**Alternative Report on the Implementation of the Convention on the Rights of Persons with Disabilities in Northern Ireland**

**February 2022**

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1. **Summary of Key Issues**
	1. **Incorporation of the UNCRPD in Northern Ireland**

Northern Ireland (NI) has yet to incorporate the UNCPRD into a law[[1]](#footnote-1).

* 1. **Non-compliance with the UNCRPD**

There are several areas in policy, practice and legislation within NI which are non-compliant with the UNCRPD. These include amongst others, The Mental Health and Capacity Act (2016)[[2]](#footnote-2), inadequate protections against disability discrimination[[3]](#footnote-3), the continued use of involuntary ECT[[4]](#footnote-4), the use of restraint and seclusion in both health and educational settings[[5]](#footnote-5), evidence of abuse and degrading treatment within institutional settings[[6]](#footnote-6), inadequate play and leisure facilities for d/Deaf and disabled children[[7]](#footnote-7), lack of access to appropriate toileting facilities[[8]](#footnote-8), the under-representation of d/Deaf and disabled people in decision making[[9]](#footnote-9), and increasing levels of disability hate crime[[10]](#footnote-10).

* 1. **Lack of protection of the Right to Life**

The Northern Ireland Statistics and Research Agency (NISRA) published an equality group analysis of wave one deaths due to Covid-19 which showed that disabled people were 40% more likely to die of Covid-19[[11]](#footnote-11). Disabled people and their families, including parents of autistic children and carers of people with learning disabilities, are reporting that they have been asked to complete Do Not Resuscitate (DNR) orders, in case they become critically ill, with no consultation[[12]](#footnote-12).

* 1. **Dignity, Choice and Control**

Dignity, choice and control are of extreme importance to d/Deaf and disabled people. Dignity, choice and control are relevant to the following Articles of the UNCRPD: Article 12 Equal recognition before the law [[13]](#footnote-13), Article14 Liberty and security of person[[14]](#footnote-14), Article15 Freedom from torture or cruel inhuman or degrading treatment [[15]](#footnote-15), Article 19 Independent Living[[16]](#footnote-16), Article 23 Respect for home and family[[17]](#footnote-17), Article 25 Health[[18]](#footnote-18) , Article 26 Habilitation and rehabilitation[[19]](#footnote-19), and Article 28 Adequate Standard of Living[[20]](#footnote-20).

The key challenges raised by d/Deaf and disabled people include:

* Implementation of the Mental Capacity Act (NI);
* The application of capacity legislation for children and young people[[21]](#footnote-21);
* Deprivation of Liberty[[22]](#footnote-22);
* Inhuman and degrading treatment[[23]](#footnote-23);
* Use of restraint and seclusion[[24]](#footnote-24);
* Abuse in residential and community settings[[25]](#footnote-25).
* Resettlement from long-stay hospitals and assessment and treatment units[[26]](#footnote-26);
* Enjoyment of home and family life[[27]](#footnote-27);
* Health inequalities and mortality rates[[28]](#footnote-28);
* Lack of habilitation for children and young people[[29]](#footnote-29).
	1. **Accessibility**

Articles of the UNCRPD, including: Article 4 General obligations[[30]](#footnote-30), Article 9 Accessibility[[31]](#footnote-31), Article 20 Personal Mobility[[32]](#footnote-32), Article 24 Education[[33]](#footnote-33), Article 27 Work and employment[[34]](#footnote-34), Article 28 Adequate standard of living and social protection[[35]](#footnote-35), Article 29 Participation in Public Life[[36]](#footnote-36), Article 30 Participation in cultural life, recreation, leisure, and sport[[37]](#footnote-37), all raise issues in relation to accessibility.

d/Deaf and disabled people living in rural areas face increased barriers to accessing services and transport[[38]](#footnote-38). d/Deaf and disabled people face challenges due to inaccessible pedestrian environments which can restrict access to local services and facilities including transport and other opportunities[[39]](#footnote-39).

* 1. **The Rights of d/Deaf and Disabled Children**

d/Deaf and disabled children remain more likely to live in poverty in comparison with others[[40]](#footnote-40). There are concerns regarding the provision of adolescent mental health services to children with learning disabilities. The NI Commissioner for Children and Young People (2018) report ‘Still Waiting’ raises serious concerns about the accessibility of Child and Adolescent Mental Health Services by young people with learning disabilities[[41]](#footnote-41).

* 1. **Continued Lack of Protection Against Disability Discrimination**

There have been repeated concerns raised that protection for people with disabilities against discrimination in NI has fallen behind GB[[42]](#footnote-42).

**2 Introduction**

2.1About Us

Disability Action is the largest pan-disability organisation in the UK located NI. We provide services to and advocate for the rights of d/Deaf and disabled people.

2.2 The Process

Disability Action held a series of nine engagements with 431 d/Deaf and disabled people and from the findings of from a survey of 83 d/Deaf and disabled people in Northern Ireland. In total Disability Action engaged with 514 d/Deaf and disabled people regarding the outcomes of this report.

Desktop research was carried out into relevant programmes and policies in NI and reference made to previous research.

2.3 The Scope of the Report

This report only relates to Northern Ireland (NI).

3.0 **Comments on the Convention Articles**

3.1 **Articles 1 - 4**

**“**The UK and NI governments fail to uphold the UNCRPD, we are constant targets when it comes to cutting public money and services”

*Disabled woman aged 20-25*

There is currently no agreed framework for the implementation of an adequately resourced disability strategy [[43]](#footnote-43).

**Suggested Question**

**What action will the State take to ensure the legal incorporation of the UNCRPD in NI and how will it ensure that appropriate legislation, policies and programmes are in place and resourced which advance the rights of d/Deaf and disabled people?**

3.2 **Article 5**: **Equality and non-discrimination**

**“**I have been personally disadvantaged by the lack of parity of legal protection compared to other areas of the UK”

Disabled man with a long term health condition aged 50-54

There have been repeated concerns raised that protection for people with disabilities against discrimination in NI has fallen behind GB[[44]](#footnote-44).

**Suggested Question**

**What action is the State taking to remove the identified differences in disability discrimination protection between NI and GB since the introduction of the Equality Act 2010 only into GB?**

3.3 **Article 6: Women with disabilities**

“one in two disabled women are in an abusive relationship, yet it is never mentioned. Disabled women earn 22% less than non-disabled men and it is never mentioned”

*A disabled woman with a long-term health condition who is a carer aged 25-29.*

d/Deaf and disabled women are two times more likely to suffer physical abuse from an intimate partner than nondisabled women[[45]](#footnote-45). Women’s Aid Northern Ireland report that 41% of women in refuges and 41% of women accessing outreach services have a disability[[46]](#footnote-46). Yet there is a lack of specialist services for d/Deaf and disabled people experiencing domestic violence and many services which exist are inaccessible[[47]](#footnote-47).

**Suggested Question**

**How will the State ensure that programmes and policies to eliminate exploitation, violence and abuse include targeted specific actions to address the issues for women with disabilities?**

3.4 **Article 7: Children with disabilities**

3.4.1 Access to Mental Health Services

The NI Commissioner for Children and Young People (2018) report ‘Still Waiting’ raises serious concerns about the accessibility of Child and Adolescent Mental Health Services by young people with learning disabilities[[48]](#footnote-48).

**Suggested Question**

**What action is the State taking to ensure that d/Deaf and disabled children have access to age appropriate mental health services?**

3.4.2 Play and Leisure

There continues to be an absence of suitable play, toilet and changing facilities for families with disabled children and disabled children and young people[[49]](#footnote-49).

**Suggested Question**

**What action is the State taking to ensure that d/Deaf and disabled children have access to play, and leisure on an equal basis with others?**

3.4.5 Participation in Decision-Making

There are continuing challenges associated with ensuring that d/Deaf and disabled children have the right to express their views on matters which affect them[[50]](#footnote-50).

**Suggested Question**

**What action is the State taking to ensure that d/Deaf and disabled children can express their views on an equal basis as others in respect of the development of legislation and policy which impacts on their lives?**

3.5 **Article 8: Awareness-raising**

“Until society changes its attitude towards disabled people it is my fear things disabled people will continue to face abuse”.

*Disabled woman with a long-term health condition, aged 16-24.*

There is persistent prejudice towards d/Deaf and disabled people, including negative attitudes towards d/Deaf and disabled people claiming social security benefits[[51]](#footnote-51).

**Suggested Questions**

**What actions are the State taking to ensure that it promotes positive public awareness of the capabilities and contributions of d/Deaf and disabled people?**

3.6 **Article 9: Accessibility**

3.6.1 Transport

**“**Sometimes I wait at bus stop in my wheelchair quite often the bus just goes on by leaving me just sitting there. I was once asked to leave the shop because my chair was pushing against boxes in the aisles”

*Disabled man, aged 65+.*

d/Deaf and disabled people experience significant barriers in accessing transport with respect to both physical accessibility, and availability of service[[52]](#footnote-52).

**Suggested Question**

**What is the State doing to ensure d/Deaf and disabled people can travel as freely as others?**

3.6.2 Accessible Information

There are persistent barriers to accessing information in accessible formats in NI[[53]](#footnote-53).

**Suggested Question**

**What actions is the State taking to identify and eliminate barriers to accessibility, in particular communication and information barriers?**

3.6.3 Rurality

d/Deaf and disabled people living in rural areas face increased barriers to accessing services and transport[[54]](#footnote-54).

**Suggested Question**

**What action is the State taking to ensure that d/Deaf and disabled people in rural areas are able to access services and their community on an equal basis as those living in urban areas?**

3.7 **Article 10: Right to life**

“Our lives are seen as disposable. That has been clear throughout Covid. Either they give us a DNR[[55]](#footnote-55) without our consent, say that we should not live our life to the fullest or our deaths are expected and not warranted of sympathy”

*Disabled woman aged 25-29.*

The Northern Ireland Statistics and Research Agency (NISRA) published an equality group analysis of wave one deaths due to Covid-19 which showed that disabled people were 40% more likely to die of Covid-19[[56]](#footnote-56). There are concerns regarding the inappropriate use of Do Not Resuscitate Orders[[57]](#footnote-57).

**Suggested Question**

**What specific measures are being taken by the State to ensure that any requirements to ensure the full protection of the right to life for allpeople with d/Deaf and disabled people are being addressed?**

3.8 **Article 11: Situations of Risk and Humanitarian Emergencies**

“People with disabilities are being failed by our government during the pandemic, we have no access to day centres and there is not enough support for carers. We are being completely ignored by our Health Minister at every wheel and turn.

*Disabled woman and care with a long-term health condition,40-44.*

The degree to which the emergency response of the Executive to the Covid-19 crisis included people with disabilities and addressed their needs has been called into question by d/Deaf and disabled people and by the Equality Commission for Northern Ireland[[58]](#footnote-58).

**Suggested Questions**

**What measures will the state take to ensure that d/Deaf and disabled people are engaged in Covid-19 planning and in the response to similar situations should they arise?**

3.9 **Article 12: Equal recognition before the law**

3.9.1 Mental Capacity (NI) Act 2016 – Adults

The Mental Capacity Act (2016) provides for determinations of unfitness to plead and the defence of insanity which is representative of disability discrimination in context of the UNCRPD[[59]](#footnote-59). The Mental Health (NI) Order (1986)[[60]](#footnote-60) provides for involuntary treatment of ‘mental disorder’, which is defined as ‘mental illness, mental handicap and any other disorder or disability of mind’ (MHO, Article 3(1))[[61]](#footnote-61).

**Suggested Question**

**What measures is the State taking to ensure that d/Deaf and disabled people can enjoy the same fundamental freedoms as others?**

3.9.2 Mental Capacity Legislation - Children

Children under the age of 16 have not been included within the Mental Capacity NI Act (2016) in NI. At the time of writing there is no evidence of the development of any proposals which will offer children and young people any new legal protections[[62]](#footnote-62).

**Suggested Question**

**What is the State doing to ensure that d/Deaf and disabled children and young people under 16 years enjoy the same fundamental freedoms on an equal basis with other children under both article 7 and article 12?**

* 1. **Article 13: Access to justice**

“Disabled people themselves (especially those with learning difficulties) can be easily manipulated and/or taken advantage of in illegal ways, or they may not be aware of how to get support. The other side of the issue is that the legal support they can receive may not be adequate”.

*Disabled man aged 16-24.*

3.10.1 Barriers to Justice

Disabled people experience barriers in accessing[[63]](#footnote-63) justice.

**Suggested Question**

**What actions has the State taken to ensure that d/Deaf and disabled people have equal access to the justice system to attain their rights?**

3.10.2 Access to interpreters

There is a lack of knowledge within the legal system of how to book sign language interpreters, the role of interpreters (who have a multi-faceted communication role between legal professionals and deaf people[[64]](#footnote-64)).

**Suggested Question**

**What actions has the State taken to ensure that there is an adequate provision of BSL and ISL interpreters within the Criminal Justice System?**

* 1. **Article 14: Liberty and security of person**

d/Deaf and disabled people within Northern Ireland continue to be denied liberty within institutions and residential settings including psychiatric hospitals and care homes[[65]](#footnote-65).

**Suggested Question**

**What actions is the State taking to end the deprivation of liberty of d/Deaf and disabled people within institutions?**

3.12 **Article 15: Freedom from torture or cruel, inhumane or degrading treatment or punishment**

3.12.1 Health and Social Care

The hospital resettlement programme target established within the Bamford Review [[66]](#footnote-66) remains unmet. Concerns regarding resettlement from Muckamore Abbey hospital have been prominent since 2010[[67]](#footnote-67).

**Suggested Question**

**What actions is the State taking to ensure compliance with and completion of the hospital resettlement programme?**

3.12.2 Use of restraint and seclusion

Restraint continues to be used in NI in both Education and Health Care Settings [[68]](#footnote-68).

**Suggested Question**

**What action is State taking to reduce the use of restraint (both physical and chemically) down to zero?**

3.13 **Article 16: Freedom from exploitation, violence and abuse**

“He was in supported living, not toileted, showered, cuts and bruises, medical care ignored, this was a trust run facility.”

*A disabled person and carer with a long-term health condition*

3.13.1 Abuse in residential and community settings

Allegations of abuse at Muckamore Abbey in 2017 stimulated public outcry and resulted in criminal investigations[[69]](#footnote-69) and a public inquiry[[70]](#footnote-70).

**Suggested Question**

**What preventative policies and measures is the State undertaking to ensure that d/Deaf and disabled people and children are not subject to abuse?**

3.13.2 Hate Crime

“I have been hurt, I have been hurled with abuse and derogatory hate from sectors within the community. I have been physically attacked and abused and all because of being different”.

*Disabled woman and carer with long-term health condition,40-44.*

Hate crimes against d/Deaf and disabled people in Northern Ireland increased from 63 in 2018-19 to 86 in 2019-20[[71]](#footnote-71). There is no specific hate crime legislation in Northern Ireland for d/Deaf and disabled people or for people with other characteristics protected under equality law[[72]](#footnote-72).

**Suggested Question**

**How will the State ensure that hate crime legislation in NI is effective, particularly in relation to prosecution?**

3.14 **Article 19: Living independently and being included in** **the community**

“My understanding is that the states withdrawal of various crucial support services has had a massive impact on many disabled people's ability to live independently as has errors in PIP assessments and the withdrawal of the Independent Living Fund”

*A disabled man with a long-term health condition aged 50-54.*

3.14.1 Independent Living Fund (ILF)

There is significant concern among disabled people, highlighted through feedback to our questionnaire and individual and group discussions, that the closure of the ILF (to new users in NI) has had a considerable and retrogressive impact on the ability of d/Deaf and disabled people to live independently in their community[[73]](#footnote-73).

**Suggested Questions**

**Does the State intend to open up the ILF to new Users?**

3.15 **Article 20: Personal mobility**

d/Deaf and disabled people have experienced long waiting times for the appropriate aids or equipment in a timely fashion. d/Deaf and disabled people have had to rely on charity to try and raise funds for vital equipment[[74]](#footnote-74).

**Suggested Question**

**What action will the State take to ensure that d/Deaf and disabled people have access to appropriate aids and equipment in a timely fashion?**

3.16 **Article 21: Freedom of expression and opinion, and access to information**

The COVID-19 pandemic has highlighted the necessity of adequate ISL and BSL services particularly for public health messaging as well as digital communication services.[[75]](#footnote-75).

**Suggested Question**

**How will the State ensure that there is adequate provision of British Sign Language and Irish Sign Language interpreters in NI?**

3.17 **Article 22: Respect for privacy**

The lack of accessible communication in health and social care continues to impact on the right to privacy of d/Deaf and disabled people[[76]](#footnote-76).

**Suggested question**

**What action is the State taking to ensure that d/Deaf and disabled people have access to this information in accessible formats so that their right to privacy is protected?**

3.18 **Article 23: Respect for home and the family**

There are limited support services in NI for families and an absence or lack of community based services for children with disabilities, particularly those children with complex needs[[77]](#footnote-77).

**Suggested question**

**What action is the State taking to ensure that parents with a disability have access to the appropriate support to raise their family on an equal basis as others?**

3.19 **Article 24: Education**

“There's a lot of discrimination and negative attitudes within NI especially in social settings plus the primarily one is within schools.

*Disabled woman and carer with long-term health condition, 40-44.*

There continues to be an attainment gap between children with and without special educational needs[[78]](#footnote-78).

**Suggested Question**

**What action is the state taking to close the attainment gap between d/Deaf and disabled children and non-disabled children?**

3.20 **Article 25: Health**

“Financially, it is almost impossible. The health service is on its knees and support for chronic conditions is gone. If you are lucky enough to get a GP appointment, you will likely get a locum who is reluctant to change a treatment. Second class service for disabled people”.

*Disabled woman, aged 40-44.*

3.20.1 Access to health services

d/Deaf and disabled people face significant barriers in accessing primary health care services[[79]](#footnote-79).

**Suggested Question**

**What action is the State taking to ensure that disabled people have equal access to health and related services?**

3.20.2 Access to mental health services

More than 2,400 adults and over 260 children and young people are currently waiting longer more than three months to be seen by a mental health specialist. More than 700 adults and over 90 children and young people are waiting longer than a year[[80]](#footnote-80).

**Suggested Question**

**What actions is the State putting in place to remove barriers to accessing mental health provision and to increase the provision of mental health services in the community?**

3.21 **Article 26: Habilitation and rehabilitation**

There are significant challenges in accessing habilitation services [[81]](#footnote-81).

**Suggested Question**

**What action is the State taking to ensure that children and adults with disabilities will have access to appropriate habilitation services?**

3.21 **Article 27: Work and employment**

“I have to continue to prove that I am disabled as my managers will not make adjustments that would make my working life any easier”.

*Disabled man with a long-term health condition aged 55-59*.

Northern Ireland has the lowest rate of employment for d/Deaf and disabled people with only 37.8% in employment compared to 80.1% for non-deaf and disabled people[[82]](#footnote-82).

**Suggested Question**

**What actions will the state take to close the Disability Employment Gap?**

3.23 **Article 28: Adequate standard of living and social protection**

3.23.1 Welfare Reform

Families, where someone has a disability, have lost an average of £2,000 per year as a result of changes to disability related benefits.[[83]](#footnote-83)

**Suggested Question**

**What actions will the State take to ensure that there is no retrogression of d/Deaf and disabled people’s rights to an adequate standard of living as a result of welfare reform?**

3.23.2 Poverty & Disability

Foodbanks across NI have reported that more than 62% of people referred for access to emergency food are working age d/Deaf and disabled people[[84]](#footnote-84).

**Suggested Question**

**What is the State doing to measure and reduce poverty experienced by d/Deaf and disabled people and their families?**

3.23.3 Housing

There is a lack of provision for accessible and affordable housing for d/Deaf and disabled people. d/Deaf and disabled people face challenges in making adaptations to their homes[[85]](#footnote-85). Long delays in accessing housing limits the right to live independently[[86]](#footnote-86).

**Suggested Question**

**What action will the State take that d/Deaf and disabled people have access to appropriate public housing, within adequate timescales, and that will meet their needs?**

3.24 **Article 29: Participation in political and public life**

d/Deaf and disabled people are underrepresented in political and public life in Northern Ireland[[87]](#footnote-87).

**Suggested Questions**

**What action will the State take to ensure that d/Deaf and disabled people can fully participate on an equal basis in the development of policies and programmes?**

3.25 **Article 30: Participation in cultural life, recreation, leisure and sport**

The official recognition of BSL and ISL by the Northern Ireland Secretary of State in 2004 did not provide any statutory protection or legal status[[88]](#footnote-88). d/Deaf people in NI currently rely on the provisions of the Disability Discrimination Act 1995 to access ‘reasonable adjustments’ such as interpreter provision. This means that BSL/ISL users must identify as ‘disabled’ to access essential public services.

**Suggested Question**

**What measures is the State taking to ensure the recognition, support and resource of sign languages and deaf culture on an equal basis with others?**

3.27 **Article 31: Statistics and data collection**

There is no official collection of appropriate data related to the lived experience of deaf and deaf and disabled people or the impact of changes in legislation with respect to disability in Northern Ireland [[89]](#footnote-89).

**Suggested Question**

**How will the State develop indicators that will relate to the UNCRPD and be comparable against other devolved nations and internationally (and be inclusive of d/Deaf and disabled children and adults with disabilities)?**

3.28 **Article 33 - National Implementation and Monitoring**

There is at present no co-ordinated strategy for the incorporation of the UNCRPD into law[[90]](#footnote-90) and progress is difficult to monitor.

**Suggested question**

**What action will the State take to ensure the full incorporation of the UNCRPD which includes a strategy for implementation and monitoring?**

**ENDS (5456 words)**

Appendix

**Methodology and Approach**

Disability Action wish to ensure that this report centres upon what d/Deaf and disabled people have told us with respect to their experiences, the issues that they raise with us every day and those that are having the biggest impact on d/Deaf and disabled people attaining their rights in NI.

This report employs a human rights-based, mixed methodology and employs an analytical framework which considers:

* Structure i.e., commitments to UNCRPD rights made in the governance framework of NI, e.g., legislation and policies;
* Process i.e., the implementation of such commitments;
* Outcome i.e., the real life results for d/Deaf and disabled people arising from these commitments.

Desktop research was carried out into relevant programmes and policies.

Data collection was undertaken during November and December 2021. Disability Action held a series of nine engagements with 431 d/Deaf and disabled people and from the findings of from a survey of 83 d/Deaf and disabled people in Northern Ireland. In total Disability Action engaged with 514 d/Deaf and disabled people regarding the outcomes of this report. Survey data was collected from 9 Departments. Individual interview discussions were undertaken with six political parties. All parties were contacted to participate in the research but unfortunately some did not respond within the required timescale.

The aims of the survey and discussions were twofold. First, to assist the research team develop a wider understanding of the specific human rights issues faced by d/Deaf and disabled people in Northern Ireland at present and how these may have changed since 2017. Secondly, to assist the research team to identify priorities, gaps, and developments in the research and to inform the analysis and recommendations emerging from the project.

Language is an important aspect of both the Human Rights and Social Model of Disability because language reflects the cultural assumptions and thinking of the society. The authors of the report are aware of the importance of language. Participants in the survey were offered the option to identify as a disabled person, or a person with a long-term health condition, or both. These options were offered in the context that the survey was open to all and cognisant that there are people in society who have long term health conditions who may not identify as a disabled person. This approach also allowed disabled people to indicate if they had long-term health conditions alongside a disability. This language is in keeping with the human rights model and social model as all participants had the opportunity to identify solely as a disabled person.

The human rights model acknowledges the importance of addressing matters of health whilst at the same time recognising that disability persists due to social exclusion and societal barriers[[91]](#footnote-91). This approach was applied to ensure consistency undertaken with respect to progress regarding the implementation of the UNCRPD within this research and similar work which has been undertaken in England and the Devolved Nations.

**The Impact of the UNCRPD on the lives of d/Deaf and Disabled People in NI: Findings from the survey of individuals**

A survey of individuals regarding the impact of the UNCRPD on the lives of d/Deaf and disabled people was undertaken between 10 November and 20 December 2021. The survey collected qualitative and quantitative data from 84 individuals via a snowball sampling strategy in partnership with DPOs and Civic Society across the region.

* 67% (56) respondents were women and 29% were men. 6% (5) reported that their gender was different to that assigned at birth. 6% (5) responses were from people who identifed with the LGBTQ+ community. 22% (18) reported that they lived in a rural area. 41% (34) considered themselves to be living on a low income.
* 65% (54) of respondents identified as a disabled person, 45% identified as having a long-term health condition (37). 25% (21) indicated that they were a disabled person or a person with a long term health condition caring for another disabled person or person with a long term health condition. 20% (17) indicated that they were a non-disabled person caring for a disabled person or person with a long term health condition. 5% (4) indicated that they were a representative from a DPO, and 5% (4) indicated that they were a non-disabled person.

Responses highlight the very signfiicant challenges in advancing the rights of d/Deaf and disabled people within NI:

* 89% (74) of respondents felt that disabled people continue to find it difficult to find and keep a job;
* 88% (73) of respondents indicated that they believe there are negative attitudes and discrimination towards d/Deaf and disabled people in NI. 67% indicated that they did not believe that d/Deaf and disabled people are adequately protected against discrimination in NI;
* 82% of respondents reported that there were not enough opportunities for d/Deaf and disabled people to be involved in the planning process in response to Covid-19;
* 80% of respondents believed that there was not enough planning in place to protect d/Deaf and disabled people during the Covid-19 pandemic;
* 81% (67) of respondents believe that buildings, housing, and transport are inaccessible to d/Deaf and disabled people;
* 78% (65) of respondents did not feel that d/Deaf and disabled people have enough money to have a decent life;
* 76% (63) of respondents indicated that d/Deaf and disabled people do not have enough access to support to live independently.
* 72% (60) of respondents felt that d/Deaf and disabled people find it hard to get help and support when they have a legal problem, with 63% (52) indicating that there is not enough financial support for d/Deaf and disabled people when they are accessing justice in NI;
* 65% (54) of respondents felt that the rights of d/Deaf and disabled women were not given enough attention;
* 61% (51) of respondents felt that d/Deaf and disabled people still have problems voting in elections and taking part in politics.
* 59% (49) of respondents believe that children’s rights are unprotected;
* 57% (47) of respondents indicated that they do not think that d/Deaf and disabled children and people are able to fully take part in education;

Qualitative data collected through the surveys provided rich data with respect to the current experiences of d/deaf and disabled people within NI. This data crosscut all of the rights which are enshrined within the UNCRPD.

Key themes emerging from the data demonstrated:

* The regression of the rights of d/Deaf and disabled people due to the ongoing damaging impact of austerity and welfare reform on the lives of d/Deaf and disabled people;
* Extensive reports of experiences of discrimination;
* The negative impact of Covid-19 on the physical and mental health of d/Deaf and disabled people, the collapse of health and social care services, increased reliance on food banks, isolation, and continuing difficulties in accessing medicine and healthcare;
* Concerns regarding Do Not Resuscitate Orders (DNRs);
* Barriers in accessing healthcare;
* The lack of provision of social care which is resulting in people remaining within institutions and hospitals;
* The absence of d/Deaf and disabled people within Covid-19 planning and the lack of services and measures addressing the needs and requirements of d/Deaf and disabled people;
* The lack of opportunities for independent living experienced by many d/Deaf and disabled people within the region coupled with reductions in funding;
* Barriers in accessing and continuing in education;
* Concerns regarding the use of restraint in education settings;
* The absence of play and social experiences for d/Deaf and disabled children;
* Poor availability of changing places toilets resulting in d/Deaf and disabled people having to change on dirty toilet or bathroom floors;
* Ongoing stigma associated with mental health challenges;
* The lack of access to legal redress;
* The lack of access to hate crime advocacy;
* High levels of bullying and hate crime;
* High levels of abuse and violence;
* The lack of opportunities for d/Deaf and disabled people to participate in decision making, under-representation in politics and barriers to voting;
* The need for legislation to protect the rights of d/Deaf and disabled people and enforcement measures to effect change;
* Extensive evidence of experiences of employment and workplace discrimination;
* Little to no access to accessible housing;
* The lack of accessible transport and barriers in access to forms of accessible transport which are currently available due to the need to pre-book, restricted timescales, or poor provision;
* Challenges for people with hidden disabilities in terms of discrimination;
* The lack of voice for d/Deaf and disabled women;
* The absence of differentiated data;
* Levels of frustration at the lack of progress to protect the rights of d/Deaf and disabled people.

Engagement with d/Deaf and disabled people via discussion sessions and the surveys identified the following areas as important and requiring action:

* Article 5: Equality and non-discrimination;
* Article 10: Right to Life;
* Article 11: Situations of risk and humanitarian emergencies;
* Article 12: Equal recognition before the law;
* Article 24: Education;
* Article 25: Health;
* Article 28: Adequate standard of living and social protection.

**Progress with respect to the UNCRPD in NI: Findings from the Survey of Organisations and Departments**

A survey of organisations and Departments with respect to progress regarding the UNCRPD in NI was undertaken between 10 November and 20 December 2021. The survey collected qualitative and quantitative data. 9 responses were received.

Responses were received from the following types of organisations/Departments

* Health;
* Mental Health;
* Education;
* Umbrella Organisation;
* Awareness Raising;
* Advocacy;
* Private Company;
* Membership based rural organisation;
* Policing.

Half of the respondents (5) indicated that they were aware of legislative, policy programmes and reforms which had promoted the rights of d/Deaf and disabled people. Examples to demonstrate positive change included:

* Health transformation;
* Progress on hate crime;
* Enforcement of equality duties.

The majority of respondents (8) indicated that they were aware of regressive measures which have negatively impacted upon d/Deaf and disabled people. Examples provided included:

* The absence of funded initiatives to address the needs of d/Deaf and disabled people;
* The response to Covid-19 leading to a decline in physical and mental health;
* The consistent absence of the voice of d/Deaf and disabled people in decision making;
* The collapse of the Assembly and Executive and subsequent lack of progress regarding the implementation of legislation to advance the rights of d/Deaf and disabled people;
* The implementation of Personal Independence Payment (PIP);
* Reductions in health funding;
* Poor staffing levels within health.

All organisations and Departments (9) indicated that they had taken steps to advance the rights of d/Deaf and disabled people. Actions included:

* Ensuring that d/Deaf and disabled people, people with hidden disabilities, and people with mental health challenges are involved in consultation processes;
* Reasonable adjustments;
* Developing new mental health services;
* Protecting the rights of d/Deaf and disabled people under DDA in the workplace;
* Promoting positive actions to employers;
* Delivering consistent education on d/Deaf and disabled rights;
* Reaching out to people of influence others;
* Training, resources, and equipment for people with disabilities;
* Developing new legislation;
* Supporting young people with autism;
* Seeking out the voices of rural people with disabilities to inform policy, strategy, legislation, and practice;
* Including d/Deaf and disabled people in decision making.

All organisations and Departments (9) identified future priorities which they would put in place to advance the rights of d/Deaf and disabled people. Responses included:

* Ensuring that d/Deaf and disabled people are fully involved in planning processes;
* Raising awareness of statutory obligations;
* Promoting and protecting mental health as a human right;
* Promoting access to services as an essential aspect of equality;
* Addressing injustice;
* Ensuring that the organisation stays up to date on all requirements needed to protect people with disabilities;
* Building partnerships to champion the rights of d/Deaf and disabled people;
* Advocacy;
* Advancing social inclusion strategies;
* Ensuring the voices of d/Deaf and disabled people are heard.

Organisations and Departments were asked to outline the most pressing issues impacting upon d/Deaf and disabled people from their perspective. All participating organisations and Departments (9) responded to the question. Responses included:

* Support and access to justice;
* Inequality or opportunity;
* Growing gaps in the rights of d/Deaf and disabled people and their families;
* Lack of data to evidence change;
* The need to promote and protect mental health;
* Little or no representation of d/Deaf and disabled people in law making or enforcement bodies;
* The absence of d/Deaf and disabled people in decision making;
* Accessible measures to ensure that d/Deaf and disabled people can access employment particularly during the Covid-19 crisis;
* The need to ensure that employers are aware of required actions including support, training, and equipment;
* The need to address disability hate crime;
* The voice of d/Deaf and disabled people;
* Visibility;
* PIP;
* The right to work and live;
* Too many people living in inappropriate settings;
* Delayed discharge.

**Progress with respect to the UNCRPD: Findings from the Survey of Political Representatives**

A survey of political representatives with respect to progress regarding the UNCRPD in NI was undertaken between 10 November and 20 December 2021. The survey collected qualitative and quantitative data. 9 responses were received. 3 responses were received by Alliance MLAs, 5 from Sinn Féin MLAs and one from a political representative who preferred not to disclose their party identity.

The low level of responses from MLAs was addressed via one-to-one meetings with representatives from 6 political parties. This will be considered later in the report. MLAs responding to the survey indicated that barriers to the full participation of d/Deaf and disabled people should be removed,

All MLAs (9) responding to the survey indicated that they believe that d/Deaf and disabled people face challenges in voting in elections and taking part in politics. Complex barriers to participation were identified by MLAs including accessibility and socio-economic challenges. Polling stations were referred to as inaccessible. MLAs highlighted the need for online voting to increase accessibility. Many MLAs noted the positive impact of the Disabled People’s Parliament which was held on 3 December 2021 noting the effectiveness of the Parliament on bringing the voices of d/Deaf and disabled people to the fore.

2 MLAs who responded indicated that they were a d/Deaf and disabled person, 6 indicated that they were non-disabled, and one indicated that they were partially deaf but did not self-define as a disabled person.

7 MLAs identified legislative and policy programmes put in place which promote the rights of d/Deaf and disabled people.

These included:

* Initiatives aimed at increasing participation in sport and culture including the Active Living No Limits Action Plan and the All-Out Trekking Project;
* Programmes for the employment of d/Deaf and disabled people;
* The Autism Amendment Bill;
* Local actions undertaken to include d/Deaf and disabled people in decision making;
* Improvements to the PIP review process whilst recognising that there remain substantial challenges to be addressed;
* Welfare mitigations;
* Protections against the bedroom tax;
* The development of the new Disability Strategy;
* The formal accreditation of the Executive Office by Employers for Disability NI (EFDNI);
* The introduction of Sign Language at question time;
* The consultation to increase provision for Changing Places Toilets (CPT) facilities.

1 MLA indicated that they were not aware of any positive reforms and that d/Deaf and disabled people continued to face barriers to inclusion and participation.

8 MLAs identified regressive measures which have been introduced by the UK Government and NI Assembly which have impacted upon d/Deaf and disabled people. These included:

* Brexit which has had a negative effect on protections which existed under the EU Charter of Rights and other equality protections;
* The use of Do Not Attempt Resuscitation Orders during the Covid-19 pandemic;
* The lack of inclusive information available to d/Deaf and disabled people and blind people in particular regarding the Covid-19 regulations, restrictions, vaccinations, and health provision;
* The lack of provision for d/Deaf and disabled MLAs within the Executive and Assembly;
* Challenges with respect to the PIP application process including the absence of accessibility measures including easy read formats
* The lack of suitable provision for children with special educational needs;
* The absence of a Disability Strategy;
* The lack of protection against direct and indirect discrimination for d/Deaf and Disabled People as a result of the absence of legislation to reflect the Equality Act 2010;
* The lack of investment in subtitles.

8 MLAs identified actions which they had taken to protect the rights of d/Deaf and disabled people. These included:

* The co-ordination of an autism group working to ensure that the long-term needs of people with autism are properly addressed within the Western Trust;
* Representations with respect to independent living and benefit applications;
* Lobbying for inclusive play park facilities particularly for people with autism;
* Challenging PIP and changing legislation;
* Supporting constituents to navigate PIP applications;
* Supporting d/Deaf and Disabled people to access information and services including housing, health, Occupational Therapists, GPs, spend local cards and Covid passports;
* Advancing the rights of education for children with special educational needs;
* Addressing challenges in school transport for children with special educational needs;
* Working to support ‘Hands that Talk’;
* Participating in events hosted by Tuned In;
* Working to advance the Sign Language Act;
* Undertaking deaf awareness training;
* Participating in the All-Party Group (APG) on Disability;
* Chairing the APG on Disability;
* Hosting a round table with 80 d/Deaf and disabled people;
* Participating in the APG on learning disability;
* Attending events on the UNCRPD;
* Advancing the rights of carers;
* Establishing an APG on Carers;
* Joining the board of a local advocacy group;
* Advancing accessibility;
* Working to close the disability employment gap;
* Addressing the challenges of the Common Travel Area for people with assistance dogs;
* Advancing the Autism Amendment Bill;
* Working for housing adaptations;
* Working to ensure that vaccinations are accessible to d/Deaf and disabled people and their carers;
* Improving access to hearing clinics;
* Lobbying for a GCSE in Sign Language.

The Alliance Party has identified that they had taken the following actions:

* Established Alliance Ability. This is a group of Alliance members with disabilities who check all policies to ensure they are inclusive. The group also develops and writes the Alliance Party policies on disability and are currently involved in developing Party policy;
* Provided sign language training for members;
* Encouraged members with disabilities to consider running for political office and provided mentoring support for same[[92]](#footnote-92).

The Alliance Party identified the following commitments within their manifesto noting that these measures may evolve:

* Sign language in schools and a Sign language GCSE in NI;
* Mandatory Changing Places toilets in all public buildings (new and retrofitting);
* Disability and diversity awareness training for all public facing staff
* Improvements to the census to ensure data on disability is consistent and available;
* Fully inclusive public transport;
* An Occupational Therapy approach to welfare assessments;
* Capital investment in Special Education Schools;
* Ensuring Impact Assessments asses how policy assists each section 75 group rather than addressing harm[[93]](#footnote-93).

Sinn Fein identified the following actions:

* Advancing a rights-based approach to budgeting and policy development by the Minister for Finance and the Minister for Communities;
* Introducing changes to the PIP assessment process;
* The continuation and broadening of welfare mitigations;
* Progress with respect to the disability strategy;
* The development of the Active Living No Limits Action Plan;
* The development of All-Out Trekking Project;
* The formal accreditation of The Executive Office by Employers for Disability NI (EFDNI) as a ‘Disability Positive’ employer;
* The achievement of the “Investor in People (IIP) Silver status accreditation” by The Executive Office
* The introduction of Sign language during TEO question time . Michelle O’Neill, MLA, Deputy First Minister became the first Minister to use Sign Language on the floor of the Assembly;
* Consultation on plans to increase provision for Changing Places Toilets (CPT) facilities and to introduce criteria for new/relevant large buildings through the building’s regulations statutory guidance;
* The commitment to incorporate the UNCRPD into domestic legislation by Junior Minister Declan Kearney MLA at the Disabled People’s Parliament;
* The introduction of a Gender Budgeting PMB by Emma Sheerin MLA, which will require Departments to identify areas of gender inequality within their department and produce an action plan and budget disaggregated by Section 75 categories including disability, in order to identify the intersectional impacts;
* Campaigns to address the profound equality implications associated with damage to wheelchairs during air travel have been taken forward by Pádraig Delargy, MLA
* Exploring ways to promote increased access and support for d/Deaf and disabled people and their carers to engage in the electoral process with the Electoral Office particularly in light of Covid 19 concerns[[94]](#footnote-94).

Sinn Féin indicated that their manifesto is in development and will adopt a rights based and equality approach to disability[[95]](#footnote-95).

**Discussions with Political Parties**

All political parties were approached to participate in discussions with respect to commitments regarding the UNCRPD. All five of the large political parties participated in discussions and People Before Profit.

The Alliance Party Committed to:

* Incorporating the UNCRPD into law;
* Including sign language in the curriculum and the introduction of a Sign Language GCSE;
* Ensuring Changing Places toilets are mandatory in all public buildings (new and retrofitting);
* Closing the disability employment gap;
* The delivery of disability and diversity awareness training to all public facing staff
* Improving the census to ensure data on disability is consistent and available;
* Campaigning for inclusive Public Transport;
* The introduction of an Occupational Therapy approach to welfare assessments;
* Capital investment in Special Education Schools;
* Ensuring Impact Assessments assess how policy assists each section 75 group rather than protect against harm;
* Ending cruel and benefit punitive sanctions and replacing them with an incentive-based system;
* Removing the two-child limit and the benefits cap;
* Ending outsourced medical assessments for welfare;
* Ending frequent, repetitive assessments for people with lifelong, permanent, or deteriorating conditions;
* Advocating for an increase in the Carer’s Allowance, bringing it into line with Job Seekers’ Allowance;
* Supporting funding and legislation to entitle carers to respite provision so that they can have regular breaks from the responsibility of providing care;
* Pushing for a Northern Ireland approach to identify and support child carers and a strategy to ensure there is alternative care provision where suitable;
* Ensuring that the role played by carers is fully recognised

The DUP Committed to:

* Removing barriers to the full participation of d/Deaf and disabled people in life;
* Closing the disability employment gap;
* Ensuring the early identification of special educational needs, appropriate support, and enhanced training for teachers and assistants;
* Implementing a new model for learning disability services, which will be able to adapt to and embrace the findings of investigations and a public inquiry into the failings at Muckamore Abbey Hospital;
* Developing a world-leading psychological trauma service;
* Delivering increased Intermediate Care at Home;
* Developing and promoting social care as an attractive career with training, professional development, and progression;
* Delivering appropriate support and advice for unpaid carers to help meet their financial, psychological, and social needs.

The SDLP committed to:

* Parity of esteem for mental health services and that these services need to be properly resourced;
* Accessible housing and transport;
* Extend and enhance welfare mitigations;
* The removal of barriers to the full participation of d/Deaf and disabled people in life;
* Involving d/Deaf and disable people in planning for the response to Covid-19.

Sinn Féin committed to:

* Incorporating the UNCRPD into law;
* Advancing a human rights framework with respect to policy and legislation;
* Protecting of d/Deaf and disabled people from direct and indirect discrimination;
* Advancing accessibility in transport, housing, and health;
* Closing the disability employment gap;
* Investing in independent living;
* The deinstitutionalisation of d/Deaf and disabled people combined with appropriate community support;
* Accessible provision for victims of domestic violence;
* Adequate support for carers;
* Reducing waiting times for assessments and the adequate resourcing of support for students with special educational needs;
* Investing in additional educational psychologists.

People Before Profit committed to

* The incorporation of the UNCRPD into law;
* Advancing legislation to protect d/Deaf and disabled people from direct and indirect discrimination;
* Adequately funded respite provision;
* An end to the institutionalisation of d/Deaf and disabled people and enhanced community support packages;
* The involvement of d/Deaf and disabled people in Covid-19 planning;
* Increasing funding for mental health services;
* Implementing a rights-based approach to disability;
* The provision of decent social care.

The Ulster Unionist Party committed to:

* Removing barriers to the full participation of d/Deaf and disabled people in life;
* Closing the disability employment gap;
* Transforming of mental health services;
* Addressing the healthcare emergency.

**Findings from Stakeholder Engagement**

Disability Action held a series of nine engagements with 431 d/Deaf and disabled people and from the findings of from a survey of 83 d/Deaf and disabled people in Northern Ireland. In total Disability Action engaged with 514 d/Deaf and disabled people regarding the outcomes of this report. Stakeholder engagement sessions were held online due to Covid-19.

The aims of the events were twofold. First, to assist the research team develop a wider understanding of the specific human rights issues faced by disabled people in Northern Ireland at present and how these may have changed since 2017. Secondly, to assist the research team to identify priorities, gaps, and developments in the research and to inform the analysis and recommendations emerging from the project. Participants were identified via a snowball sampling strategy using email, Facebook, Twitter and Linkedin.

Each event focused upon:

* Identifying the top three priorities of participants:
* Policy developments since 2017;
* Shortfalls in legislation, policy, and programme development;
* The lived experience of d/Deaf and disabled people.

Key themes from the stakeholder events included:

1. **Incorporation of the UNCRPD into Law**

Participants noted that historically there has been an absence of a strategic, co-ordinated human rights-based approach towards the implementation of the Convention within NI. There is currently no agreed framework for the implementation of an adequately resourced disability strategy [[96]](#footnote-96). Activity is underway to develop a Disability Strategy, but it has yet to be published.

The continued lack of progress regarding the incorporation of the UNCRPD into law was linked to delays in both the development and implementation of subsequent disability strategies and the absence of progressive change to improve the lives of d/Deaf and disabled people.

Access to funding was cited as a significant challenge.

1. **Participation in Decision Making**

Participants raised the importance of participation in decision making. The importance of participation is core to the UNCRPD and represents a key theme within the UN Committee’s concluding remarks in 2017.[[97]](#footnote-97) Participation and engagement were a key priority for d/Deaf and disabled people and DPOs[[98]](#footnote-98). It is therefore essential the NI Executive and Assembly improve the participation and engagement of d/Deaf and disabled people and their representatives at all levels in order to progress a right based approach to disability policy and legislation. d/Deaf and disabled people need to have power and control over all areas of our lives. Participants expressed that the absence of d/Deaf and disabled people in decision making is a significant barrier to change.

Stigma, discrimination, limited financial opportunities, limited support and limited accessibility of physical infrastructure were cited as barriers to participating in decision making. The lack of opportunities for d/Deaf and disabled people to participate in decision making has been associated with the lack of progress in the realisation of rights of d/Deaf and disabled people.

Participants referred to institutionalised ableism and the need to involve d/Deaf and disabled people in decision making to resolve these challenges. Participants noted that policy design and development does not always address the needs and requirements of d/Deaf and disabled people. Examples include the lack of a clear policy on inclusive education, the absence of policy approaches to guarantee access to transport and physical environments, and the low priority given to access to healthcare.

1. **Retrogression of Existing Rights**

d/Deaf and disabled people raised concerns with respect to the retrogression of rights in the context of:

* The continued impact of Welfare Reform;
* Reductions of social care funding;
* The closure of the Independent Living Fund to new applicants;
* The continued lack of accessible transport and public services;
* The impact of Brexit on the retrogression of rights;
* The Impact of the Covid-19 crisis including the collapse of services, inappropriate us of DNRs and withdrawal of medical treatment;
* The ongoing impact of the reduction of public finance budgets and austerity on public service delivery;
* Under-resourcing of DPOs.

The NI Executive and Assembly have not provided a strategy to prevent the retrogression of the rights of disabled people. It is not clear, yet, what the outcomes of the Disability Strategy will be and to what consideration will be given in the Strategy to the UNCRPD. However, the Disability Strategy Expert Advisory Panel have recommended that the Strategy explores ways in which the UNCRPD can best be given legal effect in Northern Ireland[[99]](#footnote-99).

1. **Dignity, Choice and Control**

Dignity, choice and control are of extreme importance to d/Deaf and disabled people. Dignity, choice and control is relevant to the following Articles of the UNCRPD: 12 Equal recognition before the law [[100]](#footnote-100),14 Liberty and security of person[[101]](#footnote-101),15 Freedom from torture or cruel inhuman or degrading treatment [[102]](#footnote-102), 19 Independent Living [[103]](#footnote-103), 23 Respect for home and family[[104]](#footnote-104), 25 Health[[105]](#footnote-105) , 26 Habilitation and rehabilitation[[106]](#footnote-106), 28 Adequate Standard of Living[[107]](#footnote-107) were of particular concern (particularly in health and social care but also more widely).

The key issues include:

* Implementation of the Mental Capacity Act (NI);
* The application of capacity legislation for children and young people;
* Deprivation of liberty;
* Inhuman and degrading treatment;
* Use of restraint and seclusion;
* Abuse in residential and community settings.
* Resettlement from long-stay hospitals and assessment and treatment units;
* Enjoyment of home and family life;
* Health inequalities and mortality rates;
* Lack of habilitation for children and young people.

Participants raised the importance of choice and having control over their lives.

1. **Accessibility**

Accessibility is essential to ensure that d/Deaf and disabled people can fully participate in society. Articles of the UNCRPD including; Article 4 General obligations[[108]](#footnote-108), Article 9 Accessibility[[109]](#footnote-109), 20 Personal Mobility[[110]](#footnote-110), Article 24 Education[[111]](#footnote-111), Article 27 Work and employment[[112]](#footnote-112), Article 28 Adequate standard of living and social protection[[113]](#footnote-113), Article 29 Participation in Public Life[[114]](#footnote-114), Article 30 Participation in cultural life, recreation, leisure and sport[[115]](#footnote-115) all raise issues in relation to accessibility.

The main areas of concern include:

* Decision making;
* Personal Mobility;
* Transport;
* Education;
* Information;
* Digital services;
* Rural areas;
* Access to and privacy in health and social care communication;
* Housing;
* Public Office and Electoral Processes;
* Restricted access to public services and social support.

Transportation was raised consistently as one of the major barriers limiting d/Deaf and disabled people’s ability to live independently and be included in the community. The problems with transportation were not limited to any one type of transport and problems were raised with the unaccommodating hours of door-to-door transport, the lack of physical access for public transport, prohibitive costs of private transport (particularly taxis and minibuses), and the lack of understanding and awareness of disability by many people who work for transport companies. Lack of access to transport was viewed as a barrier to social and economic inclusion.

Participants raised both physical and attitudinal barriers to accessing transport. Participants noted that standards of accessibility were often narrowly defined and narrowly addressed.

Wheelchair users noted that it is almost impossible to travel together due to access to wheelchair space. The use of public transport was described as stressful, and challenges in accessibility were referred to as demoralising.

Participants raised the continued lack of information in accessible formats particularly relating to health.

Participants referred to the negative impacts of unsuitable housing on their lives. Living in inappropriate housing has negative impacts on quality of life, and physical and mental health.

Participants noted that there were challenges in accessing social housing due to the lack of appropriate stock and the challenges in navigating the points system.

1. **Independent Living**

Participants raised concerns regarding the availability of resources and support to facilitate independent living. An emphasis was placed upon the absence of community provision. Participants raised issues with respect to the lack of choice of where to live and whom to live with. The ongoing delays of the resettlement from long stay hospitals continue to be of concern.

The closing of the Independent Living Fund to new applicants was of concern, as was inconsistencies with respect to direct payments.

Participants raised concerns regarding barriers to home owning by d/Deaf and disabled people and the reliance on precarious housing.

1. **The impact of Covid-19**

Participants reported that the coronavirus pandemic has amplified inequality and led to declining mental and physical health. Access to health and social care collapsed. Participants reported significant challenges in accessing food and healthcare. Participants noted the tension in the approach of protecting vulnerable people during the Covid-19 crisis whilst at the same time removing services for vulnerable people which had a detrimental impact upon their physical and mental health. Not all people who felt they should be shielding received shielding letters which meant that some people were further isolated from provision.

Participants:

* referred to the erosion of their human rights during the pandemic;
* reported that in instances when social care was available or resumed, they felt powerless and dependent on others to maintain standards to prevent the spread of Covid-19. This caused significant anxiety;
* reported that isolation had a negative impact on their lives and that they had no option but to try and sleep away hours of the day.

People with autism whose day centres closed have reported declines in mental health and high levels of distress with knock on impacts on carers.

Participants:

* reported that their lives were valued less than others. Participants used language such as left behind and forgotten in the context of Covid-19;
* referred to the inappropriate use of DNR’s;
* reported challenges in accessing public transport, maternity services, GP surgeries, emergency telephone helplines and vital pandemic-related public information. Participants used word such as confusion, helplessness, abandonment, isolation, fear, and frustration;
* reported that annual health check-ups were cancelled and that the provision and repair of aids was disrupted and cancelled.

Visually impaired people reported challenges in accessing information regarding the pandemic, vaccination programmes and social distancing.

Participants reported:

* challenges in accessing public transport and a reliance towards private taxis which are scarce for wheelchair users;
* feeling “at the end of the list” when it came to consideration of provision for health and social care, access to services and vaccines.

The impact of masks on those who are d/Deaf or hard of hearing was also raised by participants.

Participants reported that they were afraid to leave the house due to fears of becoming infected with Covid-19 and dying.

1. **Education**

Access to education and appropriate support was raised by participants. Participants raised challenges with respect to ongoing segregation, bullying, hate crime and hate speech. There were significant challenges in the provision of SEN ranging from access to psychologists through to the statementing process.

1. **Health**

Health was one of the key topics raised in the stakeholder discussions with a range of concerns identified. Many of these concerns reflect the priorities of the UN Committee. Participants expressed views demonstrating that:

* The health service tends to provide a negative perception of disability (medical model) which others then adhere to;
* The collapse of health and social care during the ongoing Covid-19 crisis caused significant disruption and resulted in a decline in physical and mental health.
* d/Deaf and disabled people experienced significant challenges in accessing food and medicine and faced isolation during the Covid-19 pandemic
* DNRs were used inappropriately
* Access to medical treatment was restricted during Covid-19
* There was a lack of transparency in decision making;
* The lack of accessible health information;
* Underfunding and difficulties in accessing mental health provision;
* Examples when health providers communicated with carers rather than the d/Deaf and disabled person;
* The inefficient provision of information including appointment letters in inaccessible formats. Positive examples which were highlighted included the provision of appointment reminders by phone and email instead of letter.
1. **Social Security**

Participants stressed that d/Deaf and disabled people are living in poverty and are experiencing a lack of employment opportunities. It was highlighted that instead of these problems being recognised, that d/Deaf and disabled people are stigmatised as ‘benefit scroungers’ and ‘risky’ in terms of employment.

Participants linked economic wellbeing to overall wellbeing and noted that access to finance could be a barrier to participation. Lack of income was linked to feelings of depression and mental health challenges.

Welfare reform has left participants worse off and many consider that the current system is complex and dysfunctional. Application forms are challenging, and the PIP assessment process is degrading and harmful to mental health. One keynote speaker described being assessed for PIP while in bed recovering from an operation and facing persistent attempts for them to get out of bed and walk.

PIP assessments have been associated with a decline in mental health and severe anxiety, feeling sick in advance of assessments, and experiences of insomnia. Participants referred to the insidious brutality of accessing PIP referring to the process as degrading. Appeals were highlighted as particularly stressful.

Some participants described experiencing a mental health crisis as a result of engaging with the social security system.

The irregularity of Universal Credit (UC) payments was cited as problematic[[116]](#footnote-116). Participants highlighted having to choose between food and heating and relying on food banks. d/Deaf and disabled people reported falling behind with their household bills, experiencing poor housing, and increasing costs.

Participants referred to the work capability assessment as stressful leading to anxiety and mental health challenges referred to as socially induced stress.

Participants referred to the process of applying for benefits as exhausting.

1. **Discrimination**

Participants raised significant and distressing examples of discrimination. This included discrimination in employment and in access to services. Participants highlighted significant challenges in accessing legal redress and were vocal about the impact of stigma, discrimination, isolation, marginalisation, abuse, violence, neglect on their lives. Participants referred to challenges in being perceived as different, and the belief among many that to be different is to be inferior.

Experiences of discrimination were cited as stimulating downward spirals of physical and mental health.

Participants reported that there was an absence of access to information and support through which to challenge discrimination.

Participants noted the importance of awareness raising in challenging stereotypes which would reduce discrimination.

1. **The Rights of d/Deaf and Disabled Women**

The participants in the discussion about the rights of d/Deaf and disabled women were vocal about the devastating impact of austerity on the delivery of public services. The severe impact of welfare reform and the challenges in accessing PIP.

Women raised specific issues with respect to abuse and domestic violence and the absence of appropriate provision. Participants described increases in domestic violence and abuse during the Covid-19 crisis. Isolation led to horrific experiences for many d/Deaf and disabled women. Participants reported that isolation and restricted access to pre-existing support networks, increased dependency on abusers, including abusive carers.

Women were vocal on the impact of hidden disabilities and being referred to as “too disabled to work” but “not disabled enough”. One speaker referred to being asked to “look more disabled” for a press interview.

Participants referred to the systemic discrimination against d/Deaf and disabled women.

Participants described how the cost of living for d/Deaf and disabled women is increasing, as income is decreasing. Many d/Deaf and disabled women were not eligible to access the government’s £20 increase to Universal Credit. Discriminatory work practices and the Executive’s failure to implement fair employment regulations led to unemployment, reduced work hours, and reduced pay.

d/Deaf and Disabled women reported becoming more reliant on partners, family members and friends for financial support and care needs. Despite this, d/Deaf and disabled mothers were predominantly responsible for domestic duties and childcare, and described experiencing declining physical and mental health.

Participants reported challenges in sourcing food, basic household products, medication, and menstrual hygiene products.

Participants raised issues regarding the accessibility of women’s health services including sexual and reproductive healthcare services. Facilities and the approach to examination were referred to inaccessible.

1. **The rights of d/Deaf and disabled children**

The absence of access to play and toileting facilities was a significant concern for participants. Participants highlighted challenges experienced by d/Deaf and disabled children in accessing leisure and recreational activities. Participants highlighted that d/Deaf and disabled children participated in fewer activities and had less opportunities to participate fully in school and in the community.

1. **Employment**

Participants raised concerns regarding:

* the disclosure of disability including stigma and the fear of discrimination, particularly for those with mental health conditions;
* significant and distressing examples of discrimination in employment which have had significant negative impacts upon mental health. There were particularly distressing examples with respect to mental health;
* challenges associated with accessing employment including stereotypes associated with disability acting as a barrier to employment and progression;
* stigma as a barrier to accessing employment which could induce feelings of shame and worthlessness
* challenges in the physical working environment including co-working spaces alongside perceived expectations with respect to hours as barriers within the employment environment;
* inability to secure the reasonable adjustments which they require highlighting barriers in accessing appropriate equipment.

Transport and physical barriers within the buildings were referred to as barriers to employment.

1. **Other Cross-cutting issues**

There were several cross-cutting themes that came through in the engagement that d/Deaf and disabled people felt strongly about. These themes are listed below.

**Article 8**[[117]](#footnote-117) **Awareness raising**

* The lack of awareness of positive and realistic representations of d/Deaf and disabled people;
* The absence of targeted long-term awareness raising campaigns and strategies;
* The lack of involvement of d/Deaf and disabled people in the development of awareness raising campaigns;
* The persistence of negative attitudes and stereotypes;

**Article 31**[[118]](#footnote-118) **Statistics and Data Collection**

The lack of consistent and comparable data on disability prevents benchmarking and measuring progress based on relevant and jointly agreed indicators. This is not only a barrier to policy and legislative development but is also a barrier to accessing funding.

**Article 21[[119]](#footnote-119) Freedom of expression, opinion, and access to information**

Barriers in accessing information is a long-standing issue for d/Deaf and disabled people.

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