Webinar Transcript: How to Use International Complaints to Challenge Institutionalisation Under the CRPD

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RICHA (Moderator, Transforming Communities for Inclusion / TCI Global): Thank you so much — a big hello, everyone. Thank you. Good afternoon, good morning, and good evening to all of you who are joining us from different parts of the world today. A very warm welcome to this webinar, which is on how to use international complaints to challenge institutionalisation under the Convention on the Rights of Persons with Disabilities.

This webinar is organised by the Global Coalition on Deinstitutionalisation — a coalition made up of seven member organisations that came together during the drafting of the UN Guidelines on Deinstitutionalisation, including in emergencies, and have very much stayed together after that to advance implementation of those very same guidelines.

I am from Transforming Communities for Inclusion, or TCI Global. We are a membership-based organisation for people with psychosocial disabilities. I will be moderating today.

We are grateful to all the speakers, comprising our incredible colleagues from the Coalition and our amazing partners beyond the Coalition — our allies, civil society colleagues, advocates, and participants who have joined us today. This webinar has 200-plus registrations, so we are thankful to the people who registered for this event and also to those who have joined us at this time.

Today's webinar focuses on a very important and practical question: how can OPDs, civil society groups, and advocates — how can we all — use procedures, complaints, or pathways under the CRPD to review and expose rights violations, to push for accountability, to challenge institutionalisation, and to advance deinstitutionalisation advocacy?

We would like to give you a brief context on how the Coalition came to organise this session.

Many may be aware of the recent and successful CRPD inquiry into Mexico, which highlighted systemic abuses against children and adults with disabilities within institutional settings. This inquiry was the result of the strong and sustained advocacy led by Disability Rights International, which is also a member of the Global Coalition on Deinstitutionalisation.

Also, at this point in time, we are approaching 20 years of the CRPD, and celebrating it and marking it in different ways — and this conversation feels very timely in that context. Because the CRPD gave all of us — persons with disabilities and civil society groups — a very powerful framework to demand legal capacity, to demand community inclusion, freedom from coercion, and equality before the law. Yet sadly, across many countries, even after those 20 years of the Convention coming into force, institutionalisation continues — not just through physical structures and buildings, but through laws, policies, service systems, models, and everyday practices that deny persons with disabilities real choice and autonomy.

For us it becomes important to not only look at the rights that are recognised in the Convention, but also the procedures and mechanisms available to make those rights visible, to make them actionable and accountable. Following these developments, conversations within the Coalition members made it clear that there is a need to identify and share knowledge on the different mechanisms and advocacy pathways that are available.

As you will all know, and as many of you may have engaged, shadow reporting to the CRPD Committee through the development of shadow reports often remains the most commonly used and accessible mechanism for OPDs and civil society groups. However, within the Coalition itself, when we started having these conversations, we were also able to identify that there are different examples from different countries where other procedures and related CRPD-like mechanisms have been used to raise concerns about rights violations — legislation, denial of liberty, autonomy, and support.

Therefore, we wanted to organise a session — a space for peer learning, knowledge sharing, and capacity strengthening — to look at different entry points under the CRPD and related mechanisms, and to also understand how these can be used more strategically in our advocacy.

We are hoping to address three objectives today. The first is to build a greater understanding of what these different entry points are. The second is to translate that theory into practice and bring in more practical examples from organisations and groups that have used these mechanisms, including the processes they have followed, the concerns they have raised, and what lessons have emerged from their advocacy. The third objective is to reflect on how the outcomes of these mechanisms can support national-level advocacy for deinstitutionalisation and movement building.

We are very pleased, again, to have speakers join us from different organisations and contexts, bringing movement perspectives, OPD leadership, and legal advocacy perspectives to this discussion. We really and truly and sincerely hope that today's discussion will be practical, grounded, and useful for all of us as we continue working to advance community inclusion and end institutionalisation in all its forms.

With that context setting, I will now request my colleague, Fizza to please come over and walk us through the housekeeping guidelines. I also want to share with you from the Coalition that there is one speaker who cannot attend today because of family issues.

Fizza (TCI, Communications and Programmes Coordinator): Thank you. Hello, everyone. Thank you for joining us today. I'm at TCI as communications and programmes coordinator. Thank you so much for making the time to attend this webinar today.

Before we officially kick off the session, I would like to share a few guidelines. Firstly, we will be recording the session for further dissemination and sharing with those who are unable to join us today. You can keep your video off in case you don't want to be captured, although this is a webinar and participants will not be visible to each other. We kindly request speakers to keep microphones and videos off while not speaking. You can activate them when you are speaking on the panel.

We are providing sign language interpretation and Mandarin interpretation for this webinar. To access language interpretation, please click on the globe option and select your preferred language. Interpretation is available in Mandarin today, and when the Chinese speakers are speaking, we request you to please switch to the English channel to listen to the interpretation in English.

Moreover, I would also like to request the speakers to speak at a normal pace so that the interpreters can follow. I request the interpreters to flag us to slow down in case we are moving fast.

During the event, if you have any questions for the speakers, you can submit them using the Q&A option, which is also located at the bottom of your screen. The speakers will try to address as many questions as possible, directly or at the end of the session. Thank you for your cooperation. Over to Richa.

RICHA: Thank you. We will move on to the first substantive part of today's webinar, which will help us set the broader context. We invite Miriam from International Disability Alliance, which is also a member of the Coalition, to give us an overview of the pathways available under the CRPD.

MIRRIAM (Senior Human Rights Adviser, International Disability Alliance / IDA): Thank you. I'm Miriam and I work at International Disability Alliance as a senior human rights adviser. The

IDA is a global organisation of persons with disabilities. We are members of the Global Coalition on Deinstitutionalisation.

I will be speaking about three ways through which persons with disabilities and organisations of persons with disabilities can challenge institutionalisation.

As mentioned, one of the ways of challenging institutionalisation — and when we speak about challenging this, we are not only speaking about challenging the violations themselves, but also about the enablers of institutionalisation, which most of the time are issues related to how our laws and policies are designed.

The first way of challenging institutionalisation is provided for in the Convention on the Rights of Persons with Disabilities, and is related to the State reporting process, which is anchored under Article 35. As some may be aware, the State reporting process allows member states to report after two years following the entry of the Convention into force, and then every four years after the first review.

Based on the information provided by the state, the Committee on the Rights of Persons with Disabilities opens opportunities for organisations of persons with disabilities and other civil society organisations to contribute to the process. The question is: how does the State reporting process help open opportunities for challenging institutionalisation?

Through the information provided by civil society organisations, individuals, and other organisations, the Committee is able to review and consider that information and raise questions to the state coming for review. They are also able to have a conversation through what we call constructive dialogue — and through that conversation, in the end, we have concluding observations.

It is important to note that during the constructive dialogue, the Committee is able to assess the extent to which governments have complied with their obligations under each article, including articles that are related to issues of institutionalisation — for instance, Article 19, Article 12, Article 14, and Article 15. Under all these articles the Committee raises its concerns, so if issues related to institutionalisation of persons with disabilities are highlighted in the alternative reports, as well as in the private briefings, as well as documented in other reports that Committee members are able to review — then they become issues of concern and they are included in the concluding observations.

The concluding observations could be related to ending institutionalisation, changing and reforming laws that accelerate issues related to institutionalisation of persons with disabilities — such as mental health laws that provide for guardianship, or mental health laws providing for forced treatment.

That is how the State reporting process allows all persons with disabilities, organisations of persons with disabilities, and other civil society organisations to challenge institutionalisation.

The Committee also, after the review — after reviewing the State report and issuing concluding observations — conducts what we call follow-up missions. One of the issues that can be prioritised in those missions includes issues related to institutionalisation and the measures that were recommended. When they do the follow-up missions, they also follow up with the government to see what measures have been taken to implement the concluding observations or recommendations, to ensure full implementation of the CRPD, including issues relating to ending institutionalisation.

The second aspect — the second way of challenging institutionalisation under the CRPD — is specifically anchored in the Optional Protocol. But before I move to that, I want to mention that your state has to have ratified the CRPD for you to engage in the State reporting process. It is important to know that up to date, 193 states have ratified the CRPD and qualify to be reviewed by the CRPD Committee, and we have had over 80 countries reviewed by the Committee. That translates to over 80 countries receiving concluding observations related to different articles of the CRPD.

I move now to the second aspect. Just to put a caveat before I explain the two procedures under the Optional Protocol: the fact that your country has ratified the CRPD does not mean that you can automatically engage in the two processes I am going to raise. It requires ratification of both the Convention on the Rights of Persons with Disabilities and its Optional Protocol. It also requires that when your country ratified the CRPD and the Protocol, they did not put reservations on Articles 6 and 7 of the Optional Protocol. And if your country has put reservations on different articles of the Convention, that also affects the kind of obligations and responsibilities that can be invoked.

Under the Optional Protocol, we have what we call individual communications. The question is: who can file an individual communication? An individual can file a communication before the CRPD Committee when their rights have been violated. Someone else can also file, or a group can file, a communication on behalf of someone whose rights have been violated — and there has to be written consent. If there is no written consent, then you need to explain to the Committee why it is impossible to get the consent of the person.

It is also important to note, when it comes to individual communications, that you must exhaust legal remedies at the national level. When I say legal remedies, you need to go to courts — if you have gone to the national court, you appeal, you move to the Supreme Court. The Optional Protocol does give exemptions where you feel the remedy does not adequately redress the violation when it comes to issues like institutionalisation — you can still file before the Committee. That is considered during the admissibility stage. The Committee will look at the different issues and facts you have presented in your communication and then decide whether the communication is admissible or not.

You should also make sure that you have facts and that it is not rumours you are presenting for your communication to be considered. It is very important to comply with the provisions ensuring the communication is factual, that the issues you are raising are substantiated, and that you have exhausted remedies — or, if not, that the remedies being provided are not addressing the actual issue.

The third way of engagement through the Convention on the Rights of Persons with Disabilities is through what we call public inquiries. Inquiries are for cases where grave violations of rights have been reported to the CRPD Committee. As Richa mentioned, the Mexico inquiry was raised through this avenue. Again, as I mentioned, if your country has ratified the Optional Protocol but made reservations on Articles 6 and 7, then it becomes difficult to file an inquiry, because the law does not allow countries to put a declaration or reservation on that particular article.

Just to mention that last year, the Committee on the Rights of Persons with Disabilities organised webinars to disseminate information on these two forms of engagement — individual communications and inquiries — because they are ways that have not been used much by organisations of persons with disabilities and other civil society. As of today, the database shows that around 30 individual communications have been closed, with about 30 pending, and we do have ongoing inquiries.

There is room for these particular mechanisms to be utilised more, because according to the CRPD Committee, organisations and persons with disabilities have mostly engaged with the State reporting process, and these additional tools are underused.

As I close — because I see Richa on my screen, which means my time is up — I want to emphasise the importance of continuous advocacy. Because even when countries are reviewed and concluding observations are provided, it takes a lot of advocacy by organisations of persons with disabilities to engage with stakeholders, to engage with different government entities, and to follow up on the implementation of recommendations. The same applies to individual communications — if a communication has been admitted and the Committee issues recommendations, there is a need for continuous advocacy to see those remedies actually implemented. And likewise for inquiries.

So unless we continue to advocate for full implementation and for change, we won't be able to achieve much — and that is why the Coalition exists: to ensure there is continued advocacy towards the deinstitutionalisation of persons with disabilities. I hand over the mic.

RICHA: Thank you so much for those remarks, and for not just giving an overview of these different entry points but also highlighting the nuance and the craft of using these mechanisms — and for emphasising that follow-up will be as much a part of that process as the mechanism itself. With that, I think we will now be moving on to the country examples.

Each speaker will give their intervention and we will invite them one by one, because there are many important speakers and a lot of information to cover.

[Brief technical issue and gap in audio]

PRISCILLA (Disability Rights International): ...for people to be able to leave institutions, to prevent their institutionalisation, to avoid them being detained because they have a disability, and instead to be able to receive services and supports in the community.

In the 2020 report, the former UN Special Rapporteur on Torture had very strong words for the Mexican government, saying that the extent of institutionalisation — how long it had been going on, how much notice had been given — and the terrible abuses, gave grounds to say that these abuses were grave and systemic.

Based on that, we had a meeting with Validity — which I feel should have gone first in today's agenda, because they questioned an inquiry to the UN Committee on the Rights of Persons with Disabilities in Hungary on institutionalisation of people with disabilities as a systemic and grave violation of rights. And Sandor will speak more about this, so I will not go into it now. We had a meeting with them because they had successfully requested an inquiry and obtained a very important, groundbreaking report — the first report from the UN Committee on the Rights of Persons with Disabilities on institutionalisation as a form of grave and systemic violation.

We very much had the evidence to meet the threshold and argue that institutionalisation was happening in Mexico. We did that in 2020. We filed a request to the UN Committee on the Rights of Persons with Disabilities under Article 6 to investigate the grave and systemic violations of people with disabilities who are placed in institutions in Mexico.

In 2022, we were informed by the UN Committee on the Rights of Persons with Disabilities that they had unanimously approved our request and were going to move to the second phase of the inquiry — which is to request from the Mexican government permission, or an invitation, to visit Mexico to carry out an investigation. They appointed rapporteurs from the Committee members who were going to be in charge of visiting Mexico and institutions, meeting with people with disabilities, and trying to determine whether, indeed, the allegations could be upheld.

In the end, it held up. There was a two-week investigation in which they visited several institutions, met with families and with people with disabilities, did an extensive job of collecting information, and met with government authorities. Then in 2026, they issued the report that Richa was referencing earlier.

The Committee finds that there are grave and extensive violations being committed against people in Mexico. It frames institutionalisation itself as a form of violence against people with disabilities — which is very important to the work that we are doing. It takes a broad approach to what institutionalisation means, including facilities where people are detained that range from drug rehabilitation centres...

[Audio becomes inaudible for a brief section]

RICHA: Thank you for sharing those lessons from Mexico, and for sharing practical information on how OPDs and civil society can put a request for inquiry, and for showing how the inquiry procedure can itself become a powerful advocacy pathway when institutionalisation and rights violations are documented — and also for sharing the challenges that have come up along the way.

We will now move on to another example of the inquiry procedure. I invite Innes from the European Network on Independent Living, another member of the Global Coalition, to speak about using the inquiry procedure — in this case, relating to the UK.

INES (European Network on Independent Living / ENIL): I'm from the European Network on Independent Living and I will talk to you about the inquiry concerning the United Kingdom. This inquiry is slightly different from the one Priscilla described with Mexico — it has a different focus.

Just to start with: ENIL is an organisation with members from across Europe, and our focus is on Article 19 — the right to independent living for all. But the inquiry I'm going to present to you was not, in fact, started by ENIL. It was started by a group called Disabled People Against Cuts, or DPAC. DPAC was set up in 2010 by a group of disabled people after big protests in England against austerity measures imposed by the government against disabled people.

The inquiry was initiated by DPAC in 2013, and this was after already three years of austerity measures by the government. During this time, DPAC collected a huge amount of evidence from disabled people about how they were being affected by the cuts.

This inquiry was, essentially, about the welfare and social reform in the UK — across all of England, Wales, Scotland, and Northern Ireland. This big reform affected all sorts of allowances and benefits, the way people could access housing and social housing, the way people could access adapted vehicles and employment allowances. The reform also resulted in the end of the Independent Living Fund — a very important support for independent living.

The whole aim of this reform was, in fact, to cut public spending. It was right after the 2008 global financial crisis, and the government wanted to reduce spending. So they decided to do what they described as a better and more targeted distribution of resources. The stated aims of the reform were: to protect those in the most critical condition; to reduce fraud and error; and to introduce work as a condition for both retaining and claiming certain benefits — getting more people into work.

The whole thing was also accompanied by a very negative portrayal of disabled people in the media — as making a living out of benefits, committing fraud, being lazy, and putting a burden on taxpayers. This was, in a way, meant to gather public support for all of these changes.

Some of the key facts about this inquiry: as I said, DPAC submitted the request in 2013. There was a visit by the CRPD Committee to the UK in 2015, where — just as in Mexico — they talked to all sorts of stakeholders: the government, equality bodies, and disabled people's organisations. The only ones they did not really manage to talk to, because they didn't agree to participate, were the local authorities.

Finally, they published a report in 2017. They mentioned in the report that they had collected — also thanks to DPAC itself — over 3,000 pages of evidence. Basically, the whole inquiry was about examining the cumulative impact of legislation, policies, and measures adopted by the UK government, looking at three articles: Article 19, on independent living; Article 28, on an adequate standard of living and social protection; and Article 27, on work and employment. We can share the report reference number so you can easily find it online.

The main findings of the Committee's report were as follows. They found that these various reforms hindered the rights of disabled people and led to their inability to choose where they live — caused by changes to housing benefit and the criteria for social housing. They found that the reforms led to increasing reliance on family and kinship carers, due to the closure of the Independent Living Fund, diminishing levels of support for older people, and the decentralisation of how support was provided — pushed to local authorities without budgets being ring-fenced, which led to reduced personal care packages for disabled people.

They found that this reform has led to financial hardship for disabled people — debts, evictions, people relying on food banks, not able to buy food to survive. This was caused by changes to the employment and support allowance and the transition from the disability living allowance to personal independence payments.

They found the reform has led to deaths of people who were assessed as fit to work, to high levels of stress, anxiety, and depression, to increased isolation — because people lost their adapted cars and couldn't go out — and also to institutionalisation, and to the stalling of the deinstitutionalisation process in the UK. The Committee found that the threshold for grave and systemic violations of the rights of persons with disabilities had been crossed.

After this report in 2017, there was a follow-up report in 2024 to see what the UK had done following the original inquiry. This follow-up report actually focuses more on institutionalisation, because during this time there has been no progress, and these measures have continued to have an impact on people's rights — a bigger and bigger impact, like a snowball effect.

In the second report, they found that there have been increased rates of institutionalisation of disabled people, including in secure psychiatric facilities, due to lack of community support. They found that disabled people are forced to remain in hospitals due to lack of support in housing, that they are unable to live at home due to inadequate supports and are forced to live in care homes, that they are housebound due to inadequate support to access the community. They found increasing abuse, mistreatment, use of restraints, and failure in mental health care linked to a large number of unexpected deaths. Things have gotten even worse since the original report, with more focus on the situation in institutions and on deinstitutionalisation.

Just to keep up with my time, I would like to share a couple of conclusions that I thought were quite interesting and important about this inquiry.

First, I believe it shows that grassroots organisations of disabled people — such as DPAC — are well placed to submit complaints. It doesn't have to be organisations that have existed for a long time, or umbrella organisations, or big organisations. Anyone who is able to collect evidence and who is close to the people is really well placed to submit a request to the Committee to open an inquiry.

This also shows that state parties such as the UK — which have been known as leaders in independent living and the rights of disabled people, and have been celebrated for the advances they have made — must also be held accountable. If things go in the wrong direction, action must be taken.

For me, this inquiry shows that different measures combined together can have a major impact on disabled people's rights. There were many measures — some smaller and some bigger — but altogether they had a catastrophic impact. Even if the stated objective of these reforms was not institutionalisation — the government did not set out to put people in institutions — the effect of reducing or removing community-based supports meant that people had no alternatives and were forced into institutional care.

Finally, in this case, the UK government completely rejected the findings. They continued to reject them and don't agree with them. But the first and second reports did force them to report to the Committee on progress, and also created opportunities for disabled people's organisations to do advocacy — through shadow reporting and through checking what the government is doing against the recommendations. They are due to submit the next progress report in 2029, so presumably there will be a third report by the Committee linked to the same inquiry — and this again provides further opportunities for advocacy.

So I will stop here. I think this really helps us think a bit more broadly about how to challenge institutionalisation. We continue to be grateful to DPAC for launching this inquiry. Thank you for your attention. We will share the presentation if anybody would like it.

RICHA: Thank you. Thank you so much for that useful reflection from the UK experience, and also for helping us understand all the different kinds of concerns that an inquiry process can be used for. As you said — and as Miriam mentioned in the beginning — deinstitutionalisation is not just about asking to shut down a building, but about all aspects that enable institutionalisation and forms of control for people with disabilities. And just because a state party has been subjected to an inquiry doesn't always result in change. It needs consistent, sustained advocacy to ensure state party accountability.

Thank you for that, and also for letting us know that we can share the presentation.

We now move on to the third example of the inquiry procedure, and I am glad to say that all these different inquiry procedures address different aspects of institutionalisation. I welcome Sandor, who will be speaking about using the inquiry procedure and lessons from Hungary. Over to you.

SANDOR (Validity Foundation): Thank you so much. I will be talking about the inquiry procedure in Hungary. I am working for the Validity Foundation — it is a disability rights organisation using legal advocacy in order to promote and protect the rights of persons with disabilities.

We started working on the inquiry in around 2012, and at that time we had three main questions in mind. Of course we had even more, but these three questions, perhaps, can be useful for all those who are considering working on an inquiry request. The three questions are: why these issues? Why now? And why us?

I will talk about all of these now.

We addressed three main topics in our inquiry request. These were: Article 5 — the right to non-discrimination; Article 12 of the CRPD — the right to legal capacity; and Article 19 — the right to live in the community. Of course, these rights are interlinked and interconnected, and the Committee found grave and systemic violations of these rights in Hungary.

This slide shows that when we started working on the inquiry in 2012, there were more than 55,000 persons with disabilities placed under guardianship. In 2019, when the CRPD Committee adopted the inquiry report on Hungary, the number had actually increased — there were three thousand more persons with disabilities placed under guardianship, with the total amounting to more than 58,000. By the end of last year, 2025, there were only a few hundred fewer people placed under guardianship than in 2019 — still around 57,500. Almost the same as in 2019.

The next slide is about the number of persons with disabilities placed in institutions in Hungary. This slide is important because it shows how a government — and in this case, Hungary — can play with statistics. If you look at the first table at the top, it shows how many persons with disabilities are placed in social care institutions. But there is a different category for so-called psychiatric patients. Whenever Hungary reports on the number of persons with disabilities placed in social care institutions, persons with psychosocial disabilities are not included.

If you look at the second table, that is about the number of persons with disabilities detained in small group homes — detained in what Hungary calls "supported housing." That sounds very good — "supported housing" — but as I said, these are small group homes. Institutions. Again, whenever Hungary reports on the number of persons placed in institutions, these figures are not included.

Finally, the third table shows the correct numbers when it comes to persons placed in social care institutions in Hungary. What you can see is that the number of persons with disabilities in social care institutions has not really changed in the past 13 years. In 2012, it was around 23,000. At the end of last year, those figures still do not include children with disabilities, for example, and do not reflect the number of persons with disabilities placed in healthcare institutions.

Moving to why now — why did we start in 2012? Because Hungary was first reviewed by the CRPD Committee in 2012. The Committee found that Hungary had failed to abolish the guardianship system, and also found that Hungary had failed to introduce a CRPD-compliant supported decision-making system. Although Hungary was working on this, they were not fully CRPD-compliant. That was a clear criticism from the Committee.

Also — and this was another criticism from the Committee — Hungary had failed to close down institutions. Hungary had instead created smaller group homes, which they called "supported housing." That was their version of the deinstitutionalisation process: moving persons with disabilities from big institutions to smaller ones. And Hungary had also failed to create CRPD-compliant community-based services. We at Validity had also criticised Hungary multiple times for the fact that European funds were being used to refurbish and restore big institutions and to create small group homes.

That was the "why now." And now: "why us."

I was talking earlier about DPAC, and we saw that a grassroots organisation can be well placed to initiate an inquiry procedure. In our case, we found that Validity had done relevant research, monitoring, advocacy, and litigation in Hungary — but not only in Hungary, also in other countries in Europe and in Africa. We had expertise in fighting guardianship systems and institutionalisation of persons with disabilities. We had also submitted shadow reports to the CRPD Committee on Hungary in 2010 for the first review of Hungary. So we considered ourselves well placed to initiate an inquiry procedure.

Now I am turning to some of the recommendations the Committee made in their inquiry report. As I said, we started working in 2012. We launched the request in 2017. The Committee adopted the inquiry report in 2019. The recommendations related to Article 19 — I would like to summarise them in five points.

The first: the Committee called on Hungary to recognise the right to independent living as an individually and directly enforceable right. We are still not there. This is still not in the Hungarian legal environment.

The second: to develop support. The Committee made it clear that this should include individualised support, financial assistance for persons with disabilities, and reasonable accommodation in all spheres of life.

The third: the Committee called on Hungary to provide persons with disabilities with support and reasonable accommodations so they can have access to mainstream education, healthcare, employment, and housing.

The fourth: to end institutionalisation.

The fifth: to provide reparations for persons with disabilities.

I am turning now to my last slide, which is about the follow-up to the inquiry report. We sent letters to different ministries. We offered to meet up and discuss how to put the recommendations into practice. We were turned down by the government of Hungary at that time.

Because the government also did not translate the inquiry report into Hungarian, we did that ourselves — together with other OPDs and NGOs. We also created easy-read versions in Hungarian and plain language versions. We launched these documents and invited the government. They didn't come.

We also initiated litigation on the basis of the inquiry report. For example, we published our report on the use of straight jackets and seclusion in an institution, which was based on monitoring work. We managed to bring out a person from that institution — a person who had spent 50 years in institutions. With the help of another NGO, we managed to bring him out of the institution, and he now lives in the community.

I think I will stop here. Thank you for your attention.

RICHA: Thank you. We have to think about how procedures can expose these systemic patterns and the forms that institutionalisation can take, and the associated rights violations. Your points on using data — and on the lack of accurate data — matter a great deal, and those data points are something that OPDs and civil society groups can focus on when collecting evidence for raising inquiry procedures. You also elaborated on the advocacy actions an organisation can take, taking these results into consideration. So thank you for that.

With that, we have heard about three inquiry procedures in different countries and different contexts. Now we will move on to another important entry point under the CRPD — the possibility of requesting further information from a state party. We invite Dorothy from the UK to share her experience of strong advocacy against the Mental Health Bill in 2025, how it led to the Committee writing to the state party, and how this helped bring visibility to those concerns.

DOROTHY (Founder, Liberation, England): Hello everyone. Can you hear me okay?

I am someone with lived experience of being subjected to the mental health system, and Liberation — the group I founded — is led by people with psychosocial disabilities in England. We stand for full implementation of the UNCRPD.

I am going to be talking about Liberation's campaign against the new mental health law in England, why Liberation approached the Committee directly, and what happened when the Committee supported our campaign by writing to the government under Article 36.1 of the UNCRPD.

The key issue was the Mental Health Bill 2025. The government introduced this bill last year and it sounded very promising. There was recognition that the current mental health law — from 1983 — was not fit for purpose and remained unfit despite being amended by the Mental Health Act 2007. The Mental Health Bill 2025 was designed to take things further, but we actually had quick and very serious concerns about the bill, because it remained in serious breach of the CRPD.

The big issue was that it was designed just to improve the current Act, because the current Act is highly discriminatory — and improving it didn't make sense. The issue that needed addressing was abolishing it.

Our particular concerns were: the Mental Health Bill was dominated by a risk-focused approach instead of a rights-focused one. It was assumed that involuntary detention for treatment — forced treatment — should be reduced, not abolished. And the reason given for that was that people with psychosocial disabilities can present serious risks to themselves and others. There was a particular emphasis on that. There have been a handful of tragic homicides by people with psychosocial disabilities in the UK. But maintaining coercive mental health law on the basis of risk has no adequate foundation in research evidence. This has been clearly shown in a report from the World Health Organisation and the UN Office of the High Commissioner for Human Rights on mental health and human rights legislation. That report also makes clear that there are good and validated policy options for supporting people without using coercion. And it highlights the huge damage that coercion causes — something I know from personal experience.

Another concern about the bill for Liberation was that it took a medical model approach instead of a social model one — in sharp contrast to the CRPD Committee's deinstitutionalisation guidelines. We were also concerned because it is rooted in mental capacity thinking, not legal capacity thinking. The reason for that, of course, is that mental capacity concepts can and often do justify substitute decision-making, whereas legal capacity involves recognising people's entitlement to hold and exercise legal rights on an equal basis with others.

A further issue was that the bill fell well short for people experiencing intersectional discrimination.

[Brief pause — slide visibility issue being resolved]

In particular, there is a silence in the bill around women, older people, people who identify as LGBTQIA+, people who have sensory impairments, and people experiencing socio-economic deprivation. There were specific concerns about the bill in all these areas.

A big problem for Liberation in the UK was that we were very isolated in campaigning against the Mental Health Bill. The reason for that isolation is that it is just so widespread in the UK to believe that persons with psychosocial disabilities need protecting against themselves and that other people need protecting against us. If you look at who was opposing our campaign — it was politicians from every party, lawyers, mental health professionals, trade unions, the media, and the general public. We also had limited support in contesting the bill from disability organisations and organisations of persons with disabilities.

The other factor in the UK is that although the government has ratified the CRPD, UK law remains rooted in the European Convention on Human Rights framework, which describes persons with psychosocial disabilities as people of "unsound mind" — which again feeds into the idea that detention, forced treatment, and other forms of institutionalisation are acceptable.

To explain why Liberation approached the UNCRPD Committee: the heavy emphasis on risk in the UK, and the lack of support for us, meant that although we were campaigning determinedly, we were not making headway with the government. In fact, there was a strong determination not to allow us any influence on what was going to happen with the bill.

Because of this, we contacted Transforming Communities for Inclusion during 2025 and shared the huge obstacles we were facing and the despair we were feeling. We felt like we were getting nowhere. TCI helpfully assisted us in approaching one of the Committee's vice-chairs. We hadn't actually known that we could contact the Committee outside periods when the UK government was directly being reviewed.

The Committee's response was a very encouraging and positive one. After everything we were facing in the UK, that felt enormously helpful — and it came both from the Committee itself and from the Secretariat. We were given a chance to present our human rights concerns about the Mental Health Bill to Committee representatives, and we did that in partnership with TCI. We also found that our concerns were being taken seriously, and the Secretary-General of the UN Office of the High Commissioner for Human Rights sent a letter on the Committee's behalf to the UK's Permanent Representative at the UN in Geneva, posing key human rights questions about the bill.

Just to explain a little more about this process: it related to Article 36(1) of the CRPD — the article the Committee uses to request further information from a state party, once it has received a state party report. The process also relates to Rule 44 of the Committee's rules of procedure. It means the Committee can request information when it has drawn up concluding observations following reports submitted by a state party. In the UK's case, there were concluding observations dating to 2024 — the ones that Innes had mentioned — and at Liberation we were very much contributors to the content of that report.

The UK government did reply to the letter, and there were also opportunities for civil society to make submissions. Liberation sent in further information about our concerns about the bill, and supporting information from TCI as a whole.

To finish — on what was achieved by Liberation's engagement with the Committee: although the UK government's reply to the Committee strongly defended the bill, the process provided clear backing for the serious human rights concerns which Liberation had raised. Shamefully, the bill was enacted all the same at the end of last year, and the government is even arguing that the now Mental Health Act 2025 is, in fact, compliant with the UNCRPD — despite the report from the CRPD Committee.

But there have been definite gains for Liberation. We are in a stronger position to keep campaigning against the new Act. In addition to that, the work which Liberation undertook has strengthened our relationships with international allies and the mutual support we can draw from those. So for us it is onwards and upwards. Thank you all for listening.

RICHA: Thank you so much, and apologies for the technical issue with the slides. It was great for you to share that experience. It was very helpful to also see how consistent advocacy and creative ways of engaging the Committee and stakeholders can open up these different advocacy pathways — and help make the legal enablers of institutionalisation in the space of mental health legislation more visible. Thank you.

Going on to the next entry point: individual communications. We are pleased to have a contribution from our next speaker. He will be speaking about an individual communication case from Australia. He could not join us live due to the time difference — it is very late in the night in

Australia — but he has shared a video which will help us understand what this case shows about challenging various aspects of disability-based detention through the CRPD Committee, and what lessons can be taken from it.

PIERS GOODING (La Trobe Law School, Melbourne): *(Via pre-recorded video)*

Greetings from Melbourne, Australia. I'm an associate professor at the La Trobe Law School, and I'm going to present today on a case in Australia that went to the CRPD Committee. I'd just like to begin by thanking the organisers for inviting me to participate.

I will describe an individual complaint heard by the Committee that was outside of the European context. I will use the case of Marlon James Noble to reflect on these issues.

First, I will discuss the relationship between unfitness-to-plead laws and disability-based detention. Second, I will discuss the connection between Articles 14 and 19 and deinstitutionalisation generally. And I will touch on implementation problems that arise where international human rights law meets dualist and federal legal systems, like in Australia.

My central argument will be that this case is not just a case about wrongful or arbitrary detention. It is also a case about the degradation of legal personhood through separate, seemingly protective legal processes — and about the continuation of institutional control outside of, or after, formal release from closed facilities.

I will begin with the legal framework and then turn to the experience and the Committee's views. I will then connect the case to Articles 14 and 19 and the CRPD Committee's guidelines on deinstitutionalisation, and end with a cautionary point about implementation.

Quickly: unfitness-to-stand-trial laws are usually justified as protective. The premise is that a person who is alleged to have committed a crime should not be subjected to the ordinary criminal trial process if they cannot understand or participate in that process in a meaningful way. As we argued in a piece for the Melbourne University Law Review, the protective rationale can produce extremely negative consequences — certainly in the Australian context, where people who are found unfit may face indefinite detention in prison or some kind of secure setting, potentially for much longer than they would have been had they been convicted and sentenced.

The unfitness doctrine can remove an accused person from the ordinary trial process, restrict the availability of defences, limit the ability to test the prosecution case, and shift the legal question from guilt to risk, disability, treatment, and supervision. The result, in effect, is a parallel criminal justice track in which disability effectively operates as a gateway to procedural disadvantage — or at least that is what we argue.

Turning to Marlon James Noble: he was a man with an intellectual disability who was found unfit to stand trial in Western Australia in relation to alleged sexual assaults. Under the relevant legislation, he was detained indefinitely — effectively until released by order of the Governor, or at the Governor's pleasure, as the law has it. He was incarcerated for just under ten years. A comparable sentence on conviction — based on contemporary court statistics reported to the UN Committee — suggested he would likely have been held for approximately two to three years through a typical conviction and trial process.

The case is particularly stark because, several years into his detention, the alleged victims reportedly informed prosecutors that he had not, in fact, assaulted them. But the procedural structure meant that the case continued to revolve around his mental capacity to stand trial, rather than providing him with a meaningful opportunity to plead not guilty and test the evidence.

I'm unsure today whether he remains subject to an indefinite non-custodial supervision order, but he certainly was for many years after he was released from prison.

I'm just going to share a short video that will hopefully give you a sense of his experience.

[Captioned video shown]

After exhausting domestic remedies, he brought a communication to the CRPD Committee under the Optional Protocol. The Committee's reasoning is important here. It didn't merely say that the period of detention was excessive. It identified the deeper structural problem — that the entire judicial process focused on his mental capacity to stand trial while denying him the opportunity to plead not guilty and test the evidence.

The Committee found that Australia failed to provide the support or accommodation required for him to exercise legal capacity. In their words, the result was that his right to a fair trial was fully suspended, depriving him of the equal protection and benefit of the law. The Committee further held that he had been discriminated against on the basis of his disability, because he had no possibility of — and was not provided adequate support or accommodation to — exercise his rights to access justice in a fair trial.

This is why this is an important case. It shows how legal capacity, access to justice, liberty, and freedom from ill-treatment can come together once disability effectively becomes a basis for a separate criminal process. Article 14 is an obvious frame here, because he was deprived of liberty on the basis of a finding connected to his intellectual disability and supposed incapacity to participate in trial. The Committee's broader Article 14 position is that disability must not justify deprivation of liberty — whether alone or in combination with other factors.

I will rush through the last points. The Article 19 dimension is sometimes less foregrounded, but it is crucial. His release from prison did not amount to complete autonomy. The video captures the clear control held over him. He remained under 24-hour supervision. He could not walk down the street alone, could not have coffee and lunch freely, and described himself as "not a free man yet" — never convicted, but never fully free.

The CRPD Committee's deinstitutionalisation guidelines sharpen this point, because they define institutions by features such as isolation, segregation, lack of control over decisions, lack of choice over living arrangements, and imposed routines. The key lesson here is that institutionalisation is not simply a place — it is also a legal and social relationship of control.

Briefly: the CRPD Committee did not engage with the fact that Noble was an Aboriginal man, and they faced some critique from scholars who point out that the UN Declaration on the Rights of Indigenous Peoples should have been considered.

Australia has some implementation issues which I won't go into here because I've run out of time. But to conclude: Noble is not just a case of individual injustice — even though it is certainly that. It is about the structural degradation of rights that can accompany separate and special legal processes, and it shows how disability can be used to deny legal agency, suspend fair trial rights, and justify detention and then continued control. There are clear Article 14 and Article 19 resonances — and particularly this idea that institutionalisation is not simply a place, but rather a relationship of control.

Thank you very much for your attention. I wish you an excellent remainder of your webinar. All the best. I'm sorry I can't join you there in person.

RICHA: Thank you so much. That was a strong and important contribution — a clear explanation of individual communications and how, as he said, they can go beyond the personal experience of injustice, showing how detention and denial of rights can be structural. Thank you for that intervention.

We will now move on to a domestic CRPD-like mechanism — particularly in the context involving non-UN member states, specifically the situation of Taiwan. We are happy to invite our next guest, a Global Coalition member, to give an overview of the mechanisms used in Taiwan.

NAGASE OSAMU (Inclusion International): Hello to everyone. I'm the Secretary General of Inclusion International. Today my topic is an overview of domestic CRPD-like review mechanisms for non-UN member states — specifically the case of the Republic of China, which governs Taiwan, and its CRPD national review mechanism.

I will start with an overview of the Taiwan process.

I am showing first the five international experts — which includes me — this was in 2017, for the first review. The second review was in 2022, with people wearing masks because it was still during COVID. Next to me in the photo is the Prime Minister and other ministers. It is a prestigious event.

We have to start with the history. In 1971, the Republic of China lost its UN seat. That is why Taiwan has not been able to access the international human rights regime. However, after the longest period of martial law ended in the late 1980s, a democratic process began.

In 2009, Taiwan domestically enacted legislation — in order to make sure that, just like the formal UN procedure, the government would be held accountable through an independent review. Ten international experts were invited. This was the idea of one outstanding human rights organisation called Covenant Watch. This established a good precedent, and it was also followed for the CRPD. In the case of the CRPD, an implementation act was enacted in 2014.

The first review and constructive dialogue took place in Taipei. The government tried to submit to and ratify the CRPD through the formal UN channel, but of course that was not accepted. Just like with other human rights treaties, a CRPD implementation act was passed by the Parliament. There was domestic legal authority. After three years, the first review took place and five international experts were invited.

Originally, the second review was going to take place in 2021, but because of COVID it was delayed by one year to 2022. Actually, this is now the third cycle — this year — and I am the only one who has served all three times. We have just received the state report, and they have been working very hard on it — it is a 500-page action plan in response to the recommendations from 2022. I am also now working on preparing the list of issues, drawing from different reports — one of them a very good report by the Covenant Watch group, which includes DCI and Moder Alliance.

This process has been very regular. In a way, that is a strength — even though Taiwan cannot take part in the formal UN procedure, it has been trying to follow the UN system: list of issues, reply to the list of issues, dialogue, and then concluding observations. But in the case of Taiwan, the dialogue is much longer — three to four days — and the participation of civil society, and particularly OPDs, is formalised. That is a strength. The fact that the dialogue takes place in the country has also enabled broader participation.

Following the UN CRPD Committee style, there are three layers: the formal state report, the national human rights institution's independent opinion, and very active participation by civil society through their reports. There is a genuine imbalance built into the process in the state's favour — but it is not merely cosmetic ratification.

Strengths and challenges:

There is a much more intensive dialogue between the international review committee members and the state than is often possible at the UN. There is also much stronger formal participation by civil society and OPDs compared to the UN process.

There is a much more regular review — basically every four years. I am from Japan. Japan initially received its first recommendations in 2022. Our next scheduled review is 2037 — that is 15 years away. So compared with that, the Taiwan process is much more regular and much more active.

Other strengths: I have noted broad participation from civil society — in addition to OPDs, also prisoner rights groups, indigenous peoples' groups, LGBTQ groups, labour groups. Very wide participation. Also, the government is serious — they analyse each recommendation and have created indicators for implementation. This is a very good practice of national monitoring for implementation, reporting, and follow-up.

But there are also challenges. The international experts are commissioned by the government being reviewed. In fact, there is no alternative — but the fact remains that international experts recommended by civil society are ultimately commissioned by the government. We have to review within that structure. Also, we are only five members, so our scope and diversity is much less than the CRPD Committee. No sitting Committee members can join for political reasons, though we have been lucky to have three former Committee members serve as our members.

Another flaw is that the Ministry of Health and Welfare — the social ministry — is the one organising this review, and because of that they don't really touch our recommendations. Also, that means we as committee members have to do everything without the support of a secretariat.

Even though the monitoring framework is there, progress is very slow, I must say. A number of the recommendations we made in 2017 have now been realised — like the establishment of an anti-discrimination law properly defining reasonable accommodation — but even today, at least one of their laws still has the title "Eugenics," which is really disappointing.

On the final point — how Article 19 and deinstitutionalisation have been implemented: we, as the international review committee, have been emphasising Article 19 and deinstitutionalisation from the beginning. The government has produced a manual on deinstitutionalisation in Chinese — in cooperation with our member in Taiwan, PAPID. There have been some people who have left residential institutions and moved into communities. But that progress has been very slow, and even today there is no time-bound deinstitutionalisation plan, even though we have been emphasising it since the first and second reviews.

There has been very critical comment from civil society: deinstitutionalisation is just on paper, not in practice.

This is my last point. Because Taiwan is a strong and vibrant democracy, it has been emphasising human rights, and both the government and civil society and OPDs are serious about the CRPD. When I met a few people who have left institutions — I visited Taiwan last month — it was really encouraging to see persons with intellectual disabilities speaking about disability rights and the CRPD. But overall, even though the framework is very solid, progress has been slow and there is a long way to go. On the other hand, there has been much more awareness — at least — of the CRPD and disability rights through this international process. In many ways, I am still very optimistic. I look forward to hearing from our TCI Taiwan and Moder Alliance members. Thank you.

RICHA: Thank you for that intervention and for helping us understand the situation in Taiwan. You elaborated on both the challenges and the outcomes and successes of the process. Now, from that overview, we will hear a practical OPD experience from Taiwan. We are pleased to introduce Wang Shiou Wu to share their experience.

(Please select the English interpretation channel if needed.)

WANG SHIOU WU (Organisation of Persons with Psychosocial Disabilities, Taiwan):
(Speaking in Mandarin with English interpretation)

Hi. We were founded in 2021, at the time when COVID-19 was spreading across the world. Many institutions had already long restricted or prohibited hospitalised people from using mobile phones. During the pandemic, hospitals also banned visits on the grounds of infection risk. As a result, people who were already confined to wards in psychiatric settings were further isolated.

We saw this as a part of institutionalisation. That is why, during the second review process, we joined with part of the community to propose this issue through the review process — just as the professor has said. We raised what we had experienced, and the concluding observations under Article 9 — the review committee pointed out that the law restricting patients from contacting the outside world has reasoning that is overly broad, and requested the government to provide specific justification for any such restrictions.

We believe that the standard is so limiting because it is essentially discrimination. However, the concluding observation provides a systemic effect. The government can no longer say that hospitals are simply allowed to do that for management reasons.

The government worked on regulations and commissioned an organisation to implement new rules addressing contact and visits regarding psychiatric wards. We requested the government to include the opinions of patients and OPDs. Initially, the government was forced to respond. They said they would keep listening. However, recently we have learned that because the level of this regulation is not high enough — legally — it will be implemented directly. There will be no hearing before the law is implemented. They will not be receiving any more opinions from civil society. We are very frustrated. We feel helpless.

A national review procedure is important for us, but our minister says that we always need to consider the realities. I asked: what realities? He said: people are waiting to get into institutions. He said it is quite impossible for the government to end institutionalisation because there is not enough support in the community.

What he says represents something important — the government and civil society have different interpretations and definitions of CRPD concepts.

I want to share with you an example. An organisation called New Vitality has been promoting the independent living movement, and they won a litigation case. A person called Utea, a person with a disability, applied for a 24-hour personal assistant. However, the social bureau only allowed her to have 60 hours per month. The government said that was the limit. But Utea did not believe those hours were enough to support her daily routines in an independent living arrangement. So she raised the case through litigation, and the Court made a final ruling that she won.

The Court found that the CRPD is effectively enforceable as domestic law, and cited from Article 19 of the CRPD — because persons with disabilities should not have inadequate or unstable support. The advice from our international review committee members became an important part of the Court's ruling.

Personal assistance is not just about welfare distribution. It is also about autonomy and power over one's own life. Just like the first example — the right to freedom and to contact the outside world — the government needs to respond correctly to these rights.

The path to deinstitutionalisation is difficult, but we are still pushing — communicating how many hours of personal assistance is actually enough for persons with disabilities, based on their needs and their demands. Through the cases that I see, we promote the importance of deinstitutionalisation through the CRPD review process. Our government has been quite evasive. We need more tools to challenge them, and the review mechanism is a very good tool for us. Thank you. That is the end of my presentation.

RICHA: Thank you for sharing that important OPD voice, that grassroots voice, and for grounding this discussion in practical advocacy and the everyday experiences of persons with psychosocial disabilities.

We have heard a very rich set of interventions covering different pathways. We are just four to five minutes away from the close of our session. We did mention there would be space for questions and answers, but I can see that many questions have been answered in the Q&A chat box.

With that, we will be moving towards the closing of today's webinar. To offer closing reflections on behalf of the Global Coalition, I am pleased to invite Jamie from Inclusion International to give the closing remarks. Over to you.

JAMIE (Inclusion International): Thanks. What an incredible and important conversation we have had this afternoon. I think what strikes me, really, are the examples of how important it is that we have these global spaces for sharing — where we can really learn from the local, the national, and the regional impact and advocacy that takes place.

I think the main message that sticks out for me most strongly is this idea: institutionalisation is not just about a place. It is about process, it is about control, it is about the relationships that people have. And I think that is a driver for all of us as we are seeking to challenge institutionalisation across the world and use these mechanisms that we have heard about today.

I think we have heard some very distressing stories of incarceration, of rights being taken away, of the abuses we have seen in Mexico and elsewhere — but also signs of progress, and proof that these mechanisms exist for us to drive change and try to address the abuses of rights we witness across the world.

That is the key message. These are rights that are agreed and recognised across the world — even for countries where the CRPD has not been ratified, these rights still exist as a universal foundation. We as a Global Coalition, and those of us on this call today, must use that as our basis for championing change — particularly in this year as we celebrate 20 years since the CRPD.

I am grateful to everyone who has contributed today. I am grateful for the incredible work being delivered around the world, and for the learning that we can all take from this together — to use the CRPD, to use the mechanisms that are in place, and to ensure that the progress that has been made not only is not pushed back, but allows us to go further in terms of challenging institutionalisation wherever we see it.

It has been a great discussion. I am looking forward to watching this back again and having the opportunity to digest it further — and really to work with all of you on how we can take these opportunities and build on them in countries across the world. Thanks, everyone, who helped to organise this. I hand back to Richa.

RICHA: Thank you for those closing reflections. As you said — and one other important message that really stood out — these procedures are not just procedures in themselves. They are very strong advocacy tools for grassroots organisations, OPDs, and civil society organisations. And these mechanisms become meaningful when they are deeply connected to movements, advocacy, and OPD leadership.

With that, we would like to sincerely thank all our speakers who have brought such a range of rich experiences and such insightful discussion, and shared so generously their knowledge, experiences, and practical examples with us. We would also like to thank all the participants, interpreters, captioners, international sign language interpreters, technical support team, and partners who made this webinar possible.

We hope that the session has been useful and practical, and that it supports your ongoing advocacy in different national and regional contexts. We will be sharing the recording of the session with all participants. We will be putting it up on the website. We will also be sharing the link on all our members' social media platforms.

Thank you, everyone, and we wish you a good day, good evening — wherever you are. Thank you so much.

End of webinar.
