**REGIONAL CONSULTATIONS**

“From isolation, invisibility and segregation into inclusion of persons with disabilities in the community. Identifying and overcoming barriers to the successful process of deinstitutionalization”

[*Committee on the Rights of Persons with Disabilities*](https://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx)

**Outcome of regional consultation for Central and South America**

**BACKGROUND**

On 2 March 2021, the Committee held the online regional consultation for Central and South America. There were 62 participants in total: 42 speakers and 20 observers, as well as five Committee members, and members of the Secretariat. The Committee received 40 written submissions.

Organizations of persons with disabilities of the following countries were represented: Argentina, Brazil, Colombia, Costa Rica, Chile, Ecuador, Guatemala, Honduras, Mexico, Peru, Spain, and Venezuela.

**Thematic concerns and key recommendations**

The following paragraphs describe the concerns raised and the recommendations proposed by participants.

## Discrimination, stigma, prejudice (Arts. 2 and 5)

 ***Concerns***

• Throughout history, persons with psychosocial disabilities have been stigmatized and discriminated against for not complying with parameters of the so called “normality”, “functionality” and “productivity”. They have been “pathologized” from approaches that justify the restriction of their fundamental rights by imposing coercive measures on them, and depriving them of liberty as their mere existence is considered –disruptive and potentially dangerous.

• Some persons with disabilities experience discrimination due to their sexual and gender orientation, promoting their forced displacement and, consequently, the lack of access to health services, sexual and reproductive rights, as well as employment and housing.

• What prevails against people with disabilities is negative discrimination, institutionalization, abandonment, displacement and inevitable uprooting.

## Public policies (article 4)

***Concerns***

• Improvised public policies that propose learning based on trial and error.

• Despite all laws and conventions, the situation in neuropsychiatric hospitals has not changed.

• Lack of follow-up on the implementation of the legislation for deinstitutionalization.

• Little information is provided to persons with disabilities about the laws and about their participation and incidence in the formulation, coupled with the lack of review bodies to ensure compliance with the legislation.

• The adoption of the deinstitutionalization laws is denied to persons with disabilities.

• Laws maintain guardianship and other practices that violate the right of persons with disabilities to equal recognition before the law by denying them legal capacity.

• The deinstitutionalization of all persons depends on the will of the State and the resources it has available for it.

• There is a lack of public policies that guarantee the autonomy and inclusion of persons with disabilities in the community.

• There are threats and legislative setbacks, initiatives that place the figure of inclusive residences as an alternative, but persons do not express their willingness to enter them, and they do not have an opinion on the way about how life works in these places - it is supposed to be an inclusive space, which is not so inclusive. Independent living is not implemented, not even support services exist, therefore, families do not have support, - in addition to the fact that there is no public policy that allows persons with disabilities to stay in family environments and not be institutionalized.

• States are taking measures contrary to the Convention, in particular by withdrawing legislation on the rights of persons with disabilities.

***Recommendations***

• Plans and reforms must be accompanied by action measures, timeframes, and financing,

• Establish by law the respect for the will, preferences, dignity, privacy and intimacy of persons.

• Ensure legal capacity of persons with psychosocial disabilities to adjust support to fluctuations in their needs, based on their will and preferences.

• Implement a scheduled deinstitutionalization plan; harmonize the national regulatory framework with international standards on human rights of persons with disabilities, particularly the regulations on mental health and civil and criminal codes.

• Establish in the laws, regulations and norms a breakdown of financial resources so that they are considered in the country's budget. Expressly include institutionalized, deinstitutionalized and persons with disabilities in the process of being deinstitutionalized, in inclusive programs for persons with disabilities.

• Implement strategies that allow institutionalized persons with disabilities to exercise their rights, including the right to vote.

• Carry out reforms for the recognition of full legal capacity and the annulment of any regime that opposes it, consistent with Article 12 and the absolute prohibition of deprivation of liberty on the grounds of disability, such as measures of security or coercion that contravene Article 14 of the Convention.

• The elimination of discrimination in the legislation requires the preparation and execution of a plan to repeal or reform the national legal framework harmonizing it with the CRPD, in permanent consultation with persons with disabilities. Such a plan should include timelines, goals and indicators of compliance, and foresee sanctions for those public and private agencies that do not comply with the plan. The plan must establish budget provisions to be implemented at the municipal level, as well as the financing for programs and projects to guarantee conditions for independent living, while respecting and guaranteeing legal capacity.

• Policies of the existing community mental health centres need financing that encourages the participation of users and their families and that the users of mental health centres have a monthly budget that is assigned by law to them so that they can improve your quality of life.

• Mental health should cease to occupy a marginal place in public policy and become a topic on the agenda of States and international organizations.

• Pass a specific law that recognizes the autonomy and life of people with disabilities.

• Ensure that personal assistance is within public policy, and that is implemented including at the local level.

• Ensure that public policies be implemented to ensure the sustainable discharge of persons with psychosocial disabilities; provide them with support that respects their rights. In particular, guarantee that all primary health care centres and general hospitals have interdisciplinary mental health teams, that there are devices that allow independent living such as support services and outpatient and home care, assisted living, social and labour inclusion devices and support groups, among others.

## Participation in decision-making concerning deinstitutionalization (art. 4 (3))

• Establish direct work with persons with disabilities who have lived in institutions on permanent basis. Listen to their voices; give them tools so that they can build a life outside of that space and in the community. Train spokespersons who can tell what their lives were like and what would be the best for them. Generate strategic alliances with different civil society organizations, families, human rights movements to join forces and move towards the real recognition of rights of persons with disabilities to a life in the community.

## Women with Disabilities (Art. 6)

***Concerns***

• There is a systematic violation of the right to informed consent and, even more, of the right to decide about their body for persons with disabilities, mainly affecting women with disabilities, who consider that the biomedical model has not resolved, to date, the right of persons with intellectual and psychosocial disabilities to self-determination and autonomy.

• Informed consent in health matters is not considered.

• Parental rights of women with psychosocial disabilities are denied and curtailed due to institutionalization. Sterilizations and forced abortions prevail.

***Recommendations***

**•** The community approach to mental health with a feminist perspective of anti-manicomial and anti-racist struggle requires that the design of the support and care systems be oriented to the environment and the collective, not individual. Thus, it is import to ensure serving people, groups, communities, with a de-colonial perspective, critical, anti-patriarchal and anti-racist analysis. Thus, psychiatric diagnoses are not relevant, but rather what is important is the analysis of the context or territory where psychosocial work is carried out. In this way, the health problem is diagnosed, and supports are designed with a community approach to mental health, with a feminist perspective of anti-manicomial and anti-racist struggle, with a collective, de-colonial perspective, and includes experiential aspects and mutual support groups. There are no standard recipes for this design, but the situational analysis and perspective of what the local problem is.

• Respect for the right to decide of women with psychosocial disabilities - it is a human right. The substitution of their will is a violation of this right.

• Support systems for the exercise of legal capacity would facilitate the change in the situation of women with psychosocial disabilities by promoting a higher level of development and a good living contrary to the stigma, pressure and coercion of the asylum-related model and practices in the realm of mental disability.

## Awareness (Art. 8)

 ***Concerns***

• Lack of awareness about skills and abilities of persons with visual impairments to have access to a job.

***Recommendations***

• Generate processes of awareness and participation for persons with psychosocial disabilities about their rights.

• Awareness-raising is required so that society as a whole understands and embraces the right that persons with disabilities have to live outside institutionalized environments and to get them out of that social, political and legal ostracism in which they have been subjected. Deinstitutionalization goes beyond the closure of institutions, it is a structural and complex process that requires strategic interaction and the involvement of different actors; these actors must provide and generate articulated responses and guarantee the effectiveness of the deinstitutionalization process. Take into account women and girls.

• Promote the possibility of changing from a hegemonic institutional vision to a more human vision of the institutionalized person.

• Carry out information and awareness campaigns on the rights of persons with disabilities to live in the community. Ensure these campaigns are disseminated through accessible ways and formats.

## Covid-19 (art.11)

***Concerns***

People with disabilities already suffered systematic discrimination in relation to the exercise of the right to life and inclusion in the community. This situation was aggravated during the pandemic with the restrictions and social isolation measures. Many rehabilitation and support services for autonomy were drastically affected in this period. Remote online education did not make provision for inclusive education and accessibility measures. At home, the vulnerability of people with disabilities worsened due to conditions of violence and neglect. Persons were not able to attend support services, so it became more difficult to identify risk situations due to the mobility restrictions taken by protection authorities. The isolation affected people with disabilities who were already suffering from little access to community services and who ended up in mental health institutions and without follow-up in their treatments.

• The economic situation of persons with disabilities was also affected by the pandemic. Many of the jobs were eliminated or made precarious, making the labour market - which was already difficult - much more competitive. At the same time, access to income provided by the benefit of “continuous provision” was weakened by the executive branch, pushing many into extreme poverty and social marginalization, which increased vulnerability and institutionalization.

• In the context of the COVID-19 pandemic, sheltered residences and flats were converted into lockdown centres with restrictions and confinement that went beyond the legal restrictions imposed on the general population.

• The current health contingency in the face of the COVID-19 pandemic has represented a greater risk of contagion and death for persons with disabilities in general and in particular, for those who are institutionalized.

• States did not give priority to persons with disabilities in vaccination programmes.

• Information, complaints and reports have been received from persons with disabilities who cannot use health services or attend school, which aggravates their physical and emotional conditions, causing health problems and increasing the risk of their institutionalization. In addition to all of this, the lack of perspective on vaccination exacerbates and worsens this risk, keeping persons with disabilities permanently isolated.

• Throughout the region, girls and boys with and without disabilities have remained institutionalized, which has put them at risk of contracting COVID-19. Little is known about the effects this may have, particularly for those with disabilities. However, governments have not taken the necessary actions to guarantee that there are supports and alternatives in the community so that children can be reintegrated into a family environment. Children have been returned to their families without any support or adequate evaluation, putting them at risk of re-institutionalization or homelessness.

• COVID-19 affected the lives of all people increasing uncertainty, economic pressure and fear of getting sick.

• The pandemic has exacerbated institutional violence such as physical and sexual abuse, lack of communication, gender violence, forced hospitalization and sterilization, overmedication, neglect of treatment for persons living with HIV, increased transmission of COVID-19 due to overcrowding and restriction of access to medicines for their treatment.

• The pandemic showed that it is necessary for persons to have connectivity to the Internet, to electronic devices, to information in accessible formats and public officials trained in the social model of disability (Art. 9 and 21 CRPD)

• Due to the pandemic, we have realized with concern that the participation of persons with disabilities in public, social, cultural, educational, political and economic life has decreased, and that poverty, violence and ill-treatment have increased, against girls and women with visual disabilities.

• Due to the pandemic, the restriction of rights, segregation, institutionalization and abandonment of persons with disabilities have further increased.

• In 2020 - due to the pandemic - government authorities in the region have made persons with disabilities invisible, emphasizing on their protectionism and welfare actions without activating monetary and inclusive responses and actions for persons with disabilities with human rights approach.

• COVID taught us that even persons without disabilities will also have to worry about inadequate and uninformed medicalization.

• We are concerned about the risks of contagion, of isolation, and we are concerned that persons in street situation are heavily affected. We are concerned about persons who are in extreme isolation, in particular persons with psychosocial disabilities due to the lack of progress in the recognition of their legal capacity; they are currently imprisoned.

• Persons with disabilities in a situation of isolation do not have access to vaccination processes, so release processes will not be facilitated -in the countries that provide for these processes-.

• There is concern because, despite the advances in terms of the rights of persons with disabilities, they still have to overcome obstacles to exercise their rights, such as freedom and autonomy, and all these barriers during the pandemic, have been heightened. They have given rise to a situation of precariousness, abandonment and greater defencelessness of this sector.

• The implementation of community mental health services was backtracked, others were closed and in their place, more COVID sites were installed, thereby reducing staff and services.

• The flow of information migrated to the virtual model, which still lacks accessibility. Persons with disabilities faced the greatest exclusion, the greatest in its history. Not even the WHO used sign language, subtitles, or plain language in its pronouncements on COVID-19. This communication confinement was even more damaging for persons with disabilities living in situation of poverty, who already faced serious digital exclusion and lack of guarantees of their rights to access to information and freedom of expression, on an equal basis with others.

***Recommendations***

• Ensure that mobility restriction plans consider the specific requirements of persons with disabilities and that those services providing supports are considered essential and kept open.

• Protection authorities must reinforce and broaden awareness of persons with disabilities about how to report abuses in the pandemic context. Provide support at home for those who require it.

• Strengthen and expand the social protection benefits of persons with disabilities; ensure they are delivered without delays.

• Realign mental health policies with the guiding principles of human rights and invest in accessibility for persons with disabilities.

• Ensure access to protection measures and access to tests and emergency medical care.

• As an emergency measure, remove adults with disabilities from closed institutions when it is safe to do so and guarantee support and services for them to live in the community. Give priority to persons with a highest health risk - the elderly, pregnant women, girls and persons who are immunosuppressed or suffer from chronic diseases such as heart disease, diabetes, lung disease and HIV. Prioritize persons living in institutions in vaccination plans, mobilize hotels and similar facilities to provide a safe and adequate shelter that allows social distancing.

• Improve and guarantee the quality and access to information for persons with psychosocial disabilities and for persons with intellectual disabilities about COVID-19 infections.

• Give priority to vaccination campaigns aimed at persons with disabilities.

• Public and private websites should be accessible to ensure that persons with disabilities enjoy equal opportunities in the context of the pandemic.

## Equal recognition as a person before the law (Art. 12).

 ***Concerns***

• Lack of legal recognition of persons with disabilities in the law, in accordance with article 12 of the Convention, necessity of creating forms of support for the exercise of legal capacity with less bureaucracy.

• The reform for the recognition of legal capacity continues to be a barrier and the legislative process does not involve budgetary resources to finance the support. These resources are of vital importance to guarantee the right to informed consent and to end deprivation of liberty, and forced and even irreversible treatments.

## Remedies, reparations and access to Justice (Art. 13)

***Recommendations***

• Guarantee access to justice. Provide psychosocial recovery and dignified reparation to all victims of torture, cruel treatment, violence and / or exploitation and violations of personal integrity that occurred within the institutional context.

• Initiate legal reparation processes - aimed at persons with psychosocial disabilities - who have been deprived of their liberty in institutions for reasons of disability.

• Ensure that laws that protect the right of the deinstitutionalized person not to be involuntarily institutionalized, except in cases decided by a competent judge after the evaluation by an interdisciplinary mental health team and for a short time. Justice system must take into account that the user must have informed consent about their legal situation and its consequences.

• Highlight that our privacy matters, as so many years of severed lack of freedom matter, that a law of reparation should therefore be considered for these victims of segregation and of living on the margins of society. This process must be presided over from a feminist perspective.

## Protection against torture and other cruel, inhuman or degrading treatment or punishment (Art. 15)

***Concerns***

• Institutionalization, as well as torture of the body of children, is a life sentence, on the basis of disability.

• Institutionalization is a penalty for persons with psychosocial disabilities on the basis of disability.

***Recommendation***

• The absolute prohibition of the deprivation of liberty for reasons of disability must also mean the absolute prohibition of financing, whether public or private, for the refurbishing, expansion, equipping or hiring of more personnel, etc., of existing institutions. Furthermore, the guarantees of economic, social and cultural rights such as health, education and employment cannot be suspended.

## Protection against exploitation, violence and abuse (Art. 16)

***Recommendations***

• Protect persons from institutional abuses through training and intervention of the authorities towards respect for the exercise of legal capacity, according to the mechanisms provided in legisltation.

• Create refuge and coercion-free establishments available to go through crisis, without risk of abuse.

• Ensure children are protected from abuse, and have a family environment and access to education.

## Right to live independently and to be included in the community (Art. 19)

 **Concerns**

• The right to live independently and be included in the community is systematically violated.

• Most persons with psychosocial disabilities do not have the resources or support they need to have their wishes and preferences respected.

• Residential settings and sheltered flats are highly disciplinary, authoritarian and inflexible spaces. They work with a logic of segregation. They have standardized all aspects of life in violation of the right to privacy and intimacy.

• Supportive devices for independent living, and not just those for supporting housing, are often subjected to the forced consent of persons with disabilities to the use of psychiatric drugs. It is necessary to consider that the over-medication to which many persons are exposed is a barrier to the exercise of the right to live independently, and a way of perpetuating institutionalization.

• Supports for independent living are not tailored to the fluctuating characteristics of psychosocial disability, but are established categorically and inflexibly. This is a barrier to autonomy and empowerment. If persons decide not to have a support or resource, they risk losing it forever.

• The figure of the personal assistant for persons with psychosocial disabilities has not been implemented.

• Since the entry into force of the Convention, it is illegal to create new institutions for persons with disabilities. Since institutionalization is a prohibited mechanism, it lacks meaning and legitimacy as it is contrary to current legislation.

• Institutionalizing is discriminatory because persons with disabilities are not considered able to live in the community.

• The isolation and confinement of the visually impaired in rural areas and indigenous territories has been exacerbated.

• Concerns expressed by parents: What will happen when their children leave school? Where will they work? How will they be trained? Where will they live? What will their transition to adult life be like? ...

• Upon reaching adolescence, some persons with disabilities lose their caregivers and end up in shelters.

• There is concern about the abandonment and lack of protection of children and adolescents in institutions.

• Poverty conditions have increased in the population, creating barriers that prevent persons from having supports and services.

***Recommendations***

• Promote peer support, and provide help to persons and families who have less experience. Ensure they develop a better understanding on how to take care of themselves and how to be included in the community, to avoid living in an institution.

• Empower persons to allow them to have a better evaluation of their condition and to be included in the community.

• Provide relaxation therapies; ensure access to art, music or some recreational activity as stress affects the lives of persons with disabilities.

• Prohibit the compulsory nature of psychiatric medication as a condition for the access and maintenance of supports for independent living, pensions, housing or others.

• Make equal the financial aid for independent living in one's own home to the amount granted for places in residences.

• Include persons with disabilities in universal basic income plans.

• Finance assisted spaces for independent living, self-managed with external, free and voluntary support; the Housing First model is proposed as a reference.

• Implement the figure of the personal assistant for persons with psychosocial disabilities.

• Create multidisciplinary teams that intervene within institutions so that persons with psychosocial disabilities can learn to exercise their right to live in the community; these teams can help building personalized programs that consider the implementation of reasonable adjustments and support. Experienced people must participate in these teams.

• Establish a moratorium on new institutionalizations while implementing measures to support persons with disabilities so that they live included in the community with the support they require.

• The deinstitutionalization process can only be successful if adequate alternatives are developed in the community, since it is not realistic to expect that persons who leave institutions - many of whom have lived most of their lives in them - will have a satisfactory life and prosper without these supports. Reference is made to housing, employment, social activities, support networks, etc. Persons who leave institutions run the risk, without these supports, to be socially excluded. This process will only be successful if the person is put at the centre, if they are made participants in the process because they have opinions and preferences and the latter must be respected.

• We need supports that must be chosen and understood by persons with disabilities. The strategic framework for deinstitutionalization must have sufficient financial resources and a proper follow-up to assess the transition from institutional assistance to community-based support. This process and not cost reduction is the way to guarantee that the human rights of persons with disabilities are respected, which justifies the economic investment for the deinstitutionalization process.

• Dismantling the institutional culture is as important as closing the institutions. Ensure that services that exist in the community allow persons with disabilities to make their own decisions, do not perpetuate segregation and marginalization.

• Intersectorial and intersectoral work is of great importance to systematize deinstitutionalization. Preparing and promoting studies and publications, forging alliances with academia, the private sector and the media is essential to promote and improve the evidence related to deinstitutionalization processes, but above all to overcome those layers of societal resistance on this matter.

• Support systems should be at the centre of design along with safeguards so that non-substitute decision-making systems of the will and preferences of people with disabilities prevail. When we talk about it, we must also consider intersectionalities involving gender and disability

• Mental health laws have establishing the obligation to replace the mental hospital model with community-based care and the closure of psychiatric hospitals, replacing them with a network of support services that guarantee independent living.

• There is an urgent need for day centres and sheltered homes within the community, avoiding centres where persons are locked up and doped, becoming vulnerable to all kinds of violence.

• Leaving your parents' home to have your own home is a cornerstone of adult life.

• Have workshops to improve job performance; practice sports and make decisions independently.

• Create, together with persons with disabilities, alternative care settings with a differential approach based on dialogue with discriminated people in order to know their context and identify environmental and social causes behind their mental condition ... projects should be supported with the communities to combat stigmas and favour the conditions for independent living and effective inclusion.

• It is important to be able to work in a network to create and articulate independent living services; train personal assistants; empower persons with disabilities.

• Provide support through personal assistance in personal care activities, domestic activities, food, and physical mobility, moving outside the home, consumption of medicines, transfers and accompaniment.

• Current institutions must change their practices for person-centred care models that allow persons with disabilities to be recognized as individuals, generate autonomy and the ability to make their own decisions. Give recognition to new models of care and life in the community.

• Combat corruption and negligence of government officials responsible for ensuring the welfare and food security of persons with disabilities.

• Ensure compliance with article 19 of the Convention.

• To initiate a deinstitutionalization plan it is necessary to evaluate physical accessibility, train people in the various forms of communication, and raise the awareness of our community so that the rights and virtues of persons with disabilities are recognized.

• Personal assistance is considered to be the support necessary for a person to be able to decide, understand and carry out an autonomous life, outside the circuit of violence.

• Personal assistants must be trained in all forms and styles of communication, according to a deinstitutionalization approach.

• Guarantee the right of persons with disabilities to live with quality in the community, in close consultation with them.

• The independent living project presupposes that individuals can choose with whom they will share their home, with whom they want to live or if they prefer to do it alone.

• For more specific support, there is the possibility of hiring a support person in type and quantity (the support is defined from the responses of questionnaires by specialists in pedagogy, psychology and social assistance).

## Deinstitutionalization / States (art.14 art.19)

***Concerns***

• The government believes that DI is a minor issue and there is no political will. Authorities express fear that families and public opinion will perceive deinstitutionalization as a way to discharge the State of its obligations. They consider that opening the door of institutions can be a source of insecurity or social disruption.

• Entities that provide services in institutions have political and economic power preventing progress towards the inclusion and transformation of those services.

• Regarding deinstitutionalization, the great concern is to guarantee housing with the support of the service networks.

• Institutional practices do not contribute to deinstitutionalization in accordance with the Convention, nor do they promote well-being or seeking to improve the quality of life of the person. No actions are being taken in the medium or long term -which if implemented- could help to start a good deinstitutionalization process.

• Reasonable deadlines have not been established for the deinstitutionalization processes and they are unrelated to community support policies and services.

• Deinstitutionalization means widely questioning institutions of all kinds, including the family. If you have to de-familiarize to ensure deinstitutionalization, you have to start there as well.

• The laws on support to exercise independent life are questioned in the region.

• Legislative efforts are lacking to begin to dismantle institutionalization and inter-institutional coordination is lacking to address the issue.

• The State does not regulate shelters for persons with disabilities and has lost control over these facilities; some of them have been co-opted by organized crime.

• In the absence of leadership from the authorities, to date there is still no strategy that establishes a clear and precise inter-sectoral pathway to support services, with broad and differential public policies for persons who require to be provided services with a human rights approach.

***Recommendations***

• Deinstitutionalize girls and boys with disabilities. Restore the constitutional rights that were denied to them, and commit to provide an economic reparation “equivalent to the foreign debt” with which they were born.

• Provide financial support to organizations to allow them to continue helping persons to achieve deinstitutionalization, including support for children and adults.

• Provide financial support to organizations working in favour of deinstitutionalization.

• Establish operating and financing standards for mental health residences.

• Promote the approval of a universal basic income as a resource that allows people to get out of the circuits of disability that institutionalize and tie persons’ identity and lives to a psychiatric diagnosis.

• Programs that seek deinstitutionalization must note three moments that persons will go through: the present of institutionalization, the transition to community life and community life with adjustments and support, for which the strategies must be continuous and transversal.

• Adopt and implement a deinstitutionalization plan towards independent living in the community, with concrete and measurable stages and deadlines. Deinstitutionalization plans should be designed, implemented and monitored in consultation with organizations of persons with disabilities. Mechanisms, such as peer support and the implementation of supported decision-making are critical during the transition.

• States parties must ensure necessary and sufficient budgets for the transition. Here it is necessary to point out the fact that, frequently, there is private or public financing to private institutions. It must be ensured that private financing is used in full respect of the principles and rights protected by the Convention.

• States parties must have consultation mechanisms with different forms of communication for organizations that represent persons with disabilities. Community leaders who work on disability issues should have an active participation in all local roundtables and community councils. States should take into consideration the particularities of each region. It is essential the participation of persons with disabilities in order to optimize current social protection systems by implementing care protocols for them and decentralizing municipal services.

• Develop a scheduled plan to eliminate the use of residential institutions for girls, boys, adolescents and adults with disabilities, and develop community services for persons with disabilities and families of children with disabilities. This should include efforts to reallocate spending and other government programs by decreasing support for institutions and redirecting it towards persons with disabilities to live independently in their communities and for families to educate children with disabilities at home. Ensure that no financing is provided to the Unified Social Assistance System for the construction of new institutions, large institutional renovation projects, or renovation and financing of new alliances with residential institutions run by agencies, non-governmental organizations, individuals, and corporations or regional and local governments. Cooperate with private entities and local governments to develop and maintain community services aimed at children and adolescents. Create and support programs aimed at families to help them prevent the separation of children from their biological families. Ensure effective implementation of existing policy by prioritizing family-based alternatives for the care of children who cannot remain with their biological families, so-called foster or adoptive families when necessary.

• Adopt a strategy to deinstitutionalize children throughout the region and to reintegrate them into a family environment with the appropriate supports and services. These supports include, among others, access to decent housing, social security, inclusive education, medical services in the community and not in institutional settings; food, and measures aimed at addressing situations of poverty that persons may be experiencing. Small institutions and group homes are not acceptable substitutes for a family, so it is imperative that States parties ensure that children are not transferred to these types of institutions. Instead, they should be reintegrated into their biological or extended families when possible or alternative families when their biological or extended families are not available.

• Support families, so that their children can go to school from an early age and have a quality education with the necessary supports.

• Close institutions and transform education centres to guarantee real social inclusion.

• Make progress in deinstitutionalization in a strict sense, not only referring to formal institutions, but to all instances of institutionalization. For example, cases and episodes of isolation and marginalization, especially in times of pandemic.

• Increase the joint responsibility of the State party, community and families for sustaining the support network, through public policies that make possible the autonomy of both those who provide support and those who receive this support.

• Support groups that work with institutionalized persons to carry out artistic or leisure activities, among other things, by providing financial means.

• Children and adults who are under the care of the State due to disability should be deinstitutionalized, as there is no legal support to justify this situation.

• The State must prioritize the application of Article 14-19 in Colombia in accordance with the Law and Article 12 of the Convention and make permanent and open consultations with persons with psychosocial disabilities and their organizations.

• Establish collaborative multidisciplinary teams in order to foster deinstitutionalization.

• Share and learn about good practices experiences, both at the level of policy formulation and good practices in deinstitutionalization of other countries.

• Train public officials in the social model of disability and strengthen organizations.

• Increase the budget allocations to mental health and at the same time redirect existing resources towards community care.

• States must report on support and financing measures.

• Deinstitutionalization plans must take into account the need for individual support services and services in the community.

• Design and implemented policies to guarantee personal assistance, as well as other forms of individualized support, for persons with disabilities in the community. Request that the governments of the region guarantee the full implementation of Article 19 of the Convention in consultation with people with disabilities, their organizations and their families. Resist the development of regressive regulations that continue to be adopted. Avoid institutionalization at all costs.

• Ensure full deinstitutionalization, which fuel violence of all kinds.

• Provide decent housing to those who leave institutions, provide non-contributory pensions appropriate to the needs of the person and the family members who live with the deinstitutionalized person. Guarantee access to soft loans so persons have the possibility of making their economic decisions to access goods and / or services that they need to function in the community.

• Support cannot be provided without financial support, considering that the majority of households are single parent.

• Support families through public institutions or the private sector, which provide therapeutic and psycho-pedagogical support. Ensure supporters are trained to care for persons with disabilities.

## Freedom of expression, opinion, and access to information (Art. 21)

***Recommendations***

• Establish an accessible platform to request support in times of crisis, file complaints and achieve the restitution of the rights of persons with disabilities.

• Train education professionals in relation to the formulation of pedagogical strategies that promote the overall development of the child, as well as assistive technology in the rehabilitation process of the deaf and of those with unilateral and bilateral deafness, considering: panels luminous with captions and descriptions, as well as the use of transparent masks for lip reading.

• Carry out an international awareness campaign to ensure that platforms offer subtitles, audio description and sign language.

• Disseminate the practice of accessible online communication in internet.

## Health (Art. 25)

***Concerns***

• Medicine is used as a tool in the construction of society, acquiring an ideological character. The scientific knowledge is put at the service of the State, and contributes to the design of the subject to be excluded and/or eliminated.

• There is a lack of data on institutionalized persons with visual impairments and persons with visual impairment and with psychosocial disabilities have been confined to psychiatric hospitals.

***Recommendations***

• Offer people whom so desire, free and voluntary support to start a de-medicalization process.

• Urgently adopt regulations on free and informed consent, with an emphasis on psychiatric interventions and with an impact on sexual and reproductive health.

• Health services must take care of persons according to a social and rights approach, rather than a biological approach, guaranteeing their safety through periodic inspections by State party agencies to verify compliance with regulations against torture.

• Outpatient psychiatric care services should be created to avoid transfers beyond the area of residence that can be attended by volunteer personnel.

• Training initiatives in the community on mental health should be supported.

## Habilitation and rehabilitation (Art. 26)

***Recommendations***

• Provide rehabilitation from the beginning of the diagnosis, evaluate each case and provide social assistance, access and rehabilitation.

## Adequate standard of living and social protection (Art. 28)

 ***Concerns***

• None of the institutions fulfils the function of providing housing, shelter, food or health for the groups of people with psychosocial disabilities living in them.

• Poverty violates human rights and arbitrarily deprives persons of their freedom based on disability. Persons with disabilities are the raw material generated by the oppression of a new slavery system that includes civil society organizations that are functional to power.

***Recommendations***

• Adopt protocols for crises, which offer the possibility of various alternatives for each person such as peer support, safe shelters, guidelines for the adoption of advance directives, etc. Guarantee food security, decent housing, assistive devices, medicines, etc., through monetary transfers directly to persons with disabilities.

• Provide financial support and accompaniment to persons who are in DI processes, as well as to their emotional supporters, including by guaranteeing decent housing conditions.

## Participation in political and public life (Art. 29)

***Recommendations***

• Ensure persons with disabilities enjoy their rights as true citizens, have the same services and give them the importance they deserve as active members of society.

• Ensure the right to vote, taking into consideration the particular requirements of the person.

## Collection of data and statistics (Art. 31)

***Recommendations***

• Create a census of the population that is currently institutionalized, in which information is disaggregated by gender and age.

• Create a census that clearly identifies all persons with disabilities living in all types of institutions, including those designed for the confinement of persons; psychiatric centres; homes or homes for the elderly; orphanages; immigration detention centres, temporary shelter services for homeless people due to natural disasters, and so on. The censuses must include name, age, sex, type of impairment, reason for institutionalization, date of admission, conditions, and expected date of discharge, if any.

• The generation of data and disaggregated information to know the context that institutionalized persons with disabilities are facing, the support provided to them and to ensure access to technologies for teleworking, inclusive education and life with dignity.

• Create a centralized data collection system that informs state decisions and transforms the training bodies of professionals in the field of mental health, in order to leave behind obsolete models and violations of rights.

## Monitoring Mechanisms (art.33 and 16.3)

***Recommendations***

• Appoint an independent authority to supervise the implementation of the deinstitutionalization policy plans. This authority should monitor the implementation of norms and regulations for the recognition of legal capacity, and the provision of support services to ensure independent living and inclusion in the community. In the establishment and appointment of the independent authority, the Paris principles must be taken into consideration.

• Establish a review body made up of persons with disabilities who are independent. Ensure this review body has legal powers and report to competent authorities such as the Ombudsperson or the Ministry of Justice.

• Create independent monitoring mechanisms, such as working groups that meet periodically with an adequate territorial distribution and that include different sectors in order to generate spaces for dialogue, articulate interventions, monitor progress made and hold accountable the State in case of non-compliance.

Committee on the Rights of Persons with Disabilities / Pandemic

• It is urgent that the Committee pronounce itself on the violations of rights that we have experienced before and during this pandemic.

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