**UK response to the questionnaire provided by Catalina Devandas-Aguilar:**

**Special Rapporteur on the Rights of Persons with Disabilities**

1. **Please provide information on how your country is considering the rights of persons with disabilities in their policies aimed at implementing and monitoring the Sustainable Development Goals, including:**
* Existing national strategies and action plans,
* Budget allocation for their implementation,
* Existing mechanisms or frameworks to monitor their implementation,
* How do these strategies/plans take into consideration the situation of women and girls with disabilities, and of children and older persons with disabilities?
* How is the participation of persons with disabilities and their representative organizations ensured in the development and implementation of such strategies/plans?

**UK answer**

Work is underway across government to take forward the UN Sustainable Development Goals (SDGs), with relevant departments taking actions in line with the goals that fall within their areas of expertise. Where collaboration between departments is required, this is undertaken. The UK is in a strong position in regards to these goals, with a broad range of existing policies that already seek to address the aims stipulated in the UN SDGs document. In relation to disabled people specifically, the UK has worked for many years now to ensure that disabled people are in a position to fulfil their potential by increasing inclusivity and addressing discrimination, (for more see answer to question 4). Action plans such as the soon to be published cross-government Hate Crime action plan, which contains specific actions to tackle Disability Hate Crime, provide examples of how this government means to address the aims of eradicating discrimination, a theme that runs through many of the SDGs.

The UK government already carefully considers the equality impacts of the different measures taken at fiscal events on those sharing protected characteristics, including gender, race and disability. This is in line with both its legal obligations under the [Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/contents) (see Q2) and the [Public Sector Equality Duty](https://www.gov.uk/government/publications/public-sector-equality-duty), and its strong commitment to promoting fairness in its policies. This means that assessing the impact of policies on women, children, older people and disabled people is intrinsic to policy development, which is aligned to the aim running across the SDGs of ensuring equality for those with these characteristics.

A number of the SDGs relate to each other, (such as goals 4, 8, and 9), and could broadly be said to feed into the first SDG; that of ending poverty in all its forms everywhere. The government is determined to address the issue of poverty in the UK by focusing on work as one of the main routes out of poverty; this approach is working, with the UK economy forecast to grow faster than any other G7 economy this year and employment is at a record rate of 74.2%. The government has set out an ambitious aim of achieving full employment, which includes commitments to halve the disability employment gap, abolishing long-term youth unemployment and supporting older people who wish to remain in work to extend their working lives. To help achieve this a number of policies are being introduced, including implementing the National Living Wage, extending support for childcare for working parents and increasing the Personal Tax Allowance for all those who work, including disabled people.

The government’s manifesto commitment to halve the disability employment gap recognises the issue of a sustained lower employment rate of disabled people in the UK, and the link between worklessness and poverty. In addition to mainstream offers of support that are available to all, specialist programmes and support are available to disabled people to provide for the additional barriers that disabled people may face in entering, remaining and progressing in work. These include amongst many others:

* [Access to Work](https://www.gov.uk/access-to-work) - provides financial support for reasonable adjustments required in work,
* A tax exemption which provides employers with up to £500 per employee per tax year, to fund medical treatment to help an employee return to work more quickly following a period of sickness absence,
* [The Disability Confident campaign](https://www.gov.uk/government/collections/disability-confident-campaign) – works with employers to increase their confidence in employing disabled people by promoting what disabled people can bring and correcting incorrect assumptions,
* Piloting the Small Employer Offer (SEO) - a new package of tailored employment support designed to increase local job opportunities and build sustainable employment for disabled people or people with a long term health condition by supporting small local businesses to become Disability Confident.

To further support the government’s commitment to halve the disability employment gap and in acknowledgement of the importance of including disabled people in the development of policies affecting them, the government has also announced plans to begin a formal consultation process about how to improve support for people with disabilities and long term health conditions so as to close the employment gap. This consultation will inform government’s future policy development to make this commitment a reality and demonstrates the UK’s dedication to the UNCRPD principle of ensuring that disabled people have ‘the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them’[[1]](#footnote-1). This is in addition to government spending on disability remaining higher every year until 2020 than it was in 2010, in a context which saw spending on main disability benefits go up by £3 billion over the course of the last Parliament.

This government recognises the important role of apprenticeships and self-employment in enabling more young people and disabled people to work. As such policies are in place to increase apprenticeships and provide help to become self-employed via the [New Enterprise Allowance](https://www.gov.uk/government/collections/new-enterprise-allowance-campaign) programme. The UK is already succeeding in getting people into sustained jobs on an unparalleled scale. For example, significant progress has already been made on youth employment with around 85% of all 16-24 year olds either in work or in full-time education and the number of young people claiming unemployment benefits now below pre-recession levels and close to the lowest since the 1970s. However the government is not complacent on this issue and remains committed to finding even better ways to enable young people to move in to and stay in meaningful work. As such the government is introducing a new Youth Obligation from April 2017 to support every young person aged 18-21 who finds themselves out of work. This will help young people, including young disabled people, to develop the skills and experience and receive the support and motivation to get on in work. Access to mainstream support of this sort demonstrates the government’s dedication to promoting inclusive approaches, as per the UNCRPD’s principle of ‘mainstreaming disability issues as an integral part of relevant strategies of sustainable development’[[2]](#footnote-2).

In respect of the above mentioned policies, departments will factor in any potential incremental costs of domestic delivery into their Departmental Spending Review returns.

The UK’s international commitment to furthering the aims of the SDGs

The UK is not solely involved in ensuring the implementation of the Sustainable Development Goals domestically. The [UK’s Aid Strategy](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/478834/ODA_strategy_final_web_0905.pdf) – published in December 2015 – sets out the Government’s high level of ambition on the Global Goals, paying particular attention to the UK’s role on Leave No One Behind: ‘*The government will lead the world in implementing the Leave No One Behind Promise launched by the Prime Minister and agreed by other world leaders in September 2015…The government will prioritise work that targets the most vulnerable and disadvantaged, the most excluded, those caught in crises, and those most at risk of violence and discrimination’*. Including people with disabilities in international development and humanitarian action is key to delivering this agenda. Our Department for International Development (DFID) published a [Disability Framework](https://www.gov.uk/government/publications/dfid-disability-framework-2015) in December 2014, revised the following year, to strengthen the UK’s commitment to ensure that ‘people with disabilities are systematically and consistently included in DFID’s policy, programming and international work’.

The Disability Framework follows a ‘twin-track’ approach to disability inclusion - while it commits DFID to support programmes that target people with disabilities directly, the focus of the Department’s work is to mainstream disability in its policies, programmes and review processes. DFID does not currently have a mechanism to track spending for people with disabilities. However, there are many programmes that include people with disabilities including three disability-specific programmes with Sightsavers, ADD and the Disability Rights Fund (DRF), with a total volume of approximately £30,000,0000 over five years. DFID has also recently agreed to two further research pieces: a £190,000 policy research on disability-inclusive social protection; and a £470,000 piece on disability data in humanitarian contexts.

In December last year DFID completed an annual review of progress which found that it has already made progress in a large number of policy areas, such as humanitarian, climate and environment, and water, sanitation and hygiene. In addition, the revised Framework commits DFID to become an authority on disability data, and to expand its work in three priority areas over the next five years - economic empowerment, mental health, and stigma and discrimination.

DFID recognises that women and girls with disabilities are at particular risk and has pledged to ensure that disability is taken into consideration in its work to address violence against women and girls (VAWG) in all contexts. DFID has committed that disability will be a theme reflected in all relevant guidance notes it is commissioning on VAWG, for instance through its ‘[What Works to Prevent Violence Programme’](https://www.gov.uk/guidance/funding-for-what-works-to-prevent-violence-against-women-and-girls), which has produced a review of the evidence in programming to prevent violence against women and girls with disabilities. The findings will be used to integrate disability inclusion into innovation grants where possible. In addition, all of DFID’s innovation grantees and operations research/impact evaluation projects funded through the programme will report on the number of beneficiaries with disabilities using the Washington Group questions.

Furthermore, the Disability Framework builds on progress DFID has already made on inclusive education for children with disabilities by continuing to ensure that all school building directly funded through the UK’s ODA adheres to its policy on accessible school construction. DFID is also working closely with the Global Partnership for Education and other key partners, such as the World Bank and UNICEF, to collectively generate knowledge around best practices on access and learning in order to strengthen implementation at the country level. In the DRC, as part of a new education programme, DFID has commissioned UNICEF to undertake a study on the exclusion of children with disabilities from education to inform its education programming. Also through UNICEF in Zimbabwe, the Department is supporting the Education Transition Fund to improve equitable access to good quality primary and secondary education for all children. Through DFID’s partnership with Leonard Cheshire Disability in Kenya, it is supporting learners with disabilities to access mainstream education.

Many DFID country offices are engaging directly with local people with disabilities to shape and direct their work. DFID Rwanda is having regular discussions with the National Council of Disabled Persons and the National Union of Disabled Organisations of Rwanda (NUDOR), which represents a large number of DPOs, to keep updated on disability issues in Rwanda. DIFD Nigeria is using insights from its regular meetings with DPOs to shape its work and to lobby on behalf of people with disabilities with the Government. Through its partnerships with the DRF, Manusher Jonno Foundation, VSO and ADD, DFID is funding more than 100 DPOs in more than 20 countries.

In consultation with its civil society partners, DFID has committed to review the progress it is making under the Disability Framework twice in the next five years - one at mid-term to be published in December 2018 and a further review of progress at the end. This approach provides the best opportunity to stay focused on implementation while retaining the measurement of the impact of DFID’s programmes for people with disabilities at regular intervals.

1. **Please provide information on the legislative and policy framework in place in your country concerning non-discrimination, including:**
* Whether “disability” is specifically mentioned as a prohibited ground of discrimination,
* The existence of any budgetary mechanism to ensure the provision of reasonable accommodation by public entities,
* Whether the denial of provision of reasonable accommodation amounts to discrimination,
* The existence of any affirmative action measures for persons with disabilities,
* The existence of any legal, administrative or other effective remedies available for persons who have been subject of discrimination on the basis of disability (including denial of reasonable accommodation),
* The establishment of governmental agencies or other similar institutions to guarantee to persons with disabilities equal and effective protection against discrimination.

**UK answer**

The main legislative framework concerning non-discrimination in the UK is the [Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/contents). Section 4 of the Act specifically lists “disability” as a protected characteristic; section 6 and schedule 1 of the same Act define what constitutes a “disability”, namely a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities. As well as prohibiting direct and indirect discrimination on grounds of disability, harassment related to disability and victimization for bringing a complaint, the Act also includes particular protections uniquely for disabled people. In particular, the Act imposes a duty to make reasonable adjustments (dealt with in more detail below) and prohibits discrimination arising from disability (section 15), where a person is treated less favourably because of something arising from his or her disability, unless the treatment can be shown to be a proportionate means of achieving a legitimate aim. On the level of policy, this government is putting in place an action plan to tackle Hate Crime, including Disability Hate Crime, mentioned in the answer to question 1.

Sections 20 and 21 of the 2010 Act set out the concept of ‘reasonable adjustments’, specifically requirements to make adjustments to provisions, criteria and practices, physical features, and to provide auxiliary aids in order to avoid ‘substantial disadvantage’ to a disabled person. ‘Substantial’ in this context means more than minor or trivial. Duties (in slightly varying forms) to make reasonable adjustments are imposed on service providers and those performing public functions, employers, education providers, persons letting residential premises and associations. A failure to make reasonable adjustments where required to do so by the Act amounts to disability discrimination and is actionable in civil proceedings. Policies exist across government to support the provision of reasonable adjustments, including Access to Work which was also mentioned in the answer to question 1.

The Equality Act 2010 includes provisions on positive action in areas such as recruitment and promotion (section 159). This provision allows an employer who is faced with choosing between two or more candidates who are equally qualified to fill a particular vacancy, to prefer the candidate from a group that is disproportionately under-represented or otherwise disadvantaged within the workforce, provided that doing so would be a proportionate means of addressing the under-representation or disadvantage. Section 158 Equality Act 2010 also permits ‘positive action’ to improve disabled people’s participation in society. This could apply where, for example, a service provider thinks that people with a particular impairment may be disadvantaged or have different needs from people who do not share that particular impairment. Service providers can take proportionate action, such as advertising via mediums known to be used by disabled people, with a view to enabling and encouraging them to overcome barriers or minimise the disadvantages that they face.

For service providers and those performing public functions, the duty to make reasonable adjustments is ‘anticipatory’. This means that those subject to the duty are required to anticipate the reasonable adjustments that disabled service users may require when accessing their services. For example, service providers may be expected to provide ramps at the front of their premises, if there are steps, in anticipation of wheelchair-users requiring them. Or conference centre providers may be expected to provide hearing induction loops for people who have hearing difficulties. In addition, the Public Sector Equality Duty (section 149) requires public bodies in the exercise of their functions to have ‘due regard’ to the need to eliminate discrimination, advance equality of opportunity, and promote good relations between people who share protected characteristics (including disabled people) and those who do not.

With regards to the existence of any legal, administrative or other remedies available for persons subject to discrimination on the basis of disability, the ‘remedy’ depends on the nature of the case. In non-employment cases where a person feels that they have been discriminated against because of disability, as a first step towards redress, they can seek free advice from the [Equality Advisory and Support Service (EASS)](http://www.equalityadvisoryservice.com). The EASS was commissioned by Government in 2012 to replace the [Equality and Human Rights Commission (EHRC)](https://www.equalityhumanrights.com/en) Helpline, which is now closed. This service is run by a private sector organisation working collaboratively with the EHRC and Disability Rights UK, and with other advice organisations from whom it receives referrals.

For employment-related matters, advice can be sought from the [Advisory, Conciliation and Arbitration Service (Acas)](http://www.acas.org.uk). Acas is a [non-departmental public body](https://en.wikipedia.org/wiki/Non-departmental_public_body) of the [Government of the United Kingdom](https://en.wikipedia.org/wiki/Her_Majesty%27s_Government). Its purpose is to improve organisations and working life through the promotion and facilitation of strong [industrial relations](https://en.wikipedia.org/wiki/Industrial_relations) practice. It does this through a number of mediums, such as [arbitration](https://en.wikipedia.org/wiki/Arbitration), [mediation](https://en.wikipedia.org/wiki/Mediation) and [conciliation](https://en.wikipedia.org/wiki/Conciliation), which are used to resolve disputes between groups of employees or workers, often represented by a [trade union](https://en.wikipedia.org/wiki/Trade_union), and their employers. Acas is an independent and impartial organisation that does not side with a particular party. Rather, it helps parties reach amicable resolutions to their disputes. Further, the Equality Act 2010 provides, in the case of employment, that disabled people can enforce their rights in an Employment Tribunal. In cases relating to the provision of goods and services, individuals can bring a claim of discrimination in a County Court (in England and Wales) or a Sheriff Court (in Scotland). Claims raising public law grounds against public bodies, and claims asserting a breach of the Public Sector Equality Duty can be made in the Administrative Court.

In addition to the availability of initial advice and remedial action outlined above, under the 2006 Equality Act, complaints can be made to the EHRC. The EHRC was set up under the Equality Act 2006 to challenge discrimination, and to protect and promote human rights; it has been awarded an “A” status as a National Human Rights body by the UN. It is tasked with helping to make Britain fairer by protecting people against discriminatory treatment and holding organisations, such as businesses and the Government, to account for what they do and can use its investigation powers to investigate complaints and where appropriate go on to issue “unlawful act notices”. The EHRC’s has a range of [enforcement powers contained in the Equality Act 2006](http://www.legislation.gov.uk/ukpga/2006/3/part/1/crossheading/enforcement-powers).

1. **Please provide information on the legislative and policy framework in place in your country concerning accessibility for persons with disabilities in relation to the physical environment, transportation, information and communications, and to other facilities and services; including:**
* The existence of national standards, guidelines, and regulations on accessibility and universal design, including access to Information and Communication Technologies,
* The existence of time bound action plans to make public and private facilities and services accessible for persons with disabilities,
* The existence of accessibility requirements for public procurement,
* The existence of any enforcement mechanism of accessibility standards,
* The provision of training on accessibility issues for State officials and other actors.

**UK answer**

*Please note that some areas or aspects of areas in this question are devolved issues; this response takes an overview approach.*

The Equality Act 2010 requires providers of goods, facilities and services to members of the public, and employers, to make a ‘reasonable adjustment’, so that disabled customers are not placed at a “substantial disadvantage” compared to non-disabled customers. For providers of goods and services, the reasonable adjustment duty is an anticipatory duty. This means that they are expected to anticipate the reasonable adjustments that disabled customers may require; this could include installing a ramp at the entrance of a business premises so as to aid access by wheelchair-users. However, the Equality Act 2010 also recognises the need to strike a balance between the needs of disabled people and the interests of goods and services providers and employers. What is ‘reasonable’ will vary from one situation to another as a result of factors like the practicability of making the adjustment, the cost of the adjustment and the resources available to an organisation. Where there is disagreement about a reasonable adjustment, it is up to the courts/employment tribunals to decide what adjustments are reasonable.

A number of different approaches have been taken across government to ensure that the Equality Act 2010 is implemented in practice, including the addition of subsequent additions to existing or new legislation. An example of this is the following measure relating to accessibility found in building regulations; part M of UK Building Regulations requires that where building work is undertaken, reasonable provision must be made to enable disabled people to access and use these buildings once the work is completed. Another example can be found in transport legislation, where industries are under enforced legal obligations to ensure the accessibility of their services. For example, infrastructure work carried out at rail stations must comply with current the UK’s [Rail Vehicle Accessibility Regulations of 2010](http://www.legislation.gov.uk/uksi/2010/432/schedule/3/made) and EU accessibility standards; failure to do so can lead to enforcement action by the Office of Rail and Roads. The rail industry must also offer reasonable adjustments to allow access to services. This includes measures such as offering pre-booked assistance or alternative transport, usually a taxi at no extra cost to anyone unable to use a particular station. The need to ensure the accessibility of public transport is high on this government’s agenda. As such it is encouraging to see compliance to the relevant regulations increasing. For example, compliance with bus and rail accessibility regulation is now 89% and 60% respectively. 95% of buses in England now have low floor designs, while 60% of rail vehicles, (up from 46% in 2013), have been built or fully refurbished to modern access standards.

However, regulation alone cannot ensure the implementation of the changes required to ensure accessibility across the board; policy initiatives are also required. The ‘Access for All’ programme provides an example of a time-bound initiative to increase accessibility in the UK. Much of the UK’s station infrastructure dates back to the mid/late 1800’s, and is therefore not accessible to many disabled passengers. In recognition of the need to change this, the Access to All programme was launched in 2006 with a budget of £390m to improve accessibility; this was further extend in 2014 with an additional budgetary commitment of £160m and a further £7m a year was allocated direct to train operating companies to deliver smaller scale improvements. More than 1200 stations benefitted from a variety of improvements, including toilets, accessible ticket windows or tactile paving, and work continues. In addition, the Department for Transport is currently working with the UK’s [Disabled Persons Transport Advisory Committee (DPTAC)](https://www.gov.uk/government/organisations/disabled-persons-transport-advisory-committee) to draft an Accessibility Action Plan (AAP). The AAP considers user friendliness/ease of access for all modes of transport, and will be developed with input from a range of organisations and charities working with people of different disabilities. Inclusion of disabled people and their representative organisations at the start of such a plan once more demonstrates the UK’s dedication to the UNCRPD principle of including disabled people in decision-making processes.

Recognising the importance of engaging industry and society at large if the UK is to continue improving inclusiveness and accessibility across the board, the Minister for Disabled People and the Office for Disability Issues have been strategically engaging a number of industries to encourage best practice in relation to accessibility. Work undertaken includes:

* The [Built Environment Professional Education](https://www.gov.uk/government/publications/built-environment-professional-education-project-updates) project, funded by the Office for Disability Issues and supported by the Minister for Disabled People, promotes inclusive design as an important part of education and training for all built environment professionals. As a result of this project, an increasing number of universities are including mandatory education on inclusive design to the next generation of built environment professionals, such as architects and planners.
* Accessibility to sporting events has been increased following work undertaken by the Office for Disability Issues and the Department for Culture, Media and Sport (DCMS) to engage the sports stadia industry in matters concerning accessibility. Following the publication of [a report on the subject](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/460162/the-inclusive-and-accessible-stadia-report.pdf) in 2015, the government obtained a commitment from the Football Premier League to ensure that all of their stadiums were fully accessible. Work is now underway to extend this to other sporting stadia.
* In recognition of the need to increase accessibility in the hospitality industry, the Minister for Disabled People has begun engaging with leading hospitality organisations and trade bodies to raise this issue and agree steps to increase the accessibility of their services. Following a roundtable held in early 2016, leaders in the industry have committed to a number of measures to lead the way in terms of improving accessibility in hospitality.
* The [Accessible Britain Challenge](https://www.gov.uk/accessiblebritain) encouraged communities to become more accessible and inclusive. A resource bank made guidance and case studies available to all. The [Accessible Britain Awards](https://www.gov.uk/government/news/groups-honoured-for-life-changing-work-at-house-of-commons-ceremony) further promoted good practice by rewarding those excelling in increasing accessibility.

With regards to public procurement and training, the [Public Services (Social Value) Act](https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources) of 2012 requires commissioners who procure services to consider social, economic and environmental benefits. The Act is a tool to encourage commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems. Though not specifically related to disability, this can be used to enable commissioners to place additional value on bids made by civil society organisations such as Disabled People’s user-led organisations. [Guidance](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/80185/PPN_Procurement_Equality_Jan-13_0.pdf) has been issued to Government procurers on how to consider the requirements of the UK’s Equality Act 2010 and the associated Public Sector Equality Duty (PSED) in the conduct of commercial activities. The PSED should help ensure that public goods and services are accessible to, and meet, the diverse needs of all users. In 2015 the Commissioning Academy, which provides senior commissioners with training and resources, supported the [Disability Action Alliance](http://disabilityactionalliance.org.uk/projects-3/commissioning/) in its aim to up-skill commissioners in disability-related issues. Disabled people from the Disability Action Alliance were invited to their training sessions to speak with commissioners directly and a disability-related resource now makes a permanent feature on the Commissioning Academy’s resource page.

In addition, the Government is to create a new online platform called the Crown Marketplace which will allow departments to buy common goods and services. This builds on the existing model of the Digital Marketplace, which is designed with accessibility in mind. The Crown Marketplace will comply with the accessibility requirements laid out in part 6 of the UK government’s [Design Principles](https://www.gov.uk/design-principles), published by the Government Digital Service. Providing information that is accessible to disabled people is important to this government. As such the design principles highlighted above are being applied to the design of the government’s digital platform, [www.gov.uk](http://www.gov.uk), demonstrating a commitment to increasing the accessibility of information and communication technologies.

Other measures to increase accessibility of information include the launch of video relay services (VRS) for deaf people and the publication of a number of guidelines across the UK. The Video Relay Service piloted in Scotland called contactSCOTLAND has invested £500,000 over three years to ensure improved access to public services for deaf BSL users and will invest a further £1m over the coming three years. ContactSCOTLAND will offer Scotland’s BSL users the means to communicate, in real-time, with public services and third sector organisations via video-call and a BSL/English interpreter. [NHS England’s](https://www.england.nhs.uk/) [Accessible Information Standard](https://www.england.nhs.uk/ourwork/patients/accessibleinfo/), published in 2015, sets out that all organisations providing NHS or adult social care must take steps to ensure that people receive information that they can access and understand, and receive communication support if they need it. In Northern Ireland the booklet [‘Making Communication Accessible for All’ *a Guide for Health and Social Care (HSC) Staff*](http://www.belfasttrust.hscni.net/pdf/updatedMaking_Communication_Accessible_2.pdf)outlines good practice for HSC staff in terms of inclusive communication and was co-produced with a wide range of disability organisations mindful of legal Equality duties.

1. **Please provide information on the legislative and policy framework in place in your country concerning support services for persons with disabilities, including:**
* The diversity and coverage of services available (e.g., services for supported decision-making, communication, mobility, personal support, housing and living arrangements, access to general services such as education, employment, justice and health; and other community services),
* The availability of certified sign language interpreters,
* The types of service delivery arrangements (e.g. direct provision, public-private partnerships, partnerships with community-based or non-government organizations, contracting out, privatization),
* The financial mechanisms to ensure affordability of support services for all, persons with disabilities,
* How services enable direct choice and control of users with disabilities?

**UK answer**

*Please note that health and social care services are devolved issues across the UK’s devolved administrations, and have significantly different structures. This response seeks to represent both these differences and similarities in direction.*

The Department of Health (DH) leads on the policy and legal framework for adult social care in England and is accountable for the outcomes achieved by the system for the whole population. DH is also responsible for securing public funding for adult social care services, however this sits within the overall funding system for local government for which the Department for Communities and Local Government (DCLG) is accountable. Adult social care comprises a wide range of personal and practical care and support for adults of all ages; older people and working age adults with physical or learning disabilities, or physical or mental illnesses, as well as support for their carers. It is managed and delivered locally, with the 152 “upper tier” local authorities in England having statutory responsibility for arranging care to meet needs.  Whilst DH sets the national policy priorities and legislation, local authorities are locally accountable for the delivery of care and support and retain significant discretion over how their functions are exercised; the department does not performance-manage local authorities. The [Care Act 2014](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted) provides the legislative framework for adult social care in England and includes:

* a new statutory “wellbeing principle” setting out the outcomes that should underpin care and support,
* a national minimum eligibility threshold for care and support,
* a new duty to prevent, delay or reduce needs for care and support,
* a duty to promote the local care market with a particular focus on ensuring diversity, quality and sustainability of provision,
* an expanded duty to assess the needs of carers and to provide support, on the same basis as rights for users of services,
* enshrining rights to personal budgets to support choice and control, and
* creating a universal system of deferred payment agreements to ensure people do not have to sell their home during their lifetime to pay for their care.

In recognition that people with learning disabilities can be particularly vulnerable to abuse and hate crime,  provisions of the Care Act 2014 that came into force in April 2016 put adult safeguarding on a statutory footing, placing legal duties on local authorities, the [National Health Service (NHS](http://www.nhs.uk)) and the police. The Care Act also underpins and reinforces the importance of high-quality independent advocacy, and will play an important part in supporting people, their families and carers to raise concerns when these arise. In this way the Care Act will re-enforce the fact that people with learning disabilities have the right to lead their lives like anyone else, must have the equality of opportunity and be treated with dignity and respect.

In keeping with the principles in the UNCRPD of recognising diversity amongst disabled people and their right to have freedom to make their own choices, the Care Act promotes people’s wellbeing by enabling them to prevent and postpone the needfor care and support, and puts them in control of their lives so that they can pursue opportunities, including education andemployment. In addition, it provides a new legislative focus on personalisation. It does so by putting personal budgets into law for the first time for people and carers, thereby increasing opportunities for greater choice, control and independence in choosing care and support best suited to meet their needs.  The following provisions in the Care Act provide a legislative basis for personalisation:

* including choice and control and the outcomes which matter to people considered when every decision is made as part of the wellbeing principle in section 1 of the Act,
* a duty on local authorities to involve adults in the assessment of care and support processes, as well as care and support planning and reviewing,
* ensuring personal budgets are provided to everyone eligible as part of their care and support plan and clarifying the right to request direct payment,
* a new right for people to request a review of a care and support plan,
* a duty to provide information, advice and support for users of adult social care to inform their choices, including rights to independent advocacy.

The Care Act 2014 ensures that social care is built on a framework of individually-enforceable rights, with entitlement to most ongoing services based on both the level of a person’s needs, (subject to eligibility criteria), and their finances, (subject to means-testing).  Although some lower-level services are provided on a free, universal basis, these are a minority and the offer is variable locally; these would include, for example, ‘preventative’ services to help people avoid developing care needs.  Services vary according to need but include domiciliary care, residential care, respite care provided to carers and the use of direct payments via which service users and carers can purchase services that meet their needs. These could vary from swimming lessons to the purchase of a laptop to enable a carer to keep in touch with family and friends.

Public funding for social care is from both national sources (direct grants) and local ones (council tax and business rates).   The vast majority of funding is provided through the broader local government arrangements, and is not ring-fenced.  In addition to State funding, around half of spend on social care (though this varies based on service type and locality) is by individuals who self-fund their care. Adult social care is largely provided through a competitive market of independent providers. The Care Act establishes duties on local authorities to promote their local market of care and support services so that there is a choice of high quality services available for all local people (including those who self-fund partially or fully). Local authorities must have regard to these legal duties when discharging their commissioning functions, although arranging care and support is a core responsibility for local authorities, who are accountable to their local populations rather than Government.

Northern Ireland takes an integrated approach to health and social care, a system implemented in 1973 and delivered through the Health and Social Care (HSC). Integration provides the opportunity for comprehensive assessment of both health and social care needs; it allows the Department of Health (DoH), which has a statutory responsibility to promote the HSC system, and commissioners to plan services on the basis of programmes of care. DoH discharges these duties both by direct departmental action and through its 17 Arm’s Length Bodies (ALBs). The principal service objectives for health and social careALB’s derive are set out in detail in the [Health and Social Care Commissioning Plan Direction](http://www.niassembly.gov.uk/assembly-business/official-report/committee-minutes-of-evidence/session-2013-2014/october-2013/health-and-social-care-commissioning-plan-direction-northern-ireland-2014-dhssps-briefing/). The most recent legislation, the [Health and Social Care (Reform) Act (Northern Ireland) 2009](http://www.legislation.gov.uk/nia/2009/1/section/20), reinforces in statute the Department’s responsibility to promote an integrated system of health and social care in Northern Ireland. At the heart of the current system a single Health and Social Care Board (HSCB), working in conjunction with a Public Health Agency (PHA), commissions services to meet assessed need and promote general health and wellbeing. A full range of health and social care services are provided by five Health and Social Care Trusts, with a sixth Trust providing ambulance services for the region. Local Commissioning Groups (LCGs), which are committees of the HSCB, establish local priorities and commission services to meet the spectrum of care needs within their areas; a single budget has promoted the coherent development of objectives within a unified strategic planning process, which spans acute and community based care. The Public Health Agency, charged specifically with promoting improvements in the general health and wellbeing of the people of Northern Ireland, works closely with other public services such as health, education and local government in a local community planning process.

With regards to Direct payments in Northern Ireland, these are cash payments, made in lieu of social service provision, to individuals who have been assessed as needing services and increase choice and promote independence. The [Carers and Direct Payments Act (N.I) 2002](http://www.legislation.gov.uk/nia/2002/6) gives HSC Trusts the power to make direct payments; these can only be offered to an individual who has been assessed and found eligible for social care services. If an individual has requested a Direct Payment, and the Trust deems it appropriate to meet that individual’s needs, the Direct Payment will be approved and commenced as soon as all conditions (e.g. bank account facilities, Access NI checks etc) of the contract have been met. As part of the ongoing reform of adult care and support, the project team will be considering a review of the personalisation of care under the Providing Care Workstream and Direct Payments will form a significant part of this work.

Social care in Scotland is provided under the [Social Work (Scotland) Act 1968](http://www.legislation.gov.uk/ukpga/1968/49), which places an obligation on local authorities to provide care and support to those assessed as needing services. This legislation has been augmented through the [Social Care (Self-directed Support) (Scotland) Act 2013](http://www.legislation.gov.uk/asp/2013/1/contents/enacted) with the availability of self-directed support, allowing people to choose how their care is delivered and receive direct payments to purchase the care and support that meets their needs and preferences. Through the [Community Care and Health (Scotland) Act 2002](http://www.legislation.gov.uk/asp/2002/5/contents), Scotland delivers free personal and nursing care for those over 65 with an assessed care need. Local authorities assess the resources and assets of individuals receiving care, and will conduct income maximisation checks as part of this assessment process. They provide the care to those in their own homes assessed as requiring care, and also provide a payment of £171 per week for personal care and £78 per week for nursing care to those self-funding their care in residential settings.

The [Social Services and Well-being (Wales) Act](http://www.legislation.gov.uk/anaw/2014/4/contents/enacted) is the legislative framework that brings together and modernises social services law in Wales. The fundamental principles of the Social Services and Well-being (Wales) Act are that:

* people have control over what support they need, making decisions about their care and support as an equal partner,
* new proportionate assessments places the focus on the individual,
* carers have equal right to assessment for support to those who they care for,
* easy access to information and advice is available to all,
* powers to safeguard people are stronger,
* a preventative approach to meeting care and support needs is practised,
* Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

The Act places duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. Under the Act local authorities and health boards must work together to assess the care and support needs, and the support needs in the case of a carer, of the population in their area. As a result they will identify what services are needed and ensure their resources are used effectively. Regional Partnership Boards have been put in place to prioritise the integration of services in relation to a number of vulnerable groups. The Act ensures that practitioners have regard to individuals views, and support them to participate in decisions that affect them, to ensure that all people (children, adults and carers) have a stronger voice and real control over the support they need to remove barriers to their well-being. Individuals and their families must be able to participate fully in the process of determining and meeting their identified care and support needs through a process that is person-centred. Additionally, and in keeping with the rest of the UK, the Act places more focus on the provision of direct payments. This is where those requiring care and support can receive the monetary amount of this in order to arrange this care and support for themselves in order to achieve their well-being outcomes. Local authorities now have powers to provide direct payments to a wider range of individuals, in a wider range of situations.

This government remains committed to improving the quality of health care across the board, wherever improvements are required. As such, a transformation is underway to reduce the need and reliance on inpatient care in recognition of the benefits of preventative measures and alternative forms of providing care. ‘[Building the Right Support’](https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf), published in October 2015, provides a plan to achieve a shared ambition across the system; where children, young people and adults with a learning disability and/or autism and their families being supported to lead more independent lives, and have greater say about the support they receive. Since 2011 there has been added impetus across government to transform care and support for people with a learning disability and/or autism who display behaviour that challenges, including behaviour that can lead to contact with the criminal justice system. This strategy focuses on building up community capacity and reducing inappropriate hospital admissions. Supporting this focus on ensuring the quality of care provided to people with learning disabilities, the [Care Quality Commission](http://www.cqc.org.uk), (the independent regulator of health and social care services in England), introduced a new registration, assessment and inspection approach for learning disability services in 2014. This process involves experts with experience in the area and includes publishing the ratings following from inspections. There are also strong accountability and corporate responsibility arrangements in place via the Duty of Candour and Fit and Proper Person Test, to assure the quality and safety of care services that people receive.

In 2013, the Secretary of State for Health published *Living Well for Longer: a Call to Action to Reduce Avoidable Premature Mortality*, his call to action to make the UK among the best nation states in Europe in terms of reducing levels of avoidable and premature deaths. This national partnership, and the focus and momentum at a national level, is beginning to make a difference in our collective fight to reduce avoidable mortality. It has also provided an unprecedented opportunity for all those dedicated to narrowing health inequalities for people with learning disability; by creating both the evidence-base and the system-wide work programme, the government-funded [confidential inquiry into premature deaths of people with learning disability](http://www.bristol.ac.uk/cipold/) and [government’s response](http://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/governmentresponsefull.pdf) to its findings have provided a powerful tool for translating that opportunity into action. In June 2015, [NHS England](https://www.england.nhs.uk) launched a three-year [Learning Disability Mortality Review](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-er-rep.pdf). This is the world’s first national programme to review and try to reduce premature deaths of people with learning disabilities and ultimately reduce premature deaths of people with learning disabilities. The three-year project will be the first comprehensive, national review set up to get to the bottom of why people with learning disabilities typically die much earlier than average, and to inform a strategy to reduce this inequality.

Work to improve health services is being undertaken across the UK. In Northern Ireland, on 4 November 2015 the then Minister, Simon Hamilton, announced his intention to close the Health and Social Care Board in order to reduce bureaucracy and complexity within the system and ensure the Department retained strategic control of the system. As a result of this announcement work is currently ongoing on the design of the future structure of the HSC. The proposed changes will require new legislation, and are in line with the intention to ensure the best possible service. In Scotland progress is being made towards integrating health and social care through the [Public Bodies (Joint Working) (Scotland) Act 2014](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf), which came into force in April 2016. This brings together NHS and local council care services under one partnership arrangement for each area. In total 31 local partnerships have been set up across Scotland and they will manage almost £8 billion of health and social care resources. Working together, NHS and local council care services will be jointly responsible for the health and care needs of patients, to ensure that those who use services get the right care and support whatever their needs, at any point in their care journey. Integration will mean a greater emphasis on enabling people to stay in their homes, or another homely setting, where possible, sharing their lives with their family and friends, doing the things that give life meaning and value. Scotland are also working in co-production with disabled people to shape their future policies and services, in line with the principles in the UNCRPD.

A range of strategies and action plans are also in place to support those with specific needs or disabilities. In addition to implementing the [Autism Act in 2009](http://www.legislation.gov.uk/ukpga/2009/15/contents), DH published a three year strategy for adults with autism in England. This strategy was an essential step towards achieving the government’s long-term vision for transforming the lives of adults with autism so that they can live independently and find work. It set a clear framework for all partners in the health and care system to work together to improve the lives of adults with autism. In April 2014 the strategy was updated by the issuing of [‘Think Autism’](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf), and revised statutory guidance followed in March 2015. The guidance builds on progress made, sets out continuing expectations and outlines other legislation that will enable local communities to better support people with autism and their families; in particular the [Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted) will help to support young people in preparing for adulthood. ‘Think Autism’ places greater emphasis on involvement and awareness within the local community, and on ways to look differently at support and engagement. It moved the original vision of the strategy on to include an increased focus on areas such as young people, criminal justice and employment. Since 2014, Northern Ireland has had a cross-departmental Autism Strategy and Action Plan in place. DoH is responsible for preparing, reviewing and monitoring the implementation of this cross-departmental strategy and this is done through a range of cross-departmental and sectoral fora.  A Progress Report was laid in the NI Assembly in November 2015 and the current Action Plan has been extended to 2017 with initial steps taken to begin the process of developing new actions for the remainder of the strategy which extends to 2020.

In Wales adults with disabilities and additional mental health needs may be eligible for certain rights as prescribed in the [Mental Health Measure (Wales) 2010](http://www.legislation.gov.uk/mwa/2010/7/contents) legislation. This seeks to ensure more mental health services are available within primary care, provide all those who receive secondary mental health services the right to have a Care and Treatment Plan, and ensure that all adults who are discharged from secondary mental health services have the right to refer themselves back to those services. In addition, the Measure offers every in-patient access to the help of an independent mental health advocate. Welsh Government published its [Framework for Action on Independent Living](http://gov.wales/topics/people-and-communities/equality-diversity/rightsequality/disability/framework-for-action/?lang=en) in 2013, a strategy seting out key principles for delivery of services for people with disabilities across a range of areas including housing and benefits. With respect to Autism, the Welsh Government is refreshing the [Autistic Spectrum Disorder Strategic Action Plan](http://www.wales.nhs.uk/documents/ASD-strategy.pdf). This will introduce a new national integrated autism service across Wales which will bring together health, social care, education and third sector organisations to provide diagnostic and community support services.

In June 2014, DH launched the Quality of Life Standards; these are standards about equal citizenship for people with learning disabilities, with the aim of raising people’s expectations about what a good quality of life really means. In keeping with the UNCRPD principle that disabled people should have opportunities to be actively involved in the decision making process of policies, the standards were written by adults, young people and children with learning disabilities and autism, in partnership with their peers with physical disabilities and mental health difficulties.

In Northern Ireland, the Physical & Sensory Disability Strategy, (2012 – 2015, extended now to 2016), confirms the Department’s commitment to improving outcomes, services and support for people in Northern Ireland (NI) who have a physical, communication or sensory disability. Developed in accordance with the articles stated in the United Nations Convention on the Rights of Persons with Disabilities, it supports the values of dignity, respect, independence, choice, equality and anti-discrimination for disabled people; the principles of family and person-centred care and self-directed support are promoted throughout and recognition is given to the need to adopt a life cycle approach to the provision of services and support. The requirement for integrated working, not just across government departments and health and social care organisations, but also in partnership with the third sector is emphasised throughout the Strategy.

In 2015 NHS England published the cross-system action plan on Hearing Loss which was developed with input from non-governmental and other organisations, including the [Health & Safety Executive](http://www.hse.gov.uk), [Public Health England](https://www.gov.uk/government/organisations/public-health-england), hearing loss charities, those whose hearing is directly affected, and various other agencies and government departments.  The action plan highlights the importance of delivering what matters to people with deafness and hearing loss and will result in action such as developing commissioning guidance on the provision of hearing loss services.  The guidance will support commissioners to make evidence-based local decisions to help improve equality of access and patient experience. Additionally, the National Institute for Health Research is investing over £4million annually in research on hearing-related problems to improve patient outcomes. This includes ground-breaking work at the Nottingham Hearing Biomedical Research Unit and the Department for Work and Pensions’ review of the market for communication support for people who are deaf, deafblind or have a hearing loss.

With regards to BSL, Scotland recognised BSL as a language in 2011 and supported the member’s [BSL (Scotland) Bill](http://www.parliament.scot/parliamentarybusiness/Bills/82853.aspx) which was passed unanimously in Parliament on 17 September 2015. The BSL (Scotland) Act puts a duty on Scottish Ministers to promote the use and understanding of British Sign Language (BSL) and requires Scottish Ministers to prepare and publish BSL national plans; the first national plan must be published by 22nd October 2017. A BSL National Advisory Group has been established to advise the Government on what should be in the BSL National Plan and two meetings (out of seven) have taken place (April and May 2016). In England, the Accessible Information Standards mentioned in the answer to question 3 also tells organisations how they should ensure that people get any support with communication that they need, for example support from a British Sign Language interpreter, deafblind manual interpreter or an advocate; organisations must follow the Standard in full by 31 July 2016. To support access of services in Wales, all statutory agencies must offer translation and interpretation services, including signing. Additionally, Local authorities must have due regard to the United Nations Convention on the Rights of People with Disabilities (UNCRPD) in the exercise of their social services functions, and demonstrate that they have done so in a meaningful way. In Northern Ireland a Regional Communications Support Services Review, which centres on interpreting services and the need for regional equity, will be launched for consultation on 6 June 2016 for 13 weeks; 10 stakeholder engagement events will be held in June to cover the province.

1. **Please provide any other relevant information (including information from surveys, censuses, and administrative data – statistics, reports, and studies), in relation to the implementation of existing disability-inclusive policies and action plans in your country.**

**UK answer**

Below, please see a range of sources from which the UK government draws statistical information and data on our disabled population. This list is not exhaustive, but gives a good indication of the range of publicly available evidence used by policy makers to design, deliver and monitor disability-related policies:

* The [Disability Equality Indicators](http://webarchive.nationalarchives.gov.uk/content/20131128110838/http%3A/odi.dwp.gov.uk/disability-statistics-and-research/disability-equality-indicators.php#b5) are a starting point in measuring progress towards disability equality. They cover a number of themes that disabled people have told us are important to them. These indicators are used to help monitor progress on the Independent Living Strategy, the [Roadmap](http://socialwelfare.bl.uk/subject-areas/services-client-groups/adults-disabilities/officefordisabilityissues/138662roadmap_full.pdf) and the UN Convention.
* The [Life Opportunities Survey (LOS)](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/compendium/lifeopportunitiessurvey/2015-09-10/anexecutivesummary) is a large-scale longitudinal survey of disability in Great Britain. It is the first major social survey in Great Britain to explore disability in terms of the social barriers to participation that people experience. The LOS compares the experiences of people with and without impairments across a range of areas, including education and training, employment, transport, leisure, social and cultural activities, and social contact. Click here for [Wave 2 report](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/compendium/lifeopportunitiessurvey/2014-04-10) (which includes a comparison of participation levels between disabled people and the rest of the population in a number of life areas), and here for [Life Opportunities Survey Analysis of barriers to participation across a range of life areas](http://webarchive.nationalarchives.gov.uk/20160105160709/http%3A/www.ons.gov.uk/ons/rel/los/life-opportunities-survey/life-opportunities-survey/rep---los-analysis-of-barriers-2009-10.pdf) in 2009/10.
* The [Fulfilling Potential outcomes and indicators](https://www.gov.uk/government/publications/fulfilling-potential-outcomes-and-indicators-framework-second-annual-progress-report) framework provide regular data related to the Fulfilling Potential cross-government strategy and action plan published 2013. It allows the UK to measure progress, over time, against the aim of supporting disabled people to fulfill their potential and realise their aspirations.
* For information specific to Scotland, please see the [Scottish Government Disability Equality Scheme](http://www.gov.scot/Topics/People/Equality/disability/publicsectorduty) reports.
* For information specific to Wales, please click the following [link with a number of related reports](https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Disability).
* For information about Health issues in Northern Ireland, please visit the [Northern Ireland Statistics and Research](http://www.csu.nisra.gov.uk/surveyNIHS.asp5.htm) agency webpage.

Independent Reviews of specific policy areas

A number of other reports and independent reviews have been highlighted throughout this response, with links provided. Please also see several more below that you may find helpful:

* The [Independent Review of Equality 2025](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/320800/independent-review-of-equality-2025.pdf) reviewed a consultation group that was put in place following the Fulfilling Potential strategy. It concluded that Equality 2025 was not functioning as planned. Instead other means of consulting with disabled people were established, including the Fulfilling Potential Forum and the [Disability Action Alliance](http://disabilityactionalliance.org.uk/).
* The Work Capability Assessment had 5 Independent Reviews conducted on it as part of a means of ensuring continuous improvement. These [Independent Reviews can be found here](https://www.gov.uk/search?q=Work+Capability+Assessment+independent+review).
* Similarly, Personal Independence Payments will also undergo a number of Independent Reviews. The first was completed in Dec 2014 and [can be found here](https://www.gov.uk/government/publications/personal-independence-payment-pip-assessments-first-independent-review), and the [second government response to this is found here](https://www.gov.uk/government/publications/personal-independence-payment-pip-assessments-first-independent-review-second-government-response).
1. UNCRPD, preamble section (o) [↑](#footnote-ref-1)
2. UNCRPD, page 1, pre-amble section (g). [↑](#footnote-ref-2)