



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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‘WE MATTER’

Learning Disability Service Model for Northern Ireland

Public Consultation Response Analysis Report

Consultation period	Written-response evidence	Separate engagement evidence
19 August to 25 November 2025	244 fully coded responses: 106 Easy Read; 71 Citizen Space; 63 email or written submissions; and 4 where method was not recorded.	Five Trust roadshows and the regional online event: 345 recorded attendances. ARC NI provider and Experts by Experience event: 64 participants. These were analysed qualitatively and not added to the 244 responses.

Learning Disability Policy Unit
Department of Health
September 2026

Contents

Executive summary	3
1. Background and purpose	5
2. Consultation and analytical method	6
3. Who responded and overall support	8
4. What respondents told us	12
5. Findings for the six ambitions	19
6. Stakeholder engagement	21
7. Considerations for the LDSM and Service Delivery Plan	24
8. Conclusion	28
 Annex A: Quantitative tables	 29
Annex B: Evidence and source materials	32

Executive summary

What this report says

The Department of Health asked people what they thought about the draft ‘We Matter’ Learning Disability Service Model and its Service Delivery Plan. The consultation ran from 19 August to 25 November 2025. This report looks mainly at the 244 written responses received as part of that consultation. It also uses feedback from roadshows, an online event, providers and Experts by Experience to help explain the findings.

Overall Picture

From the responses received, it showed that most people supported the direction of the Model. Many also said support depends on whether the plan is properly funded, staffed, delivered and monitored. People were more worried about how the Model will be put into practice rather than about the six ambitions themselves.

Out of 244 responses, 211 agreed with the principles. This represents 86.5% of the responses received. Only seven responses disagreed to some extent. This clearly demonstrates strong support for the principles, but many people still wanted clearer plans for delivery.

What respondents valued

Responses indicated that people valued many existing services and staff. They mentioned helpful frontline staff, good relationships, day opportunities, supported living, direct payments and community activities. Responses also indicated that the final Model should build on what already works and did not suggest that all current services are failing.

“It’s a wonderful plan if the funding can get it implemented. Really shows a good understanding of what is needed, I could feel a glimmer of hope for complex needs.”

— Family carer

What people wanted improved

Clearer delivery: people want to know what will happen, when it will happen, who is responsible and how progress will be reported.

More secure funding and enough staff: people said the Model cannot work without the right resources and workforce.

Fair access across Northern Ireland: people want clear criteria/processes, shorter waits and less variation between Trust areas.

Better support for carers and life changes: people raised respite, social work support, future planning, housing, ageing carers and post-school support.

More chances to have a good everyday life: people want friendships, work, learning, volunteering, transport, community activities and real choice.

Ongoing involvement: people with a learning disability, families, carers and providers want to help shape delivery, not just comment once.

Overall Suggestion

The evidence from the feedback received does not suggest starting again or adding new ambitions. It supports keeping the vision and the six ambitions. The main change needed is a clearer Service Delivery Plan. The plan should say what will be done, who will lead it, when it will happen, what resources are needed and how success will be measured.

1. Background and purpose

1.1 Policy context

The ‘We Matter’ Model is a long-term plan to improve adult learning disability services across Northern Ireland. It focuses on people’s rights, independence, inclusion, health, home, meaningful activity and support during major life changes.

The Model cannot be delivered by Health and Social Care alone. Housing, education, employment, transport, communities and other public services also have a role. This is why many people supported the aims but asked for clearer links with other services.

1.2 Development of the Model

The consultation draft followed earlier regional engagement and policy development. The original ‘We Matter’ LDSM recorded that more than 3,600 people with learning disabilities, carers, providers, practitioners and partner organisations contributed between 2019 and 2020. Later work included thematic reviews, workforce and financial analysis, consideration of services for people with a learning disability and co-occurring autism, regional workshops and Departmental review. The Model was then redrafted to strengthen its strategic narrative, accessibility, six ambitions, co-production and delivery arrangements.

1.3 Purpose of this analysis

This report explains who responded, what they said, what the majority of people thought and what the findings mean for the final Model and Service Delivery Plan.

1.4 Scope and terminology

Throughout this report, the LDSM means the Learning Disability Service Model and SDP means the Service Delivery Plan. “Response” or “response row” refers to one row in the coded dataset. It does not necessarily mean one individual person because some organisational and group submissions may represent wider views.

2. Consultation and analytical method

2.1 Evidence sources

Evidence source	
Easy Read	106 responses analysed
Citizen Space	71 responses analysed
Email / written submission	63 responses analysed
Method not recorded	4 responses analysed
Five Trust roadshows, regional online event, ARC NI and Experts by Experience	Qualitative engagement evidence. Analysed separately to validate, explain or qualify written findings.

Source: LDSM Consultation responses and workshops.

2.2 Coding approach

Each written response was coded to identify its main points. Some responses raised more than one issue. The main theme count shows the issue that was most central to each response. It does not count every time an issue was mentioned.

Short quotations are included at selected points to illustrate issues recorded in the coded evidence. They are attributed only by broad respondent group, have been anonymised and should not be interpreted as representative of all the contributors.

2.3 Combining the two questionnaires

The standard questionnaire and the Easy Read questionnaire used different answer options. The Easy Read questionnaire used a simplified three-point response scale to maximise accessibility, whereas the standard questionnaire used a five-point agreement scale. As a result, some response categories did not align directly. To report them together, Easy Read “Yes” was treated as “Fully agree”, “Not Sure” as “Neither agree nor disagree”, and “No” as “Fully disagree”. The results should be read with care because the Easy Read form did not include “mostly agree” or “mostly disagree”.

Standard response	Easy Read equivalent
Fully agree	Yes
Mostly agree	No equivalent
Neither agree nor disagree	Not Sure

Standard response	Easy Read equivalent
Mostly disagree	No equivalent
Fully disagree	No

2.4 Methodological limits

- Participation in the consultation was voluntary. Participants chose whether to take part and were not selected as a representative sample of the Northern Ireland population. The findings therefore describe the views of those who responded and should not be treated as statistically representative of all people with a learning disability, carers, staff, organisations or the wider population.
- Responses vary greatly in length and may represent individuals, organisations or facilitated group responses.
- All issues raised by respondents were captured either as primary themes, secondary themes, or within responses to individual consultation questions.
- The lived-experience indicator was based on information provided in responses and coding judgments. The dataset records “Yes” for 135 rows, “No” for 78 and “Unclear” for 31 rows. In some cases, lived experience could not be determined with certainty, due to insufficient information being available to determine lived experience resulting in 31 responses being classified as 'Unclear'.
- Engagement-event reports record discussion and themes. They are used qualitatively and are not added to the 244 responses.
- Frequency indicates the most common theme within responses but does not necessarily indicate policy importance or impact.

3. Who responded and overall support

3.1 Respondent profile

There were 244 responses to the public consultation. People with a learning disability were the largest group. Other responses came from provider organisations, representative bodies, family carers, staff and others. These responses provide a wide range of views, but they are not a statistical sample of the whole population.

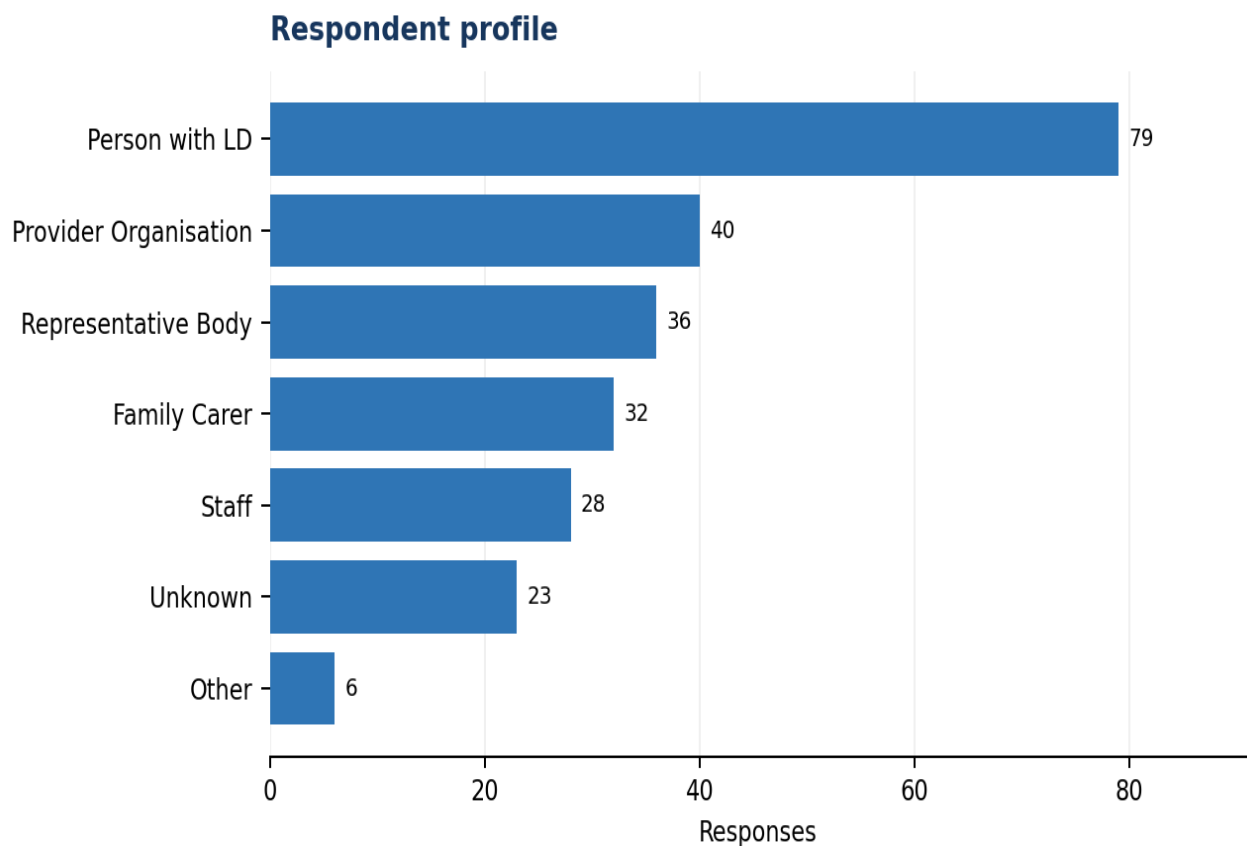


Figure 1. Respondent type recorded in the coded dataset.

Source: LDSM Consultation responses

3.2 Agreement with the principles

Agreement with the principles was high. In total, 211 responses agreed to some degree. This shows broad support for the Model's direction. However, comments elsewhere showed that people still had concerns about delivery.

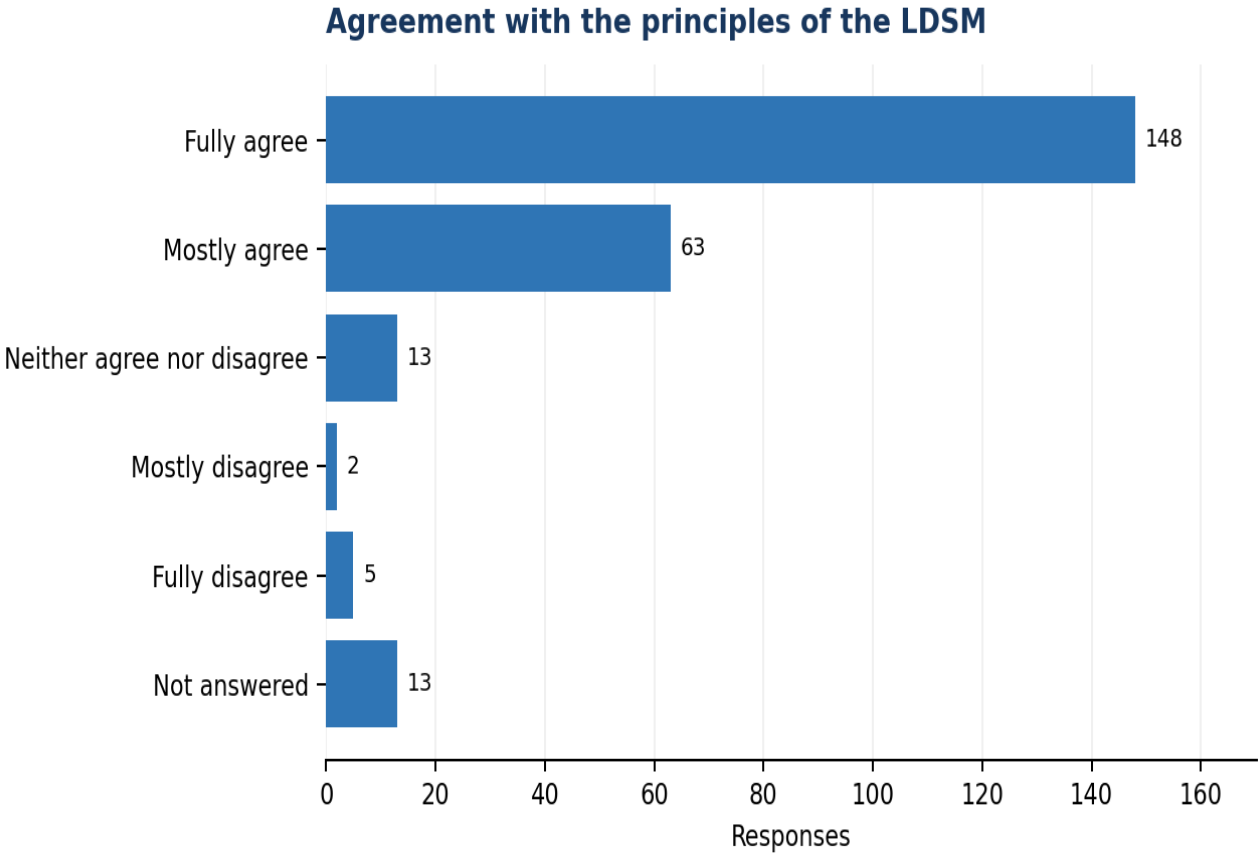


Figure 2. Combined responses to the principles question after aligning the Easy Read and standard scales.

Source: LDSM Consultation responses

3.3 Overall coded stance

The overall stance coding looked at each response as a whole. It found 135 supportive responses and 87 mixed or conditional responses. Many people supported the Model but had concerns about funding, staffing, accountability and how services would change in practice.

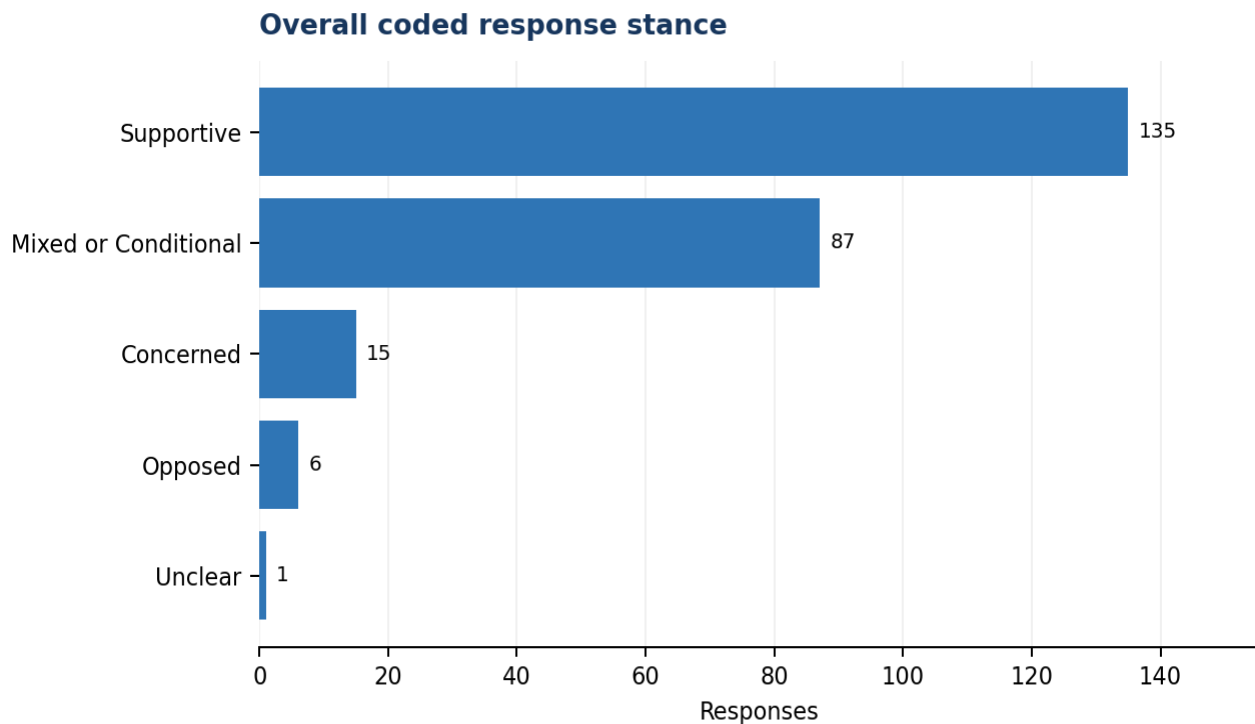


Figure 3. Overall response stance assigned through whole-response coding.

Source LDSM Consultation responses.

Analysis The majority of the responses were in the supportive category and there was a large mixed/conditional category. One measures agreement with the stated direction; the other captures qualifications and concerns across the full response.

3.4 What different groups emphasised

Respondent group	Most evident priorities
People with a learning disability	Friendship, activities, independence, respectful support, accessible communication, transport, employment and being listened to.
Family carers	Respite, social work support, transition, future planning, day opportunities, housing and confidence that support will continue.
Provider organisations	Funding certainty, commissioning, workforce, service flexibility, complex needs, innovation and practical delivery.

Respondent group	Most evident priorities
Health and Social Care staff	Workforce pressure, increasing complexity, specialist capacity, service gaps and consistency.
Representative bodies	Rights, equality, governance, accountability, co-production and cross-departmental working.

These groups often highlighted different issues, but there was considerable overlap in their overall concerns. Funding was the leading primary theme among family carers, providers, staff and representative bodies. People with a learning disability more often used short, practical descriptions of everyday experience, which were coded across the themes of general support, activities, access, workforce and carer-related categories.

4. What respondents told us

This section explains the main messages from the written responses. It should be read with Section 5, which looks at the six ambitions, and Section 6, which summarises engagement events.

Figure 4 provides an overview of the themes most frequently identified through the analysis of written responses. The following sections explore these themes in more detail and highlight the implications for the final LDSM and SDP.

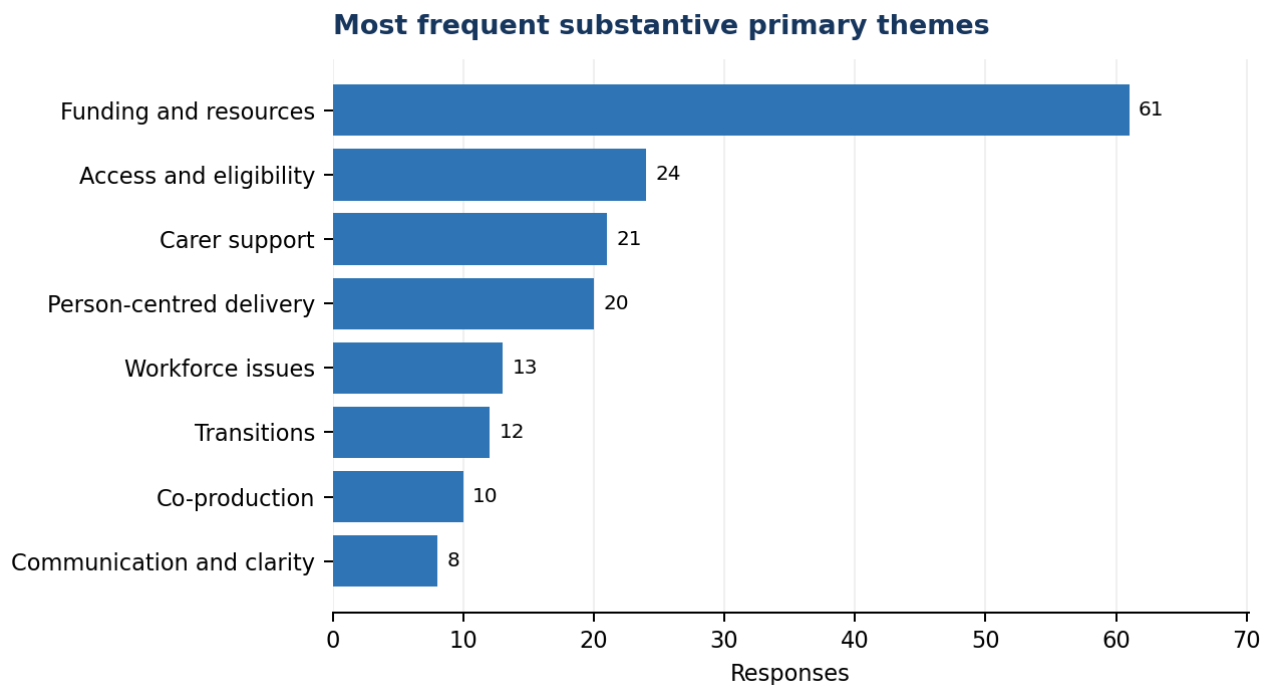


Figure 4. Most frequent substantive primary whole-response themes.

Source: LDSM Consultation responses.

4.1 What is working well

People said some services already work well. They valued committed staff, trusted relationships, joined-up support, day services, supported living, direct payments, short breaks and voluntary-sector activities.

Easy Read responses provided the clearest day-to-day examples. People described seeing friends, taking part in sport, drama, arts and trips, learning skills, receiving help from staff and having places where they felt included. Organisational submissions added examples of specialist clinical services, positive behaviour support, community dental care, supported employment and collaborative working.

“Staff help me be more independent”

— Person with a learning disability, Easy Read response

What this means The final Model should not frame transformation as a rejection of existing services. It should identify where current provision achieves good outcomes and use this learning to guide improvement, expansion and redesign.

4.2 Funding and credible delivery

Funding was the most common main theme. It was raised in 61 responses. People linked funding to respite, staffing, day opportunities, housing, supported living, transport and specialist services. Many asked whether the ambitions could be delivered without clearer/identified/additional resources.

As well as funding concerns, . Providers wanted stable commissioning. Families described gaps across many services. Staff linked resources to caseloads, specialist capacity and quality. Overall, people wanted proof that the ambitions are realistic and deliverable.

“It is very hard to see how any of the outcomes can be achieved without adequate funding and staffing. Resources and provision is very poor.”

— Family carer

Key Consideration The SDP should separate actions deliverable within existing resources from actions dependent on further funding. It should state the dependency, sequencing and consequence of delay. .

4.3 Workforce capacity and capability

People praised staff commitment and skills. They also raised problems with recruitment, retention, workloads, training and specialist capacity. Workforce problems affected respite, social work support, specialist services and community opportunities.

The consultation feedback recognises that appropriate workforce is essential/integral to the entire SDP. Relevant actions in the SDP need to specify the workforce skills and capacity required.

4.4 Access, eligibility and regional consistency

Access and eligibility were raised in 24 responses as the main theme. People described unclear routes into services, long waits, different criteria in different areas and people falling between service diagnosis thresholds.

People who responded want fair access, clear standards and confidence that where someone lives does not decide what support they receive.

“There is NOTHING for young people with complex needs who don’t meet the LD diagnosis threshold.”

— Family carer

Key Consideration The final documents should outline regional expectations, explain where local variation is legitimate and identify how access, waiting times, outcomes and exclusions will be monitored across Trusts.

4.5 Carers, respite and future planning

Carer support was a main theme in 21 responses. Families raised concerns about respite, social work support, future planning and what will happen when carers become older, ill or unable to provide the same level of support.

Respite was repeatedly presented as both support for carers and a positive experience for the person with a learning disability when it was reliable and suited to their needs. Concerns included limited availability, cancellation, lack of choice and provision that could not safely support more complex needs.

“There is not enough respite for young and older people with a learning disability. There should be regular respite and substantial holidays”

— Person with a learning disability, Easy Read response

Key Consideration Carer support should not be left as a general principle. The SDP should include actions on information, assessment, respite, crisis prevention and future planning, with involvement of the person with a learning disability.

4.6 Life changes and transition

People said transitions are not just about moving from children’s services to adult services. They also include leaving school, getting work, moving home, changing health needs and ageing. Planning needs to start early and involve the right services.

Family carers were particularly concerned about services ending or changing and uncertainty around young adults being left without suitable activity or support. The consultation also highlighted transitions later in life, including moving home, changing support needs and planning as carers age.

“The transition from children’s to adult services is often fragmented and poorly coordinated.”

— Family carer

Key Consideration The Life Changes ambition should describe transition as lifelong. The SDP should connect/integrate health, social care, education, housing and employment responsibilities and make clear when planning starts, who coordinates it and how continuity will be assessed.

4.7 Meaningful lives, day opportunities and employment

People described a meaningful life as having friends, choices, activities, learning, work, volunteering, relationships, transport and community life. Many valued day services but wanted more choice and more age-appropriate options.

Employment featured prominently in responses and participants also highlighted education, volunteering, friendships, leisure opportunities and community participation as important outcomes. Participants described these alongside the need for structured support for people who require more intensive assistance. Transport was identified as a practical dependency across many of these outcomes. A recurring theme was that employment, friendships, learning and community participation were often discussed together rather than as separate ambitions. Respondents frequently described a meaningful life in holistic terms, with success in one area supporting progress in others.

“Get a Job” “Get a House”

— Person with a learning disability, Easy Read response

Key Consideration Implementation should focus on measuring personal outcomes and ensuring a mixed range of provision aligned to assessed need.

4.8 Home and independent living

People supported more housing choice and independent living. They also said a home is more than a building. People need the right support, transport, health care, social connection and help with daily life.

Providers and representative bodies also stressed the need for coordinated planning with housing partners and a wider range of supported living arrangements. People with complex needs must not be excluded from community options because adequate support has not been developed.

Key Consideration The Home ambition should set out the partnership and support conditions required for sustainable independent living, including future planning.

4.9 Health and Wellbeing

People wanted fair access to health care, annual health checks, accessible communication, prevention, dental care and specialist support. Some people found it hard to get GP appointments or use phone systems.

“Talking over the phone can be problematic as not everyone has a phone or knows how to work it.”

Easy Read group response

Key Consideration The Model should link accessible mainstream care with specialist learning disability capacity and ensure, appropriate communication and reasonable adjustment when receiving health and social care.

4.10 Mental Ill Health and Behaviours of Concern

People wanted earlier help for mental health and behaviours of concern. They supported Positive Behaviour Support, trauma-informed practice, crisis prevention and joined-up specialist support. They explained behaviour may be linked to communication, pain, environment, trauma or unmet need.

“Mental health and behavioural concerns are low level but can still be worrying especially loneliness or depression. We rely on advice from Google”

— Family carer

Key Consideration The Model should identify prevention strategies, early intervention and community supports and clarify how mental health and learning disability services will work together. The Model should identify measures for avoidable admissions, restrictive practices and delayed discharge.

4.11 Communication and Co-production

People who responded welcomed Easy Read information. They also wanted clear information about services, eligibility and implementation. Co-production means people help shape delivery, monitoring and evaluation.

There was a clear requirement for continuing influence to shape regional service delivery. People with a learning disability, families and providers wanted a role in implementation, monitoring and evaluation, not simply another opportunity to comment on a finished plan.

Key Consideration The implementation of the LDSM and SDP should be co-produced with people with a learning disability, families, carers, providers and relevant stakeholders. Co-production should be embedded throughout governance, service design, implementation, monitoring, evaluation and continuous improvement processes. Clear arrangements should be established to support meaningful participation and demonstrate how stakeholder input influences decision-making.

5. Findings for the six ambitions

People saw the six ambitions as connected. Ranking results are useful, but they do not mean lower-ranked ambitions are unimportant. Easy Read participants chose ambitions they thought were important rather than ranking all six in the same way.

Priority order	Ambition	Mean rank (Lower mean = Higher priority)
1	Health and Wellbeing	2.36
2	Support for Carers and Families	3.45
3	Mental Ill Health and Behaviours of Concern	3.51
4	Life Changes	3.70
5	Meaningful Lives and Citizenship	3.77
6	Home and Independent Living	3.81

Source: LDSM Consultation responses. Rank 1 = highest priority and rank 6 = lowest. Lower mean indicates higher priority.

5.1 Ambition 1: Life Changes

Support centred on earlier and better coordinated planning. The people who responded want continuity when leaving school and children’s services and also planning for employment, moving home, changing health needs, ageing and later life. The main concern identified was the gap between a broad commitment to transition and the practical ownership of each person’s plan.

Consideration - Areas requiring further consideration include: whether the final LDSM and SDP describe life changes as lifelong; specify coordination and accountability; connect the ambition to carers, housing, meaningful activity and health; and ensure people at risk of falling between eligibility criteria are visible.

5.2 Ambition 2: Health and Wellbeing

This was the highest-ranked ambition in the standard questionnaire. Feedback focused on equitable access, prevention, reasonable adjustments, accessible communication, annual health checks, dental and specialist care, multidisciplinary support and reducing avoidable health inequalities.

Consideration - Areas requiring further consideration include: whether the final LDSM and SDP should make the relationship between mainstream services, specialist learning disability services and reasonable adjustments clearer; include measurable access and outcome indicators; and recognise communication as a patient-safety issue.

5.3 Ambition 3: Support for Carers and Families

Contributors recognised the central role of families while voicing concerns about designing a system that depends on unlimited unpaid care. Respite, information, assessment, emotional support, social work access, crisis response and future planning were recurring needs.

Consideration - Areas requiring further consideration include: whether the final LDSM and SDP place enough emphasis on showing what direct support for carers will look like; connect respite and future planning to prevention; and ensure the voice and rights of the person with a learning disability remain central.

5.4 Ambition 4: Meaningful Lives and Citizenship

People wanted ordinary life opportunities: relationships, friendship, education, work, volunteering, sport, arts, travel and community participation. Participants valued current day opportunities while seeking greater flexibility, choice and age-appropriate options.

Consideration - Areas requiring further consideration include: whether the final LDSM and SDP support greater use of personal outcomes rather than service attendance as the measure of success; make employment and learning pathways more explicit; and recognise transport and accessible communities as factors needed for success.

5.5 Ambition 5: Home and Independent Living

People who responded supported choice and independence and stressed that suitable accommodation without reliable support is not a sustainable home. Families raised future security; providers raised supply and commissioning; representative bodies linked home to rights and citizenship.

Consideration - Areas requiring further consideration include whether the final LDSM and SDP highlight the value of clarifying supported-living pathways and housing partnerships; include planning before crisis; address adaptations and assistive technology; and demonstrate how people with complex needs will be supported in community settings.

5.6 Ambition 6: Mental Ill Health and Behaviours of Concern

Many participants called for earlier specialist help, Positive Behaviour Support, trauma-informed approaches, crisis support and multidisciplinary capacity. They also wanted services to consider communication, pain, environment and unmet need when interpreting behaviour.

Consideration - Areas requiring further consideration include: whether the final LDSM and SDP should make prevention and community support explicit; state how mental health and learning disability services will work together; and monitor avoidable admissions, restrictive practices and delayed discharges.

5.7 Cross-ambition conclusion

Responses frequently highlighted connections between the six ambitions and rarely treated them as entirely separate areas of activity. Comments often illustrated how outcomes in one area influenced outcomes elsewhere. Housing, transport, health, employment, respite and social participation were commonly described as interconnected rather than distinct issues.

Consideration - The SDP should therefore identify actions and measures that cut across ambitions instead of duplicating similar commitments under separate headings.

6. Stakeholder engagement

6.1 Programme and treatment of the evidence

The Department held five Trust roadshows and one regional online event between 7 October and 4 November 2025. The overall recorded attendance was 345. ARC NI also hosted an event attended by Learning Disability providers and Experts by Experience. These events helped explain the written findings and the feedback is included below. They were not added to the 244 written responses.

Engagement event	Date	Recorded attendance
Western HSC Trust roadshow	7 October 2025	44
South Eastern HSC Trust roadshow	13 October 2025	33
Southern HSC Trust roadshow	15 October 2025	82
Northern HSC Trust roadshow	20 October 2025	46
Belfast HSC Trust roadshow	22 October 2025	88
Regional online event	4 November 2025	52
Total recorded attendance		345

Source: LDSM Consultation Summary Report, January 2026. Event feedback was analysed qualitatively and was not merged into the 244 responses received

6.2 Shared findings across the engagement programme

The stakeholder engagement findings were broadly consistent with themes emerging from the written responses. People supported a rights-based and person-centred Model and they wanted clear delivery, adequate resources, appropriate workforce staff and robust accountability.

Across both engagement events and written submissions, concerns about implementation and delivery appeared more frequently than objections to the ambitions themselves. Participants frequently referred to previous strategies or consultations and asked how progress, delay and responsibility would be made visible. The consistency of these messages across engagement events and written submissions strengthens confidence that implementation concerns were a central finding of the consultation.

6.3 Regional and operational variation

The roadshows also highlighted common problems experienced in different Trusts. They showed how common problems are experienced differently in different locations.

Evidence source	Issues given particular emphasis
Western HSC Trust Roadshow	Complex-needs respite and single-occupancy provision; self-directed support calculations; delegated healthcare tasks; post-19 transition; social-work continuity; rural access; data and accountability.
South Eastern HSC Trust Roadshow	Resources for people with higher or complex needs; lifelong care planning; recruitment, pay and training; one-to-one day support; post-19 data; provider regulation, risk and early delivery gains.
Southern HSC Trust Roadshow	Transport and rural access; respite and day-service flexibility; direct payments; GP and hospital access; carer involvement and health; transparent decision-making, clear communication with service users and families, and stronger accountability for service delivery
Northern HSC Trust Roadshow	Respite capacity and cancellations; day-care capacity; supported living and requests for greater clarity regarding legal duties and responsibilities; annual health checks and capacity; transport adjustments; funding and implementation lessons.
Belfast HSC Trust Roadshow	Annual health checks and hospital adjustments; nutrition; complex needs; employment; direct payments and independent living; transition from childhood; system navigation; governance, human rights and public trust.
Regional online event	Regional commissioning and local variability; urgent respite; nursing and workforce roles; sustainable supported living for complex needs; financial viability; measurable targets; family and carer representation; rights scrutiny and mental health.

6.4 ARC NI providers and Experts by Experience

The ARC NI event involved 64 people from 19 organisations. Participants included providers, people with a learning disability and support staff. Overall the event feedback was positive in terms of support for the Key Ambitions.

Providers welcomed the ambitions but emphasised unstable or short-term funding, commissioning inconsistency, workforce pressures, transport, bureaucracy, risk aversion and the need for costed plans and clear accountability. Experts by Experience supported all six ambitions while highlighting long waits, joined-up support, paid work, transport and

isolation, confusing systems, housing, annual health checks, 24-hour mental health support and the exclusion of people with complex needs from some community options. They also cautioned against treating the ambitions as a sequence when progress is needed across all six.

“The ideas are great, now make them happen!”

— Expert by Experience, ARC NI engagement report

6.5 Additional considerations from engagement

The following considerations emerged collectively from the Trust roadshows, regional online event and the ARC NI ‘Provider and Experts by Experience’ engagement sessions. They reflect recurring implementation themes raised by participants and are intended to inform consideration of the final LDSM and SDP.

Consider establishing regional minimum expectations for access to key services, including respite, day opportunities, supported living and specialist support. Consultation participants supported greater consistency across Trust areas while recognising that some local variation may be necessary to respond to differing population needs and local circumstances.

Ensure that all relevant actions within the SDP are designed and reviewed to meet the needs of people with profound, multiple or complex needs. Participants emphasised the importance of considering access to nursing support, specialist services, appropriate respite, day opportunities and housing, to avoid inadvertently excluding those with the most complex support requirements.

Make transport, direct payments, independent living funding, data quality and digital information visible as key enabling factors rather than peripheral operational matters.

Specify how people with a learning disability, families, carers and providers will participate in governance, implementation, monitoring and corrective action.

Include measurable milestones, outcomes, named responsibility, resource assumptions and transparent reporting so that consultation can be traced into delivery.

Conclusion from engagement The engagement was supportive of the direction of travel for the LDSM and does not require a different strategic vision. However, from the feedback it was clear, that a more operational SDP is needed that is regionally consistent, inclusive of complex needs, explicit about resources and accountable for measurable progress.

7. Considerations for the LDSM and Service Delivery Plan

7.1 Elements receiving broad support

The person-centred, rights-based direction of the Model.

The six ambitions and their broad subject matter.

The commitment to independence, inclusion, health, home, meaningful lives and support through life changes.

Recognition that delivery requires work across government and with communities, providers, people with a learning disability and families.

Participants generally regarded the six ambitions as interconnected. The consultation evidence therefore supports retaining the six-ambition structure while considering whether the final LDSM and SDP make the dependencies between the ambitions sufficiently clear.

7.2 Areas for consideration in reviewing the LDSM

Greater clarity on how the ambitions relate to one another and avoid repeating the same delivery commitment under several ambitions.

Increase visibility of transitions across the life course, carers, complex needs, supported living, day opportunities and regional consistency.

Ongoing co-production arrangements during implementation and monitoring.

Clearer communication of regional expectations and local flexibility.

Continue using of accessible language and practical examples of change.

7.3 Ambition-specific matters for consideration

In addition to the shared themes identified above, the consultation raised matters specific to each of the six ambitions. These do not represent agreed amendments. They identify areas that senior officials may wish to refer to the LDSM implementation group for further examination.

Ambition	Matters for consideration
Life Changes	Whether the ambition sufficiently reflects transitions across the whole life course, rather than concentrating mainly on leaving school or children’s services; identifies responsibility for coordinating each person’s plan; and connects health, social care, housing, education, employment and support for carers.

Ambition	Matters for consideration
Health and Wellbeing	Whether the LDSM and SDP clearly distinguish the responsibilities of mainstream and specialist learning disability services; provide for reasonable adjustments and accessible communication; and include measurable commitments relating to annual health checks, dental care, specialist access and health inequalities.
Support for Carers and Families	Whether the final documents give sufficient visibility to respite, information, carers’ assessments, emotional support, crisis response and future planning, while maintaining the rights, wishes and voice of the person with a learning disability.
Meaningful Lives and Citizenship	Whether the ambition gives sufficient attention to employment, education, volunteering, relationships and community participation; recognises transport and accessible communities as supporting requirements; and measures personal outcomes rather than relying mainly on service attendance.
Home and Independent Living	Whether the final documents provide sufficient clarity on housing partnerships, supported-living pathways, planning before crisis, adaptations and assistive technology, and the provision required to support people with complex needs in community settings.
Mental Ill Health and Behaviours of Concern	Whether the LDSM and SDP clearly describe how mental health and learning disability services will work together; provide for early intervention, Positive Behaviour Support, trauma-informed practice and crisis support; and monitor avoidable admissions, restrictive practices and delayed discharge.

7.4 Areas for consideration in reviewing the SDP

Area identified through consultation	Detail for consideration
Phasing	Short-, medium- and longer-term actions, with sequencing and dependencies.
Ownership	Named lead body and delivery partners for each action.
Resources	Clear distinction between actions within existing resources and those dependent on funding, workforce or wider decisions.
Measures	Outputs, service outcomes and lived-experience outcomes, with baseline and reporting frequency where available.

Area identified through consultation	Detail for consideration
Regional delivery	Comparable expectations and information across Trusts, with explanation of legitimate local variation.
Governance	Decision routes, escalation, risk management and visible participation by people with a learning disability, carers and providers.
Transparency	A proportionate public reporting cycle showing progress, delay, reasons and corrective action.

7.5 Implementation issues identified through consultation

Issue identified through consultation	Why it matters	Potential matter for review
Trust in the delivery process	Mixed/conditional support is substantial and earlier strategies were cited.	Set realistic milestones and report progress openly.
Funding dependency	Funding was the most frequent substantive primary theme.	State assumptions and phase resource-dependent commitments.
Workforce constraint	Capacity and skill shortages affect multiple services.	Integrate workforce requirements and mitigations into each action.
Unequal access	Eligibility and regional variation may reproduce a postcode lottery.	Set regional expectations and compare access and outcomes.
Exclusion of complex needs	Community reform can fail if specialist support is unavailable.	Test every relevant action for inclusion and crisis prevention.
Weak accountability	Aspirations without ownership or measures are difficult to enforce.	Name leads, measures, reporting routes and escalation.

7.6 Proposed next step

The consultation evidence supports the Model’s overall direction. It does not suggest a full redesign. The main task is to show how the Model will be delivered, monitored and sustained.

The final documents should address concerns about implementation, funding, workforce, accountability, regional consistency and inclusion.

In particular, the analysis identifies a need to consider whether the final documents provide sufficient clarity on implementation, accountability, resources, workforce, regional consistency, co-production, support for carers, transitions and the inclusion of people with complex needs. It also points to the need to consider clearer actions, ownership, milestones and measures within the Service Delivery Plan.

The findings in this report will be used to inform any further refinement to the LDSM and SDP.

This analysis does not predetermine the changes that should be made. Its purpose is to provide the evidence base for the next stage of policy consideration.

8. Conclusion

The consultation shows broad support for the vision, principles and ambitions of the Learning Disability Service Model. It also shows a clear risk: support may weaken if the ambitions are not turned into practical, funded and measurable change.

People will judge the Model by whether it improves access, support and everyday life, not by how strong the final document looks.

The quantitative evidence is clear: 211 of 244 responses agreed with the principles, and 222 were coded as supportive or mixed/conditional overall. The qualitative evidence explains the conditions attached to that support: credible delivery requires funding, workforce, accountability, consistent access, co-production and measurable progress.

The findings support keeping the strategic direction and the six ambitions. They also show that the final Model and Service Delivery Plan need more detail on delivery, ownership, measures, resources and groups who may be left behind.

Annex A

Quantitative tables

1. Method of response

Method	Number	Percentage
Easy Read	106	43.4%
Citizen Space	71	29.1%
Email / written submission	63	25.8%
Not recorded	4	1.6%
Total	244	100%

2. Respondent type

Respondent type	Number	Percentage
Person with LD	79	32.4%
Provider Organisation	40	16.4%
Representative Body	36	14.8%
Family Carer	32	13.1%
Staff	28	11.5%
Unknown	23	9.4%
Other	6	2.5%
Total	244	100%

3. Agreement with the principles

Response	Number	Percentage
Fully agree	148	60.7%
Mostly agree	63	25.8%
Neither agree nor disagree	13	5.3%
Mostly disagree	2	0.8%
Fully disagree	5	2.0%
Not answered	13	5.3%
Total	244	100%

Method note: Easy Read Yes = Fully agree; Not Sure = Neither agree nor disagree; No = Fully disagree.

4. Overall coded stance

Stance	Number	Percentage
Supportive	135	55.3%
Mixed or Conditional	87	35.7%
Concerned	15	6.1%
Opposed	6	2.5%
Unclear	1	0.4%
Total	244	100%

5. Primary whole-response themes

Primary theme	Number	Percentage
Funding and Resource Sufficiency	61	25.0%
General Support / Endorsement	29	11.9%
Access and Eligibility	24	9.8%
Carer Support	21	8.6%
Person Centred delivery in practice	20	8.2%
Workforce Issues	13	5.3%
Transitions	12	4.9%
Other	12	4.9%
Co-production	10	4.1%
Communication and Clarity on the Model	8	3.3%
Not Applicable	7	2.9%
Risk of Exclusion / Cliff Edges	5	2.0%
Workforce Capacity	5	2.0%
Not coded	5	2.0%
Complex Needs	2	0.8%
Regional Variation or Consistency	2	0.8%
Other specialist themes (combined)	8	3.3%

Note: each row has at most one primary whole-response theme. These counts do not capture secondary themes or every issue mentioned within question-level comments.

Annex B

Evidence and source materials

The analysis draws on the following consultation and engagement materials. The written-response dataset is the primary source of quantified evidence. Engagement materials are used qualitatively to test, explain and deepen the written findings.

1. Consultation documents and written evidence

Draft ‘We Matter’ Learning Disability Service Model for Northern Ireland.

Draft Service Delivery Plan accompanying the Learning Disability Service Model.

Standard public consultation document and questionnaire.

Easy Read consultation document and response form.

Responses submitted through the NI Direct Citizen Space consultation portal.

Consultation responses submitted by email, post or other written routes.

LDSM Consultation Response Entry Form comprising the Enhanced Coding and Easy Read Enhanced Coded worksheets.

2. Stakeholder engagement materials

Western Health and Social Care Trust roadshow feedback, 7 October 2025.

South-Eastern Health and Social Care Trust roadshow feedback, 13 October 2025.

Southern Health and Social Care Trust roadshow feedback, 15 October 2025.

Northern Health and Social Care Trust roadshow feedback, 20 October 2025.

Belfast Health and Social Care Trust roadshow feedback, 22 October 2025.

Learning Disability Service Model Online Consultation Event, 4 November 2025.

‘We Matter’ Event Report, ARC NI, 20 October 2025, covering the 1 October 2025 provider and Experts by Experience event.

LDSM Consultation Summary Report, January 2026.

Citizen Space consultation export report, 23 January 2026.