Northern Ireland Executive

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Findings from the Public Consultation on the Northern Ireland Executive Disability Strategy

(2026-2036)

August 2026



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Section 1: Executive Summary

1.1 This report provides a high-level summary of findings from the consultation process conducted on the Northern Ireland Executive draft Disability Strategy.

1.2 The consultation process gathered information from a wide range of Deaf and disabled stakeholders including individuals, community representatives, disability-related organisations and the broader community and voluntary sector.

1.3 The consultation ran from 09 December 2025 until 20 March 2026. It was extended beyond the normal consultation period in recognition of it being over the Christmas period and some organisations and individuals did not have full capacity to respond during this time.

1.4 In addition, and to ensure as wide a cross section of people as possible was reached, several consultation responses received outside the formal period were also considered.

1.5 The consultation process allowed people to respond either through an online survey setting out their levels of agreement with the overall approach of the vision, Outcomes and commitments captured within the Strategy, or directly in writing.

1.6 In addition, five in-person engagement events were hosted in Belfast, Derry/Londonderry, Enniskillen, Craigavon and Ballymena.

1.7 Officials also undertook a range of focused engagements directly with individuals/stakeholder organisations where these were requested.

1.8 A range of issues were raised through this process and are captured in this report. A number of issues were raised frequently in the following key areas:

STRUCTURE/GOVERNANCE OF THE STRATEGY

1.9 Respondents highlighted the importance of implementing strong governance arrangements to ensure that the Disability Strategy is operated effectively, transparently and in partnership with Deaf and disabled people. There was a clear view that meaningful involvement of Deaf and disabled people must be embedded within the Strategy's governance

structures rather than limited to arbitrary consultation at specific points in time.

1.10 Many respondents welcomed the proposed establishment of a Regional Disability Forum comprised wholly of Deaf and disabled people, with representatives from Disabled People's Organisations (DPO's), advocacy groups and community organisations being able to be consulted with as appropriate. Respondents viewed the Forum as a key vehicle for co-production moving forward, providing an independent and representative voice to inform the implementation, monitoring and evaluation of the Strategy.

1.11 There was strong support for ensuring that the Forum reflected the diversity of Deaf and disabled people's experiences, including representation from people living with a range of disabilities, and from as diverse a geographical and community spread as possible.

1.12 Alongside strengthened governance arrangements, respondents also called for a review of the disability legislative framework in Northern Ireland.

1.13 Respondents expressed concerns that current disability legislation in Northern Ireland, and most importantly the provisions of the Disability Discrimination Act (DDA) no longer fully reflected contemporary understandings of disability, inclusion and equality.

ACTION PLAN/TARGETS/MEASUREMENT

1.14 Many respondents raised concerns that there was an absence of a detailed implementation or Action Plan. They felt that specific time-bound targets should be included in the Strategy, ensuring that the needs, rights and aspirations of Deaf and disabled people are fully considered across all areas of delivery. Respondents repeatedly stated that without a clear roadmap setting out actions, timescales, responsibilities and resources, it would be difficult to assess whether the Strategy could achieve meaningful change.

1.15 Respondents emphasised that strategic commitments must be translated into practical actions if the Strategy is to improve the everyday lives of Deaf and disabled people.

RESOURCES

1.16 A recurring theme from respondents was that meaningful progress will only be achieved if the Strategy is supported by sufficient resources. Respondents called for dedicated funding, specialist expertise and clear accountability mechanisms to ensure that commitments are translated into action.

1.17 They emphasised that accessibility and inclusion should be recognised as core requirements of service delivery and adequately resourced from the outset rather than addressed retrospectively.

THE IMPORTANCE OF LIVED EXPERIENCE

1.18 The importance of lived experience was also highlighted by many respondents to the consultation. This included inclusion of lived experiences both within the Strategy itself as well as in the governance mechanisms which would be used to monitor the delivery and progress of the Strategy.

THE IMPORTANCE OF CROSS-DEPARTMENTAL CO-OPERATION AND PARTNERSHIP DELIVERY

1.19 Many participants highlighted that improving the lives of Deaf and disabled people needed to be taken forward on a cross-departmental basis. It was recognised that to effectively deliver on the Outcomes and commitments within the Strategy, actions would be required across a range of departmental remits.

1.20 A range of departments were highlighted in responses, but the cross-cutting areas raised most often included Education (fully accessible educational settings/ better support for children and young people/ improved transition from education to employment/ inclusion of disabled children in decision making structures), Health and Social Care (access to specialist services/ improved social care provision/ better healthcare Outcomes/ independent living support), Employment and Poverty (targets to reduce the disability employment gap/ better workplace retention and support/ stronger links with anti-poverty measures/ recognition of the higher costs associated with disability), Transport and Accessibility (improved accessible transport/ protection of rural transport services/ inclusive design standards/ better access to housing and the built environment), and Children, Young People and Older People (disabled children require stronger representation and targeted actions/ older disabled people need greater recognition within the Strategy/ age related disability issues should be explicitly addressed).

CO-DESIGN AND ENGAGEMENT

1.21 Many responses highlighted the need for stronger co-production and engagement with Deaf and disabled people. While some respondents welcomed reference to co-design, some felt that Deaf and disabled people and their representative organisations should have played a greater role in developing the draft Strategy itself.

1.22 There was a strong consensus that Deaf and disabled people should not only be consulted but actively involved in decision making throughout Strategy implementation, monitoring and review. Stakeholders frequently referred to the principle of ''Nothing about us without us'', emphasising that policies affecting Deaf and disabled people should be shaped by those with lived experience.

1.23 The consultation responses detailed in this report will inform next steps in the development of the Disability Strategy. The information included in the report will be shared with all departments so they can consider the potential for their individual further development and input into the Disability Strategy and its associated Equality Impact Assessment (EQIA), Rural Needs Impact Assessment (RNIA) and Children's Rights Impact Assessment (CRIA).

Section 2: Process

2.1 The purpose of the consultation was to understand the views of a wide range of Deaf and disabled stakeholders, including individuals, community representatives and the broader community and voluntary sector.

2.2 A draft version of the Strategy containing eight Strategic Outcomes was published for consideration. Alongside this an Equality Impact Assessment, a Rural Needs Impact Assessment and a Child Rights Impact Assessment were also completed and made publicly available.

2.3 Substantial engagement had already taken place with a wide variety of organisations ahead of the formal public consultation process. In particular, early work relating to the Strategy was undertaken by an independent Disability Strategy Expert Advisory Panel which comprised of members drawn from the academic and voluntary and community sectors, and a Disability Strategy Co-Design Group made up of sector representatives alongside civil servants.

2.4 The public consultation on the Disability Strategy ran from 09 December 2025 until 20 March 2026.

2.5 In total there were 122 written responses to the consultation process alongside the engagement at the public consultation events. Of these, 63 were received through the online survey and 59 were received in written format via email Of the 59 written responses received, five Word versions of the online questionnaire were completed.

2.6 These were shared with the Department's Analytics Division (AD) for inclusion in its analysis of the online responses.

2.7 As part of the public consultation, five in-person engagement events were scheduled and held in Belfast, Derry/ Londonderry, Enniskillen, Craigavon and Ballymena. Registration was required for these events. In total 34 participants attended these events.

Section 3: Analysis

3.1 In total there were 122 written responses to the consultation process alongside the engagement at the public consultation events. Of these, 63 were received through the online survey and 59 were received in written format via email.

3.2 Of the 59 written responses received, five Microsoft Word versions of the online questionnaire were completed. These were shared with AD for inclusion in its analysis of the online responses.

3.3 The online survey was developed and managed by the Department for Communities. It was hosted on the Citizen Space platform and allowed organisations and individuals to share their views on the draft Disability Strategy and associated impact assessments.

3.4 The survey provided a structured approach for responding to the draft Disability Strategy and facilitated a statistical analysis of responses.

3.5 The online survey included a range of questions which allowed participants to state their opinions in relation to the vision, Strategy scope, guiding principles, Outcomes and commitments captured within the Strategy.

3.6 Questions in the online survey were designed to facilitate quantitative analysis with users asked to rank levels of agreement on aspects of the Strategy on a five-point scale. In addition to the quantitative questions, respondents were also asked to submit qualitative data via comment boxes in order to allow them to qualify their answers or provide further information.

3.7 With respect to written submissions, it is more difficult to provide an overall quantitative analysis as respondents focused on differing issues, provided varying levels of detail and did not use a single approach in relation to agreement/ disagreement. Therefore, the analysis of the written submissions undertakes a more qualitative approach, including using quotations from a range of submissions.

3.8 Section 4 of this report provides an analysis of the online survey, and Section 5 provides analysis of the written submissions received.

3.9 Respondents to public consultations are self-selecting and therefore results may not be representative of the wider population. However, feedback received through this consultation will be used to understand the range of views in relation to the draft Disability Strategy and its contents, and to revise, update and amend, as necessary.

3.10 A full list of organisations who submitted returns to the public consultation is attached at **Annex A**.

Section 4 : Online Survey Analysis

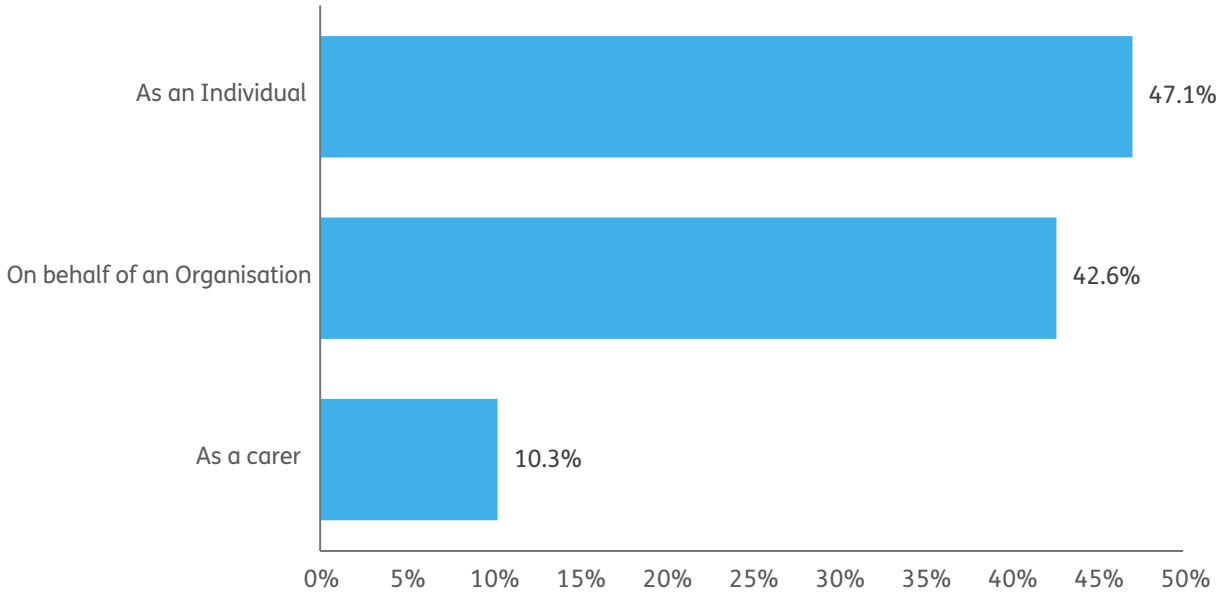
4.1 A total of 68 responses were analysed. This included 63 responses submitted through the online survey and a further five responses received via the consultation email inbox, which were provided as Word versions of the questionnaire and were incorporated into the overall analysis.

4.2 Of the 68 responses, 32 were from individuals, 29 were received from organisations and seven were from carers.

4.3 Analysis of Consultation Responses

Type of respondent

Please indicate who you are responding on behalf of:



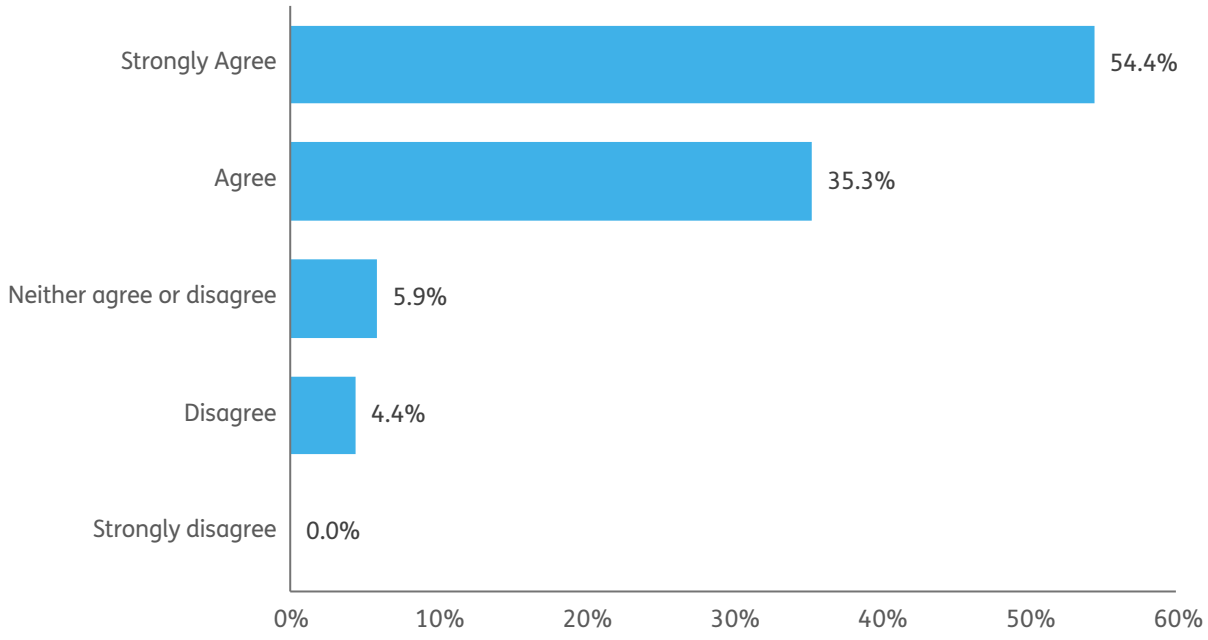
4.4 Just under half (47.1%) of responses were received from individual members of the public.

4.5 Responses were received from a variety of organisations (42.6%), while a tenth (10.3%) of responses were from carers. A list of organisations that responded can be found in Annex A.

Vision

The overall vision of the draft Disability Strategy is "An inclusive society that respects, protects, promotes and fulfils the rights of all Deaf and disabled people to participate fully, free from discrimination".

To what extent do you agree or disagree with the vision included in the draft Disability Strategy?



4.6 Of those who responded the majority (89.7%) either strongly agree or agree with the proposed vision of the draft Disability Strategy.

Do you have any further comments to make on the proposed vision?

4.7 Forty eight (48) respondents left further comments.

4.8 Some respondents expressed concern that the vision focuses specifically on “Deaf people” rather than using a broader term such as “people with disabilities.” They felt that other groups, including visually impaired people, autistic adults, individuals with mental health conditions, and those with speech, language and communication needs, should be equally recognised. Concerns were also raised about terminology, including the use of “Deaf” versus “deaf,” and the need to focus on equity as well as equality.

4.9 Accessibility issues were highlighted across transport, public spaces, sports facilities and buildings. Respondents noted barriers such as inaccessible pavements, road surfaces, beach access and a lack of ground-floor bathroom facilities. Rural challenges, including transport, access to services, digital exclusion, childcare, respite care, and social isolation, were also identified as issues affecting participation in health, education, work and community life.

4.10 Some respondents felt that, while the vision was co-designed, the commitments were not, indicating insufficient engagement in developing the Strategy. Suggestions included creating an online map of services to improve access to information. Concerns were also raised about differences between disability legislation in Northern Ireland and that in Great Britain, with calls for stronger legal protections. Respondents emphasised The importance of Sign Language Bill and stated that Deaf people should have the same rights and opportunities as the hearing community.

4.11 To ensure the success of the Strategy, respondents called for an Action Plan, measurable targets, accountability mechanisms, consequences for non-compliance, sustained funding, coordinated cross-sector working and ongoing monitoring.

Scope

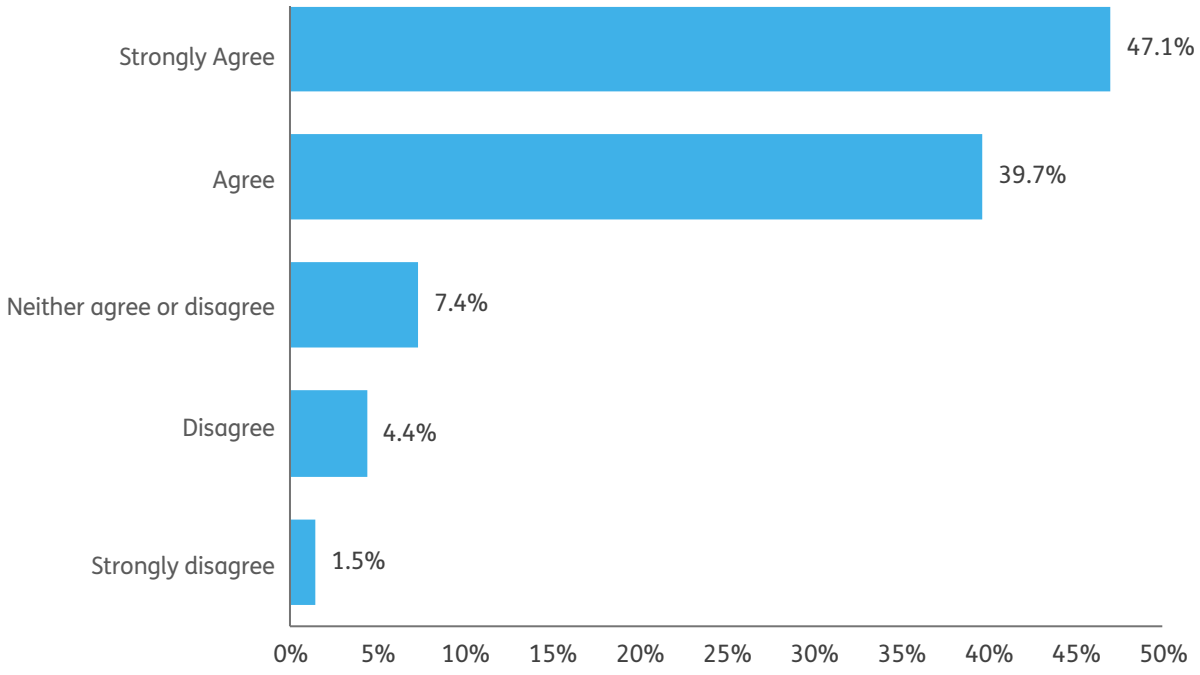
The Strategy aims to improve the lives of people who are Deaf and disabled people, their families and carers so that they can play a full and active role in all aspects of our society. It aims to support people who are:

Deaf or disabled, and/or

Have health conditions, and/or

Are neurodivergent

To what extent do you agree or disagree with the scope of the Strategy?



4.12 Over four-fifths of respondents (86.8%) agreed or strongly agreed with the scope of the Strategy.

Please provide us with any comments you have on the scope of the Strategy.

4.13 Forty-two (42) respondents left comments.

4.14 The majority of respondents agreed with the scope, noting that individuals can move between, or sit across the categories listed in the scope during their lives. Including families and carers within the scope is seen as both proportionate and necessary, as policy decisions frequently affect them directly.

4.15 The feedback highlighted that, within the list of people to be supported, mental health and people with a learning disability should be distinct priority groups. It was noted that adults with moderate learning difficulties often face significant barriers to employment, independence and participation as they do not meet thresholds for support. Speech, Language and Communication Needs (SLCN) is an issue affecting many of the groups included in this Strategy, and respondents felt the scope could benefit from recognising this.

4.16 Rural needs were mentioned at least once in responses to every question in this consultation, showing it is of great concern to those affected, both individuals and organisations. In rural areas people face greater barriers in accessing services, healthcare, equipment, housing, digital services, transport, independent living support, community services and community participation as well as an aging population.

4.17 Early engagement with local government and other stakeholders is viewed as imperative by respondents and must ensure rural stakeholders are included.

4.18 Several issues were raised by those who either disagreed or neither agreed nor disagreed with the scope. It was felt by these respondents that extending the scope to people who have health conditions and those who are neurodivergent, without clear definitions or thresholds, seriously weakens the Strategy. It was noted that not all health conditions constitute disability, and not all neurodivergent people identify as disabled or face the same structural discrimination.

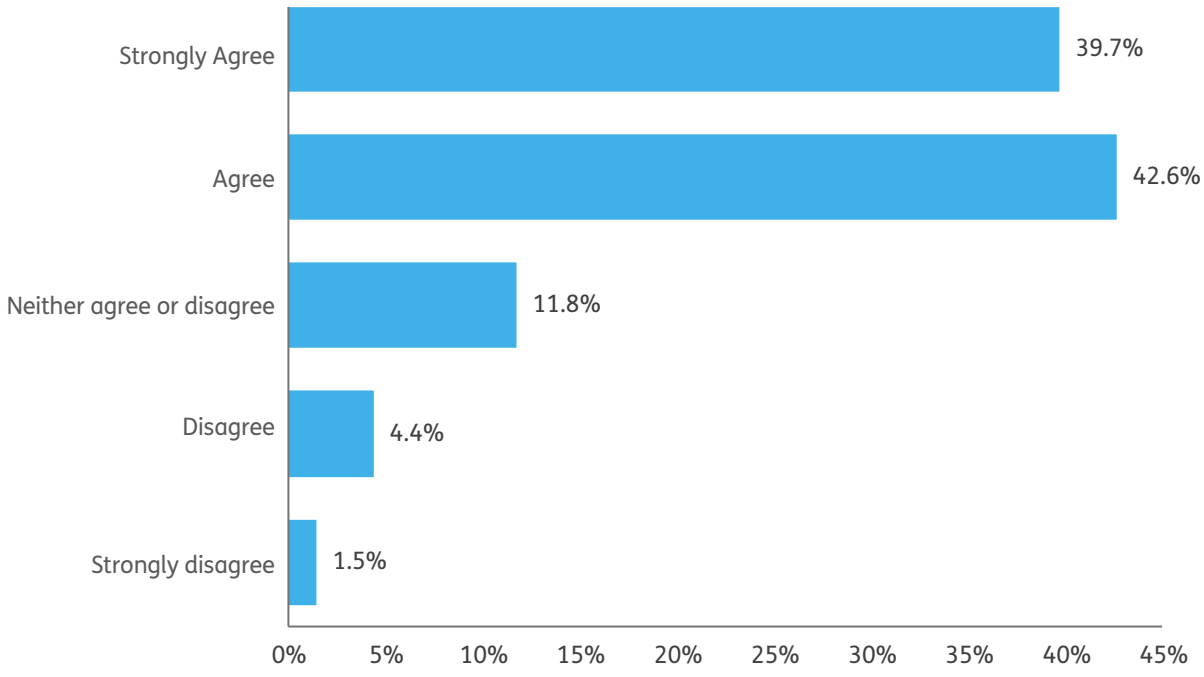
4.19 Respondents noted that a clear, transparent and published Action Plan should be developed, with measurable targets, effective monitoring, flexibility to adapt where needed, and sufficient funding to support delivery.

Guiding Principles

The Strategy uses the following principles around language and terminology. These have been developed in partnership with Deaf and disabled people.

- Those who choose to identify as people with disabilities, focusing on the person first and their condition or impairment second. "People with disabilities" is terminology most associated with the UNCRPD and the human rights model of disability.
- Individuals who choose to identify as disabled people, recognising that people with impairments or conditions are disabled by barriers created by society. "Disabled people" is the terminology most associated with the social model of disability.
- Those who choose not to identify as either "people with disabilities" or "disabled people" and who may choose an identity relating to their condition or impairment.
- People who have a hidden / invisible condition or impairment.
- Self-defined models such as Deaf culture.

To what extent do you agree or disagree with the guiding principles of the Strategy?



4.20 Over four fifths (82.4%) of respondents agreed or strongly agreed with the guiding principles of the Strategy.

Please provide us with any comments you have on the guiding principles of the Strategy.

4.21 Twenty eight (28) respondents left comments.

4.22 Respondents felt these principles provide a solid foundation; however, for them to be meaningful in practice, they must be matched by clear targets, adequate funding, fair geographic representation, amended if appropriate, transparent, published, resourced and monitored.

4.23 Respondents welcomed the emphasis of recognising the individuality of people first, with any condition or impairment secondary. Respecting identity and language are also seen as important, due to the fact that individuals feel if their preferred terminology is acknowledged, it fosters trust, dignity, engagement and participation.

4.24 Comments highlighted that many members of the Deaf community do not view themselves as disabled but instead identify as a linguistic and cultural minority group whose primary means of communication is sign language. They noted that, because deafness is often an invisible condition, Deaf people can occupy a unique position within society. Respondents also emphasised that Deaf and disabled people may require reasonable communication adjustments to enable them to participate on an equal basis with others.

4.25 Of those who either disagreed, or neither agreed nor disagreed, some respondents indicated that the guiding principles go too far in trying to accommodate every possible identity position. They also said that the Strategy must not dilute the central reality that disabled people are systematically excluded because of societal barriers, not personal labels. Respondents highlighted that many older people have been conditioned into thinking their impairments are a symptom of old age and that a disabled person or a person with a disability is a wheelchair user, which is based on the general disability sign, so this can be hard to measure. Finally, Northern Ireland is seen to have a lack of parity with other parts of the UK due to the legislative differences between Northern Ireland and Great Britain.

Analysis of Responses to each Outcome (Overview)

Outcomes

The Strategy is structured around eight Outcomes. The Outcomes will seek to ensure Deaf and disabled people can live and play a full role in society.

Outcome 1: Effectively exercise their rights and fundamental freedoms and participate in society on an equal basis, free from discrimination.

Outcome 2: Access our built environment, facilities and transport on an equal basis.

Outcome 3: Access our public services, government information and communications on an equal basis.

Outcome 4: Access and participate in culture, leisure activities and sport on an equal basis.

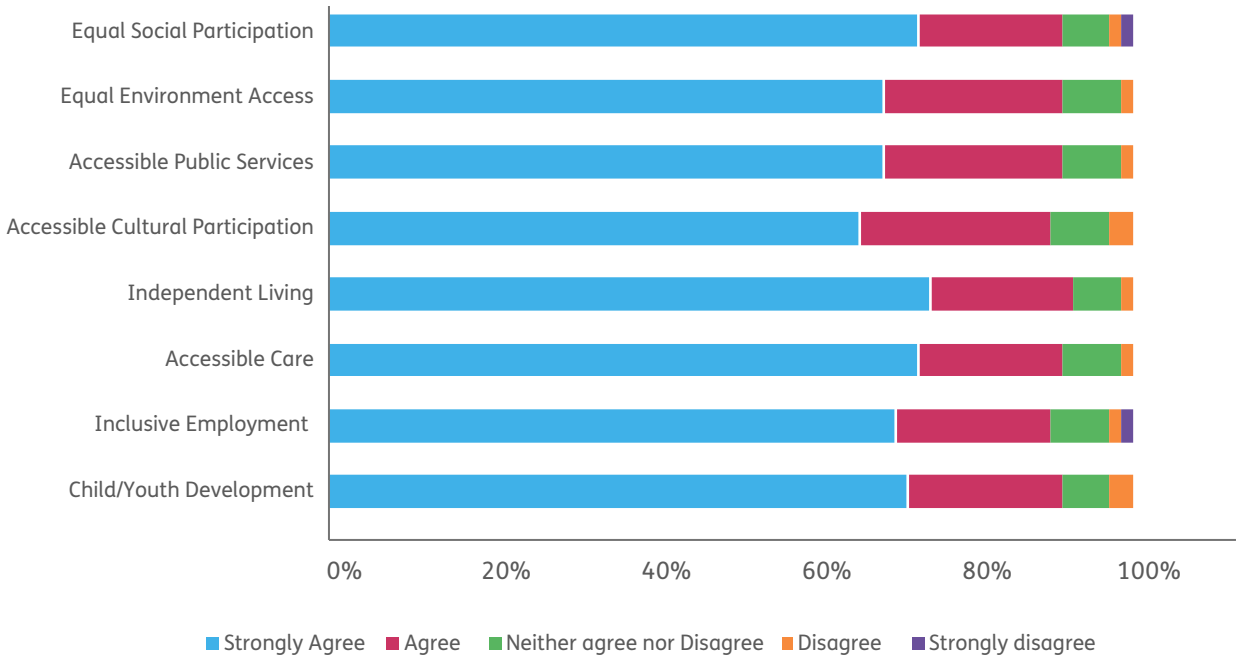
Outcome 5: Live independently in the community with choice and control, with a sufficient and sustainable standard of living.

Outcome 6: Have access to quality health and social care on an equal basis and without discrimination.

Outcome 7: Access, sustain and progress within quality employment in an inclusive labour market.

Outcome 8: Deaf and disabled children and young people can exercise their rights and reach their full educational, social and developmental potential.

To what extent do you agree or disagree with the importance of the eight Outcomes included in the draft Disability Strategy?



4.26 The majority of respondents either agreed or strongly agreed with each of the eight Outcomes (ranging from 89.7% to 92.6%).

Do you have any further comments to make on any of the Outcomes listed? (Please reference the Outcome)

4.27 There were thirty four (34) further comments.

4.28 The eight Outcomes are supported as a comprehensive framework addressing key areas, but there are concerns they are too high level, lack ambition and may not deliver meaningful change.

4.29 Respondents feel the Strategy lacks an Action Plan including details on targets, actions, funding, accountability, resourcing, timelines, and measurement, creating a risk that Outcomes remain aspirational rather than achievable.

4.30 Transport is seen as a major issue that affects the eight Outcomes in the Strategy, for example, hospital appointments often require specialist transport solutions, employment is directly constrained where no viable commuting option exists, so it is important to acknowledge the role of Community transport.

4.31 Deaf and disabled people living in rural communities often face additional barriers, including inaccessible transport, long travel distances and limited local facilities.

4.32 Some Outcomes were viewed as foundational e.g. independent living, health and income and therefore should be higher priority as well as Deaf and disabled people and related organisations being involved in every stage of the Strategy.

4.33 Each of the eight Outcomes will be looked at in more detail.

Outcome 1 - Equal Social Participation

Effectively exercise their rights and fundamental freedoms and participate in society on an equal basis, free from discrimination.

4.34 Over nine tenths (91.2%) of respondents agreed or strongly agreed with the importance of Outcome 1.

4.35 This Outcome is seen as foundational, underpinning the success of all the other areas of this Strategy and it must cover urban and rural areas of Northern Ireland to ensure the inequality experienced in rural areas is addressed. Some respondents noted that people with learning disabilities continue to face discrimination across areas such as healthcare, employment, housing and community participation.

Outcome 2 – Equal Environment Access

Access our built environment, facilities and transport on an equal basis.

4.36 Over nine in ten (91.2%) respondents agreed or strongly agreed with the importance of Outcome 2.

4.37 This Outcome is viewed as critical and appropriately prioritised, as removing physical and transport barriers is a precondition for many other Outcomes in this Strategy. Respondents identified a need for major improvements and retrofitting of existing infrastructure, supported by adequate funding and consistent application of inclusive design standards. Respondents felt the proposed scores on the doors would need more clarity for businesses to comply.

4.38 Transport accessibility is seen to be a major barrier, particularly in rural areas, with calls for better integration with community mobility providers. It was noted the Department for Communities Access and Inclusion Fund should be reinstated to assist councils and community organisations in delivering improvements to physical accessibility. Respondents believe accessibility should go beyond physical barriers to include clear signage, easy read visual information and staff awareness and training. Better access to natural environments is seen to be beneficial for health and wellbeing.

Outcome 3 - Accessible Public Services

Access our public services, government information and communications on an equal basis.

4.39 Over nine tenths (91.2%) of respondents agreed or strongly agreed with the importance of Outcome 3.

4.40 Respondents identified a strong need for accessible communication in multiple formats, including visual, audio, digital, non-digital, easy read materials and interpretation services, to ensure inclusivity for all. They also felt that people need to know how and where to access these services and should not be at a disadvantage if they are unable to use digital platforms.

4.41 Workforce training is seen as essential so staff are confident in delivering inclusive communication and assisted digital support.

Outcome 4 – Accessible Cultural Participation

Access and participate in culture, leisure activities and sport on an equal basis.

4.42 Almost nine in ten (89.7%) respondents agreed or strongly agreed with the importance of Outcome 4.

4.43 Participation in culture, leisure, sport, and play is highlighted by respondents as important for wellbeing, social inclusion, confidence, mental health and community participation and should not be treated as a secondary issue.

4.44 Respondents indicated that access barriers remain including accessible venues, affordable and accessible transport and parking. Respondents recommend that councils, cultural venues and other related organisations should be explicitly recognised as key delivery partners within this Outcome as they play an important role in delivering leisure, sport and cultural activities.

4.45 Additional resource requirements to provide inclusive programmes, concessionary access, targeted outreach, reasonable adjustments, staff training and sustainable community-based activities are highlighted by some respondents and there is a call to explicitly include play in this Outcome, reflecting children's rights under Article 31 of the UN Convention on the Rights of the Child (UNCRC).

Outcome 5 – Independent Living

Live independently in the community with choice and control, with a sufficient and sustainable standard of living.

4.46 Over nine in ten (92.6%) respondents agreed or strongly agreed with the importance of Outcome 5.

4.47 Independent living is recognised by respondents as a core Outcome, essential for dignity, choice, and control, and closely linked to income, housing, and support services. Without progress in this area, respondents feel other Outcomes will be difficult to achieve.

4.48 Respondents highlighted a shortage of affordable, accessible housing, particularly in rural areas, which limits independent living and leaves some people in unsuitable accommodation. They called for better coordination across government services, stronger links between housing, planning and disability policies, and increased provision of accessible housing at all life stages.

4.49 Respondents highlighted challenges to financial independence, noting that disabled people, including those with learning disabilities, often face economic disadvantage. They also pointed to additional disability-related costs, particularly for people in low-paid work or self-employment, which can create further barriers.

4.50 It was noted that independent living depends on timely access to equipment, adaptations, support services, and financial security, with community organisations seen as playing an increasingly important role in filling gaps. Respondents acknowledged existing supports (e.g. housing adaptations, grants, supported housing programmes) but felt they need to be enhanced and better integrated. There were calls for stronger commitments to deinstitutionalisation.

Outcome 6 – Accessible Care

Have access to quality health and social care on an equal basis and without discrimination.

4.51 Over nine in 10 (91.2%) respondents agreed or strongly agreed with the importance of Outcome 6.

4.52 Respondents highlighted that many people face difficulties accessing health and social care, with additional barriers for disabled individuals, particularly around communication (e.g. challenges using phone, text or digital services depending on ability) and therefore they felt services should provide flexible and inclusive communication methods. It was noted there is a need for better access to specialist services and equipment (e.g. prosthetics), which can be costly and not always available through the NHS.

4.53 Long waiting times for assessments, equipment, and care packages were highlighted as a major issue, especially in rural areas where travel distances and staffing shortages worsen delays. Delays are seen as having a major impact on independence and wellbeing and a need for greater investment in mental health services, including specialist support (e.g. for autistic individuals) was mentioned.

4.54 Concerns were raised about the removal of support at age 18, with calls for more flexible, individualised transition arrangements to prevent negative impacts on mental health, family wellbeing and safeguarding. Respondents also highlighted that people with learning disabilities experience health inequalities, including reduced life expectancy.

Outcome 7 - Inclusive Employment

Access, sustain and progress within quality employment in an inclusive labour market.

4.55 Almost nine in ten (89.7%) of respondents agreed or strongly agreed with the importance of Outcome 7.

4.56 Respondents viewed employment as essential for independence, financial security, wellbeing, and economic participation, and felt the focus should not just be on getting jobs but also on retention, career progression, and job quality enabling people to thrive in quality jobs throughout their careers. It was felt that employers need to provide reasonable adjustments and support, such as mentoring, disability awareness training, flexible working (including remote work, time for medical appointments and health related needs), and inclusive workplace cultures that reduce stigma. Respondents highlighted the value of employment support services that work with employees and employers to create inclusive workplaces.

4.57 Lifelong learning, access to higher education, and skills development were identified as important pathways to improve employment prospects. It was felt these should include flexible study options (e.g. part-time or flexible learning) and appropriate financial support to enable ongoing development.

4.58 Government leadership was seen as key, including funding, incentives, and support for employers – especially small and medium-sized businesses (SMEs). Respondents would also like a review of the benefits system to ensure it supports people into and within employment and called for alignment of legislation with stronger protections seen elsewhere (e.g. the Equality Act 2010 in Great Britain).

Outcome 8 – Child/Youth Development

Deaf and disabled children and young people can exercise their rights and reach their full educational, social and developmental potential.

4.59 Over nine in ten (91.2%) respondents agreed or strongly agreed with the importance of Outcome 8.

4.60 Early intervention and accessible education are seen as essential by respondents to prevent lifelong disadvantage, alongside progression pathways and effective transitions into adulthood. Respondents noted that many young people, particularly those with learning disabilities, face a "cliff edge" when transitioning from children to adult services, highlighting the need for better transition planning, continuity and support from school to higher education, training and employment and programmes such as Skills for Life and Work. The importance of lifelong learning was noted, stating that educational progression is not always direct and that opportunities should remain throughout their lifetime.

4.61 Respondents stated that the Strategy should align with other key reforms (e.g. Early Education and Childcare Strategy, SEN Reform) to ensure joined-up support.

4.62 Rural barriers were repeatedly highlighted as transport difficulties and digital exclusion can significantly restrict access to education, SEN provision, youth services and leisure activities.

Are there any other Outcomes you feel should be included?

4.63 Additionally, respondents highlighted that transport barriers limit access to education, with some children currently unable to use school transport due to safety or accessibility issues.

4.64 Twenty one (21) respondents commented.

4.65 While the Outcomes cover important themes, they are seen as structurally incomplete by some respondents, with calls for stronger emphasis on justice, rural inclusion, communication, accountability and enforceable delivery to ensure real equality and participation.

4.66 Respondents highlighted that justice should be a standalone, cross-cutting Outcome, with shared responsibility across all government departments, rather than treated as optional or confined to one department and there

should be enforceable mechanisms as without them rights could risk being theoretical.

4.67 Rural inequality is viewed as a major gap, with strong recommendations for a dedicated Outcome on rural equality and geographic fairness to ensure services (e.g. housing, transport, digital access, healthcare, equipment provision, health and employment) are delivered equitably.

4.68 Respondents also highlighted that communication and accessible information are essential for participation and rights, and the Outcomes and commitments need to be monitored and delivered. Additionally, funding, cross departmental approach, accountability and leadership are important throughout the process.

4.69 Consultation respondents highlighted a range of issues and potential areas for action. They called for practical supports, including early retirement options for some disabled people and better financial support for those who are in work but continue to face financial hardship. Respondents also noted that support during key transition periods such as the move from child to adult services is currently insufficient. Mental health was identified as an important consideration. In addition, respondents emphasised the need for ongoing engagement with Deaf and disabled people, as well as representative organisations to help review and strengthen the Strategy.

Detailed Analysis of Responses to each Outcome

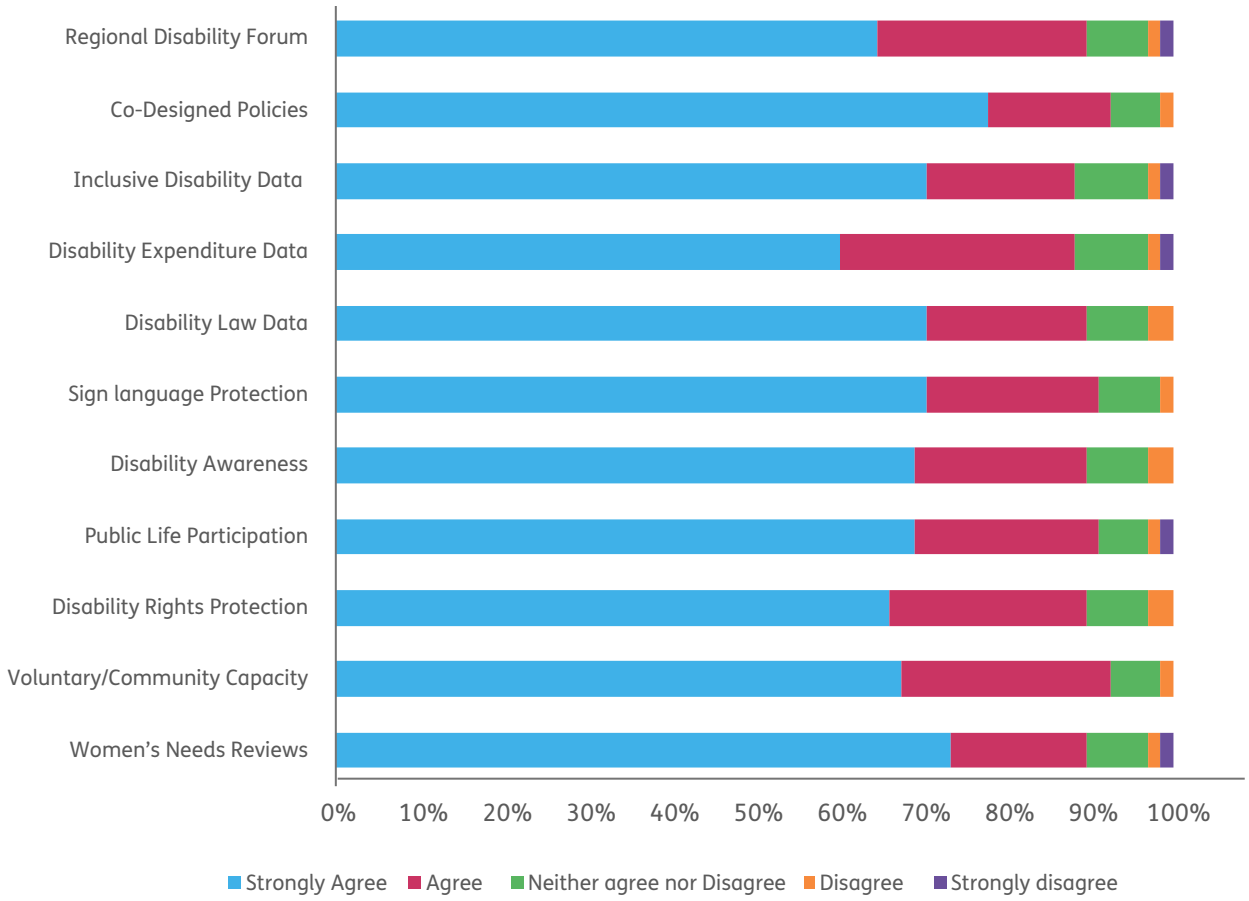
Outcome 1

Commitments under this Outcome will focus on ensuring that Deaf and disabled people do not feel overlooked or ignored when it comes to their rights and legal protections. To fully take part in society as equals, Deaf and disabled people need to know and understand their rights and be able to use the laws that are in place to protect them.

There are eleven commitments for Outcome One:

1. We will establish a Regional Disability Forum to advise on the monitoring and implementation of the Disability Strategy.
2. We will ensure that all new policies are designed with the involvement of Deaf and disabled people.
3. We will work to improve the collection and increase availability of high-quality, reliable and inclusive disability data. Every two years we will publish a Disability Data Compendium setting out disability data held by Executive departments.
4. We will gather information on the level of disability-related public expenditure across all Executive departments.
5. A review and update of existing Disability Legislation in Northern Ireland to include how the UNCRPD can best be incorporated into local legislation here.
6. We will ensure the rights of sign language users are protected.
7. We will promote disability awareness.
8. We will promote the participation of Deaf and disabled people in public life.
9. We will ensure Deaf and disabled people do not lose any rights as a result of the United Kingdom's exit from the European Union.
10. We will build the capacity of voluntary and community organisations working on behalf of Deaf and disabled people through our refreshed sectoral infrastructure support programmes.
11. We will run community led reviews of the needs of women and girls facing additional risk of violence and the barriers to accessing services and make recommendations with the first phase to include deaf and disabled women.

To what extent do you agree or disagree with the eleven commitments supporting Outcome One of the draft Disability Strategy?



4.70 Almost 90% of respondents agreed or strongly agreed with each of the commitments under Outcome 1 (ranging from 88.2% to 92.6%).

Do you have any further comments to make on any of the commitments listed?

4.71 Thirty-seven (37) respondents provided further comments.

Commitment 1 - Regional Disability Forum

We will establish a Regional Disability Forum to advise on the monitoring and implementation of the Disability Strategy.

4.72 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 1.

4.73 The establishment of a Regional Disability Forum is strongly supported amongst respondents and representation should include people with different types of disabilities (including learning and communication disabilities), children, young people, families and carers, people from urban and rural communities, support or delivery organisations, community groups, voluntary sector and council

representatives from all regions in Northern Ireland and they felt it may benefit from being co-chaired by a Deaf or disabled person.

4.74 Respondents emphasised that participation must be fully accessible and supported with adequate provision for all attendees. Some respondents had concern that the forum will not deliver real influence and change, so its success would be dependent on having a clear remit and real influence on decision making and change, rather than serving solely as a mechanism for consultation.

Commitment 2 - Co-Designed Policies

We will ensure that all new policies are designed with the involvement of Deaf and disabled people.

4.75 Over nine tenths (92.6%) of respondents either agreed or strongly agreed with Commitment 2.

4.76 There is strong support amongst respondents for co-designing policies with Deaf and disabled people and it being embedded from the earliest stages.

4.77 Comments emphasised that engagement must be accessible and inclusive ensuring participation from a cross section of stakeholders involved to ensure all voices are heard and that lived experience directly shapes policy.

Commitment 3 - Inclusive Disability Data

We will work to improve the collection and increase availability of high-quality, reliable and inclusive disability data. Every two years we will publish a Disability Data Compendium setting out disability data held by Executive departments.

4.78 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 3.

4.79 This commitment is supported and seen as a key strength, as good data is essential for accountability, planning, and targeting resources effectively.

4.80 Respondents saw a need for more detailed, disaggregated data (e.g. by disability type, geography, age, gender), including specific groups such as people with learning disabilities and deaf children, to better understand inequalities and Outcomes. They also felt data should cover a varied range of areas, including health, employment, housing, participation, communication needs, and rural transport, and be usable at local level (down to council level).

4.81 Comments also included that data should drive real action, as concerns exist that this could just become a paper exercise with no meaningful change. Suggestions that reporting is more frequent than every two years, success stories are included and reports show links between data and policy decisions. Concerns were raised around underreporting, as some people do not identify as disabled due to the way questions are framed.

Commitment 4 - Disability Expenditure Data

We will gather information on the level of disability-related public expenditure across all Executive departments.

4.82 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 4.

4.83 Respondents supported this commitment, noting that it could improve transparency in resource allocation and help identify funding gaps across departments. However, they stressed that data collection must lead to meaningful action, including assessing value for money, monitoring Outcomes and ensuring alignment with objectives, otherwise there is a risk it becomes a tick-box exercise rather than a driver of real change.

4.84 Respondents also emphasised that the information should be regularly published, and made accessible, enabling disabled people to influence spending priorities.

Commitment 5 - Disability Law Review

A review and update of existing Disability Legislation in Northern Ireland to include how the UNCRPD can best be incorporated into local legislation here.

4.85 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 5.

4.86 Respondents expressed strong support for this commitment viewing it as crucial to improving rights and protections for disabled people in Northern Ireland. Respondents considered the current legislation to be outdated and weaker than protections provided elsewhere, notably Great Britain's Equality Act 2010. Respondents called for the UNCRPD to be incorporated into local law in a more comprehensive way.

4.87 Respondents believe legislation alone is not enough, and highlight the need for strong enforcement mechanisms, accessible legal remedies and advocacy support alongside timelines and accountability for delivery. Respondents stressed the importance of ensuring rights can be exercised in practice and not just established in principle.

Commitment 6 - Sign Language Protection

We will ensure the rights of sign language users are protected.

4.88 Over nine tenths (91.2%) of respondents either agreed or strongly agreed with Commitment 6.

4.89 Respondents expressed strong support for protecting the rights of sign language users, recognising the importance of both British Sign Language (BSL) and Irish Sign Language (ISL) as first languages for many Deaf people.

4.90 Respondents highlighted the need for BSL and ISL to be explicitly referenced in the Strategy. Some raised concerns that BSL and ISL are not formally recognised as official languages yet, unlike Irish and Ulster Scots and this gap should be addressed. Respondents emphasised the importance of considering a wide range of communication needs, including Easy Read materials, and alternative methods such as Makaton, non-verbal and digital communication and appropriate staff training.

4.91 Respondents stressed that it is essential that any legislation to be implemented effectively, enabling Deaf people, especially children to learn, use and access services in their preferred language.

Commitment 7 – Disability Awareness

We will promote disability awareness.

4.92 Almost nine tenths (89.7%) of respondents either agreed or strongly agreed with Commitment 7.

4.93 Respondents were supportive of raising disability awareness, but emphasised that its value would depend on achieving real behavioural and cultural change, particularly in public services and frontline settings. Some respondents expressed concerns about lack of clarity around how awareness initiatives would be delivered, who they will target and what resources will support them. Respondents highlighted the importance of ensuring that awareness raising activities are targeted, clearly defined and subject to evaluation, rather than being broad and / or vague in scope.

4.94 Respondents viewed disability awareness as an important means of challenging misconceptions, reducing discrimination, and increasing participation in education, employment and public life. Many respondents stressed the need to improve understanding of invisible disabilities and reduce associated stigma, including awareness of specific conditions such as childhood deafness. Respondents called for mandatory disability awareness training across a

range of sectors including healthcare, housing, employment and justice.

Commitment 8 - Public Life Participation

We will promote the participation of Deaf and disabled people in public life.

4.95 Over nine tenths (91.2%) of respondents either agreed or strongly agreed with Commitment 8.

4.96 Respondents expressed strong support in increasing participation of Deaf and disabled people in public life, recognising its importance in challenging stigma and improving representation. Many respondents highlighted the need for accessible recruitment processes, reasonable adjustments and communication support to enable people to contribute fully. They also emphasised the importance of actively encouraging and supporting participation, rather than relying solely on individuals to come forward and would like to particularly see people with learning disabilities and young people engaging in decision-making roles and public appointments.

4.97 Respondents identified a need to remove practical barriers that can limit participation. Such as lack of understanding, support and accessible information and systems.

Commitment 9 - Disability Rights Protection

We will ensure Deaf and disabled people do not lose any rights as a result of the United Kingdom's exit from the European Union.

4.98 Nearly nine tenths (89.7%) of respondents either agreed or strongly agreed with Commitment 9.

4.99 Respondents welcomed the commitment to protect disability rights post-Brexit and highlighted maintaining these rights is a legal obligation under international law. Ensuring the ongoing monitoring of equality protections and engagement with third sector organisations in assessing any risks to rights protections was also seen as important.

Commitment 10 – Voluntary/Community Capacity

We will build the capacity of voluntary and community organisations working on behalf of Deaf and disabled people through our refreshed sectoral infrastructure support programmes.

4.100 Over nine tenths (92.6%) of respondents either agreed or strongly agreed with Commitment 10.

4.101 Support for the voluntary and community sector was welcomed with respondents recognising its vital role in supporting Deaf and disabled people.

4.102 Respondents highlight the need for long-term, stable investment, including multi-year funding cycles, to strengthen organisational capability, retain expertise, and support effective planning, with respondents noting that current funding levels and short-term funding cycles can lead to the loss of experienced staff, affecting organisational sustainability and service continuity.

4.103 Respondents emphasised the importance of partnership working, including collaboration with community transport providers and local delivery networks. Many felt that capacity building initiatives should be co-designed with organisations themselves, drawing on their practical experience and insights. There were calls for stronger leadership representation of Deaf and disabled people within organisations, and for clearer detail on how capacity-building will actually be delivered.

Commitment 11 - Women's Needs Review

We will run community led reviews of the needs of women and girls facing additional risk of violence and the barriers to accessing services and make recommendations with the first phase to include deaf and disabled women.

4.104 Almost nine tenths (89.7%) of respondents either agreed or strongly agreed with Commitment 11.

4.105 Respondents welcomed this commitment recognising that disabled women and girls, including those with a learning disability, face significantly higher risks of violence and abuse and may encounter barriers when accessing services. Many respondents emphasised that any reviews should incorporate accessible engagement methods, particularly for women with a learning disability and should examine barriers to reporting abuse and accessing justice.

4.106 Respondents stressed that reviews should lead to practical improvements in safeguarding, access to support services and access to justice. Some highlighted specific issues, such as lack of interpreter provision in voluntary sector services, and called for dedicated funding to address these gaps. Some respondents also noted that these issues should already have been addressed under existing equality duties, highlighting a gap between policy and implementation in practice.

General comments on the Commitments in Outcome 1

4.107 More broadly, respondents expressed strong overall support for the commitments, but emphasised the need for effective enforcement, timelines and accountability mechanisms, and consequences where delivery falls short.

4.108 Respondents also highlighted the importance of inclusive representation, including grassroots participation and representation from rural communities, alongside sustainable funding, measurable targets and delivery mechanisms to ensure meaningful, real improvements in equality and participation.

4.109 Funding was identified by many respondents as a critical enabler of success, particularly for the voluntary sector, community transport services, and communication supports, such as interpreters. Respondents also emphasised the need for wider cultural change and genuine inclusion, ensuring disabled people are not only consulted but actively listened to and empowered to influence decision-making. Some respondents also called for independent oversight, such as a Disability Commissioner to ensure accountability, continuity and enforcement rights were upheld.

Are there any other commitments you feel should be included under this Outcome?

4.110 Fifteen (15) respondents commented on other commitments they felt should be included under this Outcome. This included a shift from principles to enforceable action, as well as:

- Binding enforcement and accountability commitment that details consequences of failure to comply with disability law, Section 75 or the Strategy itself.
- Reporting on progress and failures to ensure transparency.
- Commitment for disability rights training for staff and decision-makers and improving awareness of rights for Deaf and disabled people.
- Accessible complaints, redress, legal support and advocacy support should be available to ensure meaningful Outcomes can be delivered, not just procedural responses.
- Deaf and disabled people should have decision making authority, not just advisory status only.
- There should be a commitment to sustainable funding and resources.
- Ensuring inclusive participation across all disability types, including hidden and complex needs.
- Need to address ableism and bullying of Deaf and disabled people.
- The need for routine equality and human rights impact assessments, including during emergencies.
- The use of assistive technology as it evolves, with the commitment to enable Deaf and disabled people to make informed choices.

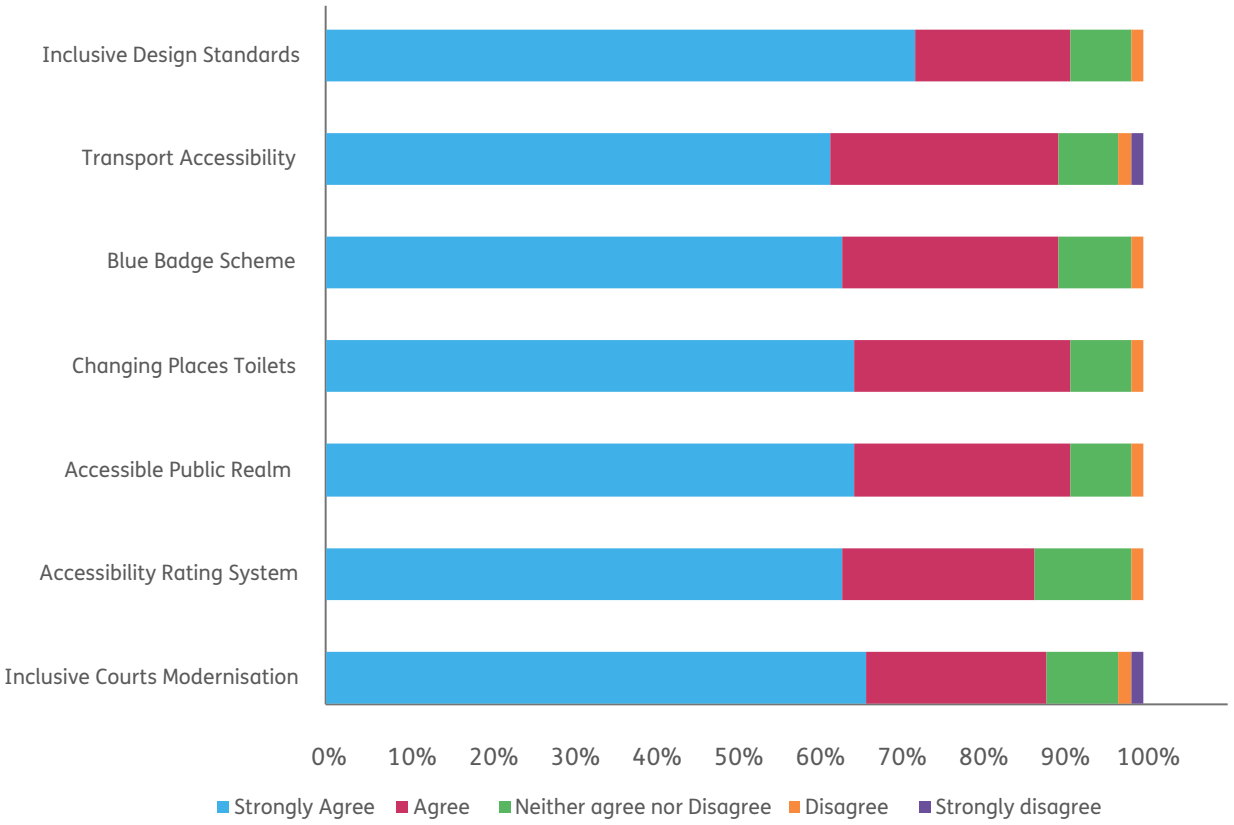
Outcome 2

Commitments under this Outcome will focus on removing barriers that Deaf and disabled people can face in relation to physical accessibility. Many public services are now digital; however, a significant number of people still need to communicate by telephone or face to face through attending public buildings. Deaf and disabled people can face barriers to accessing some services which non-disabled people take for granted. These barriers are not a result of a person's disability, but of society's failure to consider and provide for a diverse range of needs. With forward planning and the input of Deaf and disabled users, our built environment, facilities and transport can be made accessible to all.

There are seven commitments for Outcome Two:

12. We will ensure that inclusive design standards are adopted in all new publicly funded spaces and facilities.
13. We will continue to work with the Inclusive Mobility Transport Advisory Committee and others to continually improve Deaf and disabled people's access to transport in both urban and rural settings.
14. We will continue to operate the Blue Badge scheme to provide access for Deaf and disabled people to parking and city and town centres.
15. Future projects on the NICS Estates will comply with the new building regulations provisions for Changing Places Toilets.
16. We will continue to explore options to make the public realm a more welcoming and accessible place for everyone.
17. We will scope the introduction of an accessibility rating system for businesses, similar to the Food Hygiene Rating "Scores on the Doors" system.
18. We will involve Deaf and disabled people in the modernisation of the Courts and Tribunals estate under Vision 2030, the Northern Ireland Courts and Tribunals Service (NICTS) Modernisation Portfolio.

To what extent do you agree or disagree with the seven commitments supporting Outcome Two of the draft Disability Strategy?



4.111 Over 80% of respondents agreed or strongly agreed with each of the commitments under Outcome 2 (ranging from 86.8% to 91.2%).

Do you have any further comments to make on any of the commitments listed? (Please reference the commitment)

4.112 Thirty-six (36) respondents provided further comments.

4.113 Just over nine in ten (91.2%) respondents either agreed or strongly agreed with Commitment 12.

Commitment 12 - Inclusive Design Standards

We will ensure that inclusive design standards are adopted in all new publicly funded spaces and facilities.

4.114 Respondents expressed strong support for inclusive design and generally agreed that accessibility should be embedded from the outset of publicly funded projects, noting that inclusive design from the start is more effective

and cost-efficient than updating infrastructure. However, retrofitting existing buildings and public spaces was also seen as important, even though it presents financial and technical challenges.

4.115 Respondents highlighted that standards like BS8300 should be regarded as a minimum baseline, and projects should aim to exceed minimum accessibility requirements. They also noted that enforceable standards and post-completion compliance checks are essential to ensure accessibility is delivered in practice, and not just on paper. Respondents believe that Deaf and disabled people should be involved in the co-design process, ensuring real world issues shape the Outcomes as everyday designs can create unseen accessibility issues. Inclusive design was something the respondents felt should be part of planning policy, procurement and public project requirements to ensure impact in the long term.

4.116 Respondents felt that accessibility should not just consider buildings, but should include streets, transport systems, footpaths, signage, visual aids for intercoms and car park systems.

4.117 Funding was seen to be essential by respondents, and the possibility of reinstating the Access and Inclusion fund would aid upgrades, particularly for councils, community organisations and rural communities.

Commitment 13 - Transport Accessibility

We will continue to work with the Inclusive Mobility Transport Advisory Committee and others to continually improve Deaf and disabled people's access to transport in both urban and rural settings.

4.118 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 13.

4.119 Some respondents viewed this commitment as insufficient, as it focuses on discussion without providing the funding or concrete actions needed to improve public transport. There were concerns about current accessibility issues such as wheelchair access on buses, parking and drop off points at stations. It was stated that operators must be held accountable for lack of suitable transport and infrastructure. Respondents believe ongoing engagement with Deaf and disabled people should inform improvements in service design, timetabling, accessible information like Easy Read, staff training and physical infrastructure.

4.120 Respondents highlighted that rural transport issues need to be improved to overcome limited services and

lack of accessible taxis. Community transport schemes like DATS and Dial-a-Lift are viewed as vital, but they are underfunded, increasingly costly, and overly complex to avail of, creating barriers for users.

4.121 Respondents indicated that accessible transport is essential for independence, inclusion, and access to work, education, and services, especially for Deaf and disabled people in rural areas, where barriers are greatest.

Commitment 14 - Blue Badge Scheme

We will continue to operate the Blue Badge scheme to provide access for Deaf and disable people to parking and city and town centres.

4.122 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 14.

4.123 Respondents view the Blue Badge scheme is important, but there are several issues that need addressed.

4.124 Respondents indicated there are eligibility concerns and inconsistencies, with some disabled people unable to obtain a Blue Badge despite clear need. The application process is viewed to be complex and there appears to be a low uptake, suggesting more promotion of the scheme would encourage more people to apply.

4.125 Respondents believe there is misuse of disabled car parking spaces and weak enforcement therefore restricting access to those who need it most. In addition, they emphasised the need for disabled parking bays to be appropriately sized for wheelchair users and located closer to key services.

Commitment 15 – Changing Places Toilets

Future projects on the NICS Estates will comply with the new building regulations provisions for Changing Places Toilets.

4.126 Over nine in ten (91.2%) respondents either agreed or strongly agreed with Commitment 15.

4.127 There is strong support for Changing Places Toilets by respondents and feeling that it should be extended beyond NICS estates to all publicly funded projects as it facilitates participation by Deaf and disabled people and helps their independence. However, implementation will require funding, a delivery plan and should be integrated into all planning and redevelopment processes to ensure consistency. Respondents also indicated there is a need to improve awareness and access information, including how to obtain RADAR keys and “Just Can’t Wait” cards.

Commitment 16 - Accessible Public Realm

We will continue to explore options to make the public realm a more welcoming and accessible place for everyone.

4.128 Just over nine in ten (91.2%) respondents either agreed or strongly agreed with Commitment 16.

4.129 Respondents welcome the commitment, but it lacks clarity, detail, and accountability, making it unclear how it will be delivered or monitored. There was concern that terms like "explore" and "scope" are too vague and non-committal, suggesting insufficient progress despite existing evidence and solutions.

4.130 Early and ongoing engagement with disabled people was seen as essential by respondents, with examples showing that co-design and continuous consultation improve Outcomes and avoid costly mistakes. Practical improvements, such as signage, navigation, and dropped kerbs are highlighted by respondents as simple but impactful measures.

Commitment 17 - Accessibility Rating System

We will scope the introduction of an accessibility rating system for businesses, similar to the Food Hygiene Rating "Scores on the Doors" system.

4.131 Just under nine in ten (86.8%) respondents either agreed or strongly agreed with Commitment 17.

4.132 Respondents generally welcome the proposed accessibility rating system for businesses as it promotes inclusion and helps customers identify accessible services, however there is concern about scoping at this stage rather than implementation.

4.133 Respondents believe the scheme requires clear design, practical guidance, and potential funding/ support to ensure it is fair, proportionate, and achievable for different types of businesses, especially small businesses. Easy Read information, staff training and factors like indoor air quality should be considered, and engagement with businesses and Deaf and disabled people is believed to be essential by respondents as well as a decision into who would assess the businesses.

4.134 There are concerns that without mandatory requirements or incentives the scheme could fail to deliver real change. It was also noted that existing examples proved successful but highlighted challenges such as maintaining up-to-date information and ensuring long-term sustainability of the rating system.

Commitment 18 - Inclusive Courts Modernisation

We will involve Deaf and disabled people in the modernisation of the Courts and Tribunals estate under Vision 2030, the Northern Ireland Courts and Tribunals Service (NICTS) Modernisation Portfolio.

4.135 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 18.

4.136 There is strong support by respondents for involving Deaf and disabled people in modernising the justice estate, as it is seen as essential for fairness and access to justice. Respondents believe early and ongoing involvement with Deaf and disabled people is crucial to ensure accessibility.

4.137 Respondents indicate that accessibility should be inclusive of all disabilities and not focused solely on wheelchair access and it should cover the entire user journey, including wayfinding, information provision, waiting areas, acoustics, hearing environments, Easy Read materials, processes, appropriate support, not just physical building access.

General comments on the Commitments in Outcome 2

4.138 In summary, respondents see the commitments as basic requirements for equal access, which should already be standard practice rather than future ambitions. Respondents call for a shift from aspiration to action, with enforceable commitments, funding and resource to deliver them, clear timelines, utilisation of existing knowledge like the ADAPT framework for inclusive design and recognition that accessibility is a legal and human rights requirement.

4.139 Respondents noted that accessibility should go beyond public buildings and should include workplaces and existing infrastructure, with support and guidance for employers. Respondents also highlighted that community mobility services play a vital role in supporting independence and should be formally recognised and integrated into the Strategy.

Are there any other commitments you feel should be included under this Outcome?

4.140 Fourteen (14) respondents commented on other commitments they felt should be included under this Outcome.

4.141 Respondents noted that accessibility must be treated as a fundamental requirement for equality, and they believe stronger, enforceable commitments are required to ensure meaningful accessibility for Deaf and disabled people. Commitments that should be added are listed below:

- Retrofitting existing infrastructure, as most barriers are in current environments, in particular streets, buildings, transport and public spaces.
- Introduce mandatory enforcement of accessibility standards, including inspections and enforcement.
- Ensure regular maintenance e.g. pavements, dropped kerbs, lighting, lifts, tactile paving, signage.
- Inclusive and accessible transport including audio and visual announcements, staff training, accessible ticketing and affordable accessible taxi provision, particularly in rural areas.
- Planning for temporary and emergency accessibility like roadworks and events as these are often overlooked.
- Disabled led auditing, ensuring living experience shapes decisions and validates Outcomes.
- Include access to the natural environment and green spaces.

4.142 Respondents also noted difficulties Deaf and disabled people face e.g. barriers to communication arising from overseas call centres that are difficult to engage with, and pavement parking, as this has a significant impact on mobility, safety and confidence for disabled people using public spaces.

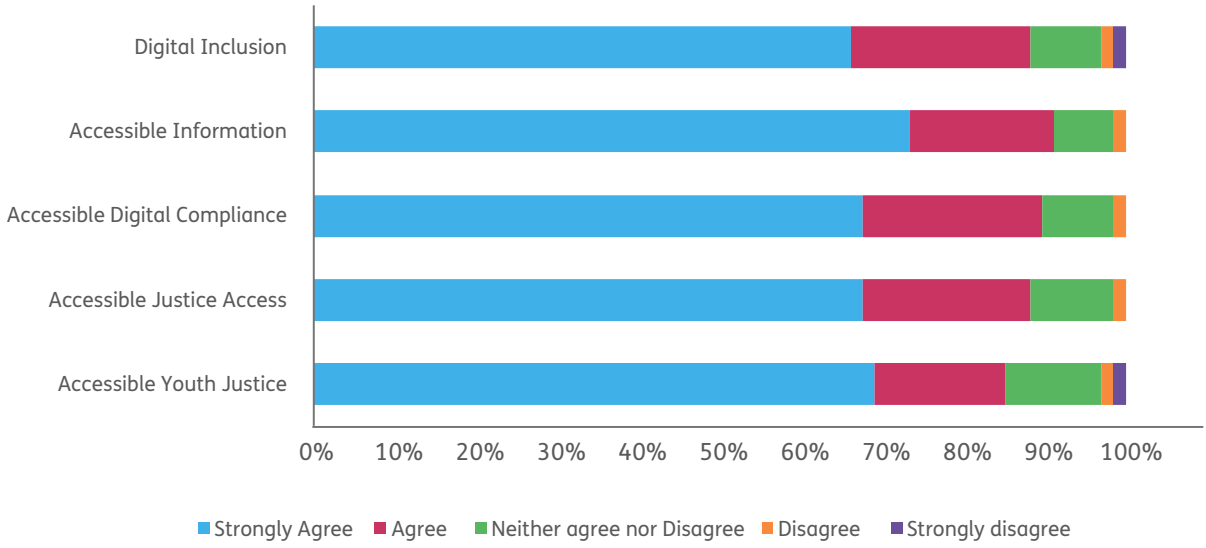
Outcome 3

We all use public services, and these are increasingly provided in a digital format. In an inclusive society, everyone, including Deaf and disabled people, can access services in a way that meets their needs. Deaf and disabled people require access to information and communication, facilities and services, on an equal basis to non- disabled people. This includes electronic information and services. Commitments under this Outcome will address the needs of Deaf and disabled people relating to electronic information and services.

There are Five commitments for Outcome Three:

19. We will promote digital inclusion and access to communication and information technologies for Deaf and disabled people of all ages.
20. We will ensure that departmental information and communications are available in easy-to-read formats and alternative accessible formats for Deaf and disabled people who require it.
21. Digital communications will be compliant with Public Sector Bodies Accessibility Regulations to ensure those using assistive technologies are not disadvantaged in any way.
22. We will make it easier for Deaf and disabled people to report crime and access the justice system.
23. We will ensure that Youth Justice Agency buildings and services are accessible for Deaf and disabled children including those who are neurodivergent.

To what extent do you agree or disagree with the five commitments supporting Outcome Three of the draft Disability Strategy?



4.143 Over 80% of respondents agreed or strongly agreed with each of the commitments under Outcome 3 (ranging from 85.3% to 91.2%).

Do you have any further comments to make on any of the commitments listed? (Please reference the commitment)

4.144 Twenty five (25) respondents provided further comments.

Commitment 19 - Digital Inclusion

We will promote digital inclusion and access to communication and information technologies for Deaf and disabled people of all ages.

4.145 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 19.

4.146 Respondents welcomed the commitment; however they highlighted that digital services should increase choice and convenience, but not replace face-to-face, telephone and other non-digital services for those who need these services. They also noted that communication should include a range of formats and technologies including support for people who are non-verbal and users of assistive communication or listening devices, drawing on established guidance from specialist organisations.

4.147 Respondents highlighted there is a strong need to address digital exclusion by considering older people, people with learning disabilities/ cognitive, communication, sensory or other impairments and people in rural areas that face challenges getting internet access due to connectivity and reliability. Cost of technology and access to support and training are also seen as barriers. Video Relay Services (VRS), wider availability of signed information, translations for essential contents and careful consideration of the use of Artificial intelligence (AI) for sign language translation were seen as important issues for the Deaf community and development should be alongside Deaf people and organisations.

4.148 Respondents emphasised the value of community-based organisations in supporting digital access and helping people navigate services, particularly while awaiting statutory support.

Commitment 20 – Accessible Information

We will ensure that departmental information and communications are available in easy-to-read formats and alternative accessible formats for Deaf and disabled people who require it.

4.149 Over nine in ten (91.2%) respondents either agreed or strongly agreed with Commitment 20.

4.150 Respondents strongly supported the commitment to provide information in Easy Read and alternative accessible formats, viewing it as essential for inclusion, independence, understanding, and informed decision-making for Deaf and disabled people. Respondents noted that a varied range of accessible communication should be available, including Easy Read, Plain English, large print, audio and video formats, sign language translations, visual supports and symbols, imagery, Augmentative and Alternative Communication (AAC) compatible materials and personalised communication adjustments and these should be proactive and standardised, rather than only available on request.

4.151 Respondents stressed that individuals should not have to repeatedly request adjustments and that consistent approaches should be applied across all government departments and Arm's Length Bodies. It was noted that people should know how and where to access information and, if alternative formats or translation is required, clear service standards and response times should be provided to ensure access is timely. Additionally, it was thought that staff should be trained and competent in different forms of communication.

4.152 Respondents thought that compliance with the Public Sector Bodies Accessibility Regulations should

already be a basic requirement, and not an aspiration and there was support for adopting recognised good practice frameworks such as Communication Access UK across public-facing services.

Commitment 21 - Accessible Digital Compliance

Digital communications will be compliant with Public Sector Bodies Accessibility Regulations to ensure those using assistive technologies are not disadvantaged in any way.

4.153 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 21.

4.154 Respondents strongly supported the commitment to ensure digital communications comply with the Public Sector Bodies Accessibility Regulations, but many stressed that this should be viewed as a basic legal requirement rather than a strategic aspiration and some questioned why compliance is still being presented as a future commitment, suggesting that public bodies should be meeting the existing legislative requirements in full.

4.155 Respondents suggested that compliance should be monitored and enforced with ongoing reviews to ensure accessibility is maintained as digital platforms evolve, and in addition accessibility testing should be routine and should involve people with lived experience, ensuring digital services work effectively with assistive technologies and reflect real user needs.

4.156 Respondents emphasised that digital inclusion should not become digital coercion, and that non-digital alternatives must remain available. Respondents also noted that compatibility with assistive technologies must be supported. There were calls for increased staff awareness and mandatory training on accessibility requirements, standards, and best practice guidance from specialist organisations such as Royal National Institute of Blind People (RNIB) and Royal National Institute of Deaf People (RNID).

Commitment 22 - Accessible Justice Access

We will make it easier for Deaf and disabled people to report crime and access the justice system.

4.157 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 22.

4.158 Respondents welcomed the commitment to improve accessibility in reporting crime and accessing the justice system but felt that greater detail is required.

4.159 Respondents stressed that true access to justice includes understanding rights, obtaining legal advice, accessing courts and tribunals, participating effectively in proceedings, challenging decisions, securing remedies and enforcing Outcomes as well as crime reporting.

4.160 Respondents stressed that improvements to crime reporting and justice services should not rely solely on digital channels. Accessible support should include non-digital options, trained staff, advocacy services, and clear information throughout the process. They also highlighted the loss of the Police Liaison Officer for Deaf People (PLOD) role in Northern Ireland due to funding cuts, creating a gap in engagement with the Deaf community.

4.161 Several respondents sought greater clarity on how accessibility improvements will be delivered, including what communication methods and support mechanisms will be available. Respondents highlighted the positive impact of and Video Relay Services (VRS) in improving access to crime reporting.

Commitment 23 - Accessible Youth Justice

We will ensure that Youth Justice Agency buildings and services are accessible for Deaf and disabled children including those who are neurodivergent.

4.162 More than eight in ten (85.3%) respondents either agreed or strongly agreed with Commitment 23.

4.163 Respondents supported this commitment and highlighted that young people should be able to fully participate in the justice process, with appropriate accommodations to meet their individual needs. Specific environmental considerations were raised, particularly the importance of acoustics and lighting within Youth Justice Agency buildings to improve accessibility for Deaf, neurodivergent and other disabled young people.

4.164 Respondents suggested that the commitment should also explicitly recognise the needs of children and young people with mental health conditions, including anxiety, depression, severe mental illness, and other psychological difficulties and noted that justice settings can be intimidating and may create additional barriers for these individuals.

4.165 Some respondents felt that the Strategy's focus on youth justice buildings and digital reporting mechanisms does not adequately address the wider systemic barriers to justice experienced by Deaf and disabled people, including access to policing, complaints processes, legal aid, courts and redress mechanisms.

General comments on the Commitments in Outcome 3

4.166 Respondents said that the commitments in Outcome 3 require greater ambition, stronger accountability and wider partnership working to achieve meaningful change and create a level playing field for Deaf and disabled people.

4.167 Respondents emphasised the importance of a person-centred and family-centred approach, recognising that a "one-size-fits-all" model is inappropriate and individual circumstances, preferences, and support needs should shape service delivery. Respondents highlighted that the needs of unpaid carers should also be considered, as well as rural challenges and ensuring the involvement of Deaf and disabled people in decision making and evaluation.

4.168 Respondents highlighted there should be a commitment to partnership working with the Voluntary and Community Sector (VCS), recognising their extensive experience and knowledge working alongside people with disabilities, particularly living with Intellectual Disabilities and Autism.

4.169 Eleven (11) respondents commented on other commitments they felt should be included under this Outcome.

4.170 Responses highlighted that the commitments should include:

- An explicit commitment that non-digital access routes will remain available as a standard option as it was felt that Deaf and disabled people should be able to access services through face-to-face, telephone, postal, supported and hybrid routes without disadvantage. Digital services should increase choice rather than replace human support.
- Accessibility embedded from the outset in the design and procurement of services, rather than addressed retrospectively and this should include the early involvement of Deaf and disabled people in designing, testing, and approving digital systems and communication methods.
- Co- production with genuine decision-making power, ensuring Deaf and disabled people are

actively involved in shaping services before implementation rather than being consulted only after problems emerge.

- A single point of contact to assist Deaf and disabled people navigate public services was seen as helpful, as well as accessible complaints, feedback and whistleblowing mechanisms.
- Recognise intersectional barriers, including the needs of Deaf and disabled people whose first language is not English and this should involve access to interpretation services, translated materials, and culturally appropriate communication support.

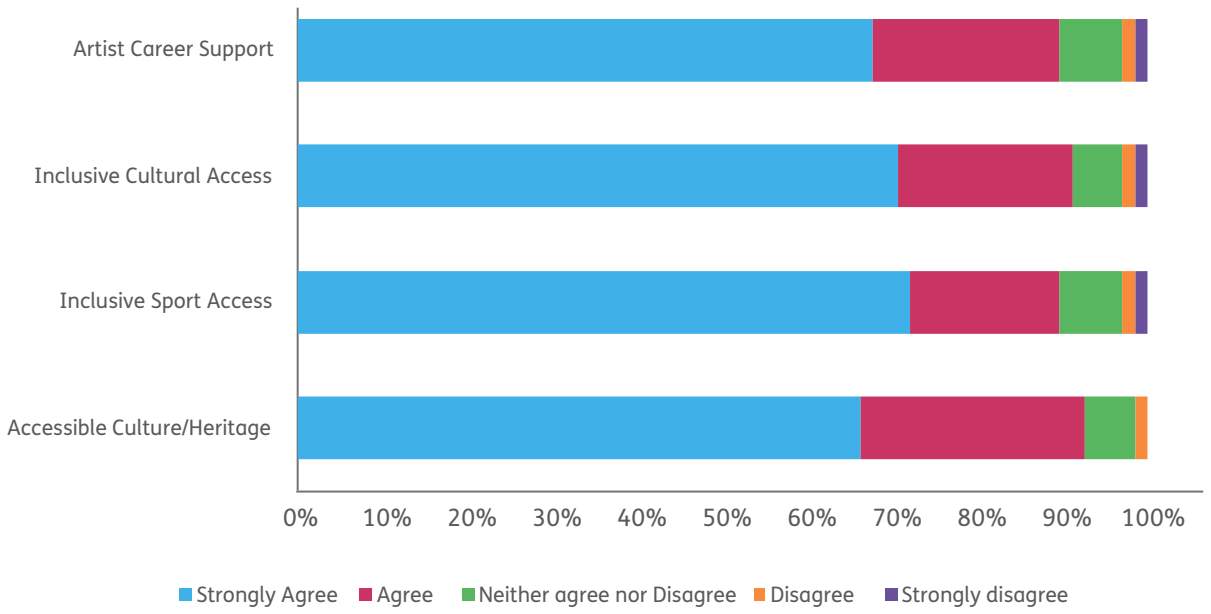
Outcome 4

Commitments under this Outcome will address the needs of Deaf and disabled people relating to accessing and participating in culture, leisure activities and sport on an equal basis.

There are Four commitments for Outcome Four:

24. We will support and promote the careers of Deaf and disabled artists.
25. We will support and promote the access of Deaf and disabled people to arts, culture and heritage sites and activities.
26. We will improve Deaf and disabled people's access to and participation in sport through Active Living – the Sport and Physical Activity Strategy for Northern Ireland.
27. We will support and promote accessibility through the Heritage, Culture and Creative Programme and its four individual policies - Historic Environment, Museums, Public Libraries and Arts.

To what extent do you agree or disagree with the four commitments supporting



4.171 Almost 90% of respondents agreed or strongly agreed with each of the commitments under Outcome 4 (ranging from 89.7% to 92.6%).

Do you have any further comments to make on any of the commitments listed? (Please reference the commitment)

4.172 Twenty nine (29) respondents provided further comments.

Commitment 24 - Artist Career Support

We will support and promote the careers of Deaf and disabled artists.

4.173 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 24.

4.174 Respondents welcome encouraging Deaf and disabled people, including those with learning disabilities, to pursue careers in the creative sector and beyond and it is an important step towards improving inclusion, representation, career opportunities, and positive workplace experiences for Deaf and disabled people.

4.175 Feedback from respondents stated a need to tackle under-representation, discrimination, and barriers to progression, while ensuring access to funding, commissioning opportunities, accessible workspaces, fair pay, and development programmes. Respondents also emphasised that application processes and support mechanisms must be accessible, and that practical workplace support, such as timely Access to Work provision, interpreter availability, and Deaf awareness training, should be prioritised.

Commitment 25 - Inclusive Cultural Access

We will support and promote the access of Deaf and disabled people to arts, culture and heritage sites and activities.

4.176 Over nine in ten (91.2%) respondents either agreed or strongly agreed with Commitment 25.

4.177 Respondents strongly supported improving access to arts, culture and heritage, recognising its importance for social connection, wellbeing, inclusion and identity. Feedback emphasised that accessibility should go beyond physical access to include affordable participation, accessible information, appropriate communication, interpretation services, inclusive programme design and well-trained staff to ensure people that are Deaf and disabled can participate fully.

4.178 Feedback from respondents stated a need to tackle compliance with Sign Language legislation, including providing interpreter support for Deaf people at no additional cost. In addition, participants noted that barriers such as transport, cost, accessible facilities and staff

awareness should be addressed, and that community spaces and local cultural hubs should be included alongside traditional arts and heritage venues to enable full participation.

Commitment 26 - Inclusive Sport Access

We will improve Deaf and disabled people's access to and participation in sport through Active Living – the Sport and Physical Activity Strategy for Northern Ireland.

4.179 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 26.

4.180 Respondents strongly supported improving access to sport and physical activity, recognising its benefits for physical health, mental wellbeing and social inclusion. While alignment with the Active Living Strategy was welcomed, respondents stressed that delivery should focus on inclusive grassroots participation through accessible facilities, trained staff and community-based programmes, rather than concentrating solely on competitive or elite sport. Respondents highlighted that accessible community-based programmes and long-term provision are particularly important for promoting regular participation.

4.181 Feedback highlighted the importance of offering a wide range of activities to suit different abilities and interests, including walking groups, adaptive fitness, chair-based exercise and recreational activities, particularly in rural areas. Respondents also emphasised the need for accessible information and websites, greater awareness and support for events such as the Paralympics and Deaflympics, and the provision of affordable, accessible transport to enable participation. In order to differentiate there was a suggestion to measure participation and spectating separately.

Commitment 27 - Accessible Culture/ Heritage

We will support and promote accessibility through the Heritage, Culture and Creative Programme and its four individual policies - Historic Environment, Museums, Public Libraries and Arts.

4.182 More than nine in ten (92.6%) respondents either agreed or strongly agreed with Commitment 27.

4.183 Respondents generally supported the commitment to improve accessibility across heritage, culture and creative programmes, recognising its importance for inclusion and equal participation. However, many felt greater clarity is needed on how accessibility requirements will be implemented consistently across all four policy areas and suggested that accessibility should be a mandatory

funding and performance requirement rather than an optional consideration.

4.184 Feedback emphasised the need for consistent accessibility standards, including accessible communication, inclusive programme design and access across all cultural services. Respondents also highlighted the importance of complying with forthcoming Sign Language legislation by ensuring Deaf people can access services and events on an equal basis, including the provision of interpreters at no additional cost. Additionally, respondents suggested mapping accessibility provision geographically to identify gaps and aid attendance by Deaf and disabled people.

General comments on the Commitments in Outcome 4

4.185 Respondents strongly supported the commitments under Outcome 4, but stressed that they must meet the needs of disabled people across Northern Ireland. Rural communities often face additional barriers, including poor transport links, long travel distances and limited local facilities. Many people rely on community transport and voluntary organisations to access arts, culture, leisure and sport, particularly where statutory services cannot provide timely support.

4.186 Respondents highlighted that participation brings physical and mental health benefits, helping to reduce pressures on an already overstretched health and social care system, however, without an Action Plan and adequate additional resources to support implementation, there is a real risk that these commitments will remain words on paper.

4.187 Respondents also noted that there are no clear obligations on venues, funders or service providers to remove barriers, meet accessibility standards or be held accountable when exclusion occurs and without measurable targets, mandatory requirements or consequences for non-compliance, access will remain discretionary and inconsistent. It was noted that the reinstatement of the Department for Communities' Access and Inclusion Fund would provide vital support in delivering these commitments.

4.188 Eleven (11) respondents commented on other commitments they felt should be included under this Outcome.

4.189 Responses highlighted that the commitments should include:

- reduced fees for carers and affordable pricing for Deaf and disabled people as cost can be a major barrier.
- Improved accessible transport, especially in rural areas.

- Non-digital methods for booking or accessing activities
- Greater support for participation in local community activities as well as larger institutions.
- Promotion of access to Northern Ireland's natural heritage, including parks, nature reserves and Areas of Outstanding Natural Beauty.
- Fair pay for Deaf and disabled artists and athletes, accessible funding processes and sustainable career development opportunities.
- Accessibility should be a mandatory condition of public funding, with standards covering physical access, accessible information, sensory adjustments and communication support.
- Deaf and disabled people should play a central role in auditing, monitoring and enforcing accessibility, with professional Access Auditors and people with lived experience involved throughout the design, construction and sign-off of cultural, leisure and sporting facilities.
- Reinstating the Access & Inclusion Programme is strongly supported, given its proven value in helping organisations improve accessibility.
- Training for staff and volunteers should be expanded to increase understanding of physical, sensory, neurodivergent and hidden disabilities, promote inclusive attitudes and communication, and ensure Deaf and disabled people feel welcomed, supported and able to participate fully in all aspects of cultural and leisure life.
- Ensuring funding and accessibility measures apply across all arts, culture, leisure and sports organisations, rather than being limited to a small number of key organisations or specialist disability providers.
- It was noted that equal participation requires consistent support across the entire sector and practical barriers need to be addressed, including the timing of activities and clubs, which are often scheduled at less accessible times.

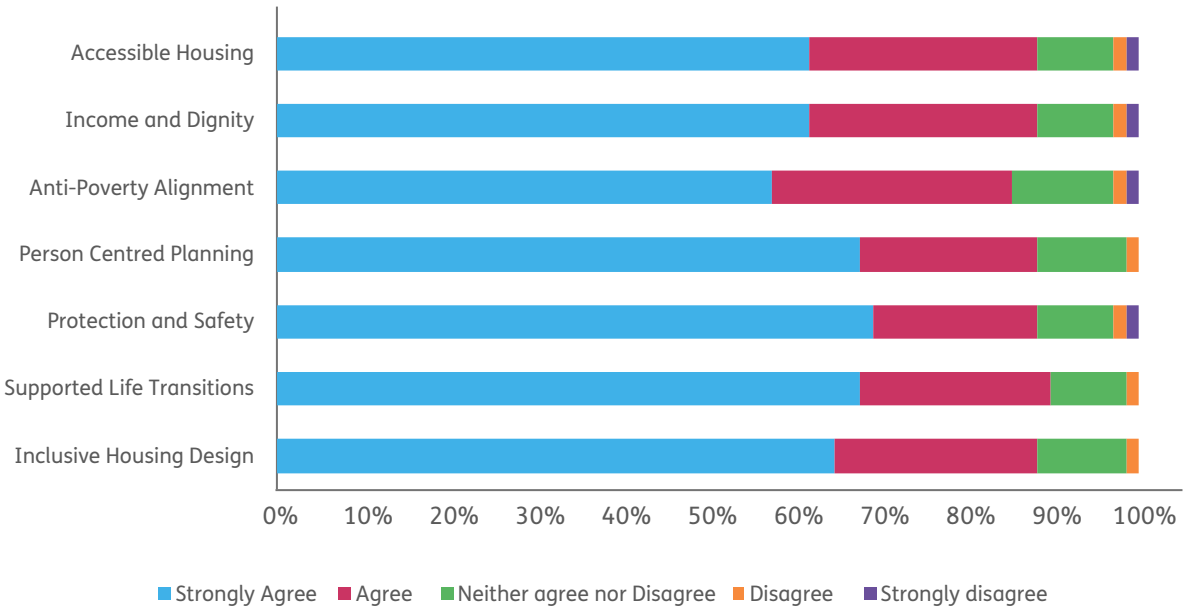
Outcome 5

Commitments under this Outcome focus on enabling Deaf and disabled people to live independently with choice and control. The Deaf and disabled people who contributed to the development of this Strategy highlighted the need for independent living to be prioritised.

There are seven commitments for Outcome Five:

28. We will improve the availability of suitable housing for Deaf and disabled people and their families.
29. We will ensure that Deaf and disabled people have sufficient income and are treated with dignity and respect in applying for benefits.
30. We will align with and complement the implementation of the Executive's Anti-Poverty Strategy.
31. We will take steps to place Deaf and disabled people who are currently institutionalised at the heart of all planning and decision making about their future.
32. We will take steps to protect Deaf and disabled people from violence, exploitation and abuse.
33. We will support Deaf and disabled people to negotiate life transitions with dignity and choice.
34. We will produce guidance on 'Inclusive Design' to encourage an improvement in housing standards for people with cognitive and sensory impairments.

To what extent do you agree or disagree with the seven commitments supporting Outcome Five of the draft Disability Strategy?



4.190 Over 80% of respondents agreed or strongly agreed with each of the commitments under Outcome 5 (ranging from 85.3% to 89.7%).

Do you have any further comments to make on any of the commitments listed? (Please reference the commitment)

4.191 Thirty two (32) respondents provided further comments.

Commitment 28 - Accessible Housing

We will improve the availability of suitable housing for Deaf and disabled people and their families.

4.192 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 28.

4.193 Respondents strongly supported improving the availability of suitable housing for disabled people but stressed that progress will require significant investment, stronger planning requirements, and increased provision of accessible and supported housing. Shortages of accessible homes remain a major barrier to independent living, particularly for wheelchair users and those needing adaptable accommodation. Respondents emphasised that housing supply must be matched

by appropriate support services and funding for adaptations.

4.194 Concerns were also raised about the limited availability of supported housing, particularly for people with complex mental health needs, learning disabilities, autism, and other disabilities, alongside the absence of a coordinated cross-departmental Strategy. Current accessibility standards were considered inadequate, with calls for more wheelchair-accessible and adaptable homes, especially in rural areas where shortages and adaptation costs are often greater.

4.195 The Disabled Facilities Grant process was criticised as slow and under-resourced, resulting in delays for people living in unsuitable housing. Respondents called for faster assessments, increased occupational therapy capacity, streamlined processes, and improved funding. While commitments to review adaptations and assess need were welcomed, respondents noted a lack of clear targets, funding commitments, and implementation plans.

Commitment 29 - Income and Dignity

We will ensure that Deaf and disabled people have sufficient income and are treated with dignity and respect in applying for benefits.

4.196 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 29.

4.197 Respondents strongly supported the commitment to ensure Deaf and disabled people have sufficient income and are treated with dignity and respect when accessing benefits. Many responses emphasised that adequate income is a fundamental right and a prerequisite for independent living, wellbeing and social inclusion.

4.198 Some respondents emphasised that employment should provide a genuine financial advantage over benefits, while recognising that workplace barriers continue to limit opportunities for many disabled people.

4.199 Respondents believe benefit systems should be more accessible, person-centred and respectful, with dignity, clear communication and positive customer service viewed as being as important as financial entitlement itself. Application processes, particularly for PIP, were widely criticised as overly complex, stressful and bureaucratic and respondents called for simplified forms, reduced administrative barriers, faster processing and streamlined assessments. There were requests for greater understanding of autistic people, people with learning disabilities and other disabled people throughout the assessment and decision-making

process and the adoption of staff training, reasonable adjustments, use of interpreters and accessible information should help with this.

4.200 Concerns were raised about the role of private assessment providers, with some respondents questioning whether current arrangements deliver fair Outcomes. Respondents also noted that fear, stigma and negative perceptions of benefit claimants can discourage people applying for benefits, even when they are entitled to them and greater awareness of benefit entitlement and encouragement to claim was recommended.

4.201 There were concerns that eligibility rules linked to age, do not reflect the costs faced by older disabled people and carers. Some respondents indicated that carers need supported too, including older and self-employed carers, who may face financial challenges and limited support.

4.202 Ongoing monitoring of welfare reforms and wider UK policy developments was recommended to ensure disabled people in Northern Ireland are not disproportionately disadvantaged.

Commitment 30 - Anti-Poverty Alignment

We will align with and complement the implementation of the Executive's Anti-Poverty Strategy.

4.203 More than eight in ten (85.3%) respondents either agreed or strongly agreed with Commitment 30.

4.204 Respondents generally welcomed the commitment to align the Disability Strategy with the Anti-Poverty Strategy but emphasised that disability related poverty must be explicitly addressed rather than assumed within the broader Anti-poverty measures. Concerns were raised that the approach must deliver tangible measurable improvements for Deaf and disabled people, with monitoring to demonstrate how it is benefiting them. It was recognised that housing has an important role in tackling poverty, including affordable housing, housing support services and measures to reduce fuel poverty.

4.205 Concerns were raised that the current draft Anti-Poverty Strategy is not sufficiently ambitious, and some noted that there was a need for closer integration with other Executive strategies, including those relating to mental health, substance use, suicide prevention and disability.

Commitment 31 - Person-Centred Planning

We will take steps to place Deaf and disabled people who are currently institutionalised at the heart of all planning and decision making about their future.

4.206 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 31.

4.207 Respondents strongly supported the commitment to place Deaf and disabled people who are currently institutionalised at the centre of planning and decision-making about their lives and future and many viewed this as a fundamental principle of independent living, equality, choice and human rights. This reflects the principle of "nothing about us without us" and that engagement should be standard practice rather than an aspiration.

4.208 There was widespread recognition that choice and control must be genuine, and people's views, preferences and rights are protected and therefore supported by appropriate housing, support services and community-based provision rather than limited by a lack of available options. Some respondents noted that community mobility support and specialist equipment are essential components of independent living and should be recognised within the Strategy.

4.209 Concerns were raised about gaps in supported housing, community services and strategic planning, particularly for people with mental ill health, addictions, intellectual disabilities and autism. It was noted that these gaps can create barriers to timely transitions from institutional settings and there needs to be stronger integration between health, social care and housing services.

4.210 Some respondents thought the commitment should go further, calling for an explicit and funded commitment to deinstitutionalise. Others questioned the wording of the commitment, arguing that merely "taking steps" is insufficient and that stronger commitments are required.

Commitment 32 - Protection and Safety

We will take steps to protect Deaf and disabled people from violence, exploitation and abuse.

4.211 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 32.

4.212 Respondents strongly supported the commitment to protect Deaf and disabled people from violence, exploitation and abuse, viewing safety and protection as fundamental rights rather than aspirational goals.

4.213 Disabled people are at heightened risk of abuse, exploitation, harassment and hate crime, and respondents stressed the need for stronger protections and preventative measures. Many respondents emphasised the importance of accessible reporting mechanisms and independent advocacy to ensure that victims can safely and easily report concerns and seek support.

4.214 It was stressed by respondents that abuse should be understood broadly to include harassment, intimidation, mocking, staring, verbal abuse and physical assaults, as well as more serious forms of violence and exploitation, and that this behaviour was seen as common place for many disabled people.

4.215 Several respondents welcomed the development of Adult Safeguarding legislation and measures to improve support for victims of abuse and hate crime. The importance of effective inter-agency collaboration between health, social care, housing, justice and community organisations was highlighted, as well as the role required by community safety initiative and social cohesion programmes in creating safer, more inclusive environments.

4.216 A number of respondents questioned how the commitment would be implemented in practice, calling for greater detail on proposed actions, accountability arrangements and resource requirements and some expressed concern that without safeguarding duties, accountability and enforceable protections the commitments may not be adequate.

Commitment 33 - Supported Life Transitions

We will support Deaf and disabled people to negotiate life transitions with dignity and choice.

4.217 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 33.

4.218 Respondents strongly supported the commitment to help Deaf and disabled people navigate key life transitions with dignity, choice and appropriate support and many recognised that poorly managed transitions can lead to loss of support, independence and wellbeing.

4.219 Respondents noted that transitions are a significant point of vulnerability, particularly when moving from education to adulthood, from children's to adult services, from hospital to community settings, or during major changes in health and personal circumstances. It is viewed that these "cliff-edge" experiences, where support arrangements end abruptly should be avoided by co-ordinated, person centred planning across

health, education, social care, housing and employment services to ensure continuity of support.

4.220 Respondents highlighted that individual choice, dignity and autonomy are essential, ensuring the disabled person remains at the centre of decisions affecting their lives and for successful delivery, strong partnerships with the voluntary and community sector are important, as well as the role of housing support services and the provision of specialist equipment.

4.221 Examples of positive initiatives were noted by respondents, such as housing-led support for young people leaving care, accessible housing programmes and Disabled Facilities Grants.

Commitment 34 - Inclusive Housing Design

We will produce guidance on 'Inclusive Design' to encourage an improvement in housing standards for people with cognitive and sensory impairments.

4.222 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 34.

4.223 Respondents generally welcomed the commitment to develop Inclusive Design guidance to improve housing standards for people with cognitive, sensory and physical impairments; however, many felt that guidance alone would not be sufficient to deliver meaningful change meaning without mandatory standards and enforcement it may have limited impact.

4.224 There is recognition that well-designed housing can promote independence, safety, wellbeing and adaptability across all stages of life and respondents stressed the importance of meaningful involvement of Deaf and disabled people in the development of guidance and in decisions about housing adaptations, recognising that individuals are best placed to understand their own needs. Inclusive design principles should be embedded within planning policy and building standards, including requirements for new housing developments and publicly funded housing schemes.

4.225 Respondents noted that many disabled people currently live in existing housing stock that is inaccessible or unsuitable and therefore stressed the need for large-scale adaptation and retrofit programmes. Sustained investment, funding and practical support is required to ensure that inclusive design principles can be implemented in both new-build and existing homes.

General comments on the Commitments in Outcome 5

4.226 In general, respondents supported the commitments, but many felt they are, lacking the detail, resources and accountability needed to achieve meaningful change. There was a consistent message that independent living should be understood as a human rights issue, focused on removing barriers, enabling choice and control, and ensuring disabled people can participate fully and equally in all aspects of society.

4.227 Many respondents emphasised that independent living extends beyond housing and social care, encompassing accessibility, communication, transport, participation, employment, information, personal assistance, and full inclusion in community life, consistent with the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

4.228 Several respondents highlighted the potential benefits of reopening or expanding the Independent Living Fund (ILF) and increasing access to personal assistants, including specialist support for Deaf people and those with complex needs.

4.229 Respondents stressed the importance of co-production and meaningful involvement of disabled people and representative organisations in the design, delivery and monitoring of policies and services. They emphasised the need for person-centred and family-centred approaches, noting that a “one-size-fits-all” model does not reflect the diverse needs of disabled people and carers.

4.230 Regional inequalities were mentioned particularly in relation to rural areas as access to services are concentrated in urban areas and some felt the commitments insufficiently address the experiences of disabled women and carers.

4.231 Respondents welcomed opportunities to learn from examples of good practice already operating within Northern Ireland and called for closer collaboration with voluntary and community sector organisations.

Are there any other commitments you feel should be included under this Outcome?

4.232 Twelve (12) respondents commented on other commitments they felt should be included under this Outcome.

4.233 Respondents proposed several additional commitments:

- Increasing the supply of accessible housing, particularly ground-floor and accessible homes in rural areas.
- Faster, more effective housing adaptation processes and reform of the current adaptations system.
- Include a commitment to maintain and strengthen the Accessible Housing Register (AHR), recognising its role in matching disabled people with accommodation that meets their needs and improving collaboration between housing providers.
- Call for stronger commitments to support people during key life transitions, including leaving institutional settings, moving from childhood to adulthood, hospital discharge, bereavement and the loss of carers. Respondents stressed that no one should lose access to housing, income or support due to poor planning or service gaps.
- Importance of independent advocacy, arguing that it should be recognised as a core entitlement rather than a discretionary service. Advocacy was viewed as essential for protecting rights, supporting informed decision-making and ensuring choice and control, particularly where decisions involve housing, care or financial support.
- Request for formal recognition and support for community mobility providers, who often help people maintain independence when statutory services are delayed or unavailable.
- There should be a clear, time-bound commitment to deinstitutionalisation.
- The ILF should be considered for reopening to new applicants in Northern Ireland in ,line with the Stormont Disabled People's Parliament and the Expert Advisory Panel's recommendation.
- Strengthen Support for Carers and Families - Provide guidance, resources, and support for carers and families while maintaining the rights, dignity, and autonomy of deaf and disabled people.

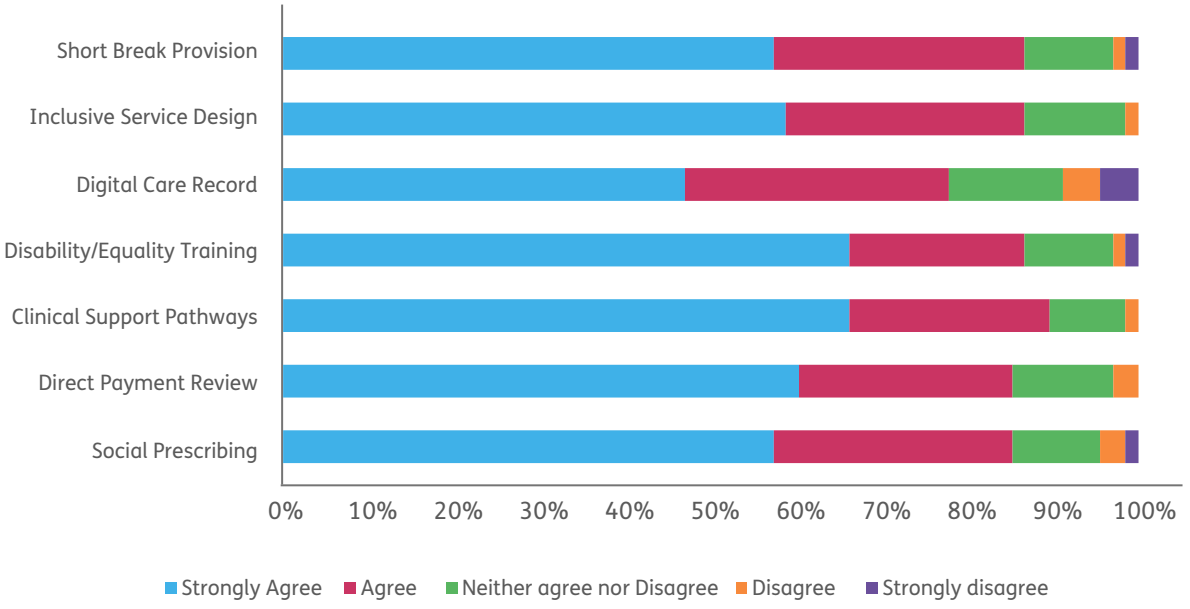
Outcome 6

Deaf and disabled people have the same right to access health and social care services as everyone else. This Outcome will focus on the provision of health and social care to promote the independence of Deaf and disabled service users.

There are seven commitments for Outcome Six:

35. We will take action to ensure that short breaks are provided to a level that is reflective of assessed needs, while also expanding a range of supports for people with disabilities and their families/carers.
36. We will involve Deaf and disabled people in health and social care policy and service design provision via the Department of Health's Regional Health and Social Care Disability Forum.
37. We will introduce a digital care record for every patient in Northern Ireland.
38. We will ensure ongoing training in Disability and Equality issues for public-facing Health and Social Care staff and review the training on a continual basis.
39. We will clarify pathways to clinical support for Deaf and disabled people.
40. We will review the direct payments process to ensure people are able to access appropriate day care services.
41. We will explore greater use of social prescribing to improve the physical and mental health of Deaf and disabled people.

To what extent do you agree or disagree with the seven commitments supporting Outcome Six of the draft Disability Strategy?



4.234 Almost 80% of respondents agreed or strongly agreed with each of the commitments under Outcome 6 (ranging from 77.9% to 89.7%).

Do you have any further comments to make on any of the commitments listed? (Please reference the commitment)

4.235 Thirty one (31) respondents provided further comments.

Commitment 35 – Short Break Provision

We will take action to ensure that short breaks are provided to a level that is reflective of assessed needs, while also expanding a range of supports for people with disabilities and their families/carers.

4.236 Over eight in ten (86.8%) respondents either agreed or strongly agreed with Commitment 35.

4.237 Respondents strongly support improving access to short breaks, respite care and support for families and carers, recognising these services are essential for maintaining wellbeing, sustaining independence, preventing crises, and enabling Deaf and disabled people to live in their communities.

4.238 Respondents indicated that provision should be based on assessed need, with sufficient capacity and flexibility to ensure timely access and support for individual circumstances. Concerns were raised about current service

shortages, with questions about how expansion will be achieved when existing assessed needs are already unmet.

4.239 Rural inequalities were frequently highlighted, including limited respite provision, workforce shortages, long travel distances, and concerns that expansion may not result in equitable access across all regions. Accessible and affordable transport was also identified as an issue with calls for better transport planning and links with community mobility services.

4.240 Respondents emphasised the vital role of unpaid carers, many of whom experience health and wellbeing challenges of their own and concerns were raised that the Strategy lacks detail on how enhanced carer support will be delivered and funded. There were calls for greater recognition, practical support, and financial assistance for carers, given their considerable contribution to supporting disabled people and reducing pressure on public services.

4.241 Respondents also stressed the need for clearer implementation plans and adequate funding.

Commitment 36 - Inclusive Service Design

We will involve Deaf and disabled people in health and social care policy and service design provision via the Department of Health's Regional Health and Social Care Disability Forum.

4.242 Over eight in ten (86.8%) respondents either agreed or strongly agreed with Commitment 36.

4.243 Respondents welcome the involvement of Deaf and disabled people in policy development and service design, but emphasise that participation must be meaningful, inclusive and influential rather than tokenistic.

4.244 In addition to participation in forums, policymakers and service designers should engage directly with Deaf and disabled communities in their own settings to gather broader and more diverse feedback. Feedback suggests existing forums may not fully reflect the diversity of disabled people's experiences and therefore efforts are needed to engage a wider range of individuals, including those who are less vocal or less likely to volunteer.

4.245 Respondents highlighted that services and policies affecting specific groups should be designed in partnership with those groups, for example, Deaf people should be directly involved in discussions about sign language

interpreter services and engagement processes should be fully accessible and include appropriate advocacy and support, particularly for people with learning disabilities.

4.246 Respondents felt that Deaf and disabled people should be treated as equal partners whose lived experience directly shapes decisions, services and Outcomes and participants want clear evidence of how feedback has informed decisions, along with opportunities to influence Outcomes rather than simply advise. Finally, there were calls for stronger partnership with the voluntary and community sector to ensure inclusive and effective engagement and interest in learning more about the proposed Forum.

Commitment 37 – Digital Care Record

We will introduce a digital care record for every patient in Northern Ireland.

4.247 Over three quarters (77.9%) respondents either agreed or strongly agreed with Commitment 37.

4.248 Respondents generally support the development of digital care records, recognising their potential to improve care coordination, continuity, safety and patient access to health information. However, important concerns were raised about accessibility, inclusion, privacy and implementation and it was noted that maintaining a choice for those who cannot or do not wish to use digital services is imperative.

4.249 Many respondents welcomed integrated systems such as Encompass and MyCare, acknowledging their potential to improve information sharing, patient awareness and healthcare delivery, however some stressed the need for assurances that digital systems will not override lived experience, individual circumstances and clinical judgement. Some noted that digital care records already appear to have been implemented and questioned whether this should remain a specific strategic commitment.

4.250 Respondents highlighted the importance of recording communication and accessibility requirements within care records, such as sign language interpreter needs, communication preferences, assistive technology use, and specialist support requirements. They also stressed the need for accessible training and support to help patients use digital care record systems effectively and understand their health information.

4.251 Respondents raised concerns about restrictions on parental access to children's records and suggested these should be reviewed. They noted that digital care records could help

Deaf parents and others who face communication barriers to access information more easily and play a greater role in managing their children's healthcare. Respondents emphasised the need for strong protections around data security, accuracy, informed consent, privacy, appropriate use of information, and safeguards against coercion or misuse. Some called for a clear explanation of how digital care records will improve Outcomes and experiences.

Commitment 38 – Disability/Equality Training

We will ensure ongoing training in Disability and Equality issues for public-facing Health and Social Care staff and review the training on a continual basis.

4.252 Over eight in ten (86.8%) respondents either agreed or strongly agreed with Commitment 38.

4.253 There is strong support by respondents for ongoing disability and equality training, particularly for public-facing Health and Social Care staff. Respondents emphasised that training should be practical, role-specific, regularly refreshed, and focused on effective communication, reasonable adjustments, and respectful interactions. Comments indicated that training should move beyond basic online modules or one-off exercises and be embedded within induction programmes and continuous professional development, supported by clear leadership commitment.

4.254 Several responses highlighted the importance of evaluating the effectiveness of training rather than assuming positive Outcomes, to ensure it drives genuine cultural change. Respondents believed that training should delivered by people with lived experience, including Disability Equality or Deaf Equality trainers and key topics should include learning disability awareness, autism and neurodiversity, hearing loss, communication with deaf individuals and families, and the correct use of interpreters and communication support services.

4.255 A blended approach was recommended by respondents, combining face-to-face training for meaningful engagement with e-learning to reach wider audiences and support refresher training. There was also a view that disability awareness should already be a standard expectation for employees at all levels.

Commitment 39 - Clinical Support Pathways

We will clarify pathways to clinical support for Deaf and disabled people.

4.256 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 39.

4.257 Clarifying pathways to clinical support for Deaf and disabled people are seen as essential, with respondents highlighting the importance of clear, accessible, and well-communicated routes to care as well as improved pathways for reducing delays, duplication, confusion, and stress, while helping individuals and families access services promptly and confidently.

4.258 Respondents emphasised the need for clear support pathways from diagnosis through all stages of life, particularly for people with complex needs and families of deaf children who may need to navigate multiple services, including audiology, speech and language therapy, mental health, and early intervention support. Responses noted that clear pathways would provide reassurance, improve coordination of care, and help people understand the services and support available to them.

4.259 Several responses stressed the importance of providing information in a user-friendly, health-literate, and accessible format, including for families and support staff. There was also recognition that clinical pathways should balance medical and cultural perspectives, particularly in relation to deafness, to support informed decision-making throughout an individual's care journey.

Commitment 40 – Direct Payments Review

We will review the direct payments process to ensure people are able to access appropriate day care services.

4.260 Over eight in ten (85.3%) respondents either agreed or strongly agreed with Commitment 40.

4.261 There was support by respondents for reviewing the direct payments process to ensure it provides genuine choice, flexibility, and access to services for Deaf and disabled people and they emphasised that the system should be more user-friendly, with barriers removed to make it easier for individuals and families to access and manage direct payments.

4.262 A recurring theme was the need for greater awareness of direct payments, including accessible information and guidance, as many people are unaware of the scheme and its benefits. Respondents noted that increased access to direct payments was seen as a way to promote independence, choice, community participation, and reduced reliance on family carers, while helping to tackle social isolation.

4.263 Respondents highlighted that direct payments should support access not only to day care services but also to meaningful, enriching, and personalised opportunities that encourage engagement, skill development, and personal growth. Several responses also stressed that the success of direct payments depends on the availability of accessible, reliable, and affordable transport, particularly in rural areas, to ensure people can take full advantage of community-based services and activities.

Commitment 41 - Social Prescribing

We will explore greater use of social prescribing to improve the physical and mental health of Deaf and disabled people.

4.264 Over eight in ten (85.3%) respondents either agreed or strongly agreed with Commitment 41.

4.265 There was support for the expansion of social prescribing as a means of improving physical and mental wellbeing, reducing social isolation, and connecting Deaf and disabled people with community-based activities, peer support, and leisure opportunities. Respondents recognised the value of voluntary and community organisations in delivering accessible and meaningful activities, particularly for people with learning disabilities and their families.

4.266 However, a strong theme in responses was that social prescribing should complement, not replace, clinical care. Several responses cautioned that the evidence base for social prescribing is still developing and stressed that it must not be used as an alternative to proven interventions such as therapy, medication, or other statutory health and social care services, particularly in the context of long waiting lists and under-resourced services.

4.267 Respondents highlighted the need for sustained government investment in community and voluntary sector organisations to ensure services are accessible, coordinated, and sustainable over the long term. Many felt that the focus should move beyond exploring social prescribing towards concrete action, citing existing examples that have demonstrated positive Outcomes. The importance

of accessible and reliable transport was also emphasised, particularly for people in rural or underserved areas, as a key factor in ensuring individuals can fully benefit from community-based support and activities.

General comments on the Commitments in Outcome 6

4.268 There was support for Outcome 6, with respondents recognising its importance in improving access to health and social care, supporting independent living, and promoting dignity, wellbeing, choice and control for Deaf and disabled people.

4.269 Respondents emphasised that success will depend on implementation, adequate funding, measurable Outcomes, monitoring, and continued involvement of Deaf and disabled people. High-quality, timely, person-centred social care was seen as essential to independent living, with calls for greater investment and more multidisciplinary working to reduce fragmented care, repeated appointments, and unnecessary travel.

4.270 Key priorities for respondents included accessible communication and information, better assessment of co-occurring conditions such as autism and ADHD, and recognition of the role of Speech and Language Therapists. Respondents also called for more Deaf and disabled professionals in health and social care, improved Deaf awareness within audiology services, and the need to learn from existing research and evidence.

4.271 The importance of addressing the needs of deaf children and young people, families, people with complex needs, rural communities, and those with conditions such as Long Covid was highlighted by respondents, alongside accessible transport as a key enabler of access to services.

Are there any other commitments you feel should be included under this Outcome

4.272 Twelve (12) respondents commented on other commitments they felt should be included under this Outcome.

4.273 Respondents identified several additional commitments:

- Respondents called for reduced waiting times for assessments, services, equipment, and care, particularly for Deaf and disabled people and those in rural areas. Many also advocated enforceable standards for timely care and clear accountability where delays occur.
- There was strong support for a multidisciplinary approach to improve coordination and integration across health, social care, community, housing, employment, and support services.
- Respondents highlighted the need for clear pathways to specialist services.
- A single point of contact to help people navigate services, to improve continuity of care.
- Mental health and early intervention were identified as important priorities, alongside the recognition that employment can have significant positive health benefits. Respondents suggested that care planning should support individuals' employment goals where appropriate.
- Respondents highlighted the importance of fair and equitable access to assessments, particularly for Autism and ADHD where deaf and disabled people may experience additional barriers.
- Stronger partnerships with community mobility providers to help address transport barriers and support access to care and independent living.
- Concerns were also raised about medication collection processes, with suggestions that longer prescription periods could reduce unnecessary travel, costs, and pressure on transport services.
- Independent living, choice, and personalised support were repeatedly emphasised. Respondents called for greater recognition of flexible support models, stronger support for carers, and improved access to direct services that enable independence and wellbeing.
- Respondents called for consistent communication support across health and social care services, including interpreters, accessible information, and improved communication support. They also highlighted the need for greater awareness of communication and swallowing needs.

4.274 Some respondents felt that the commitments should not be added to but strengthened and expanded to improve their effectiveness and ensure meaningful Outcomes, including establishing clear accountability mechanisms within the health and social care system so that commitments lead to measurable improvements in services and Outcomes, rather than remaining aspirational.

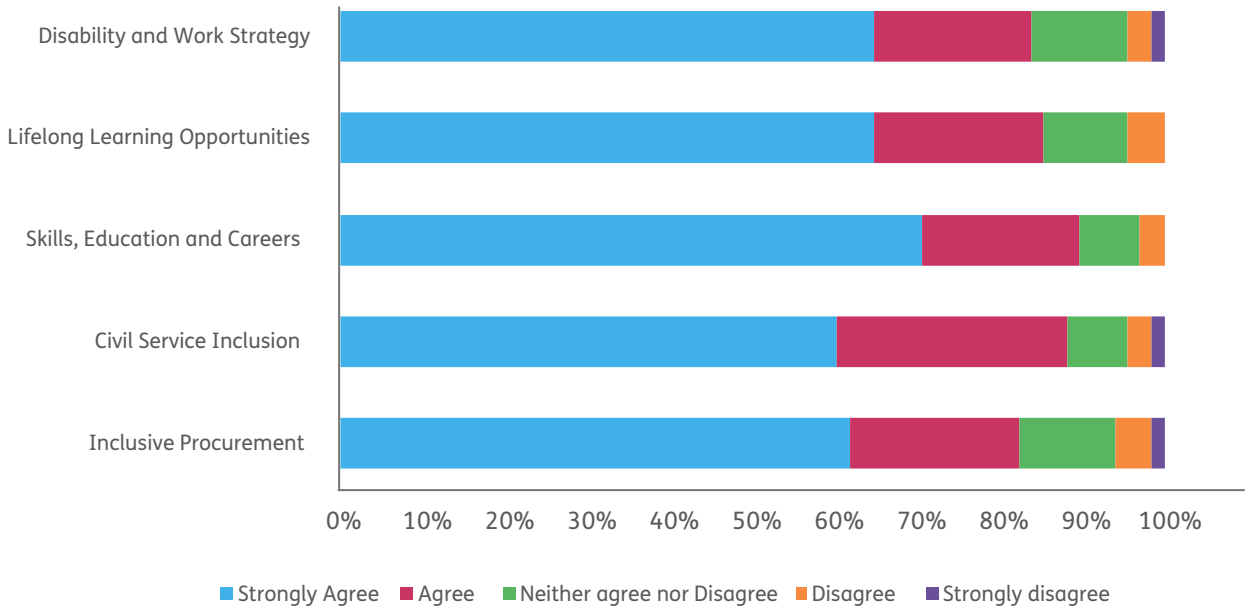
Outcome 7

Commitments under this Outcome will focus on ensuring that Deaf and disabled people have equal rights to employment as non-disabled people. They should experience fair and equal treatment in the workplace, and employers should be aware of the benefits of having a fully inclusive workplace which is reflective of the diversity of society.

There are five commitments for Outcome Seven:

42. We will implement a new Disability and Work Strategy in meaningful partnership with Deaf and disabled people and stakeholders.
43. We will ensure opportunities for lifelong learning are maximised.
44. We will support Deaf and disabled children and young people in their skills, education and careers journey.
45. The Civil Service as an employer, will deliver through implementation of its People Strategy 2025-2030 initiatives to support and increase the employment and inclusion of disabled people in its workforce.
46. We will fully implement the Executive's Social Value in Procurement Policy. This approach means that the delivery of social benefits will be considered throughout the procurement cycle, including as part of the scoring process, and we will consider how this may be used to create training and employment opportunities for Deaf and disabled people.

To what extent do you agree or disagree with the five commitments supporting Outcome Seven of the draft Disability Strategy?



4.275 Over 80% of respondents agreed or strongly agreed with each of the commitments under Outcome 7 (ranging from 82.4% to 89.7%).

Do you have any further comments to make on any of the commitments listed? (Please reference the commitment)

4.276 Thirty one (31) respondents provided further comments.

Commitment 42 – Disability and Work Strategy

We will implement a new Disability and Work Strategy in meaningful partnership with Deaf and disabled people and stakeholders.

4.277 Over eight in ten (83.8%) respondents either agreed or strongly agreed with Commitment 42.

4.278 There was support for a dedicated Disability and Work Strategy to tackle the disability employment gap and economic inactivity, with respondents emphasising that Deaf and disabled people should be involved in its design, delivery and evaluation.

4.279 Respondents highlighted barriers including inaccessible information, low employer awareness, discrimination in recruitment and career progression, and the disability pay gap, with some calling for wider adoption of the Real Living Wage, recognising that many

disabled people may be limited to lower-paid and lower-status roles. They stressed the need for clear targets, accountability, monitoring, and more meaningful engagement with disability representatives as concern was expressed that disability representatives had not been adequately listened to during the Strategy's development.

4.280 It was noted that links to the Disability and Work Strategy should have been included within the consultation documentation to improve understanding.

4.281 Suggested measures included tailored employment support, dedicated workspaces, wraparound services, and support for employment retention, progression and career development, particularly for people with learning disabilities.

4.282 Respondents also emphasised alignment with the SEN Reform Programme, improved coordination between education, health and careers services, staff training in deaf awareness and accessibility, and clear pathways from early intervention through education and into employment. The lived experiences of Deaf young people were seen as essential to improving Outcomes.

Commitment 43 – Lifelong Learning Opportunities

We will ensure opportunities for lifelong learning are maximised.

4.283 Over eight in ten (85.3%) respondents either agreed or strongly agreed with Commitment 43.

4.284 Respondents recognised the value of lifelong learning in developing skills and improving employment opportunities. Particular emphasis was placed on the needs of Deaf and hard of hearing people, with early diagnosis and interventions, specialist support, accessible learning resources, communication support, and Deaf role models seen as essential to achieving positive Outcomes.

4.285 Concerns were raised about inadequate transitions from education to employment, with calls for stronger collaboration between education and employment services and greater clarity on how the Department will support this process. Respondents also highlighted the need to increase employer awareness of Access to Work, interpreter services and workplace adjustments, and to reduce delays in support provision to ensure new employees can participate fully from their first day in work.

4.286 Accessible education, training and skills programmes were viewed as critical to removing barriers for disabled people and creating employment pathways, although concerns remained about the potential impact of participation on benefits.

4.287 Respondents stressed that lifelong learning should include both formal and informal learning, independent living skills, and opportunities that promote inclusion and participation, with accessible learning environments essential for Deaf learners. The Belfast Lifelong Learning Charter was highlighted as an example of good practice.

Commitment 44 – Skills, Education and Careers

We will support Deaf and disabled children and young people in their skills, education and careers journey.

4.288 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 44.

4.289 Respondents strongly supported this commitment, emphasising the importance of early intervention, skills development and careers support to prevent long-term economic inactivity and improve transitions between education, training and employment.

4.290 There was support for an accessible Careers Portal and for ensuring careers guidance, education and training opportunities are inclusive and accessible, especially for young people with special educational needs and learning disabilities, therefore allowing disabled people to pursue careers and progress within employment on an equal basis.

4.291 Respondents highlighted barriers including school transport issues, insufficient staff training, and delays in assessments and diagnoses, which can restrict timely access to support, such as classroom assistance and individualised interventions.

4.292 Early intervention was identified as critical, with digital tools such as My Care suggested to help track educational achievements, qualifications and progression, enabling continuity of information between schools, families and support services. Respondents also welcomed commitments to support deaf children and young people, highlighting the value of specialist services, deaf role models, coordinated and child-centred support, and strong collaboration between education, health, social care and voluntary sector organisations. The Education Authority Sensory Service was highlighted as an example of good practice for its specialist support for deaf children, strong partnership working, and child-centred approach.

Commitment 45 – Civil Service Inclusion

The Civil Service as an employer, will deliver through implementation of its People Strategy 2025-2030 initiatives to support and increase the employment and inclusion of disabled people in its workforce.

4.293 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 45.

4.294 Respondents support the Civil Service taking a leadership role in increasing the employment of disabled people, recognising its position as a major employer and its potential to model inclusive practices for other organisations. There was agreement that implementation should focus on recruitment, retention, career progression, and effective provision of reasonable adjustments, with transparent reporting to demonstrate measurable Outcomes rather than intentions.

4.295 Several respondents raised concerns about the experiences of disabled employees in the Northern Ireland Civil Service, including difficulties obtaining workplace adjustments, remaining in work after changes in health, and experiences of discrimination. They called for a more inclusive culture that supports disabled staff and avoids a tick-box approach to disability inclusion.

4.296 Some respondents questioned whether this Outcome was too narrowly focused on the Civil Service workforce and suggested consideration should also be given to how lessons and good practice could be applied more broadly across other employers, including local government. Respondents suggested that government-funded work placements, taster programmes and other initiatives to help disabled people gain experience and access employment opportunities would be beneficial.

Commitment 46 - Inclusive Procurement

We will fully implement the Executive's Social Value in Procurement Policy. This approach means that the delivery of social benefits will be considered throughout the procurement cycle, including as part of the scoring process, and we will consider how this may be used to create training and employment opportunities for Deaf and disabled people.

4.297 Just over eight in ten (82.4%) respondents either agreed or strongly agreed with Commitment 46

4.298 There was support for using public procurement and social value requirements to create employment, training, apprenticeships, and work placement opportunities for Deaf and disabled people. Respondents emphasised that these measures should be clearly defined,

proportionate, properly resourced, and supported by robust monitoring to ensure they deliver meaningful Outcomes rather than simply meeting policy requirements.

4.299 Accessibility should be embedded throughout the procurement process, with key information provided in accessible formats, including sign language versions, plain English, and large print. Involving people with lived experience, particularly Deaf signers, in the design, delivery, assessment, and evaluation of procurement processes was seen as essential to improving quality, avoiding mistakes, and ensuring services meet the needs of their intended audiences.

4.300 Respondents also highlighted the importance of having skilled, knowledgeable, and empathetic assessors, as well as ensuring workplaces provide reasonable communication adjustments, accessible recruitment processes, and communication-inclusive training. Support was expressed for promoting flexible, remote, and hybrid working arrangements to help reduce barriers to employment and narrow the disability employment gap.

General comments on the Commitments in Outcome 7

4.301 In general, respondents supported the vision of improving employment, skills, and workplace inclusion for disabled people, but expressed concerns about delivery, accessible transport, rural inclusion, employer support, accountability, adequate funding, measurable Outcomes and robust accountability mechanisms.

4.302 Some noted that one size fits all approach would not work as different disabilities can present very different employment needs. Several highlighted that Northern Ireland has the highest disability employment gap in the UK and believed that should be referenced. Questions were raised about the relationship and duplication of commitments in this Strategy and the Disability & Work Strategy and how the two would complement each other.

Are there any other commitments you feel should be included under this Outcome?

4.303 Ten (10) respondents commented on other commitments they felt should be included under this Outcome.

4.304 Respondents identified the following additional commitments:

- Modernisation of the disability discrimination legislation in Northern Ireland, to match or exceed that available elsewhere in the UK.
- Accessible and funded legal advice for Deaf and disabled people to help them enforce their rights in employment disputes.
- Stronger enforcement of existing duties particularly reasonable adjustments and greater employer accountability.
- Reform of Section 75 compliance framework and Executive level oversight of disability employment equality.
- Practical guidance and support for employers on reasonable adjustments, inclusive recruitment and employee retention was needed.
- The need for accessible transport, and support for those in rural areas, with greater collaboration with community transport providers.
- Incentive schemes to encourage inclusive employment practices.
- Expansion of supported employment programmes, including apprenticeships, internships, and traineeships tailored to Deaf and disabled people and those with Special Educational Needs (SEN).
- Stronger transition support from education into employment, including early careers guidance, skills development and workplace experience.

4.305 It was also noted that success should be measured by more than employment rates, with job retention, career progression, employee satisfaction and the effectiveness of employer support initiatives also monitored.

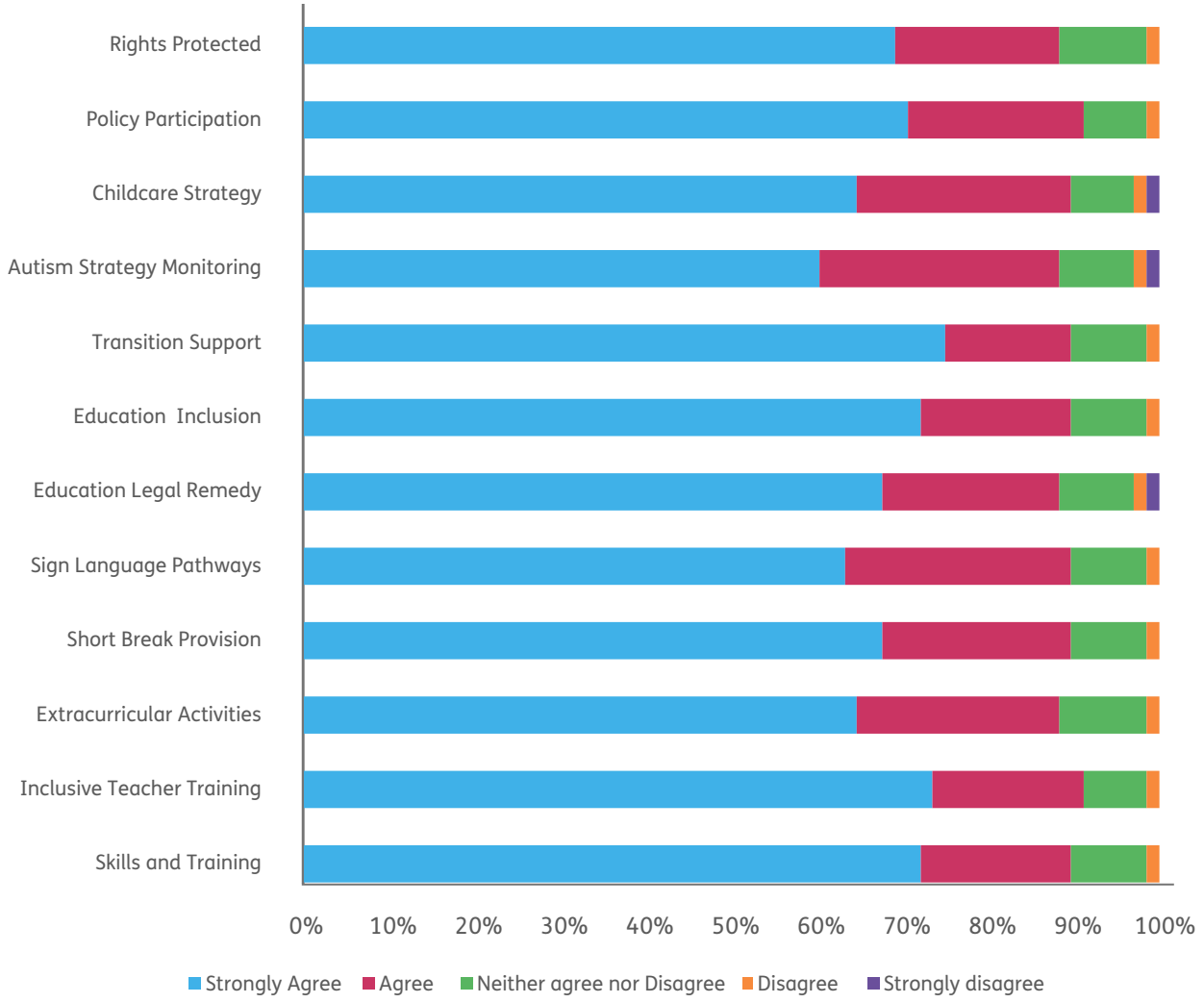
Outcome 8

Commitments under this Outcome will provide a focus on the importance of ensuring that Deaf and disabled children and young people have the best start in life. It acknowledges that early interventions can set the scene for the rest of their lives.

There are twelve commitments for Outcome Eight:

47. We will ensure that the rights of Deaf and disabled children and young people will be respected, protected and promoted by all Departments.
48. All departments will engage with Deaf and disabled children and young people in developing policy and legislation which impacts on their lives.
49. We will develop and implement an Executive Childcare Strategy which takes account of the needs of Deaf and disabled children and their families.
50. Monitor the implementation of the Executive's Autism Strategy 2023 – 2028.
51. We will support Deaf and disabled children, young people and their families throughout childhood, in particular at key life transitions, through the Special Educational Needs Reform Agenda and Delivery Plan and its Transitional Support Programme.
52. We will ensure that Deaf and disabled children are visible, included and can participate fully in education through delivery of a new Special Educational Needs Framework.
53. We will provide legal remedy for disability discrimination in education.
54. We will promote and support a pathway to Sign Language Qualifications which may lead to qualification and registration as interpreters, translators and teachers to contribute to the delivery of the intent of the Sign Language Legislation and Sign Language Framework objectives.
55. We will increase the range of residential and community-based short breaks for Deaf and disabled children and young people.
56. We will provide a range of extracurricular activities for Deaf and disabled children and young people.
57. Initial teaching training and continuous professional development for the education workforce will provide them with the skills and knowledge to build supportive learning environments for children and young people with special educational needs and/ or a disability.
58. We will improve access to skills, training, apprenticeships and further and higher education opportunities for disabled people and people with health conditions.

To what extent do you agree or disagree with the twelve commitments supporting Outcome Eight of the draft Disability Strategy?



4.306 Almost 90% of respondents agreed or strongly agreed with each of the commitments under Outcome 8 (ranging from 88.2% to 91.2%).

Do you have any further comments to make on any of the commitments listed? (Please reference the commitment)

4.307 Thirty three (33) respondents provided further comments.

Commitment 47 - Rights Protection

We will ensure that the rights of Deaf and disabled children and young people will be respected, protected and promoted by all Departments.

4.308 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 47.

4.309 There is support by respondents to respect, protect and promote the rights of Deaf and disabled children and young people, including involving them meaningfully in policy and legislative development and engagement should be accessible, appropriately supported, and embedded throughout decision-making processes rather than treated as an afterthought.

4.310 While measures to improve the quality of life for children and young people with special educational needs and disabilities (SEND) are welcomed, concerns were raised by respondents about implementation in practice. Respondents stated that the Education Authority's current transport provision is not meeting the needs of some children attending special schools, limiting access to education and essential therapies such as physiotherapy, speech and language therapy, and occupational therapy.

Commitment 48 - Policy Participation

All departments will engage with Deaf and disabled children and young people in developing policy and legislation which impacts on their lives.

4.311 Over nine in ten (91.2%) respondents either agreed or strongly agreed with Commitment 48.

4.312 Respondents strongly support a cross-departmental commitment to children's rights and direct engagement with children and young people in policy and legislative development and it should not be treated as a tick-box exercise or secondary consideration. There is a clear emphasis from respondents on ensuring participation is meaningful, age-appropriate, inclusive and influential, with feedback provided on how young people's views have shaped decisions. Suggestions were made to link this work with existing youth participation structures, such as Belfast City Council Youth Forum.

4.313 Respondents stressed that engagement must be accessible and inclusive of a wide range of communication needs, including those of non-verbal children and young people. This should include appropriate communication methods, inclusive formats, trained staff, and suitable support to ensure their views are genuinely heard and acted upon.

Commitment 49 – Childcare Strategy

We will develop and implement an Executive Childcare Strategy which takes account of the needs of Deaf and disabled children and their families.

4.314 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 49.

4.315 Respondents support the development of an inclusive and accessible Childcare Strategy, recognising its importance for early childhood development, parental employment, family wellbeing, and participation in community life. There is agreement that childcare provision must be affordable, flexible, and capable of meeting the needs of Deaf and disabled children and those with additional needs.

4.316 A key concern is that current childcare provision does not adequately meet demand, particularly for families of children with additional needs and those living in rural areas. Respondents highlighted difficulties accessing affordable and suitable childcare that aligns with parents' working patterns and questioned how providers will be supported and incentivised to offer care for children with more complex needs. Some also suggested that more flexible working arrangements for parents should be considered alongside childcare reforms to better support working families.

4.317 There was strong support for childcare settings being equipped to support Deaf and disabled children through appropriately trained staff, including deaf awareness and communication support, and for childcare provision to play a role in early intervention and developmental support. Respondents also highlighted the growing demand for specialist and after-school childcare services for children with additional needs. To achieve this, respondents called for dedicated financial support for childcare providers, including funding for one-to-one staffing, workforce training and skills development, and capital adaptations to premises.

Commitment 50 – Autism Strategy Monitoring

Monitor the implementation of the Executive's Autism Strategy 2023 – 2028.

4.318 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 50.

4.319 Respondents support the monitoring of the Autism Strategy but emphasise that monitoring alone is insufficient and effective implementation should include clear timelines, measurable Outcomes, regular reporting, and transparency on progress. It was felt that there should also be mechanisms to identify and address delays or underperformance, helping to prevent duplication, gaps, or drift between related strategies.

4.320 Respondents also highlighted the need for effective coordination across services, particularly for children who

are both deaf and autistic, to ensure they receive appropriate support and do not fall between service boundaries.

Commitment 51 – Transition Support

We will support Deaf and disabled children, young people and their families throughout childhood, in particular at key life transitions, through the Special Educational Needs Reform Agenda and Delivery Plan and its Transitional Support Programme.

4.321 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 51.

4.322 There is strong support from respondents for the SEN Reform Agenda and the development of consistent support across key life stages.

4.323 Respondents stressed the importance of effective transition planning and respondents stressed that support must extend beyond school and include transitions into further education, training, employment, and adulthood. Concerns were raised that some young people feel unsupported after leaving education and experience difficulties accessing services, including healthcare, that were previously available through educational settings.

4.324 Respondents highlighted the need for consistent implementation across all regions of Northern Ireland, with equitable access to services and specialist support. In particular, respondents indicated that the new SEN Framework should ensure that deaf children and young people are visible, included, and able to participate fully in education and employment opportunities.

4.325 There were also calls for greater clarity on how commitments will be delivered in practice, with concerns raised about existing gaps in provision that have required external funding to address unmet needs. Additionally, respondents emphasised the importance of inclusive play opportunities for Deaf and disabled children.

Commitment 52 – Educational Inclusion

We will ensure that Deaf and disabled children are visible, included and can participate fully in education through delivery of a new Special Educational Needs Framework.

4.326 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 52.

4.327 Respondents support the measures aimed at improving educational Outcomes for children and young people with disabilities and additional

needs. A key theme running through responses is the need for timely assessments, consistent provision across Northern Ireland, and effective support during transitions between school, further education, training and employment. Some respondents suggested that disabled young people should have opportunities to remain in education until the age of 21 where appropriate.

4.328 Concerns were raised that the current education system is struggling to meet increasing levels of neurodivergence and demand for support. Respondents highlighted the importance of maintaining existing SEN facilities and specialist provision, rather than reducing services to achieve cost savings.

4.329 There were repeated calls for adequate resources, clear implementation plans, and equitable access to support. Families reported that a lack of reasonable adjustments, accommodations, and flexibility within schools can prevent some children from accessing education consistently. Respondents emphasised that inclusive education should be supported by qualified specialist staff and disability-specific expertise within classrooms and training environments to ensure all children and young people can participate fully and achieve positive Outcomes.

Commitment 53 – Education Legal Remedy

We will provide legal remedy for disability discrimination in education.

4.330 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 53.

4.331 Respondents support the commitment to provide legal protections and effective remedies for disability discrimination in education, and they recognised inclusion as a fundamental right rather than a discretionary choice. Respondents feel that robust legal protections are necessary to ensure equal access to education and to uphold the rights of children and young people with disabilities where their rights are not respected and to ensure they have access to appropriate redress when discrimination occurs.

4.332 Some respondents expressed concern that discrimination should not occur in the first place and questioned the need for legal remedies if educational settings are meeting their obligations effectively.

Commitment 54 - Sign Language Pathways

We will promote and support a pathway to Sign Language Qualifications which may lead to qualification and registration as interpreters, translators and teachers to contribute to the delivery of the intent of the Sign Language Legislation and Sign Language Framework objectives.

4.333 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 54.

4.334 Respondents support the development of clear pathways to sign language qualifications and workforce development, recognising these as essential to delivering the aims of Sign Language legislation and improving communication access for Deaf people. There is also support for workforce planning to ensure a sufficient number of qualified interpreters, translators, teachers, and support staff are available across all regions.

4.335 A recurring theme was the need to increase awareness, accessibility, and availability of sign language training opportunities, both to improve inclusion and to create employment opportunities. Respondents supported the introduction of sign language education from an early age, including the teaching of basic British Sign Language (BSL), Irish Sign Language (ISL), Makaton, and other communication methods in primary and secondary schools. There were also calls for BSL qualifications, including a GCSE and progression to higher-level qualifications, to be widely available to all pupils.

4.336 Respondents highlighted the wider social benefits of increasing sign language skills among the general population and in the public sector workforce, including reducing isolation experienced by Deaf communities and promoting greater inclusion.

4.337 In addition, respondents emphasised the importance of early intervention for Deaf children, including clear support pathways for families of Deaf babies identified through newborn hearing screening programmes. This should include opportunities to access and learn sign language from an early stage to support language development, communication, learning, and participation throughout childhood.

Commitment 55 - Short Break Provision

We will increase the range of residential and community-based short breaks for Deaf and disabled children and young people.

4.338 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 55.

4.339 Respondents support the provision and expansion of short breaks and respite services, recognising their important role in promoting wellbeing, independence, confidence, social development, and family resilience. Respondents noted it would support the wellbeing and social participation of disabled children and young people, while also providing vital support to their families and carers. There is an expectation that access to these services should be based on assessed need and be available locally.

4.340 However, respondents questioned how proposed increases in provision will translate into tangible improvements for families. Concerns were raised that expanding the range of services does not necessarily mean individuals will receive more short breaks or improved access to support. Respondents therefore highlighted the need for clarity on the scale of planned improvements and how increased availability will be measured and delivered in practice.

Commitment 56 – Extracurricular Activities

We will provide a range of extracurricular activities for Deaf and disabled children and young people.

4.341 Almost nine in ten (88.2%) respondents either agreed or strongly agreed with Commitment 56.

4.342 Respondents support the provision of activities and participation opportunities for Deaf and disabled children and young people, recognising their importance for wellbeing, confidence, social development and family resilience. Responses indicated that access should be based on assessed need, locally accessible, and supported by appropriate and consistent disability support.

4.343 Several respondents suggested building on existing community groups and programmes, including established organisations such as PHAB clubs, rather than creating entirely new initiatives. However, concerns were raised about practical barriers to participation, particularly transport, scheduling, and accessibility. Respondents emphasised that activities must be delivered at times and locations that families can realistically access and should consider the needs of parents and siblings to make participation more family friendly.

4.344 There was also support for ensuring that Deaf and disabled children and young people are actively involved in choosing and shaping activities, with opportunities to participate in the same pursuits as their peers wherever possible. Respondents highlighted the importance of involving families and carers in planning and decision-making, while keeping the child or

young person at the centre of all considerations to ensure activities are meaningful, appropriate and inclusive.

Commitment 57 – Inclusive Teacher Training

Initial teaching training and continuous professional development for the education workforce will provide them with the skills and knowledge to build supportive learning environments for children and young people with special educational needs and/ or a disability.

4.345 More than nine in ten (91.2%) respondents either agreed or strongly agreed with Commitment 57.

4.346 Respondents support strengthening teachers' skills and knowledge, emphasising the need for practical, ongoing training to support inclusive education and meet the needs of children and young people.

4.347 However, respondents emphasised that general teacher training alone is unlikely to be sufficient to meet the needs of pupils with special educational needs (SEN). While all educators should have a strong understanding of SEN, many felt that specialist support from appropriately trained staff remains essential, particularly for children with complex needs. Concerns were also raised about the funding required to deliver this level of support effectively.

4.348 Respondents highlighted the need for training to extend beyond teachers to include all staff who support children and young people, such as classroom assistants, support workers, transport staff, bus and taxi drivers, and chaperones.

4.349 There were also calls for training and school development programmes to include greater awareness of speech, language and communication needs, deafness, co-occurring conditions, neurodivergence, and hidden disabilities. Respondents stressed the importance of communication-supportive and inclusive learning environments, supported by qualified professionals and specialist expertise, to ensure all children and young people can participate fully in education.

Commitment 58 – Skills and Training

We will improve access to skills, training, apprenticeships and further and higher education opportunities for disabled people and people with health conditions.

4.350 Almost nine in ten (89.7%) respondents either agreed or strongly agreed with Commitment 58.

4.351 Respondents supported improving access to further education (FE), higher education (HE), apprenticeships, skills development and training opportunities for Deaf and disabled people, recognising their role in

promoting inclusion and employment. Clear progression pathways, tailored support and flexible approaches were seen as essential to meeting diverse needs and supporting transitions into between education, training and employment.

4.352 Concerns were raised about delays in the Disabled Students' Allowance process and the impact on access to support and academic achievement, with calls for a more streamlined system. Respondents also emphasised the need for accessible qualification and assessment arrangements, including appropriate examination support for Deaf learners. Some responses recommended adopting approaches like those used in Scotland for British Sign Language (BSL) examination access arrangements.

General comments on the Commitments in Outcome 8

4.353 Respondents supported Outcome 8 but stressed the need to address poverty, deprivation, communication needs, and ensure cross-departmental responsibility.

4.354 Many felt the commitments lacked specificity, accountability and enforceability, with calls for clearer standards, measurable objectives, independent oversight and stronger monitoring. Concerns were also raised about reliance on existing programmes, including the SEN reform and the Autism Strategy, that have not yet delivered significant improvements.

4.355 Early intervention, timely diagnosis and access to services were identified as priorities by some respondents. Respondents also highlighted the importance of accessibility and inclusion, transport, particularly in rural areas, as well as the role of accessible housing and supportive community environments in improving Outcomes for disabled children and young people. Several respondents emphasised the need for more targeted action in rural areas to address geographic inequalities.

4.356 The contribution of the voluntary and community sector was widely recognised, with calls for greater involvement in delivery. Respondents also expressed concern about the lack of a detailed Action Plan, funding commitments and success measures, warning that without these the Strategy may fail to achieve meaningful change. Suggested indicators included measures relating to SEN provision, diagnosis rates, educational Outcomes, development milestones, parental satisfaction and post-school destinations.

Are there any other commitments you feel should be included under this Outcome?

4.357 Fourteen (14) respondents commented on other commitments they felt should be included under this Outcome.

4.358 Respondents identified the following additional commitments:

- Stronger, more practical commitments to ensure rights are delivered in practice rather than remaining aspirational.
- The need for enforceable, time-bound rights to assessment, support, and provision, including statutory maximum waiting times for SEN assessments, therapies, and services, alongside remedies when these standards are not met.
- Stronger accountability, transparency, and oversight, including public reporting on waiting times, exclusions, complaints, tribunal Outcomes, and unmet need.
- Consequences for public bodies that repeatedly fail to meet their legal duties.
- Clearer Outcome measures that assess long-term impacts beyond educational attainment, including wellbeing, confidence, participation, independence.
- Support through key life transitions including helping young people move from the family home to independent living and preventing gaps in support during transitions to adulthood.
- A Northern Ireland Transition Scheme, modelled on Scotland's Transition Fund, to provide flexible, person-centred support and reduce reliance on crisis interventions.
- The importance of independent advocacy and legal support for children, young people, and families was also highlighted, particularly during SEN processes, disputes, exclusions, and key transitions.
- Commitments to prevent inappropriate exclusions, restraint, seclusion, and coercive practices, supported by mandatory reporting and accountability measures.
- Support for trauma-informed, rights-based approaches across education and care services, recognising the impact that repeated assessments, exclusion, and service failures can have on children and young people.
- More coordinated, accessible public services, including consideration of a "single point of contact" approach to help disabled people and families navigate support systems.
- Stronger operational commitments, greater coordination, and clearer accountability mechanisms to ensure that inclusion, independence, and children's rights are realised in practice.

- Mental health and emotional wellbeing support were highlighted as critical elements of successful educational and employment Outcomes. Respondents advocated for accessible counselling, guidance services, resilience-building, and person-centred support that integrates educational, social, health, and employment goals.

Equality Impact Assessment

The Department has also included an Equality Impact Assessment (EQIA) alongside the draft Disability Strategy. The full EQIA is available on the consultation website.

The Equality Impact Assessment is carried out to ensure that the two statutory duties on public authorities carrying out functions relating to Northern Ireland, as contained within Section 75 of the Northern Ireland Act 1998 are met.

The first duty requires public bodies, in carrying out their functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between –

- people with different religious beliefs
- people from different racial groups
- people of different ages
- people with different marital status
- people with different sexual orientations
- men and women generally
- people with or without a disability
- people with or without dependants
- people with different political opinions

The second statutory duty requires that in addition and without prejudice to the above duty, the Department should also have due regard to the desirability of promoting good relations between people with different religious beliefs, different political opinions or from different racial groups.

The EQIA on the Executive's draft Disability Strategy has been completed to identify if adverse differential impacts may occur as a result of its implementation.

Are there any data, needs or issues in relation to any of the Section 75 equality categories that have not been identified in the EQIA consultation document?

If so, what are they and can you provide details?

4.359 Sixteen (16) respondents provided a response to this question.

4.360 Respondents felt the EQIA should take a stronger intersectional approach, recognising that Section 75 categories often overlap rather than considering them separately. They also suggested clearer distinction between age groups, particularly at key transition stages such as moving from child to adult services, education to employment, and working age to later-life care, where support can diminish. Specific issues for older people, including poverty, isolation, unmet care needs, institutionalisation risk, and digital exclusion, were highlighted. Rural impacts were also considered underrepresented, with respondents calling for greater analysis of how age and geography interact.

4.361 Respondents noted that the EQIA should better reflect the experiences of disabled women and girls, including heightened risks of violence, abuse, discrimination, caring responsibilities and reluctance to access services because of concerns about safety and trust. Greater attention was also requested for disabled people from minority ethnic communities, who may face barriers linked to language, immigration status, digital exclusion and lower trust in services. A stronger focus on mental health was considered necessary, given the prevalence of anxiety, trauma, and social isolation among deaf and disabled people. Respondents further highlighted the needs of disabled parents, carers, and people with dependants, particularly unpaid carers and lone parents, who often experience financial pressures, limited respite, reduced employment opportunities, and carer strain. Respondents also noted the increasing responsibility placed on families to navigate complex support and service systems on behalf of family members and dependants.

4.362 The EQIA was also seen as needing greater recognition of British Sign Language (BSL), Irish Sign Language (ISL), speech and communication needs, and the potential exclusion created by digital service delivery. Respondents called for more consideration of people identifying with Irish and Ulster Scots traditions, as well as disabled LGBTQ+ people who may face discrimination, exclusion, and limited access to inclusive services. Concerns were also raised that inadequate implementation could worsen existing inequalities and undermine the EQIA's effectiveness.

4.363 Fourteen (14) respondents provided a response to this question.

4.364 Respondents identified several adverse impacts that they felt were insufficiently addressed in the EQIA. Concerns included the exclusionary effects of digital service delivery, particularly for disabled people who require accessible alternatives, and additional barriers experienced by disabled people and carers in rural areas. Respondents also highlighted the need to better recognise less visible or complex disabilities, the importance of BSL and ISL, and the challenges faced by groups such as young Deaf and disabled people, carers, disabled children, older people, minority ethnic communities, disabled women and girls, and LGBTQ+ disabled people. Issues raised included poverty, isolation, discrimination, service exclusion, and difficulties accessing employment, education, healthcare, and support.

4.365 Respondents stressed the need to consider both visible and non-visible disabilities in transport planning and to strengthen monitoring through intersectional analysis, accountability, and ongoing engagement with Deaf and disabled people. Broader concerns related to weak enforcement of disability rights, inadequate funding, silo working, limited community sector capacity, and a lack of mitigation measures, all of which were seen as risking greater inequality and exclusion. Finally, respondents emphasised the importance of mental health, noting that anxiety, trauma, stress, and social isolation can affect participation in daily life, and warned that inconsistent implementation could create further adverse impacts.

4.366 Nineteen (19) respondents answered this question.

4.367 Respondents emphasised the need for adequate funding, clear standards, defined timescales, named departmental leads, and regular public reporting to support effective implementation and minimise adverse impacts. They also called for independent oversight, strong accountability mechanisms, and comprehensive equality data collection, including intersectional analysis, to monitor Outcomes and address inequalities.

4.368 Respondents highlighted the importance of reflecting rural needs, maintaining accessible non-digital service options, and ensuring continued engagement with disability organisations across Northern Ireland. Meaningful co-production with Deaf and disabled people, disability awareness training for staff, and improved support during key life transitions were also recommended. Additional suggestions included accessible mental health support,

greater recognition of BSL and ISL users, public awareness raising on disability issues, and ensuring disability equality receives appropriate attention alongside other equality strands.

4.369 Thirty six (36) responses were received to this question.

4.370 Respondents welcomed the Strategy as a comprehensive framework focused on eliminating discrimination and promoting rights, inclusion, independence, and participation. Its strengths include the use of lived experience, broad Outcomes, and commitment to co-design. However, respondents expressed concern about the lack of clear targets, dedicated funding, and defined monitoring arrangements, stressing that successful delivery will require strong accountability, cross-departmental coordination, effective governance, and meaningful co-production with Deaf and disabled people and representative organisations and community groups. Some also called for SMART objectives, an independent Disability Commissioner, and a strengthened Regional Disability Forum.

4.371 Concerns were raised about delays in publishing the Strategy and the lack of a Disability Strategy for more than a decade, which respondents felt had left Northern Ireland behind other parts of the UK. Respondents called for a stronger focus on disability rights, access to justice, raising disability awareness, reducing stigma, and promoting best practice across public bodies, including the judiciary and Northern Ireland Civil Service. Concerns were raised that the Strategy provides limited coverage of learning and intellectual disabilities and does not reference the Department of Health's We Matter Learning Disability Service Model and Model of Care.

4.372 Respondents stressed the value of community organisations in providing key support services and called for enhanced recognition, secure funding, and formal partnership arrangements to support their work. They also called for more accessible and wheelchair-standard housing, improved home adaptations, and stronger commitments to rural areas including transport, services, housing, digital inclusion and representation of rural organisations. The Easy Read version was welcomed, although further accessibility improvements were recommended. Respondents also stressed the need to support disabled people throughout their lives, including access to education, employment, healthcare, independent living, and higher education.

4.373 Fifteen (15) responses were received to this question.

4.374 Respondents welcomed the consultation as a comprehensive

opportunity for people with lived experience to influence policy and supported the British and Irish Sign Language Bill. However some expressed concerns that the Strategy lacks sufficient detail on funding, resources, enforcement, and accountability, and that well-established issues remain unaddressed despite existing evidence.

4.375 Respondents also highlighted a lack of transparency, noting that key supporting documents had not been published and that more information should be provided on consultation participants and how lived experience informed proposals. Concerns were raised about the effectiveness of the co-design process and the limited recognition of communication as a fundamental requirement for inclusion and equality.

4.376 There were calls for greater transparency regarding the impact of consultation feedback on the final Strategy, supported by a clear "you said, we did" approach. Respondents highlighted the importance of maintaining ongoing involvement of Deaf and disabled people and key stakeholders in the implementation, monitoring, and evaluation of the Strategy and a more accessible and meaningful consultation processes. The Disability Rights Bill consultation process was highlighted as a positive model for engagement, trust-building, and policy improvement. There were also calls for consultation documents to be available in more concise and accessible formats.

4.377 Several policy areas were highlighted by respondents, including access to neurodiversity assessments and support services, greater recognition of Speech, Language and Communication Needs, and the implications of reduced life expectancy for autistic people and those with learning disabilities in relation to retirement policy. Respondents noted that rural communities and organisations were underrepresented in the consultation and recommended broader engagement with disability groups from across Northern Ireland and more consistent disability data collection and reporting.

Section 5: Written Response and Outreach Event Analysis

5.1 In total 59 written responses were received in response to the consultation. These ranged from short, emailed responses consisting of a few focused lines to extensive documents running to dozens of pages. As stated above, 5 of these responses were shared with AD for inclusion in its analysis.

5.2 In several cases, submissions included additional reports, papers and supporting documentation.

5.3 The responses covered a broad range of issues, highlighting the diverse experiences and priorities of Deaf and disabled people. The sheer volume and breadth of feedback demonstrates a strong desire for meaningful change across many aspects of daily life and makes clear that Deaf and disabled people want to see their rights, needs and aspirations reflected in future policies, services and decision-making across government departments.

5.4 Given the volume of response, this report aims to capture the key themes raised and, in particular, provide focus to those issues repeated across a range of responses.

5.5 Of the 54 written responses, the majority were from community and voluntary sector organisations. These included responses from charities, councils, professional bodies, educational establishments, trade unions and political organisations. A full list of the organisations who supplied written input to the consultation is attached at **Annex A**.

5.6 The summaries below provide an overview of the opinions expressed in relation to each of these areas and to the issues that received most comment during the consultation.

EMPLOYMENT

5.7 A substantial number of the responses received believe stronger commitments are required when it comes to employment. Many organisations draw attention to the persistent disability employment gap and call for specific targets to improve employment Outcomes.

5.8 Respondents argued that greater emphasis should be placed on recruitment, workplace retention, career progression and employer awareness.

5.9 There were also calls for recognition of the relationship between disability and poverty, including acknowledgement of the additional costs often faced by Deaf and disabled people and their families.

5.10 It was noted that employment was a key priority for people with learning disabilities and / or living with autism. The view shared is that many Deaf and disabled people want to work, develop skills and contribute to society but face significant barriers in accessing and sustaining employment.

5.11 Respondents reported a lack of suitable employment opportunities, limited access to training and insufficient understanding of disability amongst employers. The need for ongoing support to obtain and retain employment was also highlighted.

5.12 A substantial number of respondents suggested that employer attitudes and behaviours remain among the most significant obstacles to improving employment Outcomes for Deaf and disabled people.

5.13 Responses stated that, for those Deaf and disabled people who are in employment, challenges often extend beyond access to work. It was noted that Deaf and disabled workers are more likely to be concentrated in the lower paid jobs, work part-time and experience greater levels of job insecurity.

5.14 Respondents said that financial security must form a central component of the Strategy. Flexible and responsive support systems are required to enable Deaf and disabled people to manage changes in their circumstances without facing undue hardship. This was noted as particularly important for individuals whose health conditions fluctuate or who face additional costs associated with disability.

5.15 There were also concerns amongst respondents around the future availability of employment and skills support programmes, particularly in light of changes to funding arrangements and the uncertainty surrounding the replacement of the UK Shared Prosperity Fund.

5.16 Any reduction in funding for employment, training or employability initiatives, it was noted, could undermine progress towards improving labour market Outcomes for Deaf and disabled people and risk widening existing inequalities.

5.17 Responses argued that tackling poverty must be a central objective of the Strategy, saying that reducing the

disability employment gap requires a stronger and more coordinated focus on employer responsibility, accessible employment opportunities, fair pay, secure work and adequate income support.

5.18 Without targeted action in these areas, it was stated that significant disparities in employment rates, income and living standards were likely to persist, limiting opportunities for Deaf and disabled people to participate fully in economic and social life.

HEALTH AND SOCIAL CARE

5.19 A substantial number of responses highlighted ongoing difficulties accessing health services, specialist support, social care provision and independent living assistance.

5.20 Many respondents argued that greater focus should be placed on enabling people to live independently within their communities and reducing barriers to accessing support when it is needed.

5.21 A recurring concern raised by Deaf and disabled people, families, carers and representative organisations is the inconsistency of social care provision across Trust areas. Access to support can vary depending on location, interpretation of policy, workforce availability and local budget pressures.

5.22 A concern raised by many related to what they saw as the continued complexity and inconsistent implementation of Direct Payments and Self-Directed Support (SDS). Although aware that legislation and policy frameworks exist to promote personal choice and control, respondents noted that many Deaf and disabled people remain unaware of their rights or encounter barriers when attempting to avail of Direct Payments. They said that information is often difficult to obtain, referral pathways unclear and there is significant variability in professional knowledge and practice across Health and Social Care Trusts.

5.23 Another issue raised by respondents related to transition points within the health and social care system being challenging. ManyDeaf and disabled young people experience a significant reduction in support when moving from children's services to adult services. Respondents noted that insufficient planning often occurs when ageing parents or family carers are no longer able to provide support. Respondents stressed that these transitional periods require far greater strategic attention and earlier intervention.

5.24 It was noted by respondents that while the Strategy references safeguarding, stronger commitments are needed to address lessons arising from

institutional failures, including the issues surrounding Muckamore Abbey Hospital.

5.25 They said that concerns remain regarding the potential development of institutional cultures within smaller settings and the lack of robust mechanisms to ensure that people living in supported living, residential care and nursing homes continue to experience meaningful choice, independence and oversight.

5.26 Recommendations to strengthen Health and Social Care issues included;

- That Independent Living is explicitly framed in accordance with Article 19 of the United Nations Convention on the Rights of Persons with Disabilities and the principles of the Independent Living Movement. Independent living should be recognised as encompassing choice, control, personal assistance, participation and inclusion within the community, rather than solely focusing on accommodation or place of residence.
- The Executive should commit to the full implementation of Self-Directed Support across Northern Ireland, supported by consistent regional standards, workforce development and public awareness campaigns. Greater emphasis should be placed on promoting the opportunities available through Direct Payments and increasing awareness of organisations, such as the Centre for Independent Living Northern Ireland (CILNI), which support individuals to manage their support arrangements effectively.
- Health and Social Care Trusts should be required to provide consistent referral pathways to independent advice, advocacy and Direct Payments support services. Staff training should be strengthened to improve understanding of rights-based practice, Self-Directed Support and independent living principles.
- The Strategy should also include specific actions to develop and sustain the Personal Assistant workforce. This should include workforce planning, professional development opportunities, awareness campaigns and measures to improve recruitment and retention. Consideration should also be given to legislative and operational changes that would enable Personal Assistants to undertake delegated healthcare tasks safely and appropriately within agreed professional frameworks.
- Transition planning should become a core priority within Health and Social Care. The Strategy should require coordinated, person-centred transition plans for young people leaving education and for adults facing the loss of family

support. Planning should begin well in advance of transition points and involve individuals, families, advocates and relevant service providers.

- With regard to safeguarding, time-bound commitments should be included for the progression of Adult Safeguarding legislation, alongside enhanced independent oversight, advocacy provision and trauma-informed support for service users and families affected by historic safeguarding failures. Measures should also be introduced to prevent institutional practices from developing within community-based settings and to ensure regular monitoring of Outcomes, rights and quality of life.

EDUCATION

5.27 Education emerged as a consistent and cross-cutting concern among stakeholders including trade unions, children's organisations, disability charities and young people themselves. The feedback received during the consultation highlighted challenges within education provision for Deaf and disabled learners and those with special educational needs (SEN), pointing to gaps in both resources and Outcomes.

5.28 A central issue identified is the insufficiency of SEN provision. Respondents emphasised that many learners are not receiving the level of tailored support required to meet their needs, with particular concern about gaps in educational psychology services and access to essential therapies. This shortfall is compounded, they said, by the limited availability of appropriately trained staff, including a lack of nursing provision in special schools which affects the ability of some children to safely access education.

5.29 Concerns raised by stakeholders highlight significant gaps in how educational needs for Deaf and disabled children are understood, measured and supported within the current Strategy. While Outcome 8 of the draft Disability Strategy acknowledges the importance of children and young people, the proposed measures are viewed as too narrow, largely centred on educational attainment indicators such as qualifications and participation in further and higher education. This limited focus, respondents note, risks overlooking the broader educational experiences and developmental needs of Deaf and disabled learners.

5.30 A key concern voiced was the absence of a comprehensive, child-centred approach to education. Stakeholders emphasised that education for Deaf and disabled children should extend beyond academic attainment to encompass

their overall developmental, social and emotional wellbeing. They said there is little indication of how the Strategy will support children to reach their full developmental and social potential despite this being a stated aim. Issues such as inclusion in school life, access to play and leisure and the development of social skills are not sufficiently reflected, yet these are critical components of meaningful educational experiences.

5.31 Many respondents highlighted that there is a clear gap in how the voices of Deaf and disabled children and their families are incorporated into education policy. While respondents accept that the importance of participation is recognised in principle within the Strategy, it is unclear how this has been operationalised within the proposed measures. Stakeholders stress that children and young people should play an active role in shaping decisions about their education, including what data is collected and how success is defined. This reflects a rights-based approach aligned with the UN Convention on the Rights of the Child, which emphasises the importance of children's views in matters affecting them.

5.32 Several respondents identified transition planning as an area of concern. While the importance of coordinated and integrated transitions is widely acknowledged, they shared that the Strategy provides limited evidence of a clear or cohesive pathway to support this. Effective transitions—from early years provision into school, and from school into further education, training or employment requires proactive planning, person-centred approaches, and strong collaboration across departments and services. Stakeholder feedback indicates that, in the absence of such coordinated structures, many Deaf and disabled young people experience uncertainty and face diminished opportunities as they progress into adulthood.

5.33 Furthermore, respondents highlighted the current proposals appear overly rooted in the education sector alone with insufficient linkage to wider policy frameworks. Respondents suggested that there should be references to key initiatives such as the Children's Disability Framework or the Review of Children's Social Care, both of which have important implications for educational support. Many respondents felt that this lack of alignment risks fragmentation and undermines the delivery of holistic, coordinated support for children and families.

5.34 Resourcing was raised as a critical concern on a number of occasions. Respondents noted that the Strategy does not clearly set out how educational improvements for Deaf

and disabled children will be funded or resourced over the ten-year lifespan of the Strategy. There is a need, they said, for transparent allocation of financial and human resources, aligned with intended Outcomes and that without this, there is a risk that commitments will not translate into tangible improvements in educational provision.

5.35 Respondents recommend that stronger governance and accountability mechanisms be embedded within the Strategy. Drawing on guidance such as the UN Committee's General Comment No. 5, there is a call for dedicated structures, monitoring processes, and training across government to ensure effective implementation.

5.36 Approaches such as children's budgeting and the use of existing legislative frameworks, including the Children's Services Co-operation Act (NI) 2015, are highlighted as opportunities to better coordinate services and deliver improved educational Outcomes. Respondents advocate for a more holistic, rights-based and adequately resourced approach to education for Deaf and disabled children—one that values their voices, supports their full development, ensures joined-up transitions, and moves beyond narrow attainment measures to reflect their lived experiences and aspirations

5.37 Stakeholders consistently put forward recommendations to strengthen education provision for Deaf and disabled learners and those with SEN such as:

- **Strengthen SEN Provision**
  - o Increase investment in SEN support to ensure timely and appropriate assistance.
  - o Expand access to educational psychology services and therapeutic supports.

- **Improve Workforce and Specialist Support**
  - o Address shortages of skilled staff, including educational psychologists, therapists, and specialist teachers.
  - o Ensure adequate nursing provision in special schools to support complex health needs.

- **Enhance Accessibility and Inclusion**
  - o Improve the physical accessibility of school environments.
  - o Promote inclusive cultures so learners feel supported, safe, and able to participate fully, not just present.

- **Adopt a Holistic Approach to Outcomes**
  - o Move beyond attainment metrics to measure wellbeing, inclusion, and learner experience.
  - o Ensure education systems reflect whether learners can progress in meaningful, individualised ways.

- **Strengthen Transition Planning**
  - o Introduce earlier, structured, and person-centred transition planning from school to adulthood.
  - o Ensure clear pathways into further education, employment, and independent living.

- **Introduce Coordinated Support Mechanisms**
  - o Provide named key workers to support continuity for children and families.
  - o Develop person-centred transition plans tailored to individual needs and aspirations.

- **Improve Cross-Departmental Collaboration**
  - o Enhance coordination between education, health, communities, and the economy.
  - o Ensure services are integrated to deliver seamless support across life stages.

CHILDREN AND YOUNG PEOPLE

5.38 Whilst Children's organisations welcome the inclusion of children and young people, particularly through Outcome 8, many feel the Strategy remains too adult-centred. They call for stronger participation of Deaf and disabled children and young people, better safeguarding and child protection links, alignment with SEND reform and children's social care reform, early intervention, and clearer transition planning.

5.39 They shared their concern that childhood disability shapes life chances and that if the Strategy does not address early years support, school access, family poverty, transitions and safeguarding, inequalities will deepen over a lifetime.

5.40 Respondents said that disabled children and young people in Northern Ireland continue to experience significant and systemic inequalities across many aspects of their lives. The success of the Strategy, they said, would depend on removing barriers that prevent disabled children from fully participating in education, healthcare, leisure, community activities and everyday life.

5.41 Many responses relating to healthcare for disabled children referenced the difficulties faced accessing healthcare services, long waiting times for

assessment/treatment resulting in adverse impacts on education, wellbeing and daily life as a result of delays.

5.42 A recurring theme was the impact of poverty and the additional costs associated with disability. Families of disabled children said they are disproportionately affected by financial hardship, often having to reduce working hours to meet caring responsibilities. In addition, they said they face a range of disability-related expenses including higher energy costs, increased transport expenses, specialist equipment and the costs associated with accessing activities and opportunities.

5.43 Access to inclusive childcare emerged as a concern for many respondents. Families reported difficulties in securing suitable childcare provision that can meet the needs of disabled children, saying that the lack of accessible and inclusive childcare can create barriers to employment for parents and carers, particularly mothers, who may be required to reduce their working hours or leave employment altogether.

5.44 Respondents also highlighted that limited childcare opportunities can restrict Deaf and disabled children's access to learning, social development and participation in community life.

5.45 There was a strong view that the Strategy should place greater emphasis on the provision of inclusive childcare as a key component of early intervention, family support and social inclusion.

OLDER DISABLED PEOPLE AND AGEING

5.46 Older people and ageing were a theme for many with issues raised including age-friendly communities, accessible transport, healthcare, rehabilitation, home adaptations, community care, income security for disabled pensioners and the ageing dimension of disability.

5.47 Some strongly stated that ageing and disability are closely interconnected issues and said that as Northern Ireland's population ages, the number of older people living with disabilities and long-term health conditions will continue to increase, making the Disability Strategy particularly important for older citizens.

5.48 Many welcomed the development of the Strategy but noted that the Strategy is too reliant on existing commitments and lacks specific, targets and resources and does not provide enough detail on how meaningful improvements for older disabled people will be delivered. They called for the prospective Action Plan to contain clear, measurable and practical measures that address the

real-life challenges faced by older Deaf and disabled people across all areas of life.

5.49 Others noted that the Strategy does not recognise or respond to the experiences, needs, and rights of older Deaf and Disabled people. Given the demographic reality that a substantial proportion of people in later life live with disability, some noted that older people should be more prominently reflected throughout the Strategy, highlighting the absence of meaningful recognition of the distinct challenges faced by older Deaf and Disabled people.

5.50 Others said that the Strategy contains little consideration of the ways in which ageing and disability intersect, creating unique barriers that can affect access to services, participation in society, independence, and overall quality of life.

5.51 The overall message from respondents argues that the cumulative impact of age, disability, and other protected or socio-economic characteristics can lead to heightened disadvantage, exclusion, and discrimination. They said, however, that the draft Strategy does not adequately acknowledge these overlapping forms of inequality, nor does it set out a clear commitment to addressing them.

5.52 Respondents call for a more explicit recognition of intersectionality to ensure that the diverse experiences of older Deaf and disabled people are reflected in policy development and implementation, and that actions taken under the Strategy effectively address the multiple barriers they may face.

INDEPENDENT LIVING, HOUSING AND COMMUNITY SUPPORT

5.53 Independent living was clearly one of the most commented rights-based themes addressed in the consultation responses. Many called for accessible housing, properly resourced Disabled Facilities Grants, supported housing options, direct payments, independent advocacy, personal assistance, community-based alternatives to institutional care and support when family carers are no longer available.

5.54 Respondents want Deaf and disabled people to have genuine choice over where and how they live, with the support needed to participate in ordinary community life. Many respondents feel the Strategy needs to move beyond “where people live” and towards the full meaning of independent living under UNCRPD Article 19.

5.55 Responses strongly supported commitments to improve the availability of suitable housing for Deaf and disabled people and their families, highlighting the importance of ensuring Deaf and disabled people influence implementation of the Housing Supply Strategy, the updating of the Northern Ireland Housing Executive Strategic Need Assessment for housing support and calling for a review of the Disabled Facilities Grants (DFG).

5.56 Respondents said that the DFG must be adequately funded so that adaptations are not only functional but also well designed and attractive, helping disabled people feel truly at home, asking for clear targets dates be included for implementing all housing-related commitments.

5.57 Several respondents highlighted their need to be active in their communities and their need for accessible and affordable transport to access work, education, healthcare and social activities, with better community connections, particularly in rural areas where isolation can be increased by poor transport options.

5.58 Respondents asked for real choices about their lives and futures, opportunities to work, learn and contribute to society, a meaningful role in designing and improving services through genuine co-production, and respect for their experience and expertise, including payment for involvement in government initiatives where appropriate.

5.59 The overall message from respondents to the consultation is that independent living requires coordinated support across housing, health, transport, employment, education and community services. Deaf and disabled people, they say, should be supported to live in their communities, maintain their independence, build relationships, access opportunities and their voices heard in decisions that affect their lives.

5.60 A common theme expressed was that the Strategy should ensure accountability and deliver practical changes that enable people to live fulfilling, connected and self-directed lives.

TRANSPORT, MOBILITY AND RURAL ACCESS

5.61 Several responses highlighted the importance of transport, mobility and rural accessibility as key issues to be addressed within the Disability Strategy. Respondents identified limited public transport provision, inaccessible transport options, long travel distances to services and the lack of reliable connections in rural areas as significant barriers to independence, employment,

education, healthcare and social participation for disabled people.

5.62 The feedback received emphasised the need for more accessible, affordable and reliable transport services, improved rural connectivity and better consideration of the needs of disabled people in transport planning and infrastructure development.

5.63 Ensuring that people living in rural communities can access essential services and participate fully in community life was seen by respondents as central to achieving greater inclusion and equality.

ACCESSIBILITY, BUILT ENVIRONMENT AND PUBLIC REALM

5.64 Accessibility in relation to public buildings, streets, transport, housing, cultural venues, tourism sites, leisure centres and digital infrastructure was a frequent issue raised by respondents. Suggestions for improvements included inclusive design standards, accessibility rating schemes for businesses, more Changing Places toilets, public realm improvements and stronger building regulation compliance.

5.65 Respondents viewed the built environment as either enabling independence or creating exclusion. Accessibility for Deaf and disabled people should not, they said, be treated as an optional enhancement. Respondents wished to see universal and inclusive design embedded from the start, not retrofitted after barriers have already been created.

SAFETY, ABUSE, SAFEGUARDING AND JUSTICE

5.66 Responses highlight Deaf and disabled people's risk of violence, exploitation, domestic and sexual abuse, bullying, hate crime and barriers to justice. Specific attention was given to Deaf and disabled victims and survivors, including Deaf and disabled men and to the need for accessible support services and justice system training.

5.67 Respondents also highlighted that Deaf and disabled women and children face a greater risk of abuse, neglect, exploitation and violence while also experiencing barriers to seeking help and accessing justice.

5.68 Respondents want the Strategy to recognise that Deaf and disabled people may face heightened vulnerability not because of impairment itself but because services, justice systems and support pathways are not accessible or responsive enough.

PUBLIC AWARENESS, ATTITUDES AND DISABILITY EQUALITY TRAINING

5.69 A number of responses raised concerns regarding the approach taken within the draft Disability Strategy to addressing public attitudes towards Deaf and disabled people. Respondents argue that, rather than actively challenging negative perceptions and promoting disability equality, aspects of both the Strategy and wider political discourse risk reinforcing harmful stereotypes and stigma. The responses highlight evidence that public attitudes towards Deaf and disabled people can be shaped by political rhetoric, particularly in relation to social security and welfare support. It notes concerns that negative or stigmatising language has the potential to influence public opinion and contribute to discrimination, social exclusion and in some cases disability-related hate crime.

5.70 A key theme emerging from the responses was the need for strong leadership in promoting disability equality and inclusion. Respondents emphasise that Ministers and public representatives hold influential positions and therefore have a responsibility to use language that promotes respect, dignity and equality. Concerns were expressed that comments relating to benefit fraud and disability support schemes may undermine public confidence and conflict with wider commitments to equality and non-discrimination. The respondents suggest that public bodies and decision-makers should play a leading role in challenging misconceptions about disability and fostering more positive public understanding.

5.71 Responses also highlight a perception among some Deaf and disabled people that their views and experiences have not been adequately reflected in the development of the draft Strategy. Respondents report that individuals feel ignored, undervalued and excluded from decision-making processes, despite commitments to the principle of “Nothing About Us Without Us.” This is presented as a significant issue, as meaningful participation and co-production are viewed as essential components of disability equality and rights-based policymaking. Such responses further argued that failure to engage effectively with Deaf and disabled people risks undermining confidence in the Strategy and limiting its ability to deliver meaningful change.

5.72 Responses point to the importance of increasing awareness and understanding of disability rights, challenging unconscious bias and stigma, and ensuring policymakers, public officials and decision-makers are equipped to fulfil their equality obligations. The concerns expressed suggest a need for greater emphasis on disability awareness, inclusive

communication, and the principles of equality and non-discrimination across government and public services.

5.73 Overall, the responses indicate that improving public awareness and attitudes towards disability should be a central objective of disability policy and argue that negative narratives and rhetoric can undermine equality, perpetuate stigma and create barriers to inclusion. Respondents advocate for a more rights-based and inclusive approach that promotes positive representations of disabled people, strengthens public understanding of disability issues, and ensures disabled people are actively involved in decisions that affect their lives. Such measures are viewed by them as essential to advancing disability equality and fostering a more inclusive society.

CROSS-DEPARTMENTAL WORKING

5.74 Another theme raised by a significant number of respondents was the importance of embedding cross-departmental working in the Strategy. It was noted that, as an Executive Strategy, this issue could only be addressed by all departments working together and pooling resources where possible.

RING FENCED FUNDING

5.75 It was noted by many respondents that the Strategy should be fully funded and that funding in this area should be both multi-year and 'ringfenced'. Respondents repeatedly called for a fully developed Action Plan, SMART objectives, named departmental responsibilities, clear timescales, ring-fenced funding and public progress reporting. Without these there is a fear that the Strategy will not move beyond existing commitments or high-level principles.

Section 6: Conclusion

6.1 As noted in the Executive Summary, the responses to the public consultation on the Disability Strategy can be grouped into a range of broad areas as follows:

STRUCTURE/GOVERNANCE OF THE STRATEGY

6.2 Respondents highlighted the importance of implementing strong governance arrangements to ensure that the Disability Strategy is operated effectively, transparently and in partnership with Deaf and disabled people. There was a clear view that the meaningful involvement of Deaf and disabled people must be embedded within the Strategy's governance structures rather than limited to arbitrary consultation at specific points in time.

6.3 Many respondents welcomed the proposed establishment of a Regional Disability Forum comprising wholly of Deaf and disabled people, with representatives from Disabled People's Organisations, advocacy groups and community organisations being able to be consulted with as appropriate. Respondents viewed the Forum as a key vehicle for co-production moving forward, providing an independent and representative voice to inform the implementation, monitoring and evaluation of the Strategy.

6.4 There was strong support for ensuring that the Forum reflects the diversity of Deaf and disabled people's experiences, including representation from people living with a range of disabilities, and from as diverse a geographical and community spread as possible.

6.5 Alongside these strengthened governance arrangements, respondents also called for a review of the legislative framework supporting disability rights.

6.6 Respondents expressed concerns that the current disability legislation in Northern Ireland, and most importantly the provisions of the Disability Discrimination Act no longer fully reflected contemporary understandings of disability, inclusion and equality.

ACTION PLAN/TARGETS/MEASUREMENT

6.7 Many respondents raised concerns that there was an absence of a detailed implementation or Action Plan. They felt that specific time-bound targets should be included in the Strategy, ensuring that the needs, rights and aspirations of Deaf and disabled people are fully considered across all areas of delivery. Respondents repeatedly stated that

without a clear roadmap setting out actions, timescales, responsibilities and resources, it would be difficult to assess whether the Strategy could achieve meaningful change.

6.8 Respondents emphasised that strategic commitments must be translated into practical actions if the Strategy is to improve the everyday lives of Deaf and disabled people.

RESOURCES

6.9 A recurring theme from respondents was that meaningful progress will only be achieved if the Strategy is supported by sufficient resources. Respondents called for dedicated funding, specialist expertise and clear accountability mechanisms to ensure that commitments are translated into action.

6.10 They emphasised that accessibility and inclusion should be recognised as core requirements of service delivery and adequately resourced from the outset rather than addressed retrospectively.

THE IMPORTANCE OF LIVED EXPERIENCE

6.11 The importance of lived experience was also highlighted by many respondents to the consultation. This included inclusion of lived experiences both within the Strategy itself as well as in the governance mechanisms which would be used to monitor the delivery and progress of the Strategy.

THE IMPORTANCE OF CROSS DEPARTMENTAL CO-OPERATION AND PARTNERSHIP DELIVERY

6.12 Many participants highlighted that improving the lives of Deaf and disabled people needed to be taken forward on a cross-departmental basis. It was recognised that to effectively deliver on the Outcomes and commitments within the Strategy, actions would be required across a range of departmental remits.

6.13 A range of departments were highlighted in responses, but the cross-cutting areas raised most often included Education (fully accessible educational settings/ better support for children and young people/ improved transition from education to employment/ inclusion of disabled children in decision making structures), Health and Social Care (access to specialist services/ improved social care provision/ better healthcare Outcomes/ independent living support), Employment and Poverty (targets to reduce the disability employment gap/ better workplace retention and support/ stronger links with anti-poverty measures/ recognition of the higher costs associated with disability), Transport and Accessibility (improved accessible transport/ protection of rural transport

services/ inclusive design standards/ better access to housing and the built environment), and Children, Young People and Older People (disabled children require stronger representation and targeted actions/ older disabled people need greater recognition within the Strategy/ age related disability issues should be explicitly addressed).

CO-DESIGN AND ENGAGEMENT

6.14 Many responses highlighted the need for stronger co-production and engagement with Deaf and disabled people. While some respondents welcomed reference to co-design, others felt that Deaf and disabled people and their representative organisations should have played a greater role in developing the draft Strategy itself.

6.15 There was a strong consensus that Deaf and disabled people should not only be consulted but actively involved in decision making throughout implementation, monitoring and review. Stakeholders frequently referred to the principle of ''Nothing about us without us'', emphasising that policies affecting Deaf and disabled people should be shaped by those with lived experience.

CONCLUSION

6.16 Respondents have expressed high expectations of what can and should be delivered in the Disability Strategy, and recommendations covered a broad range of Executive responsibilities.

6.17 Overall, the consultation responses reveal a high level of satisfaction with work progressed to date towards the development of the Disability Strategy and widespread agreement with its overarching vision. However, respondents stressed that the final Strategy must move beyond broad aspirations and provide greater clarity regarding delivery.

6.18 The responses from the online survey showed that in general the draft Strategy has been very well received by the public, with over 80% of respondents to the online survey agreeing or strongly agreeing with the Vision, Scope, Guiding Principles, Outcomes, and the vast majority of commitments.

6.19 There was a minimum satisfaction level of 80% (with majority showing 90%+) with each of the 56 commitments with the exception of Commitment 37 (Digital Care Record - 77.9% respondents either agreed or strongly agreed).

6.20 The dominant message from stakeholders is that success will depend on the publication of a detailed and adequately resourced Action Plan, the establishment of measurable targets and accountability mechanisms and the meaningful involvement of Deaf and disabled people in all aspects of implementation and oversight. Without these elements many respondents expressed concern that the Strategy may not achieve the change that Deaf and disabled people and their representative organisations are seeking.

6.21 The feedback set out in this report will inform the next steps in the development of the Disability Strategy.

Annexes

Annex A - Respondents

***Written Responses (Private Individuals not included)**

Disability Strategy Consultation - List of Written Responses

1. Advice NI
2. Age NI
3. Alliance Party NI
4. Angel Eyes
5. Antrim & Newtownabbey Council
6. Armagh City, Banbridge and Craigavon Borough Council
7. Barnardos
8. Belfast City Council (BCC)
9. Belfast City Youth Council
10. Brain Injury Matters
11. British Medical Association
12. Cedar Foundation
13. Centre for Independent Living NI (CILNI's)
14. Children in NI (CINI)
15. Children's Law Centre
16. Communication Access UK
17. Community Transport Association
18. Consumer Council NI
19. COPNI
20. Disability Action
21. Disability Research Network (DRN)
22. Disability Sport NI
23. Equality Commission NI
24. Family Fund
25. Feeding Britain

26. Fermanagh & Omagh District Council
27. Fermanagh Community Transport
28. Imtac
29. Joseph Rowntree Foundation
30. Law Centre NI
31. Law Society of NI
32. Lisburn and Castlereagh City Council
33. Men's Alliance NI
34. Mid Ulster District Council
35. Motor Neurone Disease Association
36. MS Society
37. My Way Access
38. NI Anti-Poverty Network
39. NI Human Rights Commission
40. NICCY
41. Office of the Mental Health Champion NI
42. Out and About Community Transport
43. Parkinson's UK
44. RCPsych in NI
45. RNIB
46. Royal Society of Ulster Architects (RSUA)
47. Sinn Fein
48. Spend-Abled
49. Telling It Like It Is (TILI)
50. Ulster Teachers Union
51. UNISON
52. Unite the Union Retired Members Branch
53. Ulster University
54. Women's Regional Consortium
55. Women's Resource & Development Agency

*Responses to online via citizen space, plus the five e-mail responses (Private Individuals not included):

Disability Strategy Consultation - List of responses to online via Citizen Space

1. Advice NI
2. Armagh City, Banbridge and Craigavon Borough Council
3. Association for Real Change Northern Ireland (ARC NI)
4. British Association of Teachers of Deaf Children and Young People (BATOD)
5. British Deaf Association
6. Choice Housing Ireland Limited
7. Clanrye Group
8. Community Transport Association (CTA)
9. Fermanagh and Omagh PCSP
10. Inspire Wellbeing
11. Lisburn & Castlereagh City Council
12. Long Covid Kids
13. Mencap NI
14. Mid and East Antrim Borough Council
15. Mid Ulster Agewell
16. Mid Ulster Seniors Network
17. Ministerial Advisory Group for Architecture & Built Environment in NI
18. Mobility Mid Ulster (formerly Shopmobility)
19. National Deaf Children's Society
20. Newry Mourne and Down District Council
21. Northern Ireland Housing Executive
22. Office of Identity and Cultural Expression
23. Participation and the Practice of Rights
24. PlayBoard
25. Royal College of Speech and Language Therapists Northern Ireland (RCSLT NI)
26. Shopmobility Enniskillen
27. The Independent Living Fund (ILF) Scotland
28. The Open University
29. Ulster Supported Employment Ltd

*Some organisations made two responses, one from the organisation itself and the other was on behalf of the particular group of Deaf or disabled people they represent.

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