



Commissioner for Older People
for Northern Ireland

Active Ageing & Disability Policy Branch
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By email: disabilitystrategy.consultation@communities-ni.gov.uk

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Re: Consultation on the Northern Ireland Executive Disability Strategy 2025-2035

Dear Sir/Madam

I am writing on behalf of the Commissioner for Older People for Northern Ireland (COPNI). COPNI welcomes the opportunity to respond to this consultation and review the Executive's Disability Strategy from the lens of an independent champion for older people across Northern Ireland.

The development of a Disability Strategy is reflective of the Executive's commitment to "ensuring that all Deaf and disabled people can participate as equal members of our society"¹, which should be celebrated. COPNI welcomes the Executive's dedication to working together, cross-departmentally to address the disproportionate barriers Deaf and disabled people face to accessing services, accessible housing and transport, independent living, equality, inclusion, and full participation in society. The success of this Strategy and the implementation of its outcomes are of great importance to COPNI, and they have the potential to deliver real impacts for older people across Northern Ireland.

However, failure to deliver an effective Strategy means older disabled people will continue to face preventable barriers to services and opportunities. As an initial point, COPNI believes this Strategy falls short. It offers an ambitious framework for creating a Northern Ireland that empowers and supports Deaf and disabled people but fails to demonstrate how such ambitions will be achieved in practice, as it lacks tangible actions.

Vision

COPNI is committed to "an inclusive society that respects, protects, promotes and fulfils the rights of all Deaf and disabled people to participate fully, free from discrimination", the vision

¹ Northern Ireland Executive (2025) '[The Northern Ireland Disability Strategy 2025-2035](#)', page 6.

of the Disability Strategy.² This vision is increasingly important in the context of our ageing population. Northern Ireland's population is ageing, characterised by an increasing number of older people. For instance, older people aged 60 plus represented over 25% of the population in 2025. This is projected to rise to over 29% in 2035, 31% in 2045, and 34% in 2055.³ As the number of older people in Northern Ireland grows, so too does the prevalence of long-term health conditions and disabilities. This is because older people experience health issues and disabilities at a higher rate than other age categories. There are more older people living with long-term health conditions than those who are not.⁴ 230,158 older people also live with a long-term health condition or disability that limits their day-to-day activities.⁵ Therefore, while this Strategy is intended to support all Deaf and disabled people, older people will represent an increasing and substantial proportion of disabled people in the years ahead and will thus be significantly affected by its outcomes.

COPNI offers the following analysis of each of the outcomes and their commitments as they relate to the rights and interests of older people across several key themes (*italicised*).

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

Participation: COPNI's primary aim is to "safeguard and promote the interests of older persons", with duties to "promote the provision of opportunities for, and the elimination of discrimination against, older persons" and "promote positive attitudes towards older persons".⁶ As such, outcome 1 is significant for COPNI. The focus on ensuring the involvement of Deaf and disabled people in the development of new strategies and policies is welcome. COPNI particularly welcomes the establishment of "a Regional Disability Forum to advise on the monitoring and implementation of the Disability Strategy", which will be key for the Strategy's success.⁷ We maintain that, to ensure interventions are appropriate and effective, meaningful engagement with those affected is crucial. Involvement of Deaf and disabled people offers scope for lived experience to inform decisions and brings a vital perspective to discussions, ensuring the Strategy is connected to the realities on the ground. COPNI looks forward to the establishment of the Forum and to considering their recommendations.

² Northern Ireland Executive (2025) '[The Northern Ireland Disability Strategy 2025-2035](#)', page 12.

³ NISRA (2025) '[2022-based Population Projections for Northern Ireland, Principal Projection – population by age and sex \(2022-2027\)](#)'.

⁴ 275,801 older people aged 60 plus live with one or more long-term health conditions, compared to 163,724 who do not have a long-term health condition. NISRA '[Health Conditions \(Number\) by Age – 19 Categories](#)'.

⁵ NISRA '[Health Problem or Disability \(Long-term\) – 2 Categories by Age](#)'.

⁶ Commissioner for Older People Act (Northern Ireland) 2011.

⁷ Northern Ireland Executive (2025) '[The Northern Ireland Disability Strategy 2025-2035](#)', page 22.

Violence against Women and Girls: COPNI welcomes the commitment in the Strategy to “run community led reviews of the needs of women and girls facing additional risk of violence and the barriers to accessing services and make recommendations with the first phase to include deaf and disabled women”.⁸ In 2024, COPNI published a report on older victims of domestic abuse titled *Growing Concern*.⁹ Evidence consistently shows that women are more likely to be victims of domestic abuse. The data suggests this trend is also present in cases of domestic abuse involving older victims. Consultation with criminal justice agencies and support service organisations during the drafting of *Growing Concern* revealed that many older women can experience abuse over long periods, with abusive behaviour often becoming normalised or hidden. Older women are also more likely to have a “traditional household role” which can inhibit them from reporting experiences of abuse due to loyalty to family, concerns about disrupting family arrangements or caring relationships, particularly where health, disability or dependency are factors.¹⁰ In this context, COPNI is hopeful that the Executive’s efforts to tackle violence against women and girls will consider the distinct factors older women experience that make them more vulnerable to domestic abuse, as well as limit the likelihood they will report it and access support, especially if they are Deaf and disabled.

Outcome 2: Deaf and disabled people can access our built environment, facilities and transport on an equal basis.

Transport: As discussed in COPNI’s response to the Department for Infrastructure’s Transport Strategy,¹¹ “public transport is a matter of enormous importance for older people”.¹² A good transport network is crucial for older people’s physical and mental health and wellbeing. Limited service availability, insufficient information and difficulties when boarding or alighting can cause challenges for older people when accessing public transport, particularly if they are Deaf and disabled. Such challenges can hinder attendance at medical appointments, as well as increase levels of loneliness and social isolation, experiences which, as noted in the Strategy, “non-disabled people take for granted”.¹³ Thus COPNI strongly welcomes the commitment to continue to work with the Inclusive Mobility Transport Advisory Committee (IMTAC). COPNI too maintains a positive relationship with IMTAC and holds its work with and for Deaf, disabled and older people in high regard. We acknowledge their recent publication noting their disappointment with the Disability Strategy and agree that most of the

⁸ Northern Ireland Executive (2025) ‘[The Northern Ireland Disability Strategy 2025-2035](#)’, page 23.

⁹ COPNI (2024) ‘[Growing Concern: Older Victims of Domestic Abuse in Northern Ireland](#)’.

¹⁰ COPNI (2024) ‘[Growing Concern: Older Victims of Domestic Abuse in Northern Ireland](#)’.

¹¹ Department for Infrastructure (2025) ‘[Transport Strategy 2035](#)’.

¹² COPNI (2025) ‘[COPNI response to Consultation on The Transport Strategy 2035](#)’.

¹³ Northern Ireland Executive (2025) ‘[The Northern Ireland Disability Strategy 2025-2035](#)’, page 24.

commitments in the Strategy do not extend beyond continuing to “offer existing protections”.¹⁴ An example under this outcome is the continuation of the Blue Badge scheme, where there are no changes or opportunities proposed to better the scheme. This approach amounts to little more than a retention of current protections. COPNI therefore urges the Executive to consider seriously IMTAC’s recommendations as an established body of Deaf, disabled and older people.

Accessibility: COPNI’s *Advancing Age-Friendly Practice*¹⁵ report highlights the barriers many older people face to accessing and navigating the built environment, often exacerbated by health conditions and disabilities. The report found that “decision-making, such as the removal of park benches to discourage antisocial behaviour, can impact older people’s ability to navigate outdoor environments”.¹⁶ This finding may help to explain why people aged fifty and over are less likely to be active when compared to other age groups.¹⁷ COPNI’s report called for “informed decision-making, awareness of local need and understanding the barriers that older people face” to ensure more effective planning.¹⁸ Interventions such as appropriately positioned seating, public toilets and traffic lights will support older people when accessing outdoor environments. We were thus pleased to see a commitment by the Executive to “explore options to make the public realm a more welcoming and accessible place for everyone” and look forward to seeing the actions that follow.¹⁹

Outcome 3: Deaf and disabled people can access our public services, government information and communications on an equal basis.

Digital Inclusion: The digital world is advancing faster than any other innovation in history. As such, digital exclusion is a common concern for many older people across Northern Ireland and is one often brought to COPNI’s attention. Experiences of digital inclusion can place older people at risk of missing out on crucial information, especially because internet use is becoming increasingly essential for access to services and resources. Some older people’s willingness to learn or advance their digital skills is limited and can further leave them behind in the context of this rapidly changing environment. However, it must be noted that opportunities and access to opportunities to learn or advance digital skills are also

¹⁴ IMTAC (2025) ‘[Disappointment with the Draft Disability Strategy – a briefing paper](#)’.

¹⁵ COPNI (2025) ‘[Advancing Age-Friendly Practice in Northern Ireland: Supporting Collaboration, Impact and Sustainability of Age Sector Organisations](#)’.

¹⁶ COPNI (2025) ‘[Advancing Age-Friendly Practice in Northern Ireland: Supporting Collaboration, Impact and Sustainability of Age Sector Organisations](#)’.

¹⁷ Northern Ireland Executive (2024) ‘[Sports and Physical Activity](#)’.

¹⁸ COPNI (2025) ‘[Advancing Age-Friendly Practice in Northern Ireland: Supporting Collaboration, Impact and Sustainability of Age Sector Organisations](#)’.

¹⁹ Northern Ireland Executive (2025) ‘[The Northern Ireland Disability Strategy 2025-2035](#)’, page 26.

limited. Digital exclusion is therefore often a combination of lack of confidence, reluctance to learn digital skills and a lack of access to opportunities. These factors mean that significant numbers of older people are facing increasingly negative consequences in a world which is more and more 'digital only'.

Whilst COPNI often works to close the digital divide and lessen its impact on older people, we recognise that many factors, including disability, can mean some older people are unable to access the internet. As such, a major concern for this cohort is the move of information and services to online-only, with limited or no offline alternative. COPNI was pleased that the Strategy contains a commitment to "promote digital inclusion and access to communication and information technologies for Deaf and disabled people".²⁰ However, it would be helpful to understand the steps the Executive proposes to take to achieve this and whether offline alternatives will be in place to ensure communications from government are as maximally accessible as possible.

Crime: COPNI notes the Executive's commitment to "make it easier for Deaf and disabled people to report crime and access the justice system".²¹ Our recent publications^{22 23} and consultation responses²⁴ echo this commitment, highlighting the disproportionate factors that may discourage older people from engaging with the criminal justice system. As such, a range of accessible reporting mechanisms are key for older people, especially those who are Deaf and disabled. COPNI was therefore pleased to see the commitment to "expand the current 101 provision and make it more accessible to members of the Deaf community" by introducing a feature on the Police Service of Northern Ireland's (PSNI) website to connect them to a translator via video.²⁵ Given that 21.65% of older people aged 65 plus have deafness or partial hearing loss²⁶, this measure is welcome. However, as previously discussed, older people are also more likely to experience digital exclusion. COPNI wonders how the Executive and the PSNI will ensure that those who are Deaf and digitally excluded have accessible means to

²⁰ Northern Ireland Executive (2025) '[The Northern Ireland Disability Strategy 2025-2035](#)', page 28.

²¹ Northern Ireland Executive (2025) '[The Northern Ireland Disability Strategy 2025-2035](#)', page 29.

²² COPNI's 2019 report, *Crime and Justice*, highlights how "there is a greater tendency among older people to delay reporting certain types of crime, either because the person does not immediately realise that they have been the victim of a crime or because when they do, they are too embarrassed to report it". See COPNI (2019) '[Crime and Justice: The Experience of Older People in Northern Ireland](#)', page 23.

²³ A report by COPNI on older victims of domestic abuse emphasises how older people can experience a number of distinct factors that inhibit them from reporting experiences of domestic abuse as a crime. For example, older people are more likely to be dependent on abusive spouses for care support or financial reasons, and may be reluctant to report against someone they depend on. Older victims with reduced mental capacity may have a diminished understanding of what constitutes abusive behaviour and are thus less likely to report. Given that older people are more likely to have a disability, physical impairments can lessen their ability to protect themselves. The report recommended the implementation of interventions that address such barriers. See COPNI (2024) '[Growing Concern: Older Victims of Domestic Abuse](#)'.

²⁴ For example, see COPNI (2025) '[COPNI response to Consultation on Draft Victims and Witnesses of Crime Strategy 2025-2030](#)'.

²⁵ Northern Ireland Executive (2025) '[The Northern Ireland Disability Strategy 2025-2035](#)', page 29.

²⁶ NISRA (2022) '[Census 2021 Main Statistics Health, Disability and Unpaid Care Tables, MS-D05 Type of Long-Term Condition: Deafness or Partial Hearing Loss by Broad Age Bands](#)'.

report a crime. This is an increasingly pressing issue given that opportunities to report in-person to police are becoming fewer with the closure of police stations. COPNI considers it a valid concern that, while digital accessibility measures are a positive step, some older people especially those who are Deaf and disabled, may still be excluded from accessing policing and justice services and face gaps in service provision. At a recent PSNI Reference, Engagement and Listening (REaL) event on the Victim Journey, attendees agreed that victims should be “empowered through choice, with a range of reporting and engagement options (for example VOAT [Videos Officer Attendance Team], the online portal, phone or in-person- contact)”.²⁷

Outcome 4: Deaf and disabled people can access and participate in culture, leisure activities and sport on an equal basis.

Loneliness: Older people aged 75 and above are the most likely to feel lonely across all age categories in Northern Ireland.²⁸ Further, 20.2% of older people aged 75 and above reported low levels of self-efficacy.²⁹ People with disabilities are also more likely to report feelings of loneliness compared to those without a disability.³⁰ The negative impact of loneliness is well documented. Experiences of loneliness correlate with mental health issues such as depression and anxiety, but there is also a correlation between loneliness and physical health. Age UK report that loneliness has been shown to “increase blood pressure and risk of cardiovascular diseases, elevate cortisol and stress levels which weakens the immune system, impair sleep quality (which causes memory problems) leading to negative effects on metabolic, neural and hormonal regulations”.³¹ Given that older people are more likely to live with a disability, among other factors that may contribute to experiences of loneliness,³² the prevalence of loneliness is a concern for COPNI.

In Northern Ireland, those who participate in culture, arts, leisure and sports activities record higher levels of life satisfaction, higher levels of self-efficacy and lower levels of loneliness.³³ COPNI therefore welcomes “measures to improve participation” as the focus of this outcome and agrees implementing same will have a positive impact on Deaf and disabled people, as

²⁷ PSNI (2025) ‘The Victim Journey: Reference, Engagement and Listening Event’, report received by COPNI from PSNI.

²⁸ Older people aged 75 plus are most likely to feel lonely often/always, as well as some of the time. NISRA (2025) ‘[Individual Wellbeing in Northern Ireland Report 2023/24, Data Tables, Loneliness \(5 category breakdown\)](#)’.

²⁹ NISRA (2025) ‘[Individual Wellbeing in Northern Ireland Report 2023/24, Data Tables, Low Self-Efficacy](#)’.

³⁰ NISRA (2025) ‘[Individual Wellbeing in Northern Ireland Report 2023/24, Data Tables, Loneliness \(5 category breakdown\)](#)’.

³¹ Age UK (2015) ‘[Evidence Review: Loneliness in Later Life](#)’.

³² Older people are also more likely to be widowed, have a health condition, not be in paid employment, live in smaller households, and experience digital exclusion. NISRA (2025) ‘[Individual Wellbeing in Northern Ireland Report 2023/24, Data Tables, Loneliness \(5 category breakdown\)](#)’.

³³ NISRA (2025) ‘[Wellbeing and Engagement in Culture, Arts, Heritage and Sport by Adults in Northern Ireland](#)’.

well as older people.³⁴ We also support the Executive's commitments to "support and promote the access of Deaf and disabled people to arts, culture and heritage sites and activities", as well as to "improve Deaf and disabled people's access to and participation in sport".³⁵ However, COPNI would welcome further detail on specific actions the Executive plans to take to support, promote and improve Deaf and disabled people's access to such activities. We trust older people will be at the forefront of these efforts.

We reiterate our call for government to recognise the role of the age sector networks (ASNs), among other organisations, in supporting older people across Northern Ireland to age well. COPNI's *Advancing Age-Friendly Practice* report highlights how ASNs "already deliver impactful intervention" in Northern Ireland. For instance, they "help coordinate resources to enable the sector to deliver maximum impact to older people" and "help many smaller age sector organisations...to identify and apply for funding", like community groups who keep their members socially engaged and active.³⁶ To prepare for our ageing population, the Executive should explore how ASNs improve outcomes for older people and scale up cost-effective and impactful interventions.

Outcome 5: Deaf and disabled people live independently in the community with choice and control and with a sufficient and sustainable standard of living.

Housing: During our engagements with older people, COPNI often hears of the importance to them of being able to live at home independently for as long as possible. However, older people, particularly those living with long-term health conditions or disabilities, often face significant barriers to achieving this. Physical challenges such as a lack of step-free entryways or wide doorways can make daily activities difficult, while inadequate access to appropriate home adaptations or assistive technologies can further restrict independence. In addition, barriers within health and social care services can prevent older people from receiving timely support at home. In recent years, the Department of Health has repeatedly cut services in a manner which is more harmful to older people, including a reduction in domiciliary care packages.³⁷ Other factors like loneliness and isolation, limited support networks or financial constraints can compound these difficulties.

³⁴ Northern Ireland Executive (2024) '[Northern Ireland Executive Disability Strategy Equality Impact Assessment](#)', page 28.

³⁵ Northern Ireland Executive (2025) '[The Northern Ireland Disability Strategy 2025-2035](#)', page 32.

³⁶ COPNI (2025) '[Advancing Age-Friendly Practice in Northern Ireland: Supporting Collaboration, Impact and Sustainability of Age Sector Organisations](#)'.

³⁷ COPNI (2024) '[COPNI response to Consultation on the Department of Health's Equality Impact Assessment of the 2024-25 Budget Outcome](#)'.

COPNI fully agrees that many older Deaf and disabled people are living “in homes that are unsuited to their needs and there remain inequalities in terms of the access to suitable housing”.³⁸ COPNI has consistently highlighted the need for a range of housing options appropriate to the diverse needs of older people. We maintain that housing should be age-friendly and “designed flexibly with long term accessibility issues taken into consideration”.³⁹ Therefore, COPNI fully supports a commitment to “improve the availability of suitable housing for Deaf and disabled people”.⁴⁰ However, the Strategy provides little detail on how this ambitious commitment will be delivered in practice over the course of the next 10 years. Without clarity on matters such as specific actions, responsible bodies, timescales and resources, it is difficult to assess how this outcome will be achieved. COPNI urges that the forthcoming Action Plans contain concrete, measurable steps to ensure this objective is not merely aspirational.

Poverty: COPNI welcomes that the Strategy is explicitly aligned with the Executive’s Anti-Poverty Strategy.⁴¹ In our response to the Anti-Poverty Strategy consultation, COPNI highlighted how, statistically, older people are less likely to be in poverty but that “experiencing poverty in old age often goes hand in hand with challenges such as multimorbidity and disability, and overcoming these issues is harder than at other stages of life due to limited opportunities to improve income”.⁴² Again, while COPNI supports the Disability Strategy’s commitment to “ensure that Deaf and disabled people have sufficient income and are treated with dignity and respect in applying for benefits”, there lacks detail on tangible steps that will ensure this is achieved. This is especially concerning for COPNI given that there is only one outcome in the Anti-Poverty Strategy that focuses on support for older people and people with disabilities, supported by actions that are already in place.⁴³ Thus, across both Strategies, older people and people with disabilities receive no new or additional actions to limit experiences of poverty, which is deeply disappointing.

Safeguarding: Outcome 5 is further supported by a commitment to protect Deaf and disabled people from violence, exploitation and abuse, a commitment this office shares. In 2018, the

³⁸ Northern Ireland Executive (2025) ‘[The Northern Ireland Disability Strategy 2025-2035](#)’, page 34.

³⁹ COPNI (2024) ‘[At the Centre of Government Planning: The Programme for Government and Preparing for an Ageing Population](#)’.

⁴⁰ Northern Ireland Executive (2025) ‘[The Northern Ireland Disability Strategy 2025-2035](#)’, page 37.

⁴¹ Northern Ireland Executive (2025) ‘[The Executive’s Anti-Poverty Strategy \(2025-2035\)](#)’.

⁴² COPNI (2025) ‘[COPNI response to Consultation on the Anti-Poverty Strategy](#)’.

⁴³ In COPNI’s response to the Anti-Poverty Strategy, we highlight how there is only one Outcome specifically focusing on supporting older people and other vulnerable groups. That is “Appropriate and effective financial support will be provided to those in our society who are socio-economically disadvantaged. Older people, children and adults with disabilities will be helped to access appropriate support”. The outcome is supported by a strategic commitment to provide advice, increase awareness and provide focused support to ensure that older people, and children and adults with disabilities can access their full benefit entitlement. This will include a programme of work to promote Pension Credit uptake and delivery of the Make the Call wraparound service”. COPNI notes how these services are already in place and thus “maintain the existing level of service”. See COPNI (2025) ‘[COPNI response to Consultation on the Anti-Poverty Strategy](#)’.

Commissioner undertook a statutory investigation into safeguarding failings at Dunmurry Manor Care Home. The findings and recommendations of that investigation are contained within the *Home Truths* report.⁴⁴ One of the main recommendations was the establishment of adult safeguarding legislation for Northern Ireland. For the past number of years, this office has worked closely with Department of Health officials in monitoring the progress of the legislation and we were thus delighted when Health Minister, Mike Nesbitt introduced an Adult Protection Bill to the Assembly in June 2025. COPNI notes the commitment within this Strategy to “develop Adult Safeguarding legislation in collaboration with Deaf and disabled people and their representative organisations”.⁴⁵ However, as discussed, this work is already being undertaken, and the Bill is making its way through Assembly processes. Nevertheless, we welcome the intention to “ensure that the needs of Deaf and disabled people are met in the delivery of advocacy support services”.⁴⁶ This very much aligns with one of COPNI’s key recommendations to the Health Committee in their scrutiny of the Bill: “COPNI recommends the Bill be amended to ensure the appointment of independent advocacy for all facing safeguarding processes”.⁴⁷ Though, the Strategy lacks detail on how the Department will “ensure appropriate funding and provision of high quality independent advocacy provision”.⁴⁸ COPNI acknowledges this commitment and trusts it will be realised as intended.

Outcome 6: Deaf and disabled people have access to quality health and social care on an equal basis and without discrimination.

Health and Social Care: As discussed, older people in Northern Ireland are more likely to live with a long-term health condition or disability.⁴⁹ The number of people who will require health and social care services in the future will rise sharply given our ageing population, impacting the ability of the health and social care sector to supply services. Thus, our ageing population will continue to “put enormous pressure on the resources of the health and social care sector”.⁵⁰

Access to health and social care services is the biggest issue for older people, according to a recent survey conducted by the Commissioner.⁵¹ Outcome 6 and its subsequent commitments are of critical importance to COPNI’s office. As it currently stands, increasing demand for

⁴⁴ COPNI (2018) ‘[Home Truths: A Report on the Commissioner’s Investigation into Dunmurry Manor Care Home](#)’.

⁴⁵ Northern Ireland Executive (2025) ‘[The Northern Ireland Disability Strategy 2025-2035](#)’, page 38.

⁴⁶ Northern Ireland Executive (2025) ‘[The Northern Ireland Disability Strategy 2025-2035](#)’, page 38.

⁴⁷ COPNI (2025) ‘[Written Evidence to the Northern Ireland Committee for Health on the Adult Protection Bill from the Commissioner for Older People for Northern Ireland](#)’.

⁴⁸ Northern Ireland Executive (2025) ‘[The Northern Ireland Disability Strategy 2025-2035](#)’, page 37.

⁴⁹ NISRA ‘[Health Problem or Disability \(Long-term\) – 2 Categories by Age](#)’.

⁵⁰ COPNI (2024) ‘[At the Centre of Government Planning: The Programme for Government and Planning for an Ageing Population](#)’.

⁵¹ Survey undertaken by COPNI to inform the Commissioner’s upcoming Corporate Plan priorities.

health and social care services, accompanied by workforce supply challenges and inadequate funding positions are disproportionately impacting older people, especially those with disabilities. This means at present we have a health service less capable of meeting the needs of our older population. Without reform, demand will continue to outpace capacity.

One of the recent reforms introduced by the sector is encompass, a single, digital health care record for each health and social care user in Northern Ireland. The Commissioner's office understands encompass was first rolled out in the South Eastern trust in 2023, followed by the Belfast and Northern trusts in 2024, and the Southern and Western trusts in May 2025. COPNI also understands that encompass is now in an "optimisation" phase, where the focus is on updating the system and bettering it for users.⁵² Therefore, the Strategy's commitment to "introduce a digital care record for every patient in Northern Ireland"⁵³ does nothing more than mirror current practice and introduces no new measures to support Deaf and disabled people's access to health and social care. Whilst we recognise it is not the primary objective of the Disability Strategy to reform the health and social care system, COPNI would welcome detailed actions under this outcome specifically aimed at improving Deaf and disabled people's access to health and social care services. Without same, COPNI cannot be confident that the health and social care needs of older Deaf and disabled people will be met or effectively supported.

Outcome 7: Deaf and disabled people can access, sustain and progress within quality employment in an inclusive labour market.

Older Disabled Workers: The Strategy mentions the implementation of a Disability and Work Strategy for Northern Ireland.⁵⁴ Very recently, COPNI offered a response to the consultation on the draft Disability and Work Strategy. The Commissioner welcomed the Strategy given that older disabled workers will "represent the majority of disabled workers in Northern Ireland in the coming years". Please refer to our response for a detailed analysis of the issues and barriers faced by older disabled workers.⁵⁵

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

⁵² [Digital Health and Social Care Northern Ireland, Encompass.](#)

⁵³ Northern Ireland Executive (2025) '[The Northern Ireland Disability Strategy 2025-2035](#)', page 41.

⁵⁴ Department for Communities (2025) '[Disability and Work: A Strategy for Northern Ireland](#)'.

⁵⁵ COPNI (2026) '[COPNI Response to Consultation on the Disability and Work: A Strategy for Northern Ireland](#)'.



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An Intergenerational Issue: Disability is an intergenerational issue, affecting people across the life course and across families. While COPNI's focus is on later life, we recognise that outcomes for Deaf and disabled children will contribute to better outcomes in older age, reinforcing the case for joined-up, intergenerational approaches. COPNI is thus committed to continue working with partners to address shared intergenerational challenges and ensure that decisions support dignity, wellbeing and equality for people at every stage of life.

In summary, the development of a Disability Strategy, co-designed with Deaf and disabled people and their representative organisations, is a positive step towards ensuring Deaf and disabled people can access services, employment, housing, healthcare, transport and education on an equal basis. It has the potential to support better coordination across government departments and ensure supports are responsive to the diversity of need. For COPNI, a Disability Strategy is particularly key given the interconnectedness of disability and ageing. As Northern Ireland's population continues to age, the number of older people living with long-term health conditions or disabilities will also increase.

That said, COPNI is disappointed by the Strategy as currently drafted. It lacks tangible actions to improve the lives of Deaf and disabled people in practice. The Strategy fails to commit to a specific, substantive or measurable programme, and fails to lay the foundations for effectively tackling and removing the barriers Deaf and disabled people face in their everyday lives with most outcomes supported by commitments already in place. Instead, identifying new initiatives or proposing improvements to existing services would benefit the final draft of the Disability Strategy in COPNI's view.

Yours faithfully

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