Advocacy for people with disability

**Queensland Advocacy for Inclusion**

# 15th Session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities

**General debate:** United Nations Headquarters, New York (14 to 16 June 2022)

## **Statement by Queensland Advocacy for Inclusion (QAI)**

Queensland Advocacy for Inclusion (QAI) is an Australian NGO advocating for the protection and advancement of the needs, rights and lives of people with disability.

Article 19 of the CRPD recognises the equal right of all people with disability to live in the community.  The Disability-Inclusive Response to COVID brief by the Secretary General included a call to reduce the number of people within institutions by setting clear timelines and concrete benchmarks.  From our observations, this has not happened.

The COVID context posed particular challenges to the realisation of Article 19, especially in closed environments. People with disability are particularly impacted by closed environments through disability specific detention, like mental health and dementia wards and disproportionately represented in other closed environments like prisons and aged care.

Throughout the pandemic, we spoke with people in closed environments and witnessed the additional burdens placed on the human rights of people with disability.  We saw the inherent inability of closed environments to keep people safe from the spread of infection while also respecting human rights.  We saw an increase in restrictive practices and solitary confinement as measures to limit infection.

Australia, like many nations, is now implementing the Optional Protocol for the Convention Against Torture which provides for national preventative bodies to monitor closed environments.  We need a disability aware model of monitoring where people with disability and representative organisations are involved in the establishment and roll out of OPCAT monitoring, for example through accessible resources and peer monitoring models.  COVID demonstrated that where there is a lack of disability aware monitoring, systems to prevent infection discriminate and cause harm.

This is an important agenda for civil society as we are uniquely placed to hear and respond to abuse and neglect.

Involving people with lived experience of disability and closed environments in monitoring places of detention is paramount to successful OPCAT implementation.  Deinstitutionalisation is the vital solution in a fight against COVID and the fight for the lives and human rights of people with disability so we welcome the initiative of the CRPD committee in drafting guidelines on deinstitutionalisation.