Call for Submissions towards DFAT’s International Disability Equity and Rights Strategy

Submission by Transforming Communities for Inclusion (TCI Global)

About TCI: Transforming Communities for Inclusion (TCI)\(^1\) is a global and a membership-based Organization of Persons with Psychosocial Disabilities [an OPD] with representation in more than 50 countries. TCI is a post CRPD movement and works for the empowerment of organizations of persons with psychosocial disabilities for leading advocacy initiatives at national, sub-regional and global levels. TCI forecasts a future in which all human rights and full freedoms of persons with psychosocial disabilities are realized and is empowered by the extraordinary vision and guidance of the Convention on the Rights of Persons with Disabilities.

What should Australia prioritise to advance disability equity and rights internationally?

Our identity as persons with psychosocial disabilities should be acknowledged and validated in all public policy documents. References to ‘persons with mental health conditions’, ‘persons with unmet mental health needs’, etc. should be avoided. Redefining the policy entry point (also called paradigm shift from medical model to human rights model) from ‘right to health, inclusive of mental health’ to ‘right to all human rights, leading to full inclusion of all persons with disabilities’ is crucial to enable outcomes of inclusion for all \(^2,^3\).

Deinstitutionalization: The recent adoption of UN deinstitutionalization guidelines\(^4\) should be the new reference point for mental health systems. Institutionalization persists globally, driven by new mental health laws and private institutions. Within institutions, individuals with disabilities face disability specific deprivation of liberty and violations and endure neglect, abuse and torture\(^5,^6\). Governments should prioritize funding independent living over directing their funds towards building or improving institutional infrastructure. The pandemic, conflicts, natural disasters highlight the urgency to deinstitutionalize\(^7\), with the DI guidelines offering practical guidance for the process. Funding agencies must prioritize deinstitutionalization globally, collaborating with governments and technical support umbrella OPDs. The Guidelines have identified institutionalized persons as victims of historical oppression. Formal and legal reparations for the harms caused by institutionalization is an allied priority issue under this thematic.\(^8\)

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\(^1\)https://tci-global.org/
\(^4\)CRPD/C/5. Available at: https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpdc5-guidelines-deinstitutionalization-including
\(^8\)COSP15 Side Event on Remedy and Reparation for Institutionalization. (2022, June 14). https://www.youtube.com/watch?v=uOSp79b0Nk
Community Inclusion: Inclusive community-based support development, support systems and services, inclusive generic and specialist services and thoughtful DI processes led by OPDs is crucial to prevent institutionalization. Transforming communities for inclusion and preparing individuals for life outside institutions should be emphasized\(^9\). A separate stream of funding focused on community inclusion, independent living, bolstering the existing support systems and establishing inclusive and accessible community support services and mainstream services is the need of the hour\(^10\). Inclusive policies must reflect this new trend in thinking about community based inclusive development.

Address intersectional discrimination: Persons with psychosocial disabilities face multiple and coexisting forms of discrimination (intersectional discrimination). State should recognise these layers of oppression and acknowledge the discrimination meted out to youth\(^11\), women\(^12\), persons of colour, indigenous populations, children, intersectional, gender diverse\(^13,14\) and neurodiverse communities\(^15\), elderly population\(^16\) and persons with autism. Underrepresented groups and intersectional discrimination must be discussed together, as often, under represented groups such as persons with mental, intellectual and psychosocial disabilities are more frequently the victims of such discrimination.

Access to mainstream services\(^17\): When it comes to persons with psychosocial disabilities, addressing the medical and rehabilitation aspects of impairment takes center stage. Access to trainings, skill development, improving employability, housing options, supports needed to live independently and resources for living a life with adequate standard of living, remain forgotten. For a successful and safe community process with an outcome of inclusion, it is imperative to improve access to generic/mainstream services\(^18\). Legal barriers to enjoying personhood, political and civic participation must be removed, and the process eased for obtaining personal documentation for citizenship, disability cards, pensions and other entitlements. Access, use and communication of mainstream services should be accessible and reasonable accommodation should be ensured in a way that it respects the person and preserves their identity and personal information.


\(^11\) Capacity Strengthening of Youth with Psychosocial Disabilities. (2022, December 8). https://www.youtube.com/watch?v=cDK1McBrSg

\(^12\) Inclusive Justice: Leaving No One Behind. (2023, February 14). https://www.youtube.com/watch?v=vzKiK1McBrSg


\(^14\) Spotlight Interview of Silvestre Barragán. (2022). https://www.youtube.com/watch?v=aOSqIC9K5Yk


\(^17\) Access to Community Services for People with Disabilities following De-Institutionalization. (2021, December 13). https://www.youtube.com/watch?v=SunkKyyM79k&list=PLTZ2EucjJTE13qhtS5v18q8X.#JT2&index=2

\(^18\) For example, a vibrant educational environment for lifelong learning, respect for diversity in social and economic life, employability and skills development, housing, social protection, opportunities for participation in community life, leisure, recreation, grooming, sports, spiritual pursuits, friendships and relationships and play.
**Access to justice and restoring legal capacity:** Despite 15 years since the CRPD, persons with psychosocial disabilities continue to be deprived of their legal capacity by laws, regulations and practices, rendering them legally non-existent. This denial results in a cascading loss of rights and entitlements, including political participation, access to justice, property ownership, family rights, contractual capacity, and allowing proxy consent, guardianship and institutionalization\(^{19,20}\). Organizations of persons with disabilities refer to this denial as 'civil death.' Removing legal barriers, reparations, repealing discriminatory laws, and establishing new jurisprudence are essential for freeing individual bound under incapacity, guardianship, and civil commitment laws such incapacitating laws. The differences between global north cultures and global south cultures in terms of community justice systems, and supports to families must also be respected.

**Disability inclusive data systems:** All data collection instruments must be inclusive of persons with psychosocial disabilities; that new tools and instruments should be developed to capture all data related to persons with psychosocial disabilities particularly in country census; the State should be meticulous in ensuring data related to persons with psychosocial disabilities is captured in all disability assessment work, all programs and schemes of the government, from a CRPD compliant perspective; that all data captured should be disability disaggregated\(^{21}\).

**Sexual and Reproductive Health rights:** Measures must be put in place to ensure freedom from violence, abuse and exploitation, and the use of inhuman, degrading and torturous treatments - forced sterilization, FGM\(^{22}\), hysterectomies; ensuring full and effective participation of women and girls with disabilities in all decision making processes; that States in the sub region should ensure efficient allocation of resources towards this end; that legal reforms should be enforced to repeal any discriminatory legislations that rob the right to personhood for women and girls with psychosocial disabilities.

**What are the most effective approaches to progress these priorities?**

- Support OPDs and technical support agencies in the creation of policy dockets with recommendations to the national governments on important thematic areas of disability inclusion.
- Accelerate the implementation of CRPD at national levels and sensitize governments on UNCRPD compliant policies/laws/practices.
- Document good practices of disability inclusion, region wise, to persuade governments to build those practices into policy.
- Provide samples of budgets that are inclusive for governments to study and emulate.
- Support the creation of pilot projects that are based on principles of community based inclusive development and promote budgetary allocations in that direction.

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\(^{20}\) Inclusive Justice: Leaving No One Behind. (2023, February 14). [https://www.youtube.com/watch?v=cKIK1McBrSg](https://www.youtube.com/watch?v=cKIK1McBrSg)


\(^{22}\) Female Genital Mutilation (FGM)
- Disaster Risk Reduction including climate change is a major area for thematic focus.
- Capacity building of governments to eliminate or repeal disability specific discriminatory laws/policies/practices.
- Support leadership of youth and adults from underrepresented groups.
- Ensure that any segregation services (institutions, psychiatric care facilities, rehab homes etc.) are closed down and de-institutionalization is implemented in an effective way.

**How can DFAT support the role of, and partner with, organisations of persons with disabilities?**

- Providing direct funding to the OPDs through partnerships or involvement of their representative global OPDs for their programs, initiatives, and advocacy efforts.
- Engage and meaningfully include persons with disabilities and their legitimate representative organizations at every stage of project planning and implementation.
- Create a funding stream for the right to live independently in the community, separate from mental health funding, encompassing the whole range of priority areas as listed above.
- Build the internal ecosystem of DFAT to understand the needs and priorities of OPDs through sessions, workshops, and discussion meetings led by persons with psychosocial disabilities.
- Support OPDs and their initiatives that influence policy changes and fund advocacy efforts to promote systemic change. Work with them to identify gaps at national levels for community inclusion by conducting research studies, gap analysis studies, consultation workshops, conferences, seminars, plenary meetings, etc.
- Open spaces for OPDs to pursue advocacy at international levels and in high policy circles.
- Foster collaborations and partnerships among different OPDs, civil society organizations, donors, governments etc. with the aim of inclusive development.
- Work in partnership with global OPDs for technical assistance and knowledge on “how to” transform communities for inclusion of persons with psychosocial disabilities.
- Support and work with OPDs to sustain the existing inclusion practices and programs.
- Work with OPDs for implementation of various global guidelines, frameworks and policy documents such as the de-institutionalization, ISAC guidelines etc.
- Consult, consult and consult with underrepresented groups.

**What are the biggest challenges to and opportunities for advancing disability equity and rights?**

**Challenges:**
- In some countries, national governments are cautious about international organizations but are open to collaborating with local entities. TCI has addressed this by strengthening the capacity of national organizations to engage and advocate effectively with their governments.
- Certain regions lack in forging alliances with and within the cross-disability movement, with low interest from national disability movements in incorporating persons with psychosocial disabilities. TCI’s long-term goal can only be aided and supported by a wholesome movement, ‘people moving together’, not just by individuals and not just by working in silos.
- The export of knowledge from Global North to Global South communities, facilitated by Global Mental Health and related movements, often dismisses traditional indigenous ways of well-being and healing. While acknowledging potential issues with these systems, obliterating their community aspects, in the name of 'modernization' leads to medicalization of local idioms of distress, filling the 'treatment gap' with pills and treatments.

- Multiple countries have placed a reservation or interpretative declarations on Article 12 of the CRPD, which means, that the State Parties can twist their way out of the legal obligation to the CRPD.

**Opportunities:**

- There has been a shift in the high policy circles with UN agencies, WHO and allied agencies taking up community inclusion on their agendas. UN has launched its Disability Inclusion Strategy where it aims to align its policy, reports in line with the CRPD; WHO has come out with Quality Rights (refreshed version) and Mental Health, Human Rights and Legislation acknowledging that coercion has no place in mental health care etc. This could be utilised as a major opportunity to effect change.

- 187 countries and European Union have ratified the CRPD and there is a legal binding on them to follow all the articles laid out in the Convention. This provides a brilliant opportunity to advocate for policy change and ensure they follow the Convention.

- UN guidelines on deinstitutionalization is a prominent step towards helping countries start and sustain the process of DI.

- CRPD Committee processes: As the countries have ratified the CRPD, they are under obligation to engage with the CRPD Committee and submit reports. Funders can support OPDs in advocating with their State Parties, submitting shadow reports, list of issues etc.

- SDGs present a whole spectrum of goals that can be aligned with the objective of delivering disability equity and rights.

- Remote working and online connectivity have made it possible for different regions, OPDs located in different countries to work together. This can be harnessed while ensuring the digital divide is mitigated by making the process available, affordable and accessible for all, including persons with disabilities.

- Community support systems are a viable social entity and needs to be recognized as such. Following the onset of the pandemic, there has been a renewed focus on social capital, belonging, sharing space, social connections etc. TCI, along with its partners have been working to demonstrate various good practice examples of its members on how such ecosystems are enabled and maintained.

Such efforts and works must be supported by funding agencies.

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24 [https://www.un.org/en/content/disabilitystrategy/](https://www.un.org/en/content/disabilitystrategy/)


26 [https://www.who.int/publications/i/item/9789240080737](https://www.who.int/publications/i/item/9789240080737)