wrda

6, Mount Charles Belfast BT7 1NZ

23<sup>rd</sup> August 2012

OFMDFM Castle Buildings Stormont Belfast BT4 3SR

## Re: A Strategy to improve the lives of Disabled People

To whom it may concern,

Firstly, can I apologise for this late submission to the above consultation. It has very recently been brought to the attention of the Women's Resource and Development Agency that there the above Strategy is 'gender blind' and as such we would like to raise this with the department. I have also been informed that the department is accepting late submissions, so I hope that this brief response will be considered. This response supports the gendered aspect of the submission made by the NI Association for Mental Health

In terms of the Strategy we welcome the focus given to the United Nations Convention on the Rights of the Child (UNCRC), but are concerned that similar attention has not been given to UK obligations under the UN Convention on the Elimination of all forms of Discrimination Against Women, and Article 6 Women with disabilities in UNCRPD.

We therefore recommend that the Disability Strategy includes women with disabilities in the Scope, Goals and Strategic Priorities.

The decision not to include a specific strategic focus on women with disabilities is at variance with UNCRPD and Article 6 specifically and we are concerned that the Disability Strategy will not realise the potential for positive impacts on the lives of disabled women. We note that the Disability Strategy takes a different approach to age, children and young people by including specific strategic focus on this group. Whilst recognising the work to seek the views of women with disabilities on the Executive's input to the UN Disability Convention Report by way of one workshop, we consider that there has not been a substantial or adequate effort to draw on the national and international evidence base around women with disabilities to inform the development of the Disability Strategy.

The Disability Strategy falls within Article 8 of the European Convention on Human Rights. As such it is a State-sanctioned mode through which an individual may manifest their rights to fulfilment. It is implicit, therefore, that the Disability Strategy should be gender specific in the areas identified throughout our response and should identify and meet the gender specific needs of individuals who experience mental ill-health. Further, we note that Article 8 ECHR invokes a positive obligation to take steps to improve mental health and therefore by introducing a Disability Strategy the State is embracing this obligation. To do so fully the State *must* embrace all aspects of mental health including the specific issues of women who experience mental ill-health.

We hope you can take this brief response into consideration.

Yours sincerely,

Lynn Carvill

Women's Sector Lobbyist

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Women's Resource and Development Agency