

CONSULTATION DOCUMENT 2

Transition of Children and Young People with Disabilities to Adulthood Consultation Responses

Positive Responses

Theme	Respondent	Comment
Welcomes early intervention to provide support	Council for Catholic Maintained Schools (CCMS)	
Welcomes integrated planning, multi agency approach	CCMS, PHA, Northern Ireland Rare Diseases Partnership (NIRDP), Women's Aid Federation Northern Ireland (WAFNI)	PHA- long standing problem that needs involvement of adult services
Welcomes a focus on rights	CCMS, Northern Ireland Rare Diseases Partnership (NIRDP)	
Support development programme for disability awareness	CCMS, PHA, Northern Ireland Rare Diseases Partnership (NIRDP). Women's Aid Federation Northern Ireland (WAFNI)	CCMS- important to demonstrate benefit for children and young people as well as teachers
Support Personalised Budgets, integrated plans and passports	Community Child Health (BHSCT), Women's Aid Federation Northern Ireland (WAFNI), Disability Action	Women's Aid Federation Northern Ireland (WAFNI)- Passports should be complementary rather than record of numerous agency functions

CONSULTATION DOCUMENT 2

Welcome recognition of the need for provision of adequate support into adulthood	Northern Ireland Rare Diseases Partnership (NIRDP)	
Welcome recognition of mental health issues	Northern Ireland Rare Diseases Partnership (NIRDP)	
Welcome recognition that transition planning occurs at too late a stage	Northern Ireland Rare Diseases Partnership (NIRDP)	
Welcome the 'can do' focus	Northern Ireland Rare Diseases Partnership (NIRDP)	
Welcome information on domestic and sexual violence	WAFNI	
Welcome information on children with disabilities on the Child Protection Register	WAFNI	

CONSULTATION DOCUMENT 2

Welcome participation in community	Women's Aid Federation Northern Ireland (WAFNI)	
Welcome recognition as a child or young person first	Women's Aid Federation Northern Ireland (WAFNI)	
Welcome proposed link to Sport NI Disability Strategy	Women's Aid Federation Northern Ireland (WAFNI)	

CONSULTATION DOCUMENT 2

Feedback from children and young people

Respondent	Comment
Disabled Children & Young Peoples Participation Project (DCYPPP)	<p>ELA</p> <ul style="list-style-type: none"> • Young people should have the right information at the rights stage • Variation in school experience across the region, one good example was someone who had access to a transition worker since 3rd year and was now going to university after support from principal and university. Many did not experience as positive an experience • Transition office in each local area <p>LSS</p> <ul style="list-style-type: none"> • Have a transition worker in each school to give training on disability awareness • Transition planning should be based on outcomes planning so it is meaningful • Agree with the importance of integrated working <p>EEEW</p> <ul style="list-style-type: none"> • Stress the importance of employment opportunities and being supported into this employment <p>CPCS</p> <ul style="list-style-type: none"> • Really value their opportunity to participate- other young people need to be involved in the same way and in a way that is meaningful, not tokenistic <p>Healthy</p> <ul style="list-style-type: none"> • Physiotherapy needs to continue after school stops, based on assessed need • Good coordination to ensure provision of equipment for those with complex health needs

In line with best practice, the group will feed back directly to children and young people about how their views have been heard.

CONSULTATION DOCUMENT 2

Feedback from Parents

Respondent	Comment	Action
<p>Transitions Parent Reference Group</p>	<p>Healthy</p> <ul style="list-style-type: none"> • More detail on integrated plans needed, driven from the top, meaningful, remembers all children with disabilities, includes parents as partners • There should be representation from Children’s Law Centre or Guardian Ad Litem • What will be the format of passport information and who will own/secure it? • <p>ELA</p> <ul style="list-style-type: none"> • Important to develop plans to deal with the problem rather than tracking numbers only • Difficult to see how the needs of severely disabled young people are going to be met • Home tuition is aspirational and denies other needs such as socialisation <p>LSS</p> <ul style="list-style-type: none"> • The promotion of rights is often tokenistic • Awareness raising among agencies/schools/parents/children and young people • More provision for children and young people with disabilities- programmes sometimes do not want to accept them • Class sizes too big • No suitable playground equipment in some circumstances • More severe punishment for perpetrators of hate crimes • What is meant by ‘link’ with SBNI 	<p>The Chair of the group met with the Parents Reference Group on November 27th 2012 to discuss their feedback.</p> <p>Given the strategic nature of the group, the detail will follow in the implementation of the action plan</p> <p>Agree</p> <p>A person centred planning process will ensure inclusion of all severities of disabilities</p> <p>Noted</p> <p>The rights of children and young people are the framework upon which the CYPSP is basing its work.</p> <p>Noted, agree Noted</p> <p>Outside the remit of this group It means ensuring that safeguarding</p>

CONSULTATION DOCUMENT 2

	<ul style="list-style-type: none"> • Ensuring family support is aspirational and in reality provision was patchy • More money needed to do this or risk Outcomes Groups priorities becoming so diluted that they will not make much difference- or go to small community groups who deliver support on the cheap • Are parents and families not already resilient after having to fight for everything? <p>EEEW</p> <ul style="list-style-type: none"> • Believe mapping/scoping had been done and it was time for affirmative action- many up to date reports available • More meaningful to scope Adult Centres and the problems there • Not manageable and needs measurable milestones <ul style="list-style-type: none"> • Short breaks review needs to happen- stop talking about it. Its aspirational again • System stigmatises families- postcode lottery • Don't use the word 'exciting'- 'high standard' or similar would be better • Situation worse for young adults, need a change in legislation and that could take 3 years • Children with a disability are all children by law <ul style="list-style-type: none"> • Why look to the UK when reviewing employment opportunities? <ul style="list-style-type: none"> • Battle between urban/rural in Northern Ireland • Examples of good practice in giving young people the opportunity to experience work and learning e.g. Glenraig, Mourne Grange and Dr. B's • There is a requirement to educate employers 	<p>issues for children and young people with disabilities is on the agenda of SBNI</p> <p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted, detail of implementation will follow</p> <p>Noted</p> <p>Noted</p> <p>Agree</p> <p>Noted</p> <p>This wording has been changed</p> <p>Agree</p> <p>To learn from best practice as wide as possible</p> <p>Noted</p> <p>Noted and useful</p> <p>Noted</p>
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CONSULTATION DOCUMENT 2

	<p>CPCS</p> <ul style="list-style-type: none"> • Personalised budgets good in theory if timely access is possible • Who can access personalised budgets and who will make sure the young person understands the process • At the moment schools are given money from the Board (new special education review). This comes under “additional needs” and has to be very thinly spread at the Principal discretion. <p>LSRR</p> <ul style="list-style-type: none"> • Not enough will to make change happen, need to start taking action • Group agreed that it would require a large amount of money to make a meaningful difference. One parent told how they knew a mother who was offered a place in an old people’s home for her disabled child • Other issues for the group was the development of CAMHS <p>The group identified their priorities as follows:</p> <p>High Level Outcome: Healthy</p> <p>Action 1 – Develop integrated plan including the use of passports</p> <p>High Level Outcome: Enjoying, Learning and Achieving</p> <p>Action 1 – Track the number of young people moving into further education, training and employment</p>	<p>Noted and agree, the detail will follow in the implementation</p> <p>The mutli agency, integrated nature of this group includes the will of all relevant agencies and organisations.</p> <p>Noted, an issue for the EBD Sub Group, with which this group will link closely</p> <p>The group welcomes the priorities identified by this parent’s groups and notes the similarity with the areas identified by the group.</p>
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CONSULTATION DOCUMENT 2

	<p>Action 2 – Examine home tuition</p> <p>High Level Outcome: Living in Safety and with Stability</p> <p>Action 1 – Promote awareness through training in disability awareness, Human Rights, UNCRC and the UNCRPD</p> <p>High Level Outcome: Experiencing economic and environmental wellbeing</p> <p>Action 1 – Scoping information to determine expected demand and creating an integrated point of access</p> <p>Action 2 – Review short breaks services</p> <p>Action 3 – Review employment opportunities</p> <p>High Level Outcome: Contributing positively to Community and Society</p> <p>Action 1 – Ensuring a person centred approach through self directed support including individualised budgets and direct payments</p> <p>High Level Outcome: Living in a Society that Respects their Rights</p> <p>Action 1 – Integrated/multi agency approach to individual assessment.</p>	
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CONSULTATION DOCUMENT 2

	<p>Action 2 – Develop integrated commissioning statement</p> <p>Action 3 – Roll out of training on Human Rights, Disability Awareness, UNCRC and UNCRPD</p>	
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Constructive Suggestions for Change

Respondent	Comment	Action
<i>General Issues</i>		
Positive Futures	<ul style="list-style-type: none"> • Information from children and young people should be written in a format that children and young people will understand- care needs to be taken to ensure that statements from professionals are not attributed to children and young people 	Noted, will be changed accordingly
Craigavon Borough Council	<ul style="list-style-type: none"> • Many ongoing developments that include children and young people with disabilities e.g. <ul style="list-style-type: none"> ○ Sport NI Active Communities ○ Inclusive Fitness Initiative ○ Sport and Leisure Users Groups 	Noted and useful, thank you
Dungannon Borough Council	<ul style="list-style-type: none"> • Are aware of or have been involved in the following: <ul style="list-style-type: none"> ○ Transition of children and young people with disabilities from 	Noted, the group welcomes the ongoing work

CONSULTATION DOCUMENT 2

	<ul style="list-style-type: none"> education to health (Children’s Commissioner) <ul style="list-style-type: none"> ○ Welfare Reform, the age of assessment at 16 rather than 18, and further exceptions on housing allocation and room allowance for disabled children ○ Respite/Short breaks and TYC ○ Options for independence and support programmes. Good practice such as Fit for U and Active Communities ○ Council discussions regarding lifelong learning courses ○ Transfers from schools ○ Extending Sure Start models to all children with disabilities 	The group will link with Child Care Partnerships
Community Child Health (BHSCT)	<ul style="list-style-type: none"> ● Priority to developing an 18+ service to transition to similar to the Cystic Fibrosis Service ● Plan ahead to know numbers transitioning next year ● Consider training needs of staff if providing a transitions worker from age 14- training needs analysis should be done Need to map ongoing regional work to avoid duplication 	Noted Agree Noted Agree
Northern Ireland Rare Diseases Partnership (NIRDP)	<ul style="list-style-type: none"> ● Transition issues for young people, carers and families are compounded when they face a rare disease 	Noted
Women’s Aid Federation Northern Ireland (WAFNI)	<ul style="list-style-type: none"> ● Question need for two plans given the huge overlap between them 	Given the importance of the issue transition, it was considered necessary to have a separate group
Early Years	<ul style="list-style-type: none"> ● Recommend the following as practice for smooth transition: <ul style="list-style-type: none"> ○ Interruption of needed service is avoided ○ Child, family and service providers are given opportunities to prepare for changes that may occur ○ Planning based on strengths of child as well as needs 	Noted and useful, thank you

CONSULTATION DOCUMENT 2

	<ul style="list-style-type: none"> ○ Families informed of rights and options ○ Families enabled to provide input into child's education programme ○ Most appropriate and supportive environment identified ○ Child is emotionally and practically prepared for new environment ○ Continuity of curriculum and routine is facilitated from one setting to the next ○ The child receives support in the new setting ○ Families involved in transition process ○ Child's adjustment to the new setting is evaluated ○ Ongoing communication and collaboration between professionals, the child and the family <ul style="list-style-type: none"> ● A key overarching recommendation therefore is the investment in early years services ● Link with DHSSPS Allied Health Professions in Northern Ireland 2011-2016 ● Track SEN progress as with the children and young people with disabilities action plan <ul style="list-style-type: none"> ● Greater monitoring and reporting mechanisms and more detailed timescales ● More reference to bullying and discrimination. Early Years has much practical experience in this area including The Media Initiative for Children Respecting Difference Programme, Faces and Spaces-Children's Shared Space Programme and Keyhole Autism Training for Pre-Schools 	<p>Noted</p> <p>Agree</p> <p>Group has established close working links with the Children and Young People with Disabilities Sub Group</p> <p>Agree, the group acknowledges the timeframe for the action plan</p> <p>Noted and useful</p>
<p>Regional Inter-agency Implementation Group on Children with Complex Physical Health Care Needs Reference Group:</p>	<ul style="list-style-type: none"> ● Where do the needs of people with diabetes, arthritis or palliative care needs fit into this plan? ● More detail on implementation is needed 	<p>The outcomes based planning process for children and young people will ensure inclusion of children and young people with complex health needs</p>

CONSULTATION DOCUMENT 2

Transition from Children to Adult Services		
Northern Ireland Hospice	<ul style="list-style-type: none"> Where do the needs of young people with long term conditions or palliative care needs fit into this plan? 	As above, the outcomes based planning process for children and young people will ensure inclusion of children and young people with complex health needs
<i>Healthy</i>		
Positive Futures	<ul style="list-style-type: none"> Quantitative indicator 'rates of parents/carers experiencing mental health/ stress' identified but no actions that would likely improve this apart from integrated plans etc which are not enough- possibly addressed by improved family support under EEEW 	The group recognises the interconnectedness of the outcomes and as a framework, it is likely that an impact in one area will also impact another.
Children's Palliative Nursing Special Interest Group	<ul style="list-style-type: none"> Issue of passport excludes the needs of young people with life limited conditions. Also excludes regional work carried out on this issue 	The outcomes based planning process for children and young people will ensure inclusion of children and young people with complex health needs
Regional Inter-agency Implementation Group on Children with Complex Physical Health Care Needs Reference Group: Transition from	<ul style="list-style-type: none"> More balance between physical and mental health emphasis Comments re AHP services should include 'timely' access because of issues regarding complex assessment processes and waiting lists Integrated plans should be relevant to individuals and consistent with regional assessment processes Who will be responsible for integrated plans and how will they work? More information required on passports including: <ul style="list-style-type: none"> Who will responsible for reviewing and updating? 	As above, the outcomes based planning process for children and young people will ensure inclusion of children and young people with complex health needs

CONSULTATION DOCUMENT 2

<p>Children to Adult Services</p>	<ul style="list-style-type: none"> ○ Will include urgent medical information e.g. end of life decisions ○ Current bulky format or electronic ○ Will it link to ongoing national passport work ○ How will it work in multi agency format- coloured sections? ○ Who is responsible for keeping it? ○ Should determine the effectiveness of clinical information before using it <ul style="list-style-type: none"> ● No mention of the 3 regional workshops held in 2010 about the Transition of Young People with Complex Physical Healthcare Needs. These workshops identified issues regarding: <ul style="list-style-type: none"> ○ medical support, budgets for continued care packages at transition, ○ hospital admissions in adult settings, development of a pilot ward area to support young people in adult hospital, ○ Identification of a medical/clinical lead to support young people to transition from child to adult acute services. ○ Community Paediatricians and GPs will be included in the integrated planning process, ○ education of adult healthcare staff, ○ lack of regional approach to transition age from child to adult acute hospital services, ○ development of a health passport to do away with repeating information at clinics etc. but also to inform hospital admissions (especially emergency). 	<p>The strategic nature of the plan means that detail will be forthcoming when the group begins to implement the plan</p> <p>Noted and useful</p>
<p>PHA</p>	<ul style="list-style-type: none"> ● Pg 4- change AHP reference to ‘there is a need to ensure that young people continue to access services and supports available in children’s services into adult services, including AHP services, as appropriate 	<p>This has been changed accordingly</p>
<p>Northern Ireland Hospice</p>	<ul style="list-style-type: none"> ● No mention of the 3 regional workshops held in 2010 about the Transition of Young People with Complex Physical Healthcare Needs. These workshops identified issues regarding: <ul style="list-style-type: none"> ○ medical support, budgets for continued care packages at transition, ○ hospital admissions in adult settings, development of a pilot ward 	<p>Noted and useful</p>

CONSULTATION DOCUMENT 2

	<p>area to support young people in adult hospital,</p> <ul style="list-style-type: none"> ○ Identification of a medical/clinical lead to support young people to transition from child to adult acute services. ○ Community Paediatricians and GPs will be included in the integrated planning process, ○ education of adult healthcare staff, ○ lack of regional approach to transition age from child to adult acute hospital services, ○ development of a health passport to do away with repeating information at clinics etc. but also to inform hospital admissions (especially emergency) <ul style="list-style-type: none"> ● Clarification is required as to who will adopt the role Transition worker and the area of focus- currently focus on education and employment ● Should address response times for wheelchairs ● Integrated plans should be relevant to the individual and include other regional assessments ● Should also clarify how integrated plans will be developed, implemented and reviewed ● Who will review and update passports? ● And will it include resuscitation issues, end of life decisions or seizure management/ emergency response plans etc ● Clarify what is meant by 'not a health record' ● Clarify other areas including: <ul style="list-style-type: none"> ○ Format of passports- electronic? ○ Coordinate with other planned passports eg PCC, PHA and RCPG ○ The effectiveness of clinical information for those with long term complex health needs 	<p>Given the strategic nature of the group and the action plan, the detail will follow in implementation.</p> <p>The group will develop a glossary of key terms for the action plan for ease of reference</p>
<p>Women's Aid Federation Northern Ireland (WAFNI)</p>	<ul style="list-style-type: none"> ● How will integrated plans be reviewed and how will they involve children and young people 	<p>The detail will follow in implementation</p>

CONSULTATION DOCUMENT 2

Disability Action	<ul style="list-style-type: none"> • More detail on passports, what has been done so far, what is next and the level of involvement of children and young people 	The detail will follow in implementation
Health and Social Care Board	<ul style="list-style-type: none"> • Is it realistic to develop passports for each young person • Will one document cover multi agency aspect • What is the criteria for ensuring young people access a transition worker at 14- is this achievable for every young person? 	Given the strategic nature of the group and the action plan, the detail will follow in implementation.
<i>Enjoying, learning and achieving</i>		
Council for Catholic Maintained Schools (CCMS)	<ul style="list-style-type: none"> • Important to determine why young people with disabilities are leaving school with fewer qualifications • Should consider home tuition as a last option 	Agree Noted, agree
Positive Futures	<ul style="list-style-type: none"> • Happy to share best practice re participating in Duke of Edinburgh Award • Consideration for inclusion of young people in social and leisure activities in local communities- link with our documents eg Review of Lakeland Family Service, Creating Opportunities and Changing Lives: Best Practice Manual and an Inclusion Manual (On website) 	Noted and welcome Noted and welcome
Women's Aid Federation Northern Ireland (WAFNI)	<ul style="list-style-type: none"> • Should be more emphasis on what types of educational opportunities will be in place to support transition e.g. career guidance, job skills etc Should be a focus on relationship education, especially as young people with disabilities may be particularly vulnerable and need to know the difference between healthy and abusive relationships. Link to 'Helping Hands' and 'Heading for Healthy Relationships' programmes 	Noted and welcome examples of good practice
Disability Action	<ul style="list-style-type: none"> • To ensure equality of opportunity regarding training, this text should 	Agree

CONSULTATION DOCUMENT 2

	include special schools	
Health and Social Care Board	<ul style="list-style-type: none"> • Clarify what is meant by the Qualification Credit Framework • Evidence needed for the statement 'Young People in special schools may not be encouraged to achieve as much as those in mainstream or learning support • For the last point under qualitative information- do we need to consider examples of positive areas? • Has the group not already linked with education members to track young people through education as part of their integrated plan Can we achieve diversity and disability awareness for all primary and post primary school children 	<p>The group will develop a glossary of key terms to be included in the action plan</p> <p>This has been changed accordingly</p> <p>Noted</p> <p>The multi-agency, integrated nature of the group means cooperation is possible not only with education but other statutory agencies</p>
Regional Inter-agency Implementation Group on Children with Complex Physical Health Care Needs Reference Group: Transition from Children to Adult Services	<ul style="list-style-type: none"> • General statements. Who will be responsible for collating information and producing 'Good Practice' model 	<p>The Group has identified these areas as part of its ongoing work</p>
Northern Ireland Hospice	<ul style="list-style-type: none"> • Clarification needed regarding developing a good practice model, collation of information and its implementation • How will this outcome be promoted for children with complex health and palliative care needs? 	<p>Given the strategic nature of the group and the action plan, the detail will follow in implementation.</p> <p>Outcomes, person centred focus will ensure inclusion of all conditions</p>

CONSULTATION DOCUMENT 2

<p>North Eastern Education and Library Board (NEELB)</p>	<ul style="list-style-type: none"> • Agree with the coordinated approach and has established Transition service with NHSCT and DEL with action plans for 14+ age • Legislation and process for sharing of data among agencies is urgently required • Pg 7 point 3 in qualitative information- anecdotal evidence suggests that pupils with learning difficulties who come from a more supportive background do achieve academically than those in mainstream • Aware of the lack of appropriate and relevant courses available for young people with disabilities, the majority of whom are in SLD schools- hoping to address by working with Northern Regional College in the coming year <p>NEELB has developed a process to highlight to the NHSCT those pupils in year 10 with significant needs who will fit the criteria for disability, so they know of their existence from age 14.</p>	<p>Noted and welcomed</p> <p>Noted, agree</p> <p>This has been changed accordingly</p> <p>Noted and would welcome updates. The group is keen to identify and link to ongoing work</p>
<p><i>Living in Safety and with Stability</i></p>		
<p>Positive Futures</p>	<ul style="list-style-type: none"> • It is not clear what families can expect that will lead to strengthening of family support and resilience 	<p>Noted</p>
<p>PHA</p>	<ul style="list-style-type: none"> • While incidence of hate crime may be higher, it may not be the experience of every young person with a disability- the information presented suggests it is 	<p>This has been changed accordingly</p>
<p>Belfast City Council</p>	<ul style="list-style-type: none"> • Keen to be involved in training for service providers and policy makers 	<p>Noted and welcomed</p>
<p>Disability Action</p>	<ul style="list-style-type: none"> • Training on hate crime must be included to encourage reporting of incidents 	<p>Agree</p>

CONSULTATION DOCUMENT 2

<p>Regional Inter-agency Implementation Group on Children with Complex Physical Health Care Needs Reference Group: Transition from Children to Adult Services</p>	<ul style="list-style-type: none"> • How will steps be implemented and effectiveness measured 	<p>Given the strategic nature of the group and the action plan, the detail will follow in implementation.</p>
<p>Northern Ireland Hospice</p>	<ul style="list-style-type: none"> • How will these steps be implemented and evaluated • How will this outcome be promoted for children with complex health and palliative care needs 	<p>Given the strategic nature of the group and the action plan, the detail will follow in implementation.</p>
<p><i>Experiencing Economic and Environmental Wellbeing</i></p>		
<p>Positive Futures</p>	<ul style="list-style-type: none"> • Need to consider additional challenges faced by those living in rural conditions • And also the poor economic outcomes linked to caring for a child or young person with a disability • More work needed on 'day opportunities' and the benefit of this for young people. Currently focussed solely on short breaks • Qualitative information mentions social and leisure opportunities but no associated actions • Link with , not only DARD, but other relevant organisations re transport 	<p>Noted, the focus on the child or young person will account for extraneous factors such as these</p> <p>Agree</p> <p>A review of short breaks will include social and leisure opportunities</p> <p>Noted</p>
<p>Northern Ireland Housing Executive</p>	<ul style="list-style-type: none"> • Note that further work is required to sensitise the housing allocation system to support the transition of young people from an accessible 	<p>Welcomed</p>

CONSULTATION DOCUMENT 2

	family home to their own home- ongoing work currently	
Belfast City Council	<ul style="list-style-type: none"> Currently employ young people with learning difficulties, keen to explore more opportunities 	Welcomed
Disability Action	<ul style="list-style-type: none"> Re transport- link with Translink and other community transport services 	Noted and agree
Regional Inter-agency Implementation Group on Children with Complex Physical Health Care Needs Reference Group: Transition from Children to Adult Services	<ul style="list-style-type: none"> Actions and implementation milestones are important steps but how far in advance is information needed to influence change? 	Noted
Northern Ireland Hospice	<ul style="list-style-type: none"> Actions and implementation milestones are important steps but how far in advance is information needed to influence change? 	Noted
<i>Contributing Positively to Community and Society</i>		
Northern Ireland Hospice	<ul style="list-style-type: none"> The capacity for personalised budgets, including the ability to purchase health care support, needs to be addressed in this plan 	Agree, it is included
Regional Inter-agency Implementation	<ul style="list-style-type: none"> Include the needs of those with complex health needs who are often the most excluded 	Outcomes, person centred focus will ensure inclusion of all conditions

CONSULTATION DOCUMENT 2

Group on Children with Complex Physical Health Care Needs Reference Group: Transition from Children to Adult Services		
Disability Action	<ul style="list-style-type: none"> How will children and young people be involved in these actions 	Children and Young People represented on the Sub Group
Belfast City Council	<ul style="list-style-type: none"> More use could be made of the Belfast City Council Youth Forum 	Noted and welcomed
PHA	<ul style="list-style-type: none"> No mention of 'community access' approaches to promote inclusion in community outside the home 	Noted
Positive Futures	<ul style="list-style-type: none"> Link to Transitions regarding supporting young people into employment 	Agree
<i>Living in a Society which Respects their Rights</i>		
Positive Futures	<ul style="list-style-type: none"> Needs to be an inclusion of the issues regarding restraint/restrictions 	Outside the remit of this group
Belfast City Council	<ul style="list-style-type: none"> More information of disability awareness training- who would do it and has there been any consultation or contact with relevant professionals or the community sector- may be able to contribute Worth identifying how organisations currently include consideration for disabilities in their plans Where did information regarding recreational activities on pg 20 come 	<p>Detail will follow in implementation, welcome the potential to link into existing work</p> <p>Information provided by the experience</p>

CONSULTATION DOCUMENT 2

	from? No actions to address it either. BCC believes its facilities are accessible to all	of group members, parents, children and young people
Disability Action	<ul style="list-style-type: none">• Advocates Disability Equality Training rather than Disability Awareness Training	Noted