsman.
3. It is important to strengthen the involvement of disabled people's organizations (DPOs), of PWD, including children, and of relatives and civil society organizations active in promoting the rights of PWD in decision-making proceedings and in setting policy for the implementation of the CRPD. All these stakeholders should be active partners in monitoring implementation and should be included in the monitoring and inspection of the services provided for PWD.

¹³⁵ See footnote 34

¹³⁶ Dotan Report, pp. 85–86.