

International Disability Alliance (IDA)

Member Organisations:

Disabled Peoples' International, Down Syndrome International, Inclusion International,
International Federation of Hard of Hearing People,
World Blind Union, World Federation of the Deaf,
World Federation of the DeafBlind,
World Network of Users and Survivors of Psychiatry,
Arab Organization of Disabled People, European Disability Forum,
Red Latinoamericana de Organizaciones no Gubernamentales de Personas con
Discapacidad y sus familias (RIADIS), Pacific Disability Forum

Suggestions for disability-relevant recommendations to be included in the Concluding Observations of the Committee against Torture 47th Session (31 October - 25 November 2011)

The International Disability Alliance (IDA) has prepared the following suggestions for the Concluding Observations, based on references to persons with disabilities to be found in the state report submitted for the CAT Committee's 47th Session.

BULGARIA

Bulgaria has signed but not yet ratified the CRPD and its Optional Protocol.

[State report](#)

Selected references to persons with disabilities in the state report :

75. Legislative changes have also been made in the field of **forced psychiatric treatment**, as prescribed by a court of law, with a view to prevent actions against **mentally infirm persons** that are forbidden under the Convention. A new Health Act is in force as of May 1st, 2005, and has been amended 21 times by February 2008. Chapter Five of said Act, entitled 'Mental Health', was drawn up jointly by the Ministry of Health Care (MHC) and the Bulgarian chapter of Helsinki Watch. Of the 20 articles of said Chapter Five, special reference is made to Article 147, which provides that: 'No one can be subjected to medical procedures for diagnosing or treating **mental disorders**, except subject to terms, conditions and procedure as defined by law' (par. 1). The text also prescribes that 'No evaluation seeking to establish the existence of a **mental disorder** shall be based on family, professional or other conflicts or on data regarding a mental disorder suffered in the past' (par. 2).

76. Alcohol abuse is no longer on the list of **mental disorders** for which **forced treatment** is to be sought or prescribed by a court of law. Among the basic principles of the treatment of persons with **mental disorders** belong, in particular, the principle of minimum infringement on personal freedom and respect for the rights of the patient, as well as compliance with humanitarian principles and norms in the conduct of treatment and the patient's social adaptation (Article 148 pars. 1 & 5).

77. These principles were further developed and given focus in the provisions of the Rules and Regulations on the Implementation of the Health Care Act, and in Ordinance # 1/11.01.2007 on the terms, conditions and procedure for conducting medical activities related to the treatment of **persons with mental disorders**. Of considerable relevance to the subject matter are another four pieces of secondary legislation: Ordinance # 1 on the procedure of instituting measures for **physical restraint in respect of patients with**

diagnosed mental disorders (effective July 2007); Ordinance # 16/13.05.2005 on forensic psychiatric evaluations relevant to the **forced hospitalization and treatment of persons with mental disorders**; Methodological Guidelines on Care for **Persons with Grave Mental Disorders** approved by Order # ПД09-531/02.11.2006; Ordinance # 24/07.06.2004 on the establishment of a medical standard of 'Psychiatry'. It should be underscored that all pieces of secondary legislation relevant to the protection of rights of **persons with mental disorders** are in compliance with the relevant recommendations of international and Bulgarian human rights organizations.

78. For the purpose of improving the welfare of **persons with mental disorders**, in 2006 a Framework Agreement was signed for cooperation between the Ministry of Health Care and the Ministry of Labour and Social Policy (MLSP), for the coordination of activities pertinent to social assistance to **persons with mental disorders and social dysfunction**.

79. Issues relating to the prevention of torture and other cruel, inhuman and degrading treatment or punishment in the field of social welfare in Bulgaria are also regulated. Pursuant to § 37 of the Transitional and Final Provisions of the Law on Amending and Supplementing the Social Welfare Act, the existing social assistance establishments supported by the state or municipal budgets, including **institutions for children with disabilities**, were transferred in early 2003 under the authority of the mayor of the respective municipality, who also became the employer of their staff.

80. By virtue of the amendments to the Public Education Act of January 1st, 2007, the state and municipal social service providers, namely, homes for children deprived of parental care, were transformed from auxiliary bodies within the public education system into specialized institutions providing social services, called 'children's homes'.

81. The Ordinance on the Criteria and Standards for Social Services Provided to Children sets forth the requirements for providing a safe and supportive environment for raising and bringing up children and for protection of their interests, as well as for ensuring higher quality and accessibility of social services.

82. The Convention assigns certain obligations to the State in preventing any instances of torture in respect of the most vulnerable part of society, namely, children.

83. The Child Protection Act (CPA) regulates the rights, principles and measures for protection of children (natural persons aged under 18), identifying the relevant state and municipal bodies and the interaction among them in performing activities pertinent to child protection, as well as the involvement of natural persons or legal entities in such activities (Article 1 (1)). The state policy of child protection is carried out on the basis of a National Strategy for the Child, adopted by the National Assembly upon the proposal of the Council of Ministers, and formulated in compliance with the basic provisions of CPA. In implementing said National Strategy, the Council of Ministers has adopted a National Programme, jointly proposed by the Minister of Labour and Social Policy and the Chair of the State Agency for Child Protection (Article 1 (3)).

100. In keeping with its obligations to supervise the enforcement of coercive measures, the Prosecution Service also performs periodic inspections in **psychiatric institutions** in Bulgaria, checking the lawfulness of the **institutionalization of persons subjected to compulsory medical treatment** there and the treatment they receive from the staff. In the course of 2007, the prosecutors' offices in Bulgaria have initiated a total of 4,259 case files with regard to the enforcement of such coercive measures. Of these, 2,888 case files are under Article 155 of the Health Care Act (HCA); 398 under Article 88 of the Penal Code and 973, at the initiative of another institution. As a result of their work on these case files, the prosecuting attorneys have prepared and filed a total of 2,419 motions for imposition of

coercive measures, of which 1,375 under HCA Article 155 and 149 under Article 88 of the Penal Code. Of the motions filed, the court has granted 1,524, or 63%, and has rejected 245, which is 10%. The main reason for the rejection of motions for imposition of coercive measures is the fact that meanwhile the **mental condition of the person** in question had improved and compulsory treatment was no longer necessary.

104. Legal counsel is provided by the State to several categories of clients: socially vulnerable persons, **persons institutionalized in specialized social welfare institutions**, as well as foster families, relatives and loved ones with whom a child has been placed under the Child Protection Act. The system of state-provided legal counsel also covers cases where legal defence or representation is mandated by law. The system also covers cases where the suspect, accused, alleged perpetrator or the defendant in a criminal trial or party to a lawsuit does not have the means to pay attorney's fees but is willing to use one and the interests of jurisprudence require so.

113. The Ministry of Health Care has instituted administrative measures and adopted the internal regulations for their implementation for the purpose of improving conditions and meeting the requirements of the Convention. Improving **mental health** through the introduction of modern principles of prevention and treatment of **mental disorders** is among the key priorities in the programme of governance of the Ministry of Health Care. By its policy in this particular sphere of health care, Bulgaria fully conforms to the **EU criteria for mental health**. The principles of mental health are also reflected in the Mental Health Policy adopted in this country, which the Ministry of Health Care implements through concrete measures and actions for improvement of the system of health care.

114. As early as May 1998, the Ministry of Health Care adopted a **Concept Paper for the Development of Psychiatric Care in the Republic of Bulgaria**, based upon the principles of guaranteeing the human rights of the **mentally ill**. The reform of Bulgarian psychiatric care continued in the following years, on the basis of the **National Programme for Mental Health** of the Citizens of the Republic of Bulgaria 2001-2005, adopted by the Council of Ministers. Concurrently with that, a **National Action Plan for Mental Health** in the Republic of Bulgaria 2004-2012 is in force and being implemented.

115. In implementing the **mental health policy** of this country, the rights of the individual are guaranteed not only by the relevant provisions of the legislation but also through the rules and procedures enforced in compliance therewith. Radically new approaches are taken onboard in the national programmes, based on respect for the human rights of the **mentally ill**, and phasing out of institutional care, where the patient is placed in isolation, and its replacement by a set of services provided at their place of residence, in order for patients to remain part of the community to which they belonged while in good health (the **so-called community mental care**).

116. Since 2004, the Ministry of Health Care has allocated additional funds for capital expenditures aimed at improving conditions in the state psychiatric hospitals at Radnevo, Tserova Kuria, Karvuna, Karlukovo, while the former hospital at Paralenitsa has been relocated to a renovated building in the centre of the city of Pazardzhik, offering excellent conditions for treatment. Since 2007, psychiatric wards have been in operation at the general hospitals in Vratsa and Kazanlak, and a psychiatric section in the general hospital in Omurtag.

117. Some medical facilities are implementing domestic or international projects aimed at improving living conditions on the premises or de-institutionalization. The university-based general hospitals in Sofia and Varna are implementing projects for two **children's psychiatric clinics**. The psychiatric hospital in the town of Sevlievo is implementing a project for renovation and reformulation of its operation as a medical institution. The hospitals

at Radnevo, Tserova Korja, Lovech, Tsarev Brod, and the district hospitals in Russe and Dobrich have bidden for, and been awarded, projects for 'day centre/information centre/protected home'. A project for 'De- institutionalization through provision of services in the community to high-risk groups' is in the process of being implemented, the aim of which is for **community psychiatric care to supersede hospital-based psychiatric care**.

118. The Ministry of Labour and Social Policy (MLSP) also has a role to play in fulfilling the obligations arising from the Convention. In view of the fact that social services in the Republic of Bulgaria are decentralized, the mayor of the municipality and the director of the relevant specialized institution jointly develop and apply a procedure for protection against violence or abuse. Such procedure prescribes the channel of filing complaints, their registration, the terms and procedure for resolving problems as may arise, as well as the notification of the competent authorities. All such actions are coordinated with the Social Support Directorate, which is the specialized child protection body within the relevant municipality.

121. A priority objective for the staff of the Child Protection Departments is to institute measures for protection of children in a family environment, and only after these have been exhausted, or proven futile, can steps be undertaken to remove the child from the family. **Placement of a child in a specialized institution** is a measure of last resort, undertaken where all other options for the child to be raised by relatives or loved ones have been exhausted, and no suitable foster family is available, except in cases where such institutionalization is urgently needed because of a proven risk to the life or health of the child.

122. The Social Support Directorate, acting through its Child Protection Department, performs checks on reports alleging violence or violation of the rights of children placed in specialized institutions. One of its main functions is active involvement, through the support and cooperation of the competent authorities, in eliminating the causes for instances of violence or aggression towards children placed in such institutions.

124. There is a steady trend towards a decrease in the total number of children placed (in accordance with the Child Protection Act and the relevant secondary legislation) in health and social care institutions. The 32 such institutions existing today accommodate 1,125 children, and 2,900 staff caring for them. Of those, 160 are medical doctors, 174 are pedagogues and child psychologists, and over 1,300 are medical specialists: nurses, rehabilitators, dietary instructors and lab technicians, in addition to the almost 1,430 educators and paramedics. The budget allocations for those institutions during 2008 amounted to 24.3 million leva.

149. With a view to attaining the goals of the Convention, the National Centre for Public Health under the Ministry of Health Care has translated into Bulgarian and published two brochures: ***Guiding Principles of Ensuring the Rights of Persons with Mental Disorders and Legislation for Mental Health Care: Ten Basic Principles***. The book ***Ethical Issues in Mental Health Care*** was also published under a research and training programme adopted by the said Centre in conjunction with the Bulgarian Psychiatric Association and the Association of Psychiatric Nurses.

G. Item 5 indent 'e'

181. To the problems that have been resolved wholly or in part one should also add the issue of poor conditions at institutions for **persons with mental disorders** and the insufficient steps undertaken heretofore by the authorities for addressing that problem, including through legislation regarding **forced institutionalization** for purposes of psychiatric evaluation and the absence of procedures of judicial appeal and control.

182. Some legislative, administrative and other measures undertaken so far for prevention of torture in the field of psychiatric evaluation or treatment were already mentioned earlier in this report. As was pointed out, the entire legislative framework governing this matter has been totally updated, while the previously existing procedure of judicial appeal and oversight has been preserved. Therefore, problems concerning inadequate conditions in **mental homes**, staff shortage etc., are being addressed, including with foreign assistance.

183. As for institutional control over the placement of children in social welfare homes, the State Agency for Child Protection carries out thorough periodic inspections of compliance with children's rights, and if irregularities are found, undertakes measures for eliminating them. Complete and detailed information regarding monitoring of compliance with children's rights and the standards and quality of services provided to children, together with the measures undertaken in 2005, 2006 and 2007 to improve those, is contained in the relevant reports.

184. In the course of 2007, a total of 26 scheduled inspections have been performed at Social Welfare Directorates, local offices of the Child Protection Agency and at medical and social care institutions for children around the country. Another 70 checks have been carried out in response to irregularities reports, followed by 31 repeat inspections of compliance with the prescribed corrective measures. In 2006, 7 institutions were marked for closure, but technologically the process requires a certain period of time.

[List of Issues](#)

Article 10

20 Please provide information on measures taken by the State party to provide specialized training to staff in State institutions for **children with mental disabilities** in order to avoid their ill-treatment which in certain cases resulted in death.

Articles 12 & 13

31. Please provide the exact number of children currently placed in institutions for mentally disabled children. Please provide updated information on the outcome of the investigations by the Prosecutor General of 166 deaths and 30 cases of abuse of children and on any other investigations of this type of crime. Please also provide information on the rest of the death cases of children which occurred between 2000 and 2010 in the same institutions.

Article 16

38. Please provide information on measures taken by the State party to revise the entire system of care for **children with mental disabilities**. Has the Ministry of Labour and Social Policy taken steps to modify the State party's policies and law in this regard? Please provide updated information with regard to the State party's policy to close all State institutions for children within a 15-year period. Please provide information on whether placement of **adults with mental disabilities in social care homes** continues as a result of administrative procedures, without the control of courts.

39. With reference to previous recommendations of the Committee (para. 6 e), please provide information on measures taken by the State party to address the situation of **persons with mental disabilities and psychological problems in homes and hospitals**, ensuring that their living conditions, therapy and rehabilitation are not in violation of the Convention. In particular, please provide information on measures taken to abolish violent and discriminatory practices against **persons with disabilities** in the medical setting, including deprivation of liberty and enforced administration of intrusive and irreversible treatments such as neuroleptic drugs and electroshock.

40. Please provide information regarding **recognition of the legal capacity of persons with disabilities** to make their own decisions and ensure that their health care is based on free and informed consent. Please provide information on the situation regarding involuntary treatment and involuntary confinement. Also, please provide information on measures taken to ensure their access to justice, including appeal procedures, and on the monitoring and reassessment of diagnoses by specialists.

41. Provide information on the treatment of **children with mental disabilities and psychological problems**, including with regard to education, and whether conditions in which they live are adapted to their needs, in particular in view of the reported causes of 238 deaths of **mentally disabled children** since 2000, more than three-fourths of which were described as avoidable since they resulted from physical deterioration caused by neglect; exposure to cold and long-term immobility; malnutrition; infections caused by poor hygiene; and accidents.

Recommendations from IDA :

- Adopt measures to ensure that all health care and services, provided to persons with disabilities, including all mental health care and services, is based on the free and informed consent of the person concerned, and that involuntary treatment and confinement are not permitted by law in accordance with the CRPD.
("Legislation authorizing the institutionalization of persons with disabilities on the grounds of their disability without their free and informed consent must be abolished. This must include the repeal of provisions authorizing institutionalization of persons with disabilities for their care and treatment without their free and informed consent, as well as provisions authorizing the preventive detention of persons with disabilities on grounds such as the likelihood of them posing a danger to themselves or others, in all cases in which such grounds of care, treatment and public security are linked in legislation to an apparent or diagnosed mental illness."(OHCHR Thematic Study on enhancing awareness and understanding of the CRPD, A/HRC/10/48, 26 January 2009, para 49; see also OHCHR Information note no 4, "The existence of a disability can in no case justify a deprivation of liberty."
http://www.ohchr.org/EN/UDHR/Documents/60UDHR/detention_infonote_4.pdf).
- Recognise and respect the legal capacity of persons with disabilities to make their own decisions in all aspects of life, including health and mental health services. (The Special Rapporteur on Torture has recommended that "in keeping with the Convention, States must adopt legislation that recognizes the legal capacity of persons with disabilities and must ensure that, where required, they are provided with the support needed to make informed decisions"; and in particular, "article 12 recognizes their equal right to enjoy legal capacity in all areas of life, such as deciding where to live and whether to accept medical treatment" Report of Special Rapporteur on Torture, 28 July 2008, A/63/175, paras 73 and 44 respectively)
- Incorporate into the law the abolition of violent and discriminatory practices against children and adults with disabilities in the medical setting, including deprivation of liberty, the use of restraint and the enforced administration of intrusive and irreversible treatments such as neuroleptic drugs and electroshock, recognized as forms of torture and ill-treatment, in conformity with recommendations of the Special Rapporteur on Torture (A/63/175, para 63).
- Ensure that all cases of ill-treatment and death occurring in institutions are duly investigated and where necessary criminal convictions are pursued. Ensure remedies for victims or their families, including compensation and rehabilitation.
- Take steps to establish an independent body to monitor hospitals and places of detention

which would monitor the status of patients/residents, the training of personnel, and the protocols in place (including their observance) for recording of all incidents of violence, use of restraints (both physical and chemical methods), and complaints in psychiatric hospitals and social welfare institutions.

- Make a plan with target dates and monitoring to close down institutions for children and adults with disabilities and realize the right of persons with disabilities to live in the community by ensuring that housing is affordable and accessible for persons with disabilities, that they have the legal right to choose where and with whom to live on an equal basis with others, and by making available support services to realize the will and preference of individuals as to how they wish to live.
- Realize the right of persons with disabilities to live in the community by ensuring the development of community based services, including for children and adults with intellectual disabilities or psychosocial disabilities, and that housing is affordable and accessible for persons with disabilities, that they have the legal right to choose where and with whom to live on an equal basis with others, and by making available support services to realize the will and preference of individuals as to how they wish to live. ("Many States, with or without a legal basis, allow for the detention of persons with mental disabilities in institutions without their free and informed consent, on the basis of the existence of a diagnosed mental disability often together with additional criteria such as being a "danger to oneself and others" or in "need of treatment". The Special Rapporteur recalls that article 14 of CRPD prohibits unlawful or arbitrary deprivation of liberty and the existence of a disability as a justification for deprivation of liberty." Report of Special Rapporteur on Torture, 28 July 2008, A/63/175, para 64).
- Require law enforcement, judicial and health professionals (Prosecutor's office, police, investigating officials, judges, legal aid lawyers, hospital and institution staff) to be trained on the human rights, dignity, and autonomy of persons with disabilities.
- Ratify the Convention on the Rights of Persons with Disabilities and its Optional Protocol.

ANNEX - References persons with disabilities in Bulgaria by other treaty bodies:

Human Rights Committee Concluding Observations, CCPR/C/BGR/CO/3, 2011:

10. The Committee is concerned at information on violent and discriminatory practices against children and adults with disabilities in medical institutional settings, including deprivation of liberty, the use of restraint and the enforced administration of intrusive and irreversible treatments such as neuroleptic drugs. The Committee is also concerned at the difficulties faced by institutionalized persons to reintegrate into society and at the absence of psycho-social rehabilitation programmes for them (article 2, 6, 7, 9, 10, 26).

The State party should implement a policy of zero tolerance on violent and discriminatory practices against children and adults with disabilities in medical settings and take the necessary measures to guarantee the effective and thorough investigation of all allegations of torture and ill-treatment, and the adequate prosecution and sanction of the alleged perpetrators. The State party should also set up and implement psycho-social rehabilitation programmes for institutionalized persons.

17. The Committee remains concerned that persons with mental disabilities do not have access to adequate procedural and substantive safeguards to protect themselves from disproportionate restrictions in their enjoyment of rights guaranteed under the Covenant. In particular, the Committee is concerned that persons deprived of their legal capacity have no

recourse to means to challenge violations of their rights, that there is no independent inspection mechanism of mental health institutions, and that the system of guardianship often includes the involvement of officials of the same institution as the confined individual (articles 2, 9, 10, 25, 26).

The State party should:

- (a) Review its policy of depriving persons with mental disabilities of their legal capacity and establish the necessity and proportionality of any measure on an individual basis with effective procedural safeguards, ensuring in any event that all persons deprived of their legal capacity have prompt access to an effective judicial review of the decisions;
- (b) ensure that persons with mental disabilities or their legal representatives are able to exercise the right to an effective remedy against violations of their rights and consider providing less restrictive alternatives to forcible confinement and treatment of persons with mental disabilities; and
- (c) take appropriate measures to prevent all forms of ill-treatment in psychiatric institutions, including through the establishment of inspection systems that take into account the United Nations Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (adopted by the General Assembly in resolution 46/119).

CRC Committee Concluding Observations, CRC/C/BGR/CO/2, 2008

Non-discrimination

24. While noting the efforts undertaken by the State party to counter discrimination, including through the Law on Protection against Discrimination, the Committee is deeply concerned at the persistent discrimination against Roma children, as well as children living in institutions and children with disabilities, in particular with regard to access to education, health care and housing. The Committee is also concerned that, in spite of considerable international assistance, the Programme for Equal Integration of Roma into Bulgarian Society lacks an adequate strategic approach and sufficient coordination.

25. The Committee recommends that the State party:

- (a) Effectively ensure that all children within its jurisdiction enjoy the rights enshrined in the Convention without discrimination, in accordance with article 2 of the Convention by implementing the existing law;
- (b) Undertake comprehensive public education campaigns to prevent and to address negative societal attitudes and behaviour based on sex, age, race, nationality, ethnicity, religion and disability;
- (d) Explicitly include, by taking into account its general comment No. 9 (2006), specific prohibition of discrimination on the ground of disability in other specific legal provisions, including the Public Education Act;

Data collection

18. The Committee commends the State party for having set up within SACP a data collection system which is active in eight regions of the country. However, the Committee regrets that disaggregated data on many areas of the Convention are not available such as on children victims of violence, children with disabilities, the situation of child labour, street children, economic and sexual exploitation, and marginalized children and that the State party does not have a centralized system of data collection.

Family environment

33. The Committee notes the numerous efforts undertaken by the State party to deal with the rights of the child within the family setting. However, the Committee is concerned at the inadequate support provided to families with children and especially to families in a crisis situation due to poverty, families caring for children with disabilities and to single-parent households. Furthermore, the Committee is concerned that insufficient early intervention, including family support and crisis intervention, gives rise to neglect and abandonment of children and is the root cause of the high number of institutionalized children. In that regard

the Committee is concerned at the insufficient availability of family counselling services and parental education programmes as well as professional staff trained to identify and address family problems.

34. The Committee recommends that the State party:

- (a) Redirect allocations of national and regional budgets, with increasing funding for programmes and services to encourage the possibility of children to remain in their family environment;
- (b) Increase support to families with children, in particular for those living in poverty, families caring for children with disabilities and to single-parent households;
- (c) Develop and financially support community-based and family-focused services for families at risk of social problems and families who care for children with developmental challenges, disabilities or health problems;

Children with disabilities

43. The Committee is concerned at the persisting shortage of resources for the development of educational, social and health services for children with disabilities and their families in their own living environment. Furthermore, the Committee is concerned that children with disabilities are often placed in large residential institutions and that these institutions do not provide the professional competence and special equipment required. The Committee is also concerned at the lack of efforts to develop an effective monitoring and data collection systems on the situation in social care homes for children with disabilities, particularly with regard to the right of children with disabilities to education. The Committee is also concerned that Roma children with disabilities experience double discrimination.

44. The Committee recommends that the State party, while taking into account the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96) and the Committee's general comment No. 9 (CRC/C/GC/9) on the rights of children with disabilities, take all necessary measures to:

- (a) Provide children with disabilities and their families with adequate support, including access to social protection to allow them to remain within their families;
- (b) Provide training for professional staff working with children with disabilities, such as medical, paramedical and related personnel, teachers and social workers;
- (c) Establish a formal monitoring system for residential care homes for children which closely examines the right to education of children with mental and other disabilities, as well as ensure that monitoring incorporates concrete steps to follow up recommended actions, and favours the participation of civil society organizations;
- (d) Develop and effectively apply new regulations to ensure that management of homes for children with mental disabilities is regularly evaluated in relation to securing the right to education and other rights for children living in the homes;
- (e) Establish and implement a comprehensive data collection system which takes into consideration the number of children with disabilities (disaggregated by age, sex, and ethnic or social origin), number and categories of homes for children with mental disabilities, number of children entering and leaving the homes, information on where children are moved to, information on the number of children who have been integrated into special schools or mainstream schools;
- (f) Use these data to develop a comprehensive and specific national policy on disability which promotes the full and equal enjoyment of all human rights and fundamental freedoms by all children with disabilities and their full and effective participation in society; and
- (g) Develop skills of local-level governments and institutions, including Child Protection Departments, support activities of NGOs (especially organizations of parents) and cooperate with them in the process of continuing to develop community based day care and early childhood development services for children with special needs.

58(d) Include children with disabilities in the general school system, provide the needed personnel and material resources to the schools in which these children are enrolled and

reduce the number of schools for children with special educational needs to the unavoidable minimum taking into account the Committee's general comment No. 9 "The rights of children with disabilities" (CRC/C/GC/9);

(e) Expand early childhood development programmes and preschool education to more children and in particular use the mandatory year before primary school for a better preparation of children from ethnic minorities, in particular Roma children, and children with disabilities taking into account the Committee's General Comment No. 7 on Implementing child rights in early childhood (CRC/C/GC/7/Rev.1);

CAT Committee Concluding Observations, CAT/C/CR/32/6, 2004:

6(e) Undertake all necessary measures to address the situation in homes and hospitals of persons with mental disabilities to ensure that the living conditions, therapy and rehabilitation provided are not in violation of the requirements of the Convention. The Committee also urges the State party to ensure that the placement of children in social care homes is regularly reviewed. It urges the State party to provide monitoring and reassessment of diagnoses by specialists, with appropriate appeal procedures;