

Consultation Response:



Draft Disabled People's Rights Plan: 2025 to 2035

August 2025

1. The Disabled People's Rights Plan has this overarching ambition:

"The Welsh Government is committed to promoting the rights of disabled people, and to ensure disabled people are included and able to participate in all communities in Wales. We want to make Wales an inclusive and accessible place for disabled people; a society where disabled people can participate without limits or restrictions and are empowered to lead fulfilling lives, where their individual and collective rights are recognised and upheld and where their contribution is recognised."

Response:

Yes, we support the proposed ambition.

Tenovus Cancer Care welcomes the Draft Disabled People's Rights Plan and its commitment to a rights-based approach underpinned by the Social Model of Disability. We are particularly pleased to see recognition that disability includes long-term and fluctuating conditions.

It is vital that this continues to reflect the lived experiences of people with hidden or episodic disabilities, including those living with and beyond cancer. Cancer is legally recognised as a disability from the point of diagnosis for life, regardless of the outcome of treatment. Yet in practice, public and institutional recognition of this is inconsistent. Many people affected by cancer continue to face discrimination, limited access to welfare support, and barriers to full participation in society, experiences that mirror those faced by the wider disabled community.

We strongly welcome the Plan's emphasis on tackling attitudinal, structural, and institutional barriers. To strengthen this ambition further, we recommend:

- Embedding a clear commitment to co-production and accountability, ensuring disabled people and user-led organisations are actively involved in shaping, monitoring, and reviewing progress;
- Explicitly recognising the intersectional nature of disability, acknowledging that disabled people's experiences are also shaped by factors such as ethnicity, gender, age, and poverty;
- Including more direct reference to people with hidden, fluctuating, or episodic conditions, to ensure their needs are not overlooked in policy and implementation;

- Highlighting the importance of practical change within public services, particularly in healthcare, employment, education, and welfare, where systemic barriers persist despite legal protections.

This ambition sets the right tone and direction, but its effectiveness will rely on how clearly these commitments are translated into action.

2. Do you agree with the four overarching outcomes?

"The Disabled People's Rights Plan is split into 4 themes:

- Neighbourhoods and Places
- Employment, Income, and Education
- Independent Living
- Justice and Supporting Environments

Please tell us whether you think these themes are suitable for the plan. Do these themes cover the main issues or barriers that disabled people experience? Are there any missing areas that should be added to these themes? If yes, what are they?"

Response:

Yes, we think the four themes are broadly the right ones to focus on. They reflect key areas where disabled people continue to face barriers, and we especially welcome the inclusion of 'Employment, Income and Education' as a standalone theme, these are deeply interconnected in practice and crucial for improving long-term outcomes.

That said, we'd encourage the plan to make more explicit reference to people with lifelong, hidden, or fluctuating conditions, such as cancer, which may not follow a straightforward recovery pathway or present with visible impairments. People living with and beyond cancer can face real challenges accessing support, adjustments, and financial help, and these needs must be considered across all four themes.

There are also a couple of areas that feel slightly underrepresented:

- Health and social care access could be given more prominence. Many disabled people, especially those with complex or lesser-understood conditions, still face barriers at every stage, from diagnosis to follow-up care;
- Digital accessibility and inclusion should be reflected more clearly too, as more public services move online. Without proper design and support, digital systems can quickly become another barrier.

3. Do you support the actions we propose to take during this government term?

"The plan sets out the following main topics:

- embedding and understanding of the Social Model of Disability
- access to services
- independent living: social care

- independent living: health
- travel
- employment and income
- affordable and accessible housing,
- children and young people
- access to justice, and
- wellbeing

Do these topics cover the main issues or barriers that disabled people experience? Are there any missing areas that should be added to these themes? If yes, what are they?"

Response:

Broadly yes, these topics reflect many of the key areas where disabled people experience inequality. As stated, we're pleased to see strong recognition of the Social Model of Disability and inclusion of important areas like employment, income, housing, and access to justice. However, we recommend the actions include more specific reference to:

- Enhancing access to welfare benefits for people with a cancer diagnosis;
- Expanding the availability of benefits advice services across healthcare and third-sector settings;
- Ensuring timely access to psychological support during and after treatment, which is essential for independent living and inclusion.

In our work, we see that financial strain, housing insecurity, and digital exclusion significantly affect quality of life and wellbeing. These challenges often intersect, yet people with cancer, and others with hidden or fluctuating conditions, can find their needs overlooked.

We also suggest strengthening the plan by:

- Giving greater weight to health and social care access beyond social care alone;
- Adding a clear focus on digital accessibility and inclusion across services;
- Including more emphasis on supporting people with non-linear, less visible conditions;

Considering the impact of key life transitions, such as returning to work or moving between systems (e.g. child to adult services). These additions would help ensure the Plan reaches a wider range of disabled people whose needs aren't always immediately visible or well understood.

4. Do you support the proposed approach to delivery?

"The 'actions document' sets out the short-term steps we are taking now. There will be more actions by future governments to support us to achieve the long-term outcomes. Please tell us whether you think these short-term actions will help deliver the long-term outcomes? Will these actions help reduce the problems and barriers that disabled people face? Please give reasons for your answer if possible."

Response:

Yes, we believe the short-term actions are a step in the right direction and can help lay the groundwork for the long-term outcomes. We welcome the co-productive, cross-sector approach to delivery and encourage Welsh Government to ensure that specialist third-sector health and cancer charities, such as Tenovus Cancer Care, are meaningfully involved in the design and implementation of these actions. Their insight, drawn from lived experience and frontline service delivery, is vital to getting the detail right.

We also encourage the Welsh Government to support and resource local health boards to work more closely with organisations like Tenovus Cancer Care. Following recent changes to Macmillan's service model in Wales, there is a clear opportunity to strengthen collaboration around welfare advice, psychosocial support, and accessible information, key areas we know are essential to reducing barriers and improving quality of life for people affected by cancer and other long-term, fluctuating conditions.

5. Do you support the proposals in relation to the theme 'Neighbourhoods and Places'?

"Will the proposed outcomes set out in 'Neighbourhoods and Places' help reduce the problems and barriers that disabled people face? What, if anything, should be added or removed from these outcomes? Please give reasons for your answer if possible."

Response:

Yes, the proposed outcomes under 'Neighbourhoods and Places' are a positive step and reflect many of the right priorities. Creating safer, more inclusive environments will help reduce barriers for disabled people, including those living with and beyond cancer, but only if the outcomes are underpinned by practical, flexible implementation.

People affected by cancer often face unique challenges during treatment and recovery, such as fatigue, immunosuppression, and sudden changes in mobility. These may not meet conventional expectations of disability, yet they still have a profound impact on access to transport, housing, and local infrastructure.

To strengthen the outcomes, we recommend:

- Ensuring transport planning reflects the needs of people undergoing treatment, including direct routes to hospitals, accessible taxi provision, and a consistent, inclusive approach to Blue Badge eligibility and use;
- Improving the coordination of housing adaptations support, particularly for those experiencing sudden or fluctuating changes in mobility;
- Recognising the role of community infrastructure, including seating, accessible toilets, and public buildings, in supporting people to participate safely and comfortably in everyday life.

We urge that the outcomes fully account for those whose access needs are temporary, hidden, or episodic, not only permanent or visible.

6. Do you support the proposals in relation to the theme ‘Employment, Income and Education’?

“Will the proposed outcomes set out in ‘Employment, Income and Education’ help reduce the problems and barriers that disabled people face? What, if anything, should be added or removed from these outcomes? Please give reasons for your answer if possible.”

Response:

Yes, we strongly support the outcomes under ‘Employment, Income and Education’. They address several critical barriers faced by people living with and beyond cancer, particularly the challenges of maintaining income, accessing support, and returning to work. Many of the people we support want to continue working during or after treatment, but often face poor understanding of their legal rights under the Equality Act, alongside inflexible or inconsistent employer support. These outcomes offer an important opportunity to improve that, but their success will depend on how they’re delivered in practice.

To strengthen the outcomes, we suggest:

- Raising awareness among employers that a cancer diagnosis is legally recognised as a disability, triggering important responsibilities under the Equality Act;
- Investing in inclusive employment programmes, including phased return-to-work options and improved access to occupational health;
- Explicitly including access to welfare benefits and debt advice within the income strand, as these are essential for reducing financial hardship and the wider impact that money worries can have during and after treatment.

7. Do you support the proposals in relation to the theme ‘Independent Living’?

"Will the proposed outcomes set out in ‘Independent Living’ help reduce the problems and barriers that disabled people face? What, if anything, should be added or removed from these outcomes? Please give reasons for your answer if possible."

Response:

Yes, we believe the proposed outcomes under ‘Independent Living’ will help reduce key barriers, provided they are inclusive of people with long-term, hidden, or fluctuating conditions such as cancer. While we’ve touched on some of these issues in other sections, it’s important to emphasise that independent living means more than just access to services, it’s about enabling people to stay in their homes, make choices about their care, and maintain dignity and autonomy, even when their needs change quickly.

To strengthen the outcomes, we recommend:

- Placing greater emphasis on access to palliative care and emotional support as a core right;
- Improving access to timely housing adaptations and income support, particularly for those navigating treatment or sudden changes in mobility;

- Ensuring family members and unpaid carers are recognised and supported, as they are often essential to enabling independent living in practice.

These additions would ensure the outcomes reflect the day-to-day realities of those affected by cancer and other less visible conditions, where support needs may be temporary, variable, or rapidly changing.

8. Do you support the proposals in relation to the theme ‘Justice and Supporting Environments’?

"Will the proposed outcomes set out in ‘Justice and Supporting Environments’ help reduce the problems and barriers that disabled people face? What, if anything, should be added or removed from these outcomes? Please give reasons for your answer if possible."

Response:

Yes, we believe the proposed outcomes under ‘Justice and Supporting Environments’ are essential to reducing the barriers disabled people face, particularly in addressing discrimination and ensuring legal rights are upheld in practice. People affected by cancer regularly encounter unfair treatment, not just in employment, but when accessing public services or trying to assert their entitlements. While legal protections exist, they are not consistently understood or enforced across sectors.

We welcome the focus on improving legal literacy and accountability. To strengthen the outcomes, we recommend:

- Including case studies involving discrimination against people with cancer, particularly in employment or service settings, to deepen understanding and support cultural change;
- Ensuring that health and social care inspectorates play an active role in monitoring how equality duties are fulfilled, with clear pathways for addressing poor practice;
- Embedding rights-based training for frontline staff across health, housing, and benefits services, to reduce unconscious discrimination and improve decision-making;
- Ensuring that complaints and redress systems are accessible, clearly signposted, and safe to use, especially for those navigating serious illness.

9. Do you think that the plan promotes the main principles of access to rights and inclusion within the UNCRDP? Please give reasons for your answer if possible.

"We have outlined in the Disabled People’s Rights Plan how the actions and outcomes support the principles set out in the UNCRDP."

Response:

Yes, the Draft Plan aligns well with the principles of the UNCRDP. It reflects Article 1 in its ambition to uphold the full and equal human rights and freedoms of all disabled people.

From our perspective at Tenovus Cancer Care, we welcome the plan's inclusive framing of disability and its recognition of diverse lived experiences. To fully realise the ambitions of the UNCRDP, we believe the rights of people with long-term and fluctuating health conditions, such as those affected by cancer, need to be more explicitly embedded across all outcome areas.

This includes stronger commitments around:

- Access to healthcare (Article 25),
- Employment and workplace protections (Article 27),
- And social protection and welfare support (Article 28).

We also encourage the Plan to recognise what has been suggested previously; how exclusion is often compounded, for example, when disability intersects with poverty, age, or ethnicity. Addressing these intersections is essential to delivering truly inclusive and equitable outcomes. To ensure the Plan delivers on its commitments in practice, we recommend embedding clear measures of progress, including disaggregated data collection and routine review points. Finally, as a charity, working at the intersection of cancer care, welfare rights, and lived experience, Tenovus Cancer Care would welcome the opportunity to support the Welsh Government in achieving these goals.

10. Do you think any other governance, monitoring or evaluation mechanisms should be considered?

"The final section of the Disabled People's Rights Plan sets out the arrangements for the governance, monitoring, and evaluation of the plan. This means checking how the plan is working, making sure it is going well, and measuring how well the plan is improving the lives of disabled people."

Response:

We welcome the governance, monitoring and evaluation mechanisms outlined in the plan, particularly the inclusion of lived experience, the involvement of the Disability Equality Forum, and the establishment of an External Advisory Board. These are crucial steps toward ensuring accountability and ongoing improvement.

To build on this, we suggest several enhancements to ensure the Plan delivers meaningful change across all disability experiences:

Governance

- Include condition-specific third-sector organisations/charities (such as Tenovus Cancer Care) within governance structures to reflect the diversity of disability lived experiences and specialist service delivery;
- Ensure the External Advisory Board includes representation from healthcare, psychosocial care, and welfare rights sectors, where significant barriers still exist.

Monitoring

- Commit to disaggregated data collection that captures the needs of people with long-term, fluctuating, and hidden conditions, enabling more equitable tracking of outcomes;
- Include indicators for areas not always well captured in traditional metrics: access to benefits advice, psychosocial and emotional support, and workplace flexibility.

Evaluation

- Strengthen feedback loops between local service providers (e.g. health boards, third-sector services) and national policy, enabling iterative improvement;
- Incorporate qualitative evaluation, including user satisfaction, dignity, and emotional wellbeing outcomes, not just service access statistics.

11. What do you think the likely effects of the Disabled People's Rights Plan will be on deaf British Sign Language (BSL) signers?

"We are particularly interested in its potential impact on opportunities to use BSL in Wales.

How will the plan help to promote and strengthen the use of BSL in Wales?

How will the Plan help to break down barriers for BSL signers in accessing information and services?"

Response:

In the context of cancer care, we particularly support the expansion of interpreter-supported services across all stages of the care journey, including helplines, clinical appointments, and emotional support services. For many deaf BSL users, this is essential not only for accessing information but for ensuring dignity, autonomy, and emotional safety during and after treatment.

We recommend that BSL accessibility be embedded across all key communication and service touchpoints, not only in core clinical settings, but also within support lines, benefits advice services, and public health messaging, where access is often overlooked. It is also vital to ensure that cancer screening information and public health campaigns are made available in BSL, and that healthcare professionals receive deaf awareness training, especially in frontline and community settings, where misunderstandings can delay diagnosis or limit access to care.

As a charity offering telephone-based support, Tenovus Cancer Care would welcome the opportunity to explore inclusive service models that better meet the needs of BSL users across Wales.

12. What, in your view, would be the likely effects of the Disabled People's Rights Plan on the Welsh language?

"We are particularly interested in likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

Do you think that there are opportunities to promote positive effects in regard to Welsh Language in the plan?

Do you think that there are opportunities to reduce unhelpful effects on the Welsh language in the plan?"

Response:

We believe the Disabled People's Rights Plan has the potential to promote the Welsh language in meaningful ways, provided it treats language and accessibility as equally essential rights, not competing priorities. We welcome the Plan's reference to the Active Offer and its recognition of the additional barriers faced by disabled Welsh speakers. This is a positive foundation that can be built on to ensure that language rights and disability rights are advanced together.

Opportunities to promote positive effects:

- Ensure that all key materials, services, and communications outlined in the Plan are available bilingually as standard, including easy-read and BSL versions in Welsh;
- Support frontline staff, particularly in healthcare, welfare advice, and emotional support services, to feel confident in delivering the Active Offer;
- Embed inclusive Welsh-language access into public spaces, services, and cultural life, for example, by ensuring that Eisteddfodau, schools, and community events are fully accessible to disabled people.

Opportunities to reduce unhelpful effects:

- Avoid any implication that Welsh-language provision is secondary to accessibility. Both must be treated as fundamental rights, delivered in tandem rather than traded off;
- Monitor whether digital-only services or communication strategies are inadvertently disadvantaging Welsh speakers, particularly those with sensory or cognitive impairments.

As a charity working in cancer support across Wales, we'd love to see the Plan go further in making sure disabled Welsh speakers feel not only included, but fully recognised in how services are designed and delivered.

13. We have asked you specific questions about the Disabled People's Rights Plan. If you have anything else about any part of the plan you would like to tell us, please use this space to let us know

Response:

To reiterate, it is essential that cancer is consistently recognised as a disability from the point of diagnosis, as defined by the Equality Act 2010. This must be reflected not just in principle, but in delivery, through training, policy guidance, and public-facing communications, to ensure the rights of people affected by cancer are fully upheld.

We recommend:

- Explicit inclusion of cancer in disability training and resources, particularly in relation to fluctuating and non-visible conditions;
- Reforms to welfare and benefits access that consider the specific challenges people with cancer face, including digital exclusion, delays in entitlement, and administrative burden during treatment;
- Involvement of charities and clinical experts in governance and delivery structures, to reflect both lived experience and specialist insight.

We welcome the Plan's commitment to tackling inequality and suggest further emphasis on:

- Deprivation – People with cancer living in more deprived areas often face greater barriers to support and poorer health outcomes;
- Ethnicity and data gaps – Inconsistent ethnicity data across services undermines efforts to monitor access and outcomes for disabled people from minoritised communities;
- Geographic and linguistic access – Rural isolation, limited transport, and the need for Welsh-language provision can all contribute to exclusion. These should be addressed explicitly within local delivery frameworks.