



Response to Department of Health, Social Services and Public Safety Consultation on a Physical and Sensory Disability Strategy 2011 - 2015

April 2011

Introduction

1. The Equality Commission for Northern Ireland ('the Commission') is an independent public body established under the Northern Ireland Act 1998. The Commission is responsible for implementing the legislation on age, fair employment and treatment, sex discrimination and equal pay, race relations, sexual orientation and disability. The Commission's remit also includes overseeing the statutory duties on public authorities to promote equality of opportunity and good relations under Section 75 of the Northern Ireland Act 1998, and the disability duties under the Disability Discrimination Act 1995.
2. Further, the Commission has also been designated to act as an 'independent mechanism' jointly with the Northern Ireland Human Rights Commission, to promote awareness of, and monitor the implementation of the United Nations Convention on the Rights of Persons with Disabilities with regard to Government's obligations in relation to Northern Ireland.
3. The Commission welcomes the approach taken by the Department in developing a Physical and Sensory Disability Strategy with the aim of improving outcomes, services and support for people in Northern Ireland, who have a physical, communication or sensory disability.
4. The Department's commitment to bring forward this Strategy was highlighted in the *Report of the Promoting Social Inclusion Working Group on Disability* published in

December 2009. We note that the Department has indicated that the Strategy forms a 'significant part' of the Department's response to the recommendations in this report.

5. We welcome the Department's clear commitment to a cross-Departmental approach, as well as with the voluntary and community sector. We also welcome the Department's recognition of its obligations under Section 75 of the Northern Ireland Act 1998, the Disability Discrimination Act 1995, (including the disability duties) and the UK's obligations set out in the UN Convention on the Rights of Persons with Disabilities (UNCRPD).
6. It is important that the Department, in developing and bringing forward this Strategy and action plan, aimed at improving outcomes for disabled people, assesses whether further steps are required in order to ensure that the obligations placed on the UK Government under the UNCRPD are complied with; see, in particular, Article 25 (Health) and Article 26 (Habilitation and rehabilitation).

Specific comments

Addressing gaps in information

7. The Department has highlighted that are 'particular difficulties with data within health and social care in terms of quantifying the overall response to need because of the variability in definition and comprehensiveness of information' and that there is 'very little official disability-specific data available to health and social care planners'. In addition, we note that the Department has indicated that there is an 'absence of a comprehensive set of data in respect of children and young people with disabilities'.
8. We recommend that the Department, working in partnership with other key agencies and stakeholders, carries out a co-ordinated and comprehensive review of data collection in relation to disabled people with physical and sensory disabilities within a specific timescale and takes appropriate action to fill gaps where data is not available.

9. We recommend that the Department takes steps, in partnership with other key agencies and stakeholders, to address, in particular, identified gaps in information relating to disabled people with multiple identities; for example, disabled women, disabled children, disabled black minority ethnic (BME) people or lesbian, gay, bisexual (LGB) disabled people. Data collected can be used in order to assess whether disabled people with multiple identities have specific needs that need addressed, and to enable the Department to measure progress towards achieving tangible outcomes for disabled people with multiple identities.¹ The collection of such data is in line with the UK Government's obligations under Article 31 of the UNCRPD.

Disabled women

10. The Department's equality impact assessment makes it clear that some disabilities affect proportionately more women than men and that statistics show there is a higher prevalence of disability among adult females. We recommend that the Department, in developing and implementing this Strategy and action plan, considers the particular needs experienced by disabled women with physical or sensory disabilities and measures needed to address these needs. Taking steps to meet the particular health needs of disabled women are in line with the UK Government's obligations under the UNCRPD.²
11. The Equality Commission's research, *Disabled Women in Northern Ireland: Situation, Experience and Identity*, has highlighted a number of barriers that disabled women, including those with physical disabilities, face when accessing health services.³

¹ Under Article 31 of the UNCRPD, the UK Government has undertaken to collect appropriate information, including statistical and research data to enable them to formulate and implement policies to give effect to the UNCRPD.

² Article 25 (Health) of the UNCRPD also highlights the need for the UK Government to take all appropriate measures to ensure access for persons with disabilities to health services that are gender sensitive, including health, rehabilitation. In addition, the UNCRPD, under Article 6 (Women with disabilities) recognises that women and girls with disabilities are subject to multiple discrimination and places an obligation on UK Government to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

³ *Disabled women in Northern Ireland: Situation, Experiences and Identity*, ECNI, 2003
<http://www.equalityni.org/archive/word/diswomenni1003.doc>

12. The Commission notes the commitment of the Department in its draft Section 75 action plan to 'improve consideration amongst HSC policy leads of gender issues when developing policy and to encourage more gender sensitive screening'.
13. Finally, when bringing forward the proposed initiatives outlined in the draft Strategy and action plan, such as promotional campaigns or providing accessible information and advice, we recommend that the Department considers what actions are required to target the particular needs of disabled people with multiple identities; for example, the provision of disability related information and advice to BME disabled people in a language other than English.

Physical disabilities

14. Whilst welcoming the Department's commitment to encourage service providers to provide information and advice that is accessible, we recommend that the Department also commits to review the accessibility of health and social care services in terms of **physical accessibility** in order to identify physical barriers or other impediments to the access of health and social care services towards disabled people, in addition to the provision of auxiliary aids and services.

Promoting positive attitudes and participation in public life

15. In bringing forward its Strategy and action plan, we recommend the Department considers what opportunities there are to promote positive attitudes towards disabled people and encourage their participation in public life, pursuant to the disability duties placed on the Department under the Disability Discrimination Act 1995 (DDA 1995). As recommended in the Commission's Guide to the disability duties⁴, there are a number of ways in which the Department

⁴ *A Guide for Public Authorities; Promoting Positive Attitudes towards Disabled People and Encouraging the Participation of Disabled People in Public Life*, ECNI, 2007
<http://www.equalityni.org/archive/pdf/ECNIDisPlan.pdf>

can promote positive attitudes and encourage the participation of disabled people in public life. For example when bringing forward health promotion initiatives, the Department can ensure that disabled people are depicted in a positive role.

Disability training for staff

16. We welcome the Department's commitment to provide disability awareness training to all health and social care staff in regular direct contact with clients or patients with a disability. As highlighted in the Commission's Guide on the disability duties, we recommend that this training covers both disability awareness **and** training and guidance on the **disability equality legislation**. The training should also raise awareness of the particular needs of disabled people with multiple identities, and promote positive attitudes towards disabled people. We recommend that there is a clear timescale set in relation to the provision of this training.
17. We recommend that the Department takes steps to ensure that it monitors and evaluates the effectiveness of this training; for example, in terms of the degree to which the training raises awareness of the disability equality legislation, the needs of disabled people, challenges prejudice and promotes positive attitudes towards disabled people.
18. We recommend that the Department monitors through customer surveys, Section 75 and other complaints and other engagement methods with disabled service users, the degree to which front line staff display positive attitudes towards disabled service users and meet their needs.
19. The Department's proposed actions are in line with Article 25 of the UNCRPD, which highlights the importance of raising awareness of the human rights, dignity, autonomy and needs of disabled people through training and the promulgation of ethical standards for public and private care for health professionals.

Effective engagement with disabled people

20. We welcome the Department's commitment to convene a Disabled Strategy Implementation Group to co-ordinate implementation of the action plan. It is important that both individual disabled people and their representative organisations are engaged in any future review and monitoring models of the Strategy and action plan.
21. Such engagement measures can help promote the participation of disabled people in public life, pursuant to the Department's disability duties under the DDA 1995 and in furtherance of Article 29 of the UNCRPD (Participation in political and public life).

Achieving tangible outcomes

22. We welcome the Department's commitment to agree key outcome measures to inform service commissioning provision and improvement in the lives of individuals. It is important that these outcome measures are developed in partnership with disabled people.
23. The Commission recommends that the Department sets key indicators which are relevant, outcome focused and measurable. Outcome measures should be expressed as measurable reductions in inequalities experienced by disabled people or clear steps on the way to achieving such reductions.
24. The indicators should measure progress made in addressing inequalities experienced by disabled people with *different types* of physical or sensory impairments, as well as those with *complex* disabilities and/or *multiple identities* (for example, disabled children, disabled women or BME disabled people). The Department's progress on meeting these outcomes should be clear and transparent so that disabled people (and others) are able to assess the degree to which the Department's Strategy and action plan has delivered real and tangible outcomes for disabled people.

Action measures

25. We also recommend that the action plan avoids non-committal terms such as 'consider endorsing' or 'examine

the potential'. Where the Department is reviewing an area and considering action, the recommendations should be framed within the context of time-bound research, if appropriate, the development of a representative steering group, a commitment to the production of a report outlining a single or series of recommendations on the way forward.

26. In addition, some of the action measures refer to actions that 'should be taken', rather than 'will be taken'. In general, we recommend that the action plan sets out more clearly the actions (with associated timescales) the Department is committing to.