Public Attitudes To Disability
In The Republic Of Ireland
Acknowledgements

The data collection and preliminary analysis for this report were carried out by RES. Other work was contributed by Michael Nye, independent researcher, and Triona O’Connor, on placement with the NDA as part of the Trinity College MSc in Applied Social Research course. The NDA would like to thank all those who contributed, including those who participated in the initial consultation process which helped RES and NDA staff in designing the survey instrument. Last, but by no means least, the NDA would like to acknowledge with gratitude the contribution of all those respondents who participated in the survey.
Foreword

The NDA is delighted to publish the final report of its Survey on Attitudes towards People with Disabilities in the Republic of Ireland. The study is the first of its kind in this State and allows for comparison with attitudes in other countries where such surveys have been a standard exercise for some time.

The survey data was collected in Spring 2001 and preliminary findings were released in Autumn 2001. Further analysis was then carried out and this final report prepared. The survey has indicated areas in which Irish attitudes towards people with disabilities display strong support for inclusion, equality and social change to improve the lives of people with disabilities. But there are also problematic areas. Most especially the NDA is concerned about the continued stigmatisation and rejection of people experiencing mental distress. It has also noted the reservations expressed about practical implementation of mainstreaming policies in the areas of education and employment.

The survey results provide useful information that can inform policy and awareness campaigns aimed at changing attitudes. They show clearly that attitudes are gendered, with females tending to express more awareness, acceptance and desire for positive change than males. Actions to change attitudes will need to be planned with a gender focus. The results also confirm the international findings that attitudes are affected by personal experience of disability, whether by the individual or within his/her immediate circle of family and friends. Similar findings have been used in other countries to inform action for change and it is the intention of the NDA to promote similar developments in Ireland.

Finally, the NDA sees this survey as the first in a series. It intends to carry out the recommendation of the Commission on the Status of Disabilities that baseline data should be created and then revisited at regular intervals in order to track changes in the intervening years.

M. Claire O’Connor
Director

December 2002
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Executive Summary

This report presents the findings of the first comprehensive survey of public attitudes towards people with disabilities in the Republic of Ireland, which took place during 2001.

The survey was commissioned by the National Disability Authority of Ireland and undertaken by Research and Evaluation Services as part of its Irish Social Omnibus Survey series. In total 1,000 members of the Irish adult (aged 18+) population were interviewed during the period 7 April 2001 to 31 May 2001.

International Research

Studies of attitudes towards disability in other countries such as the UK, Denmark, the Netherlands, Sweden, Australia and Hong Kong have shown that there is relatively low level of knowledge both about what constitutes disability and about its prevalence. Respondents in these studies generally desire that people with a disability people should be treated fairly, but they perceive that this is not actually the case. They also wish to see barriers to transport, to access to public places, to employment and education lowered, but they perceive that there is still some way to go to achieve this desired state of affairs. In relation to comfort levels which non-people without a disability people have with those who have disabilities, such studies typically report that comfort levels are much lower with those who have mental health disabilities than they are with people who have physical disabilities. The literature review reports these findings in further detail. The conclusion of this study is that Irish attitudes largely mirror those attitudes reported elsewhere.

Findings of the Survey

The findings from this survey cover a diverse range of topics relating to attitudes to disability, including definitions of disability, attitudes to equality, education, employment, state benefits and other services for people with disabilities, and the role of the NDA. These findings can be summarised as follows.

What Constitutes Disability?

When asked to name any number of illnesses or disabilities to which the term "persons with a disability" refers, 80% of respondents in the survey said "physical disability", 48% said "intellectual or learning disability" and 34% said "mental health disability". Fifty per cent of all respondents strongly agreed with the statement that ‘People with disabilities are those who are not able to participate fully in life because of a physical, hearing, visual, learning, mental health or emotional impairment’. Fewer (31%) strongly agreed that ‘People with disabilities are the victims of some personal tragic happening or circumstance’. Fewer still (25%) strongly agreed that ‘It is society which disables people by creating barriers.’

Perceived Prevalence of Disability in Ireland

Twenty one per cent of respondents thought that between 6% and 10% of the Irish population had a disability; 17% thought that the figure was between 16% and 20%.¹ Twenty four per cent

¹ The exact number of people with disabilities in Ireland is not currently known. Figures will become available during 2003 when the results of the 2002 census have been analysed. Meanwhile, it is generally accepted that the proportion of the population with disabilities is similar to that reported internationally i.e. about 10%.
of respondents' thought that the percentage of Irish people with a disability was as little as 5% or lower.

**Fairness of Treatment**

Asked how fairly people with disabilities are treated in society, responses varied by the type of disability; with 53% saying that people with a physical disability/hearing or visual loss were treated fairly. Fewer (47%) said that people with a learning disability were treated fairly and fewer still (42%) said so of those with mental health difficulties. Only 2% of respondents thought that there were occasions when it is right to treat people with disabilities less favourably than others. Fifty four per cent of respondents agreed that, ‘Society in Ireland shows adequate recognition of the rights of persons with a disability’.

**Education**

Forty six per cent of respondents agreed that children with disabilities should attend the same schools as children without a disability and 72% agreed that ‘children with disabilities should be supported to attend the same schools’. Eighty four per cent of respondents said they would not object if children with a disability were in the same class as their children, but 2% said they would object and 13% said it would depend on the disability.

**Employment**

The views of respondents on whether people with disabilities should have the same employment opportunities as everyone else varied with the type of disability. Whilst 81% said that those with a physical disability should have the same opportunities, fewer (75%) said the same of those with a learning disability and fewer still (55%) said so of those with a mental health disability. When asked if people with disabilities are treated, on the whole, fairly by employers, 40% said yes, 21% said that employers did not really treat people with disabilities fairly and 8% said not at all.

**Views on the Difficulties Faced by People with Disabilities**

Regarding the difficulties that people with disabilities face when using or accessing public buildings or facilities, 64% thought that there were difficulties with steps or uneven surfaces, 46% thought there would be difficulties with footpaths, 42% mentioned inadequate toilet facilities and 41% said there were problems where there were no lifts.

Asked what difficulties people with a disability face when shopping 47% said there would be difficulties in getting into shops, 42% said there were problems with narrow aisles and 41% said that shelves were too high.

Seventy two per cent of respondents thought that getting on and off buses and trains was the most common difficulty faced by people with disabilities when using public transport, 62% said that getting into a taxi was problematic for people with disabilities, 49% said that there was a problem with too few adapted taxis and 45% said there was inadequate space for wheelchairs.

In relation to pubs, restaurants etc, 63% said that getting into such places was a problem for people with disabilities, whilst 45% said there were inadequate toilet facilities and 38% said
that counters and bars were too high. Thirty seven per cent said that a lack of space for wheelchairs was a problem and 32% said getting to the place was a problem.

**Responsibility for People with a Disability**

Twenty eight per cent said it was the family’s responsibility to care for a person with a disability, 25% said it was the responsibility of the State and 5% said it was the responsibility of the person themselves. Many respondents (46%) were unsure whether State support for the care of people with disabilities is adequate. Twenty three per cent said it was not really adequate and 11% said it was not adequate at all.

**Attitudes to Rights and Fulfilment**

Attitudes to the rights of people with disabilities to the same fulfilment through relationships and sexuality as everyone else varied according to the disability. More than half said that people with a learning disability and with a physical disability have a right to the same fulfilment through relationships and sexuality as everyone else, but just 32% said that those with a mental health disability had the same right. Similarly, when asked whether people with disabilities should have children, respondents were more favourable towards those with learning and physical disabilities than they were towards those with a mental health disability. Forty nine per cent agreed strongly that people with disabilities have a right to accommodation of their choice.

**People without a Disability’s Level of Comfort with People with Disabilities**

Forty nine per cent of respondents were fully comfortable with people with learning disabilities living in their neighbourhood and 53% were fully comfortable with people with physical disabilities. Fewer (30%) were fully comfortable with people who have mental health difficulties living in their neighbourhood.

**State Benefits**

Asked about State benefits for people with a disability, 40% said that the State does not provide enough benefits for people with a disability, 25% said that the State provides adequate benefits for people with a disability and 3% said that the State provides more than enough benefits for people with a disability. Forty per cent listed benefits for people with a disability as their number one priority for extra spending.

**Awareness of the National Disability Authority**

Twelve per cent of respondents had heard of the National Disability Authority. Of those who had heard of the NDA, the most common source was newspaper or magazine (49%), TV and radio (23%) and friends (15%).

**Social Characteristics Impacting on Attitudes**

The study findings show that attitudes vary significantly by gender and by whether or not the respondent has had some personal experience of disability. In general, females and those with some experience of disability were more supportive of the equality agenda and more aware of the barriers to full participation in Irish life by people with disabilities.
Conclusions

The findings of this study point to both positive and negative aspects of public attitudes as these might impact on the citizenship and rights of people with disabilities. In this way the study provides valuable data to underpin and inform NDA educational, informational and attitudinal activities. These findings are discussed in the concluding section, along with the significant variation in results by gender and by personal experience of disability. The conclusions also compare the attitudes identified in the Irish study to those revealed in studies from other countries.
1. Introduction

1.1 Background

While the exact nature of the relationship between attitudes and behaviour is a matter for debate, there is no doubt that public attitudes towards minorities and stigmatised social groups have an influence, not alone on how wider society treats members of those groups, but also on public policy and services as they relate to these groups and on the self perception of group members (see MacGreil, 1996: 18-54, for a detailed discussion of these effects).

This pervasive effect of social attitudes on individual lives applies to people with disabilities. For this reason, public attitudes towards people with disabilities have long been a focus for the disability movement. The Commission on the Status of People with Disabilities said in 1996 "public attitudes towards disability are still based on charity rather than on rights" (1996:5). The Commission argued for new rights' based approach towards disability policy and services and this became the basic philosophy underpinning the new NDA when it was established in June 2000. In early 2001 the NDA decided that action to change attitudes towards people with disabilities would be one of its four strategic priorities for the period 2001-3:

"The Authority will identify and develop public awareness of disability issues and attitudes towards people with disabilities and mobilise support within Irish society for inclusive policies and practices."


The NDA took the view that such action must be based on reliable research into current attitudes. In order to achieve its goal of influencing public attitudes, the NDA decided that it would:

• Through research and consultation, agree questions for an attitudinal survey
• Commission an attitudinal survey
• Publish and disseminate survey findings
• Decide on timing of subsequent attitudinal surveys

(NDA, Operational Plan for 2001-3, 2001:4)

The NDA was also aware that such attitudinal studies had been undertaken in a number of other countries while nothing of this nature had been done in Ireland. The NDA was, therefore, anxious to develop Irish data, which could be compared with these international findings (see literature review for a more detailed overview of the international literature).

The research, conducted in 2001, (with preliminary results released in Autumn 2001) and analysed in 2001-2, now provides comprehensive baseline data to inform future NDA activities and to facilitate measurement of change through further surveys.
1.2 Details of the Current Study

This report presents the findings of the survey, which was commissioned by the National Disability Authority and undertaken in 2001 by Research and Evaluation Services as part of the Irish Social Omnibus Survey series. It concerns the attitudes and opinions of the general population of Ireland to disability and to people who have disabilities. The study was designed to collect detailed information on how people with a disability and people without a disability in Ireland perceive disability and people with disabilities. The study focuses primarily on respondents’ opinions and views and covers a range of issues regarding access, treatment and rights, such as: perceptions of disability, levels of illness and disability amongst respondents, treatment of people with disabilities, disability in education and employment, difficulties faced by people with disabilities, responsibility for people with disabilities, attitudes to rights and fulfilment, levels of comfort with people with disability, benefits for people with disabilities, and awareness of the National Disability Authority.

The report is based upon information collected by a representative national sample survey. In total, 1,000 members of the Irish adult (aged 18+) population were interviewed in their own homes by trained social survey interviewers. The first and second parts of this work were carried out between January and August 2001 and included a consultation seminar in January and data collection during the period April to July 2001. The data collection phase was delayed by the restrictions imposed during the 2001 Foot and Mouth disease outbreak. Preliminary findings were released in November 2001 and further analysis and interpretation were carried out during 2002 in order to produce this final report.

1.3 Structure of the Report

This introduction is followed by an explanation of technical aspects of the survey giving details of the sample size, sampling methods and data collection. This is followed by a literature review, which sets the context for the current survey. The results are then presented in tabular form, accompanied in each case by a description of the main elements and an outline of the main differences in the attitudes displayed as between respondents with and without a disability, and as between males and females. A description by the other main demographic differences is also given in each case. A short summary is given at the end of each section of the results. An analysis of the main differences between respondents with and without a disability, and between males and females, is given in the conclusions. In addition, the conclusions reflect on the significance of the findings described in the previous section and relate the Irish findings to the international literature.
2 Methodology

2.1 The Irish Social Omnibus Survey (ISOS)

Research and Evaluation Services (RES) is an independent research organisation specialising in survey based social research for clients within the public and academic sectors throughout the whole of Ireland. The RES Irish Social Omnibus Survey is the only omnibus survey carried out in Ireland, which employs a probability, based random sample design. To date the survey has been carried out annually and is exclusive to government departments, state sponsored bodies, universities and charitable and voluntary sector organisations. The core focus of the survey is on social policy issues. In total 1,000 members of the Irish adult (aged 18+) population are interviewed in their own homes by trained social survey interviewers. The core objective of the survey is to provide participating organisations with reliable and valid information from a representative sample of the population. The survey is similar in design to the Northern Ireland Social Omnibus Survey which RES successfully initiated in 1994 and has undertaken twice yearly since then.

2.2 National Disability Authority

In January 2001 the National Disability Authority commissioned RES to undertake a survey as part of the Irish Social Omnibus Survey series. These questions were included with questions from other organisations on the following topics: public attitudes to north/south relations (Co-operation Ireland); health issues (Institute of Public Health in Ireland); public attitudes to trade unions (ICTU); public views on equality issues (Equality Authority); and, public knowledge and awareness of folic acid (Health Promotion Unit, Department of Health and Children).

2.3 Target Group for the Survey

The objective of the survey methodology was to conduct face-to-face interviews with a sample of adults aged over eighteen years of age. There was no upper age limit imposed on the design. The Irish Electoral Register was used as the sampling frame. Those who were excluded included: those too ill to be interviewed (determined by the person themselves, a carer or a relative or in exceptional cases by the interviewer). Persons deemed to be incapacitated were removed from the main sample. This clearly meant that the proportion of the sample that had a disability was lowered.

2.4 Fieldwork

All interviews were conducted during the period 7 April 2001 to 31 May 2001. Social survey interviewers employed by Research carried out interviewing and Evaluation Services (RES) with interviews conducted using paper copy questionnaires. All fieldworkers attended a half-day briefing session focusing on the content and structure of the questionnaire used. RES’ senior management conducted this briefing session. All interviews were conducted in the respondent’s home. Interviewers made up to a maximum of four follow up calls before the person identified in the sample was deemed non-obtainable. The average length of time taken to complete interviews was 50 minutes. All interviewers carried RES identification cards. RES interviewers work exclusively on social policy related surveys and attend regular training sessions on all aspects of fieldwork. RES employs 8 regional supervisors in the Republic of Ireland. In total 65 interviewers worked on the survey (50 females and 15 males). The age of interviewers ranged from 29 to 61 with a mean of 45.
2.4.1 ‘Foot and Mouth’ Outbreak

During the initial stages of fieldwork for the survey the problem of ‘foot and mouth’ caused some disruption to RES normal fieldwork operation. The controls set up to contain the disease, as well as general restrictions on movement, meant that the fieldwork schedule ran approximately 3 weeks behind schedule. For example, in Louth, fieldwork for the survey did not commence until 15 May whereas in other rural areas such as Kerry, fieldwork was delayed until the beginning of May. However, an analysis of the sample characteristics of the survey has shown that the sample generated is representative of the population from which it was drawn. As anticipated there was a slight drop in the response rate from a norm of around 67% to 64%.

2.5 Sampling Frame

The survey was designed to yield a representative sample of males and females aged 18 and over living in Ireland. The 2000 Register of Electors was used as the sampling frame. The register is inclusive of all individuals nominated on Electoral Registration forms returned in July 2000. The register is compiled on a Local Authority basis of which there are 34 in Ireland.

2.6 Sampling Design

Technically, the best procedure for sample selection when using the Irish Electoral Register is to amalgamate the registers for all 34 Local Authority areas and then to draw the required number of names and addresses on the basis of a purely random sample. However, for practical and financial reasons, surveys usually proceed on the basis of an adaptation of the pure random sampling procedure. The sampling procedure adopted for this survey was a two stage proportionate random sampling procedure using probability proportionate to size (PPS). The rationale governing this choice of design was to ensure coverage of all 34 Local Authority areas with proportionate representation of all Authority areas and of selected District Electoral Divisions within Authority areas. Given the geographical spread of addresses within Local Authority areas, a level of clustering was deemed necessary as a means of controlling interviewing costs. In total 119 District Electoral Divisions (DEDs) were randomly selected from within Local Authorities: Dublin County Borough (12); Dublin Belgard (6); Cork County (7); Dublin Fingal (4); Dun Laoghaire (3); and, 3 in each of the other Local Authority areas. District Electoral Divisions correspond to small localised areas within a District and the number of electors within a DED is variable.

In stage 1 of the sampling process the required number of DEDs was selected at random from each Authority using a computerised random numbers procedure. In stage 2, listings for each of the 119 DEDs were requested from a Dublin based company specialising in the provision of electoral data. From each DED, a number of electors were drawn, the number being determined by the population of the DED in relation to the total number of electors included in all DEDs. In selecting potential respondents from each DED, a computerised random numbers procedure was again used to ensure that each elector listed had an equal chance of being selected.
The survey aimed to generate an achieved sample of 1,000 respondents. Taking account of the level of non-contactable individuals a wastage rate of 35% was considered likely. To account for this, approximately 50% more individuals were drawn from each Authority than the required number of interviews. To minimise the scope of ‘sampling from within the sample’ by interviewers at Authority level, additional individuals were only provided to interviewers in small lots when their original allocation had failed to provide the required number of interviews. In total 1,571 individuals’ names and addresses were issued.

2.7 Response Rate

Table 1 shows the response rate for the survey. Table 2 shows the reason for non-achievement of interviews with individuals drawn in the sample. In total 1,571 addresses were issued to obtain 1,000 interviews, yielding an effective response rate of 64%.

### Table 1. Response Rate

<table>
<thead>
<tr>
<th>Total Interviews Obtained</th>
<th>Addresses Allocated</th>
<th>Response Rate</th>
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<tr>
<td>1,000</td>
<td>1,571</td>
<td>64%</td>
</tr>
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### Table 2. Breakdown of Unused Cases

<table>
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<th>%</th>
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<tbody>
<tr>
<td>Interviews</td>
<td>1,000</td>
<td>64</td>
</tr>
<tr>
<td>Refused</td>
<td>290</td>
<td>18</td>
</tr>
<tr>
<td>Sick/Elderly/Infirm</td>
<td>56</td>
<td>4</td>
</tr>
<tr>
<td>Unobtainable</td>
<td>225</td>
<td>14</td>
</tr>
<tr>
<td>Total Issued</td>
<td>1,571</td>
<td>100</td>
</tr>
</tbody>
</table>

2.8 Sampling Error and Confidence Intervals

As a sample uses only part of a population to estimate certain attributes of that population there arises the problems of sampling and non-sampling error. Using a probability based sample design allows the calculation of sampling errors i.e. the actual error between the values of the sample estimates and the true population values.

As the sample design used in the ISOS uses a cluster of DEDs then it would require the calculation of complex standard errors taking into account the spread of estimates between DEDs. If a design effect (DEFT) were to be calculated it would be greater than one indicating that the design used is less efficient than that of a simple random design. However, given the design used in the ISOS it is unlikely that the confidence intervals for levels of the key variables would differ significantly from those based on a simple random sample. As such standard errors and confidence intervals have been calculated assuming a simple random sample design. Using the formula uses the sampling error to calculate the confidence interval of any proportion in the survey:

\[ 95\% \text{ confidence interval} = p + 1.96 \times \text{s.e. (p)} \]
Thus if 20 random independent samples were drawn from the same population 19 of them would expect to yield an estimate for the proportion, \( p \), within this confidence interval. Using the simple random sample would indicate error of \( \pm 3\% \) for the survey. Table 3 sets out sample errors and confidence intervals at the 95% confidence level for different levels of the key variables. The sample errors assume a simple random sample (SRS) design. It is acknowledged that the stratified nature of the sample, and a degree of clustering, has produced a design effect (DEFT) although the magnitude of the DEFT on sample error is likely to be negligible.

### 2.9 Examples of Sampling Error

The use of sampling errors and confidence intervals is best illustrated by means of an example from the survey. The sample estimated that the proportion of married respondents in the Irish population to be 47%. Therefore assuming a SRS design, the margin of error at the 95% confidence level is \( \pm 3\% \) (Table 3). In other words we can be 95% confident that the true proportion of married people in the Irish population (18+) is within the range 44% to 50%. Indeed the margin of error for all sample estimates is within the parameters of \( \pm 3\% \).

#### Table 3. Sampling Errors and Confidence Intervals for Key Variables

<table>
<thead>
<tr>
<th>Age</th>
<th>% p</th>
<th>Standard Error of p (%)</th>
<th>95% Confidence Interval</th>
</tr>
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<tbody>
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<td>18 - 24</td>
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<td>0 - 2</td>
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<tr>
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<tr>
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<td>42 - 48</td>
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<td>0 - 2</td>
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<td>Unemployed</td>
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<td>0.44</td>
<td>1 - 3</td>
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<tr>
<td>Student</td>
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<td>0.99</td>
<td>9 - 13</td>
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<tr>
<td>Home Duties</td>
<td>23</td>
<td>1.33</td>
<td>20 - 26</td>
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<tr>
<td>Retired</td>
<td>11</td>
<td>0.99</td>
<td>9 - 13</td>
</tr>
<tr>
<td>Unable</td>
<td>2</td>
<td>0.44</td>
<td>1 - 3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>0.69</td>
<td>4 - 6</td>
</tr>
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</table>
2.10 Representativeness of the Survey

In undertaking any survey it is important to estimate the level of non-response bias. Non-response bias arises if the characteristics of non-respondents differ significantly from the respondents in the sample. To facilitate an evaluation of the representativeness of the ISOS sample, four of the key variables from the sample have been compared against similar variables from the 1996 Irish Census estimates. Table 4 gives an indication of the representativeness of the sample. With some exceptions the characteristics of the sample are broadly similar to those of the Irish adult population (18+) as measured by 1991 and 1996 Irish Census estimates.

Table 4. Comparison of some of the Key Variables with the Irish Census 1996 (estimated)

<table>
<thead>
<tr>
<th></th>
<th>% ISOS</th>
<th>% 1996 Census</th>
<th>% Difference</th>
</tr>
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<tr>
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<tr>
<td>18-24</td>
<td>21</td>
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<tr>
<td>25 – 44</td>
<td>36</td>
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<td>(3%)</td>
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<tr>
<td>65 – 74</td>
<td>8</td>
<td>9</td>
<td>(1%)</td>
</tr>
<tr>
<td>75+</td>
<td>4</td>
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<td>(3%)</td>
</tr>
<tr>
<td>Gender</td>
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</tr>
<tr>
<td>Male</td>
<td>44</td>
<td>50</td>
<td>(6%)</td>
</tr>
<tr>
<td>Female</td>
<td>56</td>
<td>50</td>
<td>(6%)</td>
</tr>
<tr>
<td>Marital Status*</td>
<td></td>
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</tr>
<tr>
<td>Married</td>
<td>47</td>
<td>56</td>
<td>(9%)</td>
</tr>
<tr>
<td>Single</td>
<td>39</td>
<td>33</td>
<td>(6%)</td>
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<tr>
<td>Separated</td>
<td>3</td>
<td>4</td>
<td>(1%)</td>
</tr>
<tr>
<td>Widow</td>
<td>7</td>
<td>8</td>
<td>(1%)</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>3</td>
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<td>Divorced</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Econ. Activity**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At Work</td>
<td>45</td>
<td>44</td>
<td>(1%)</td>
</tr>
<tr>
<td>1st Job Seeking</td>
<td>1</td>
<td>1</td>
<td>(0%)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2</td>
<td>8</td>
<td>(6%)</td>
</tr>
<tr>
<td>Student</td>
<td>11</td>
<td>11</td>
<td>(0%)</td>
</tr>
<tr>
<td>Home Duties</td>
<td>23</td>
<td>23</td>
<td>(0%)</td>
</tr>
<tr>
<td>Retired</td>
<td>11</td>
<td>9</td>
<td>(2%)</td>
</tr>
<tr>
<td>Unable</td>
<td>2</td>
<td>3</td>
<td>(1%)</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>-</td>
<td>(5%)</td>
</tr>
</tbody>
</table>

* Comparison based on age group 20+
** 1991 Census Estimate
*** Comparison based on total Irish population
2.11 Other Points

Given the broad representativeness of the sample no corrective weighting procedures have been applied to the data. Furthermore no imputation methods have been applied to any of the variables. All questionnaires returned were manually edited before being entered on to SPSS. All data were subject to a range of inter and intra validation checks. Any inconsistencies were manually checked against the original questionnaire. The dataset has been fully labelled with 7's used to signify refusals, 8's not applicable and 9's missing values.

\footnote{However, as already noted, the exclusion of 4\% of potential respondents on the basis of illness or incapacity has some implications for the representativeness of the sample in that it under-represents people with disabilities.}
3 Literature Review

3.1 Introduction

This brief review of the literature regarding public attitudes to people with disabilities sets the current survey in context. The review first lists studies that are of relevance and then draws out the findings by common themes. In some cases, additional specialised literature is included under the relevant theme.

3.2 Relevant Studies

Prior to this current survey, there was a paucity of research on attitudes towards people with disabilities in the Republic of Ireland, with only three identified, MacGreil (1980, 1996) and Eurobarometer (2001). Furthermore, the present study is the first to be solely and comprehensively devoted to attitudes to disability in this part of the island. This review draws upon studies of disability in the United Kingdom and further a field, in Europe and beyond, as well as on the two relevant Irish studies.

So the previous studies which were most pertinent were: MacGreil’s groundbreaking studies on prejudice and tolerance in Ireland (1980, 1996) which included minor disability components, and a Eurobarometer 2001 study, which contained an Irish dimension. The Eurobarometer study was the most recent. It was carried out in January and February 2001 with more than 16,000 EU citizens, including Irish citizens, and covered issues such as the integration of people with disabilities with the rest of society, removing physical barriers to integration, integration in school and education, access to public spaces and events, and considering where responsibility lies for people with a disability. MacGreil (1996) was less recent and his main focus was on forms of prejudice other than those relating to disability. However, his findings were of interest in that they measured changes through time (through comparison with his 1980 findings) as well as allowing some understanding of the relative position of prejudices towards various social groups. His theoretical discussion was both useful and pertinent. (1996: 18-24, 42-54)

Among the international studies, the 1999 study of disability services in Queensland, Australia, was relevant as it covered attitudes to interacting with people with disabilities, access to transport and, like the Eurobarometer study, an examination of who is considered responsible for people, with disabilities (Disability Services Queensland, 1999). The Equal Opportunities Commission in Hong Kong report (1998) looked at, inter alia, perceptions of the opportunities that people with a disability have in relation, for example, to education and employment. The study also reported on perceptions of the abilities of people with disabilities to make a societal contribution.

Recent studies in the United Kingdom included the following. Crisp (2000) reported attitudes to the stigmatisation of people with mental illness and examined the level of knowledge about mental disabilities. The Disability Rights Commission report (DRC, 2000) looked at perceptions of the treatment of people with a disability in Britain as a whole. The Disability Rights Commission Scotland Office reported on public awareness of disability, the fairness with which people with a disability were treated and the rights that people with a
disability should have to transport and education (DRC, Scotland 2001). And in Northern Ireland, a study by the Northern Ireland Disability Council (NIDC) looked at public estimations of the prevalence of disability, attitudes towards life opportunities and access to transport (NIDC, 1998).

### 3.3 Themes and Variations

This section looks at the common themes emerging across the literature and comments on variations by study. It includes some additional specialised literature, as well as the generic studies discussed in the previous section.

#### Knowledge regarding aspects of disability

All the studies show relatively low levels of knowledge regarding disability. For example, 57% of Europeans admit lacking knowledge regarding the different types of disabilities, with knowledge of mental and psychological disability being particularly low (Eurobarometer, 2001). Knowledge of long-term illnesses is reported as being relatively higher in the Eurobarometer study although this is not always associated in respondents’ minds with disability.

Knowledge of disability prevalence amongst respondents in the studies varies. For example, the NIDC survey found that 83% of people in Northern Ireland under-estimated the prevalence of disability, which stands at 17.4%. In the Eurobarometer study, nearly one in five respondents were unable to give an estimate of the prevalence of disability in their country. Of those that were able to give an estimate of prevalence, approximately one third put it at around 20% of the population.

Knowledge of legislation regarding disability is also relatively low. For example, 60% of respondents in the Scottish DRC survey had not heard of the Disability Discrimination Act.

Biklen & Knoll (1987) argue that the greatest barriers for people with disabilities are not technical but attitudinal and that change toward community integration will occur more rapidly if we recognise people with disabilities as a minority who face discrimination. In the report of the results of an opinion poll conducted for SHS Ltd in Scotland (1999) 88% agreed (67% strongly) with the statement that ‘I would be happy to live next door to someone with a learning disability’ and 76% disagreed (55% strongly) that people with learning disability would be better off looked after in hospital than in the community. More females than males agreed with the former statement and more males than females agreed with the latter statement.

In the same poll over half of respondents (51%) disagreed with the statement ‘learning disability runs in families’ but as many had no opinion or ‘don’t know’ (25%) as agree (24%). The same applied to the statement ‘people with a learning disability are often aggressive’. About half (48%) disagreed with this statement but a quarter had no opinion or did not know and the other quarter agreed with it. The statement ‘adults with a learning disability are like children in an adult’s body’ caused most confusion for respondents. Almost equal proportions agreed (40%) as disagreed (37%) and 23% either held no opinion or did not know. Respondents perhaps felt less confident answering these statements as they could be viewed to be more factual than attitudinal. It is therefore likely that people’s responses reflect their knowledge about learning disability.
According to a recent poll conducted by Roper Starch Worldwide (2000), the public is more knowledgeable about learning disabilities today compared to five years ago. Public understanding of learning disabilities has improved since 1995 with fewer people erroneously attributing learning disabilities to physical disabilities such as deafness or blindness and more people today can correctly identify possible indicators of learning disabilities than in 1995. However half of all people (56%) think the environment in which a child is raised causes learning disabilities and 48% say that learning disabilities are sometimes the result of laziness.

Perceptions of fair treatment by society

More than half of the respondents in the DRC Scotland survey thought that people with disabilities are not treated fairly by society and the wider DRC survey in Britain (DRC, 2000) found a similar result. Fairness of treatment varied by different aspects of societal treatment. For example, only 21% in the DRC study thought that people with a disability are treated fairly by employers. In Northern Ireland, fewer than one in ten people felt that there was a fair representation of people with disabilities in "important jobs" (NIDC, 1998).

A commonly expressed attitude in some studies is that it is not justifiable for society to treat people with disabilities less fairly than the rest of society, but there is also evidence that some people hold a contrary view. Two thirds of respondents in the DRC Scotland study felt that it could not be justified to treat people with disabilities less favourably than others. However, there is also evidence that some do see differential treatment as justifiable. The wider DRC survey in Britain reported that 22% felt that it could be justified to treat people with disabilities less favourably than others.

If attitudes to greater integration can be taken as a signal that respondents wish people with a disability to be treated no differently to the rest of society, then there is some encouraging evidence from the Eurobarometer study. The study reports that 97% of respondents favoured doing more to ensure the better integration of people with disabilities into society and 73% rejected the idea of separating people with disabilities from the rest of the community. Contact with people with a disability appears to be a hugely influential factor in relation to the attitudes held by people. Kisabeth and Richardson (1985) documented the experience of one individual with spinal cord injury who participated in an exercise class with 41 undergraduate students, which had a positive influence on the attitudes of the experimental group. Also Feldman & Feldman (1985) found that participants who view a portion of the Muscular Dystrophy Telethon had significantly more positive attitudes toward people with disabilities than the non-viewing group. Amsel & Fichten (1988) also found that volunteer college students who have had previous contact with individuals who have a physical disability are more at ease with their peers who have a disability than those who have had no contact.

In terms of disability awareness education, Binkard (1985) found that the ‘Count Me In’ disability awareness program was effective in building positive attitudes. Thurston et al (1985) also documented the increase in positive attitudes toward people with disabilities among students after the unit of study ‘Attitudes and the Disabled: A Values Education Approach’ was carried out. A variety of activities and simulations have been defined by many authors with the aim of changing negative and prejudicial attitudes toward people with disabilities (Shapiro & Margolis 1989).

Level of "comfort" with people with disabilities
A number of studies report on the level of comfort that people without a disability have regarding people with disabilities. The Eurobarometer study reports that 8 out of 10 respondents said they were at ease in the presence of people with disabilities. The study reports that the feeling of ease is highest in Denmark, UK, Sweden, the Netherlands, Spain and Ireland. MacGreil found that Irish people felt close to and more accepting of people with physical disabilities than they did with regard to people in other stigmatised groups such as members of the Travelling community, gay/lesbian people or those from other ethnic minorities (1996:71,86). However, he also reported a slight diminution in people’s acceptance of people with disabilities as between the early 1970s and the late 1980s (1996: 346).

Levels of ease appear to vary by type of disability. In Australia, the Queensland study found that respondents were more comfortable interacting with a person with a physical disability than someone who had an intellectual disability. The UK study of stigmatisation of people with mental illness (Crisp, 2000) reported that respondents found people with mental disorders "difficult to talk to". Generally respondents reported negative opinions about mental health disorders, particularly regarding those with schizophrenia, alcoholism and drug dependence. Myers et al (1998), in a review of the literature on community integration noted three types of attitude among the general public including lack of awareness that there are people with learning disability in the community, wariness bordering on hostility to the idea and a preparedness to engage with people with disabilities as consumers, neighbours and possibly friends.

Life opportunities in general

Opportunities and barriers in relation to transport, entertainment, education and employment receive wide coverage in the literature and these are reported separately below. However, there is also some evidence on attitudes to life opportunities in general for people with a disability. In Northern Ireland, for example, a large majority of people (97%) are reported as saying that people with a disability should have the same opportunities in life as people who do not have a disability (NIDC, 1998).

Comparing opinion of what should be the case, with opinion on what is actually the case, we find a disparity. The study in Queensland, Australia, reported that 73% believed that people with disabilities do not have access to the same opportunities in the community as people without disabilities. Seventy-six per cent of EU respondents think that access for blind people to basic equipment and events is difficult. Seventy-three per cent believe it is too difficult for people with an intellectually disability, 71% with a physical disability and 54% for people with a hearing disability. However 57% of respondents consider that the access to public spaces for people with disabilities has been improving over the course of the last ten years (Eurobarometer 2001).

Employment opportunities

During the rise of western capitalism and industrialisation people with a disability were increasingly seen as financial burdens since, in many cases, they could not undertake heavy physical labour and were therefore restricted to workhouses. According to this formulation, attitudes toward people with a disability as dependent and deserving of pity can be traced to this enforced dependency, which still exists today albeit in a more ‘humane’ welfare network (Shakespeare and Watson, 1997).
A number of studies provide evidence that people without a disability think that employers still do not treat people with disabilities fairly. The percentages reported as saying so vary by study and by country. In Britain, 41% of respondents in the Disability Rights Commission (DRC) survey said that people with disabilities are not treated fairly by employers. The Scottish DRC survey found that 48% of people in Scotland thought that people with a disability were not treated fairly in employment. In Northern Ireland, a higher percentage (71%) of respondents in the NIDC (1998) survey said that employers do not do enough to meet the needs of people with disabilities. A higher percentage still (91%) in the Equal Opportunities study in Hong Kong (EOCHK, 1998) felt that people with disabilities do not receive equal opportunities in employment. A report by ‘Insufficient Concern,’ documented the attitudes toward employment of both people with a range of disabilities and employers in a borough outside London (Rinalsi & Hill 2000).

From the perspective of the employers almost 50% had employed people with disabilities. However 60% were unaware of the Disability Employment Advisor located within local job centres. Notably one third of employers stated that their employment criteria would be different for people with mental health difficulties as opposed to people with a disability generally. Over 40% thought that they could not make adjustments to their workplace for a person with a disability and 17% did not feel they were able to employ a person with a disability.

Royse & Edwards (1989) noted that companies can derive benefits from the employment of people with disabilities but indicated that management and employers must be involved with the proposal to gain acceptance of the idea. Interestingly, Colorez & O’ Geist (1987) found that positive attitudes toward hiring persons with disabilities may not necessarily reflect a willingness to hire.

Very little attention has been devoted to the situation of females who have a disability particularly in relation to the area of employment. This may be due to an attitude that it is more acceptable for a female to acquire a disability because passivity, docility and dependency are more compatible with the female sex role. Similarly the loss of paid employment may be perceived to be less traumatic for females because they are seen to rely on it less and to have an alternative role in the home as a home-maker (Morris 1991).

In the report of the results of an opinion poll conducted for SHS Ltd in Scotland (1999) the statement that people with a learning disability can be good employees returned a high level of agreement (77%). However more females than males agreed with this.

**Access to education**

Attitudes to access to education and educational opportunities are covered in a number of studies. The DRC Scotland survey found that 96% of respondents agreed that students and pupils with disabilities should have the same rights as those who do not have a disability. Contrasting that attitude with evidence of what actually happens, the EOCHK study found that 77% of respondents did not think that people with a disability received equal opportunities in terms of education.
Some of the studies report attitudes towards integrating the education of people with disabilities along with pupils and students who do not have a disability. The Eurobarometer study reported that 72% of those in EU countries are in favour of children with disabilities being taught in the same schools as other children. Slightly less (66%) are reported in the NIDC (1998) study in Northern Ireland as favouring the idea of integrated education for children with and without a disability.

According to a recent poll conducted by Roper Starch Worldwide, half of parents (48%) agree that in the long run being labelled as "learning disabled" causes children and adults more trouble than if they struggle privately with their learning problems. One in five parents strongly agreed with this. Also parents who chose to help children with a learning disability privately were more likely to view learning disabilities as a reflection of the home environment. Half of parents who chose to help a child with a learning disability privately think that learning disabilities are often caused by the home environment compared to 38% of parents who would seek help publicly.

**Access to transport**

The Australian survey (DSC Queensland) reported that respondents thought access to public transport was the most extreme physical barrier faced by people who have a disability. The Eurobarometer survey found that 88% of Europeans thought that access to public transport for "the blind" is difficult and 85% agreed that access to public transport is difficult for people who have a physical disability.

The NIDC study reported that two thirds of Northern Ireland respondents felt that public transport and taxis do not do enough to meet the needs of people with disabilities. And 95% of those in the Scottish DRC survey said that there should be legislation to make public transport more accessible to people with disabilities.

**Access to shopping, entertainment and leisure**

In the British DRC survey, just over a quarter of respondents said that not enough is being done to make goods and services accessible to people with disabilities. In the Northern Ireland (NIDC) survey more than half said that shops did not cater adequately for people with a disability and 60% said that places of entertainment did not cater adequately for people with disabilities. In Hong Kong, the EOCHK survey found that 80% of respondents felt that people with disabilities do not receive equal opportunities in the provision of services and facilities. However, the Eurobarometer survey reported that there was a perception of some improvement, with 57% saying that access to public places for people with disabilities had improved in the last 10 years. In addition, there was wide support for further removal of physical barriers.
Responsibility for people with disabilities

In Australia, 53% of respondents felt that the Government should be responsible for improving access to community life for people with disabilities, while 27% believed that the general community should be responsible. The Eurobarometer survey reported 66% of respondents saying that local authorities are responsible for people with disabilities, 55% saying that it was the government, 30% saying it was employers and 28% saying voluntary or charitable organisations.

Conclusion

This review of the literature identified a number of common themes, which emerge from research, both national and international, relating to attitudes towards people with disabilities. The findings of the NDA/RES survey will now be described and analysed. Comparisons will also be made between the Irish and the international findings.
4 Results

4.1 Introduction

This study was designed to collect detailed information on how the general population in Ireland perceive disability and people with disabilities. The study focuses primarily on respondent’s opinions and views and covers a range of issues regarding access, treatment and rights. This section describes the results from the survey under a series of headings: perceptions of disability, levels of illness and disability amongst respondents, treatment of people with disabilities, disability in education and employment, difficulties faced by people with disabilities, responsibility for people with disabilities, attitudes to rights and fulfilment, levels of comfort with disability, benefits for people with disabilities, and awareness of the National Disability Authority.

The results in each instance are presented in tabular or graphic form, preceded in each case by a description of the main elements and a description of the main differences between respondents with and without a disability. A description by the main relevant demographic differences is also given in each case. In order to focus the description of differences on the most important, only those that are statistically significant (p< .05) are described in the narrative. Where differences are not discussed, then it can be assumed that they are not statistically significant.

4.2 Perceptions of Disability

When asked, without reference to a list, to name any number of illnesses or disabilities that the term "persons with a disability" refers to, 80% of respondents said "physical disability", 48% said "intellectual or learning disability" and 34% said "mental health disability" (Table 5).

Table 5. Illness and disability to which "persons with a disability" is thought to refer

<table>
<thead>
<tr>
<th>Illness and Disability</th>
<th>% spontaneous</th>
<th>% prompted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disability</td>
<td>80</td>
<td>97</td>
</tr>
<tr>
<td>Hearing loss/visual difficulties</td>
<td>26</td>
<td>81</td>
</tr>
<tr>
<td>Intellectual or learning disability (e.g. mental handicap - Down Syndrome, slow learner)</td>
<td>48</td>
<td>90</td>
</tr>
<tr>
<td>Mental health difficulty (e.g. mental illness - depression, schizophrenia)</td>
<td>34</td>
<td>77</td>
</tr>
<tr>
<td>Long-term illness (e.g. diabetes, dialysis)</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td>Addiction</td>
<td>4</td>
<td>34</td>
</tr>
<tr>
<td>Other: &quot;Wheelchair bound&quot;</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Other: Paralysis</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Other: movement problems</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

When prompted with the list shown in Figure 1, 97% said “physical disability”, 90% said “intellectual or learning disability” and 81% said “hearing loss or visual difficulties”. Those who had a disability or long-term illness, or who knew of someone who did, were more likely to say that HIV/AIDS was a disability and less likely to say that mental illness was a disability (Figure 1).
Female respondents were more likely than male respondents to agree with the statement that ‘It is society which disables people by creating barriers’ (Figure 3).

Fifty per cent of all respondents strongly agreed with the statement that ‘People with disabilities are those who are not able to participate fully in life because of a physical, hearing, visual, learning, mental health or emotional impairment’ (Participation/Impairment). Fewer (31%) strongly agreed that ‘People with disabilities are the victims of some personal tragic happening or circumstance’ (Tragic Victims). Twenty five per cent of respondents strongly agreed with the statement that ‘It is society which disables people by creating barriers’ (Society Disables) (Figure 3)
Respondents who currently have a long term illness or disability and those who know of someone with a long term illness or disability are less likely to say that people with disabilities are the victims of some personal tragic happening or circumstance (Figure 4).

Thirty two per cent of respondents thought that between five and ten per cent of the Irish population had a disability. Seventeen per cent thought that the figure was between sixteen and twenty per cent. Sixteen per cent estimated between twenty-one and thirty per cent, while 13% felt that less than five per cent of the population had a disability (Figure 5).
Female respondents tended to put the percentage of the population with a disability slightly higher than male respondents (Figure 6). Those respondents with a disability or who knew someone with a disability were more likely than other respondents to estimate a higher percentage.

Figure 6. How male and female respondents estimated the percentage of people with disabilities in Ireland
Respondents were told that the current level of unemployment in the general population in Ireland was around 4%. When asked about the percentage of the Irish population with a disability that they thought were unemployed, responses were varied (Figure 7). A majority (61%) of respondents estimated that no more than ten per cent of people with disabilities were unemployed. Forty six per cent of respondents estimated that the level of unemployment was equal to or less than that of the general population (i.e. less than five per cent unemployed). A further 15% estimated the rate to be between five and ten per cent, while 23% of respondents said that the figure was greater than fifty per cent.

Those respondents aged 65 or more estimated a higher percentage to be unemployed than those in lower age groups. Respondents with a disability that knew someone with a disability also estimated a higher percentage of people with disabilities to be unemployed.

Figure 7. Percentage of Irish population with a disability that respondents think are unemployed

4.3 Illness and Disability Amongst Respondents and People they Know

Eight per cent of respondents in the survey had a long-term illness, disability or infirmity (Table 6). Of these, three quarters said that their illness or disability limited normal day-to-day activities. The older the respondent, the more likely it was that they reported having a disability. Amongst those who did not currently have a long-term illness or disability, around half had some experience of disability. Three per cent had themselves, at some time, had a long-term illness or disability that limited their normal day-to-day activities. A further 48% said that they knew someone else who had a disability (Table 7). Of those who knew someone who had a long-term illness, disability or infirmity, 2% said it was their spouse or partner, 20% said it was a member of their immediate family, 29% said it was another relative and 36% said it was a friend (Table 8).
Table 6. Respondents currently with long-term illness, disability or infirmity

<table>
<thead>
<tr>
<th>Have long-term illness, disability or infirmity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of above where illness or disability limits normal day-to-day activities</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 7. Respondents, not currently with long-term illness, disability or infirmity, ever having long-term illness, disability or infirmity

<table>
<thead>
<tr>
<th>Ever had long-term illness, disability or infirmity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of anyone else having a disability</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 8. Persons known by respondents having long-term illness, disability or infirmity

<table>
<thead>
<tr>
<th>Spouse/partner</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of immediate family</td>
<td>20</td>
</tr>
<tr>
<td>Other relative</td>
<td>29</td>
</tr>
<tr>
<td>Friend</td>
<td>36</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>41</td>
</tr>
<tr>
<td>Colleague/work contact</td>
<td>6</td>
</tr>
</tbody>
</table>

4.4 Treatment of People with Disabilities

Respondents were asked how fairly they thought people with disabilities are treated in society. Responses varied by the type of disability, with 53% saying that people with a physical or sensory disability were treated fairly “very much so” or “on the whole” (Figure 8). Fewer (47%) said that people with a learning disability were treated fairly “very much so” or “on the whole”, while fewer still (42%) gave a similar response about people with mental health difficulties.

Females were less likely than male respondents to say that any of the three types of disability were treated fairly (Figure 9). While those aged 65 or more were less likely than younger people to say that any of the three types of disability were treated fairly.
Figure 8. How fairly are people with disabilities treated in Irish society?

Figure 9. Level of agreement with the following statements

a) People with a physical/sensory disability are treated fairly in Irish society
b) People with a learning disability are treated fairly in Irish society

![Graph showing attitudes towards treating people with a learning disability fairly in Irish society by gender.]

Very few respondents (2%) thought that there were occasions when it is alright to treat people with disabilities less favourably than others (Table 9). Eighty five per cent said that there were no such occasions, and 12% were unsure or didn’t know. Although the numbers were small, those on social classes A, B and C1 were more likely than others to say that there were occasions when it is alright to treat people with disabilities less favourably.

Those who had a disability, or who knew of someone who had, were more likely to say that it was never alright to treat someone with a disability less fairly. Those who had a disability, or who knew someone who had a disability, were less likely than other respondents to say that people with any of the three types of disability were treated fairly (Figure 10).

c) People with a mental health disability are treated fairly in Irish society

![Graph showing attitudes towards treating people with a mental health disability fairly in Irish society by gender.]

Very few respondents (2%) thought that there were occasions when it is alright to treat people with disabilities less favourably than others (Table 9). Eighty five per cent said that there were no such occasions, and 12% were unsure or didn’t know. Although the numbers were small, those on social classes A, B and C1 were more likely than others to say that there were occasions when it is alright to treat people with disabilities less favourably.

Those who had a disability, or who knew of someone who had, were more likely to say that it was never alright to treat someone with a disability less fairly. Those who had a disability, or who knew someone who had a disability, were less likely than other respondents to say that people with any of the three types of disability were treated fairly (Figure 10).
Table 9. Respondents’ views on whether there are occasions when it is alright to treat people with disabilities less favourably than others

<table>
<thead>
<tr>
<th>Yes, there are such occasions</th>
<th>2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, there are no such occasions</td>
<td>85%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>12%</td>
</tr>
</tbody>
</table>

Figure 10. How those persons with a disability or that knew someone with a disability assessed the level of treatment of people with any of the three types of disabilities

a) People with a mental health disability are treated fairly in Irish society

b) People with a learning disability are treated fairly in Irish society
c) People with a physical/sensory disability are treated fairly in Irish society

Fifty four per cent of respondents strongly or slightly agreed with the statement, ‘Society in Ireland shows adequate recognition of the rights of persons with a disability’. However, 11% slightly disagreed and a further 11% strongly disagreed. Female respondents were less likely than males to agree that there is adequate recognition of the rights of persons with a disability (Figure 11). Respondents with a disability themselves or who knew someone else with a disability were less likely than others to say that ‘society shows adequate recognition of the rights of persons with a disability’ (Figure 12).

Figure 11. Level of agreement with the statement: ‘Society in Ireland shows adequate recognition of the rights of persons with a disability’
Those who disagreed were asked to say why. Just over a quarter (26%) of those who disagreed with the statement ‘Society in Ireland shows adequate recognition of the rights of persons with a disability’ said they disagreed because not enough facilities were provided for people with disabilities. Fourteen per cent said that they didn’t think society treated people with disabilities well and 13% said that people with disabilities are regarded as second-class citizens.
4.5 Disability and Education

Turning to education, respondents were asked if children with disabilities should attend the same schools as children without a disability. Forty-six per cent agreed strongly or slightly that they should (Figure 14). While only 16% disagreed either slightly (10%) or strongly (6%), a further 21% of respondents said that it depends on the type of disability. Females were more likely than males to agree that children with disabilities should attend the same schools as children without disabilities. Those with a disability or who knew someone with a disability were less likely to agree that children with disabilities should attend the same schools as children without disabilities.

Those who agreed that children with disabilities should attend the same schools as children without disabilities were asked why. The main reason was the belief that each member of society should have access to equal opportunities (54%). A further 37% said that it was because attending the same schools as children without disabilities offered more educational opportunities, and 26% said that it was good to expose all children to diversity (Table 10). Respondents with a disability, or who knew someone who had a disability, and who agreed that children with a disability should attend the same schools, were more likely to say that it was good to expose all children to diversity (Figure 15).

Figure 14. Level of agreement with the statement: ‘Children with disabilities should attend the same schools as non-disabled children’
Table 10. Why do you agree with the statement ‘Children with disabilities should attend the same schools as non-disabled children’?

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sympathy for them</td>
<td>12</td>
</tr>
<tr>
<td>Provide more educational opportunities for them</td>
<td>37</td>
</tr>
<tr>
<td>Each member of society should have access to equal opportunities</td>
<td>54</td>
</tr>
<tr>
<td>Would not affect the overall learning process</td>
<td>14</td>
</tr>
<tr>
<td>It’s good to expose all pupils to diversity</td>
<td>26</td>
</tr>
</tbody>
</table>

Figure 15. Respondents who said that disabled children should attend the same schools as non-disabled children because it is good to expose all children to diversity.

Those who disagreed that children with disabilities should attend the same schools as children without a disability were asked why they disagreed. The most common reason, given by 67%, was "special needs considerations" (facilities in the study area need special modifications, require facilities/equipment to assist, require special care) (Table 11). Thirty-four per cent said the educational progress of children with a disability would be hindered if they attended the same schools as children without a disability, and 30% said there were safety considerations (worries about infection, worries about tendency towards aggression, possibilities of a sudden relapse).
Table 11. Why do you disagree with this statement ‘Children with disabilities should attend the same schools as non-disabled children’?

<table>
<thead>
<tr>
<th>Considerations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance/physical considerations (Appearance different, poor physical/mental health, emotionally unstable, more irritable temperament, mobility difficulties)</td>
<td>8</td>
</tr>
<tr>
<td>Special needs considerations (Facilities in the study area need special modifications, require facilities/equipment to assist, require special care)</td>
<td>67</td>
</tr>
<tr>
<td>Safety considerations (Worries about infection, worries about tendency towards aggression, possibilities of a sudden relapse)</td>
<td>30</td>
</tr>
<tr>
<td>Non-disabled children’s educational progress hindered</td>
<td>27</td>
</tr>
<tr>
<td>Educational progress of disabled children hindered</td>
<td>34</td>
</tr>
</tbody>
</table>

Those who said, “it depends upon the disability” (21%) were asked why. The most common reason, given by 34% of such respondents, was that the severity of the disability should be taken into account. A further 21% said that it depended on whether special teaching or care facilities would be required. Figure 16 illustrates the level of agreement with the statement ‘children with disabilities should be supported to attend the same schools as children without a disability - i.e. in terms of money, educational aids, personal assistants and adaptations to the physical environment’. Seventy-two per cent of respondents agreed with this statement.

Figure 16. Level of agreement with the statement ‘Children with disabilities should be supported to attend the same schools as non-disabled children, that is.’

Those aged 65 or more were least likely to say that children with disabilities should be supported in this way. Respondents who had a disability or who knew someone with a disability were more likely to disagree with the statement that children with disabilities should be supported to attend the same schools as children without a disability (Figure 17).
Eighty-four per cent of respondents said they would not object if children with a disability were in the same class as their own children (Figure 18). Only 2% said they would object; however, a further 13% said it would depend on the disability. Those who said they would object, or who said that it depends on the disability, were asked to say why. The most common reason given (by 35% of this group) was that they would need to know more about the disability before finally making up their minds. A further 16% of this group said that each person with a disability needs to be assessed individually.

**Figure 17. Level of disagreement with statement that 'Children with disabilities should be supported to attend the same schools as non-disabled children'**

**Figure 18. Would you object if children with disabilities were in the same class as your children?**
4.6 Disability and Employment

Figure 19 indicates the views of respondents on whether people with certain types of disability should have the same employment opportunities as everyone else. Views varied according to the type of disability. Whilst 81% said that those with a physical disability should have the same opportunities, fewer (75%) said the same of those with a learning disability, and fewer again (55%) about those with a mental health disability. Thirty per cent of respondents felt that people with mental health disabilities should not have the same employment opportunities as everyone else.

When respondents were asked if people with disabilities are treated fairly by employers, 34% said ‘yes, on the whole’, with a further 7% saying ‘yes, very much so’ (Figure 20). Twenty one per cent said that employers did ‘not really’ treat people with disabilities fairly and 8% said ‘no, not at all’.

Figure 19. Do you think that people with the following disabilities should have the same opportunities for employment as everyone else?
Figure 20. Do you think people with disabilities are treated fairly by employers?

Figure 21. Those who agreed with the statement that ‘people with disabilities are treated, on the whole, fairly by employers’
Figure 22. In general do you think employers are willing or unwilling to hire people with disabilities?

Those who said they felt that employers were willing to hire people with a disability were asked why. Thirty eight per cent said it was to provide more employment opportunities to help them, 31% said it was to build a good company image and 29% said it was because they were good workers. (Figure 23).

Figure 23. Why do you think employers are willing to hire those who have a disability?

Respondents who thought that employers were not willing to hire people with a disability were asked why. Sixty-three per cent of respondents said it was because of special needs considerations, such as work facilities needing to be specially modified, facilities and equipment to assist, special care, the possible need for additional medical insurance/expenses, and the requirement for more sick leave (Figure 24). A further 44% said it was because of work ability considerations, and 38% said it was because of safety considerations.
4.7 Awareness of legislation

Thirty-seven per cent of respondents were aware of Employment Equality legislation and 29% were aware of Equal Status legislation (Figure 25). Younger respondents (18-24), older respondents (65+), those who did not have a disability or know of someone who had, and those in social class C2, D and E, were less likely than others to have heard of employment equality legislation or equal status legislation.

Figure 25 Respondents’ awareness of equality legislation

4.8 Difficulties faced by people with disabilities

Figure 26 shows the difficulties that respondents thought people with disabilities face when using or accessing public buildings or facilities. Sixty-four per cent thought that people with disabilities had difficulties with steps or uneven surfaces, 46% thought there would be difficulties with footpaths, forty two per cent of respondents mentioned inadequate toilet
facilities and 41% said there were problems where there were no lifts. Only 4% of respondents felt that people with disabilities face no difficulties when using or accessing public buildings or facilities.

When asked what difficulties people with a disability face when shopping, 47% said there would be difficulties in getting into shops, 42% said there were problems with narrow aisles and 41% said that shelves were too high. Other frequently identified difficulties included getting to shopping areas (37%), inadequate parking (34%) and narrow checkouts (32%). Again, 4% felt that people with disabilities face no difficulties when shopping (Figure 27).

Figure 26. What difficulties, if any, do you think people with disabilities face when using or accessing public buildings or facilities?

Figure 27. What difficulties, if any, do you think disabled people face when shopping?
Seventy-two per cent of respondents thought that getting on and off buses and trains was the most common difficulty faced by people with disabilities when using public transport (Figure 28). Forty-one per cent said that getting to bus stops and train stations was a problem, 39% said inadequate space for wheelchairs, and 29% said ensuring that assistance is available can be a problem. Six per cent felt that people with disabilities face no difficulties when using public transport.

Those who had a disability, or who knew someone who had, were more likely than others to say that there were difficulties in getting into shops (Figure 29) and difficulties with staff attitudes (Figure 30). Regarding the use of taxis, 62% said that getting into a taxi was problematic for people with disabilities, 49% said that there was a problem with too few adapted taxis, 45% said there was inadequate space for wheel chairs, while only 2% thought people with disabilities faced no difficulties with taxis (Figure 31).

*Figure 28. What difficulties, if any, do you think disabled people face with public transport?*
Figure 29. Do people with disabilities have difficulty getting into shops?

Figure 30. Do people with disabilities face difficulties with staff attitudes?
In relation to pubs, restaurants etc, 63% said that getting into such places was a problem for people with disabilities, whilst 45% said there were inadequate toilet facilities and 38% said that counters and bars were too high (Figure 32). Thirty-seven per cent said that a lack of space for wheelchairs was a problem and 32% said getting to the place was a problem. Six per cent said there were no difficulties in this area.

**Figure 32. What difficulties, if any, do you think disabled people face when using pubs, restaurants, etc?**

### 4.9 Responsibility for People with Disabilities

When asked if they thought that the care of a person with a disability is mainly the responsibility of the family, the State or the person themselves, 42% were unsure or did not know (Figure 33). Twenty-eight per cent said it was the family’s responsibility, 25% said the it was the responsibility of the State, and 5% said it was the responsibility of the people themselves. Younger respondents (18-24) were most likely to say that it was the responsibility of the family, whilst those aged 45 to 64 and those who currently have a long-term illness or disability were most likely to say that responsibility lies with the State.
Respondents were asked why they allocated responsibility as they did. Eighteen per cent said that the State has a duty to be responsible, 15% said that responsibility falls naturally to the family, and 14% said that families “care more” about family members who have a disability.

Many respondents (46%) were unsure whether State support for the care of people with disabilities is adequate (Figure 34). Twenty-three per cent said it wasn’t really adequate and 11% said it wasn’t adequate at all. Seventeen per cent said that care was adequate “on the whole”, and 3% said that care was adequate “very much so”. Older respondents (aged 65 and over), younger respondents (18 to 24). Those with a current long-term illness or disability (13%) were less likely than others (21%) to say that state support is adequate. Respondents were asked to say why they made the responses they did with regard to the adequacy of State support. Thirty per cent said that funding was not adequate. On the other hand, 13% said that they thought that State support had improved.
4.10 Attitudes to Rights and Fulfilment

Figure 35 shows attitudes to the rights of people with disabilities to the same fulfilment through relationships and sexuality as everyone else. Attitudes varied according to the disability in question. A large majority (83%) felt that people with learning disabilities and people with a physical or sensory disability had the same rights as anyone else. Fewer respondents (59%) said that those with a mental health disability had the same right. Twenty-one per cent said that those with a mental health disability did not have such rights (compared with 5% for those with a learning or physical/sensory disability), while a further 20% were unsure in relation to people with this type of disability.

When asked whether people with disabilities should have children, respondents’ views were again more favourable towards people with learning and physical/sensory disabilities than they were towards those with a mental health disability. Forty per cent said that people with a mental health disability should not have children, compared with 13% for those with a learning disability, and 9% saying that those with a physical disability should not have children (Figure 36).
Respondents were asked the extent to which they agreed or disagreed with the statement 'Given the financial constraints we all face, people with disabilities, including people with severe learning or mental health difficulties, have the right to live in the accommodation of their choice'. Forty-nine per cent agreed strongly that people with disabilities have such a right and a further 37% agreed slightly. Only 4% of respondents disagreed to any degree. When asked about whether people with disabilities have the right to live in respondents’ own neighbourhood,
56% strongly agreed and a further 29% agreed slightly. Again, just 4% disagreed with the statement. Figure 37 shows attitudes to the accommodation of people with disabilities.

**Figure 37. Attitudes to accommodation and living in respondents' neighbourhood**

a) "Given the financial constraints we all face, people with disabilities, including people with severe learning or mental health difficulties, have the right to live in the accommodation of their choice."

(b) "People with disabilities, again including people with severe learning or mental health difficulties, have the right to live in your neighbourhood."
4.11 Respondents’ Levels of Comfort with People with Disabilities

Respondents were asked “on a scale of 1 to 10, where 1 is uncomfortable and 10 is comfortable, can you indicate how comfortable you would feel if persons with the following disabilities were living in your neighbourhood”. Respondents were asked to give an indication in relation to three broad types of disability – learning, mental health and physical/sensory. Again, there are different patterns of response, depending on the nature of the disability (Figure 38). A large majority of respondents reported a high level of comfort (scoring between 8 and 10) for people with learning disability (81%) and physical/sensory disability (84%). However, significantly fewer (53%) indicated such high comfort levels for people with mental health disabilities living in their neighbourhood.

At the other end of the comfort scale, zero per cent of respondents indicated a high level of discomfort (scoring 1 to 3) for people with both learning and physical/sensory disabilities, while just 6% and 4% reported a slight level of discomfort (scoring 4 to 5) respectively for these types of disability. Differences are again apparent for people with mental health disabilities, with 31% of respondents scoring in the ‘uncomfortable’ end of the scale. Of these, 16% gave a score between 1 and 3, and a further 15% gave a score between 4 and 5. Younger respondents (18 to 24) and older respondents (65 and over) had lower comfort scores with people with mental health difficulties. Male respondents had lower comfort scores than female respondents in relation to people with learning disabilities. Respondents with a disability, or who knew of someone who had a disability, had higher comfort scores than others in relation to people with learning disabilities and physical disabilities.

Figure 38. On a scale of 1 to 10, where 1 is uncomfortable and 10 is comfortable, can you indicate how comfortable you would feel if persons with the following disabilities were living in your neighbourhood?

![Figure 38](image)

4.12 Benefits for People with Disabilities

Respondents were asked about State benefits for people with disabilities. 40 per cent said that the State does not provide enough benefits, 25% said that the State provides adequate benefits, and 3% said that the State provides more than enough benefits for people with disabilities.
disabilities (Figure 39). Younger respondents (18 to 24) and older respondents (65 and over) were less likely than others to agree that the State provides more than enough benefits for people with a disability. Respondents in these age groups were also less sure about their response and recorded more ‘don’t knows’ than others.

**Figure 39. In the context of State benefits for disabled people, which statement do you agree with the most?**

![Bar chart showing responses to the statement about State benefits for disabled people by age group.](image)

Female respondents were more likely than male respondents to say that the State does not provide enough benefits for people with a disability (Figure 40). Respondents with a disability (Figure 41), or who knew someone with a disability (Figure 42), were more likely to say that the State does not provide enough benefits for people with a disability.

**Figure 40. Level of agreement with the statement that ‘The State provides more than enough benefits for disabled people’ by gender**

![Bar chart showing responses to the statement about State benefits for disabled people by gender.](image)

**Figure 41. Level of agreement with the statement that ‘The State provides more than enough benefits for disabled people’ by disability status.**

![Bar chart showing responses to the statement about State benefits for disabled people by disability status.](image)

**Figure 42. Level of agreement with the statement that ‘The State provides more than enough benefits for disabled people’ by personal knowledge of disability.**

![Bar chart showing responses to the statement about State benefits for disabled people by personal knowledge of disability.](image)
Figure 41. Level of agreement with the statement that ‘The State provides more than enough benefits for disabled people’

Figure 42. Level of agreement with the statement that ‘The State provides more than enough benefits for disabled people’
In relation to prioritising extra State spending, respondents were asked to indicate their top three priorities from a given list (Figure 43). Forty per cent listed benefits for people with a disability as their number one priority for extra spending. Benefits for homeless people (18%) and retirement pensions (17%) were the next highest priority. Similarly, benefits for people with disabilities were also the highest second priority area for spending. Figure 44 shows respondents’ responses to ways in which the State might help people with disabilities.

**Figure 43 In order of priority which three of these (benefit types) would be your highest priorities for extra spending?**

Respondents were again asked to indicate their top three priorities from a given list. The highest first priority (24%) was "better provision of services", followed by "more help by way of direct health care" (23%) and "making laws to ensure that people with a disability are treated fairly by society" (18%). "Better provision of services" was also the highest second priority (26%), followed by "more help by way of enhanced benefits", i.e. more money" (20%) and "making laws to ensure that disabled people are treated fairly by society" (19%).
4.13 Awareness of NDA

Only 12% of respondents had heard of the National Disability Authority (NDA) (Figure 45). Those aged between 18 and 24, and those in social classes C2, D and E, were less likely than other respondents to have heard of the NDA. Those with a current disability or who knew of someone who had a disability were more likely than others to have heard of the NDA.

Figure 45. Have you ever heard of the National Disability Authority (NDA)?

Of those who had heard of the NDA, the most common source was newspaper or magazine (49%), TV and radio (23%) and friends (15%) (Figure 46). Those who had heard of the NDA were asked what the NDA does. The most frequent response was that the NDA stands up for...
or protects people with disabilities (40%) (Figure 47). A further 29% said that the NDA helps or looks after people with disabilities.

**Figure 46. How have you heard of the NDA?**

![Bar chart showing how people heard of the NDA](chart1)

**Figure 47. What do you think the NDA does?**

![Bar chart showing the functions of the NDA](chart2)

*PWD: People with a disability
NRB: National Rehabilitation Board*
5 Conclusions

5.1 Citizenship of People with Disabilities: Attitudinal Barriers and Supports

The findings of this survey indicate that attitudes are not clear-cut towards people with disabilities and their right to equal citizenship and full inclusion in Irish society. In some ways, the attitudes reported are supportive of full citizenship for people with disabilities, but there is also evidence of some significant ambivalences and clearly, some disturbing stigmatisation remain especially in relation to people experiencing mental distress.

5.1.1 Attitudinal Supports

The survey findings show that there is a reasonably high level of recognition among the Irish population of the fact that unfair treatment is still meted out to people with disabilities. There is also a perception that significant barriers remain in place, which impede people with disabilities when they try to access a broad range of facilities and services. Accompanying this recognition of inequality and lack of citizenship rights in practice, was a strong level of support for increased State action most especially to improve benefits, remove barriers to access and improve services. The prioritisation accorded to this was indicated most especially when 40% of respondents said that their first choice for increased state expenditure was for improved benefits for people with disabilities.

These findings suggest that there is a considerable pool of support among Irish people for the equality agenda in relation to people with disabilities, with greater support, as will be discussed below, expressed by females and by people who have some direct experience of disability.

5.1.2 Ambivalent Attitudes to Citizenship: Support for Equality, but Concerns about Special needs in Education and Employment

Areas of ambivalence and negativity modify the impact of the broadly supportive attitudes discussed in the previous section. The ambivalence related in particular to the issue of ‘special needs’ in education and in employment. Further analysis showed that this concern with regard to special needs was more likely to be expressed by people with disabilities or those with a close friend or relative with a disability.

This is an area that would merit further investigation but a possible explanation is that those with a direct experience of disability remain sceptical about the provision of facilities in places of education and employment, which would render their full participation possible. There are likely to be issues relating to the de facto implementation of mainstreaming policies, which need further research.

5.1.3 Attitudinal Barriers to Citizenship and Equality: Evidence of Discomfort and Stigma, Especially Regarding People with Mental Health Difficulties

As noted in section 4, the results showed that people’s attitudes to disability are strongly affected by the type of disability involved. Many results suggested elements of discomfort and stigma, particularly in relation to people with mental health
difficulties. Thus people expressed reservations or negative attitudes towards living
near people with mental health difficulties; a significant proportion denied the rights
of people with mental health difficulties to fulfilment through relationships, parenting
and sexuality; a large minority considered that people with mental health difficulties
should not have the same employment opportunities as everyone else. In all cases
the figures in relation to people with physical, sensory or learning disabilities were
very different.

To summarise, the findings of this survey show that there is a strong basis of
support among Irish people for social change and full citizenship for people with
disabilities. However, this support relates primarily to those with physical/sensory
and learning disabilities. Much remains to be done in order to ensure that similar
support is developed for inclusion of people with mental health difficulties.

### 5.2 Differences between Respondents with and without Direct Experience
of Disability.

A second theme to emerge from the data analysis was the clear relationship between attitudes
and personal experience of disability, whether that of the respondent themselves or that of a
family member or friend. Analysis showed that there were a number of significant differences
in the responses of people who themselves had a disability, or who knew someone who had,
compared with respondents who did not. This is a theme that also emerged in some of the
international literature and it has informed awareness and attitude changing campaigns in
other countries.

The differences in the Irish study covered most topics covered in the survey and can be
summarised as follows.

- **What constitutes disability?**

  Those who had a disability or long-term illness, or who knew of someone who did, were
  more likely to say that HIV/AIDS was a disability and less likely to say that mental illness
  was a disability. Those who had a disability or who knew someone with a disability were
  more likely than others to estimate a higher percentage of the population as having a
disability.

- **Fair treatment**

  Those who had a disability, or who knew someone who had a disability, were less likely
  than other respondents to say that people with a mental health disability, a physical
disability or a learning disability were treated fairly by society. Those who had a disability,
or who knew of someone who had, were more likely to say that it was never right to treat
someone with a disability less fairly.

  And those who have a disability or who know someone who has a disability were less
  likely than others to say that there is adequate recognition in Ireland of the rights of
  persons with a disability.
• **Education**

Those with a disability or who knew someone with a disability were less likely to agree that children with disabilities should attend the same schools as children without a disability, perhaps out of concern that their special needs would not be adequately met. However, amongst those who did agree that they should attend the same schools, those who had a disability, or who know someone who had a disability, were more likely to say that this would not affect the overall learning process and that it was good to expose all children to diversity.

Regarding support to send children with disabilities to the same school as children without a disability, respondents who had a disability or who knew someone with a disability were more sure of their response (fewer said “don’t know”) and they were more likely to disagree with the statement that children with disabilities should be supported to attend the same schools as children without a disability.

• **Disability and employment**

Those who themselves had a disability or who knew someone with a disability estimated a higher percentage of people with a disability to be unemployed. And they were more likely than others to say that people with a physical or mental health disability should have the same employment opportunities as everyone else. Those who had a disability or knew someone who had a disability were less likely than others to agree that people with disabilities are treated, on the whole, fairly by employers and they were more likely to have heard of Employment Equality legislation and the Equal Status legislation.

• **Access difficulties**

Those who had a disability, or who knew someone who had, were more likely than others to say that there were difficulties in getting into shops and that people with a disability face difficulties with staff attitudes.

• **Comfort levels with disability**

Those with a current disability, or who knew of someone who had a disability, had higher comfort scores than others in relation to people with learning disabilities and physical disabilities.

• **Benefits**

Those who currently have a disability or who know of someone who has a disability were more likely to say that the State does not provide enough benefits for people with a disability.

• **Awareness of the NDA**

Those with a current disability or who knew of someone who had a disability were more likely than others to have heard of the NDA.
Overall, therefore, it is clear that people with a direct and personal experience of disability display a higher level of knowledge an awareness of issues in relation to disability and a stronger level of support for action to improve equality and citizenship in relation to people with disabilities.

5.3 Gendered Attitudes

Analysis of the findings also revealed some significant gender differences in attitudes towards people with disabilities, suggesting that attitude formation in this area is a gendered process and further suggesting that any strategies to change attitudes need a gendered approach.

The findings show that female respondents were more likely than male respondents:

- To say that it is society which disables people by creating barriers
- To disagree with the statement that society treats people with disabilities fairly
- To disagree with the statement that society in Ireland shows adequate recognition of the rights of persons with a disability
- To agree that children with a disability should attend the same schools as children without a disability
- To have higher comfort scores in relation to people with learning disabilities
- To disagree with the statement that the State provides enough benefits for people with disabilities.

So, where there were significant gender differences, these consistently show more positive views among females than males towards equality and social citizenship of people with disabilities, suggesting that a gendered approach is needed in awareness campaigns.

5.4 Conclusion

The findings of the survey echo, in many ways, findings from previous studies carried out elsewhere in the world. There is relatively low awareness amongst people without a disability of the prevalence of disability and of the legal framework that protects people with a disability. However, there are generally liberal views expressed on the rights of people with a disability to the same access and social privileges as everyone else. This trend is stronger among females than males and among people with a direct experience of disability than among those with none.

In general, respondents felt that the rights and access currently accorded to people with disabilities fell somewhat short of what they said should be the case. This is reflected, for example in the finding that barely more than half of the respondents felt that ‘Society in Ireland shows adequate recognition of the rights of persons with a disability’. State benefits and State support for people with disabilities were thought to be less than adequate and, in the area of employment, the perceived attitude and behaviour of employers fell somewhat short of respondents views on what should be the case, both in access to employment and in the way in which employers treat people with a disability.

There was some ambivalence apparent in attitudes to people with a disability, which varied by the type of disability. For example, when asked about integrating the education of children with and without a disability, 13% said, "it depends upon the disability". In general, attitudes to
people with mental health disabilities were less positive than those expressed towards people with physical disabilities. Firstly, respondents were much less likely to mention mental health as a disability than they were to mention physical disability. Secondly, respondents report lower levels of comfort with people with mental health disabilities. And, thirdly, respondents seem less sure about the rights of people with mental health disabilities to work and to have families.

Clearly, the attitudes, opinions and knowledge expressed by respondents without a disability are less well informed about the difficulties facing people with a disability and less well enlightened about the extent to which people with a disability’s rights are supported by society and the State. There is some work to be done in educating the general public further as to the many ways in which disability affects people with a disability’s daily lives. In particular, this might usefully be aimed at people’s perceptions of those with mental health problems or disabilities.

Finally, some caution needs to be exercised in interpreting the general level of “liberality” in responses to the survey questions. Behaviour can differ from that which an expressed attitude might lead one to expect. It is interesting, for example, that the majority of respondents express views on the rights of people with a disability which fall short of what they think society actually accords them. If the sample reflects the society from which it is drawn, and there is no reason to suppose that it does not, then it is the respondents themselves, and others like them, who accord less favourable conditions to people with a disability than their avowedly liberal attitudes suggest. Their behaviour, therefore, may be out of line with their expressed opinions.

To conclude, the present survey has now set a baseline against which future changes in attitudes towards people with disabilities can be measured. It has also provided some key learning points for the NDA and other bodies working towards equal rights and citizenship for people with disabilities. These are:

- There is a significant reserve of goodwill and support for people with disabilities among the general population in Ireland, which could be mobilised for positive change;
- Much work remains to be done with regard to the continued stigmatisation of people experiencing mental distress;
- The issues of ‘special needs’ and mainstreaming in education, training and employment merit further investigation to identify the components and causes of the reservations expressed in this survey;
- Any awareness campaigns, or other actions which might aim to improve attitudes towards people with disabilities, will be more effective if they take cognisance of the gendered nature of such attitudes as well as of the positive impact of direct contact with people with disabilities.

It is the intention of the NDA to use the findings of this research to inform its own work and to encourage a similar approach among other relevant organisations, whether national or local; public, private or voluntary. It is also the intention of the NDA to carry out a similar exercise during the period of its second strategic plan, 2004-2006 in order to assess developments in the intervening years.


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