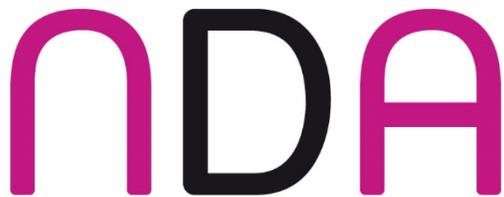


Overview of UNCRPD Article 6 in Ireland

Women with Disabilities

December 2021



Údarás Náisiúnta Míchumais
National Disability Authority

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Background to the UNCRPD Article review papers

The National Disability Authority (NDA) are developing a series of in-depth papers on individual United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) articles. These papers detail the main data available relevant to specific Articles and provides an overview of key policies, programmes, services, supports and data that exist in the Irish context. They are not a critique of what is currently in place but rather a record of what exists. Nevertheless, there are instances where certain gaps or concerns are highlighted, including those advised by the NDA or other stakeholders.

These papers were primarily developed through desk research. However, the papers were also informed by the NDA's own work, updates and discussions at Departmental Disability Consultative Committees, the National Disability Inclusion Strategy Steering Group, and other relevant committees. They were also informed by interactions with the Disability Stakeholders Group and with persons with disabilities, particularly through participation on a range of working and advisory groups across Government Departments on areas related to NDIS actions. Given their factual nature a more direct consultation process with persons with disabilities was not conducted. However, the NDA conducts periodic consultations on issues related to articles of the UNCRPD and seeks to include the lived experience of persons with disabilities individually and through their representative bodies in our work.

The purpose of the papers are multiple. They were developed initially to support the development of the State Party report to the UNCRPD Committee. In line with the NDA's anticipated new statutory function under the UNCRPD, they are also intended to be useful to support the development by the Irish Human Rights and Equality Commission (IHREC) of the State's parallel report to the UNCRPD Committee. They will also be used internally as reference papers within the NDA. The NDA has published these documents on our website to make them available to a wider audience to support any work underway to develop shadow reports on implementation of UNCRPD in Ireland.

Due to the the changing nature of policies, programmes, services, supports and data these reports will date and we will endeavour to update them periodically to reflect any changes. The papers are not intended to be exhaustive but seek to provide a broad overview of the main issues of relevance to each article.

In the first instance five articles were reviewed and are available at <https://nda.ie/publications/others/uncrpd/series-of-papers-on-individual-united-nations-convention-on-the-rights-of-persons-with-disabilities-uncrpd-articles.html>

These were selected to reflect some of the main topics of concern to the stakeholders noted above and to include some of the cross-cutting issues such as children and women with disabilities. It is intended that the NDA will develop further papers during 2021 and 2022.

- Article 7, Children with Disabilities
- Article 8, Awareness Raising
- Article 26, Work and employment
- Article 28, Adequate Standard of Living and Social Protection
- Article 31, Statistics and Data Collection

Introduction

This document describes the current Irish context in relation to the lens of Article 6 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It includes:

- General Comment No. 3, adopted by the Committee on the Rights of Persons with Disabilities in 2016
- Data on women with disabilities in Ireland, including in respect of:
 - Education and Employment
 - Family, relationships and parenting
 - Abuse and violence
 - Intersectionality
- National policies and strategies related to women with disabilities
- International obligations protecting and promoting the rights of women with disabilities
- The work of the Citizen's Assembly on Gender Equality
- Representation of women with disabilities in public and political life.

Convention text

Article 6- Women with disabilities

- I. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Type of Right

The UNCRPD includes economic, social, cultural and civil and political rights. States which ratify the Convention commit themselves to immediate delivery of civil and political rights to people with disabilities, and to progressive realisation of social and economic rights. Article 6 contains elements of both types of rights.

General Comment No. 3 (2016)

The Committee on the Rights of Persons with Disabilities will adopt a General Comment where it feels further interpretation of a particular article is needed, in order to assist States Parties in fulfilling their obligations. It has adopted seven General Comments to date. It adopted General Comment No. 3 on Article 6 in 2006. In it, the Committee identified a number of areas of concern, including violence, sexual and reproductive health and rights, and discrimination, especially the prevalence of multiple discrimination and of intersectional discrimination against women with disabilities. The Committee also elaborates on the types of discrimination to which women with disabilities may be subjected. The General Comment states that women and girls with disabilities are more likely to be discriminated against than men and boys with disabilities and women and girls without disabilities.

Examples of compounded discrimination experienced by women with disabilities include:

- Direct discrimination: where women with disabilities are treated less favourably than another person in a similar situation for reason related to a prohibited ground. It also includes detrimental acts or omissions on the basis of prohibited grounds where there is no comparable similar situation. For examples, where testimonies of women with intellectual disabilities are dismissed in court proceedings because of their perceived lack of legal capacity, thus denying those women justice and effective remedies as victims of violence.
- Indirect discrimination: where laws, policies or practices that appears neutral but that nonetheless have a disproportionately negative impact on women with disabilities. For examples, where healthcare facilities appear accessible,

but do not include accessible examination beds for women with disabilities attending for gynaecological screenings.

- **Discrimination by association:** where a person is discriminated against on the basis of their association with a person with a disability. Often, women in a caregiver role experience this type of discrimination. For example, the mother of a child with a disability may be discriminated against by a potential employer who fears that she may be a less engaged or available employee because of her child.
- **Denial of reasonable accommodation:** where necessary and appropriate modifications and adjustments (that do not impose a disproportionate or undue burden) are denied despite being needed to ensure that women with disabilities enjoy, on an equal basis with others, their human rights and fundamental freedoms. For example, a woman with a disability may be denied reasonable accommodation if she cannot undergo a mammogram at a health centre owing to the physical inaccessibility of the built environment.
- **Structural or systemic discrimination:** where discrimination is found in institutional behaviour, cultural traditions and social norms or rules. Harmful gender and disability stereotyping, which can lead to such discrimination, is inextricably linked to a lack of policies, regulations and services specifically for women with disabilities. The lack of awareness, training and policies to prevent harmful stereotyping by public officials, be they teacher, health service providers, police officers, prosecutors or judges, and by the public at large can often lead to the violation of rights. For example, women with disabilities may face barriers when reporting violence, such as disbelief and dismissal. Such harmful practices are strongly connected to and reinforce socially constructed gender roles and power relations that can reflect negative perception of or discriminatory beliefs regarding women with disabilities.

Key Data and Statistics

This section provides some general statistics from Census 2016 and on IDS TILDA. Later sections of the report provide more detail on statistics related to particular issues.

- There are 643,131 people with a disability in Ireland. This is 13.5% of the general population of 4,761,865.
- Of the 643,131 people with a disability, there are 331,551 women and 311,580 men. Women with disabilities make up 51.6% of the population of people with disabilities. Women with disabilities make up 13.8% of the population of women in Ireland (2,407,437), and 7% of the general population.

- There was an increase of 8.5% in the number of women with disabilities since the 2011 Census, in which 305,607 identified as having a disability.
- The types of disability and the number of women who identified as having each is broken down in Table I below

Table I: Number and percentage of women for each disability type

Type of Disability	No. of women	% of all women
Blindness or a serious vision impairment	28,293	8.5%
Deafness or a serious hearing impairment	49,330	14.9%
A condition that substantially limits one or more basic physical activities	150,039	45.25%
An intellectual disability	25,858	7.8%
Difficulty in learning, remembering or concentrating	71,107	21.4%
Psychological or emotional condition	64,798	19.5%
Other disability, including chronic illness	163,408	49.3%
Difficulty in dressing, bathing or getting around inside the home	79,342	24%
Difficulty in going outside home alone	108,144	32.6%
Difficulty in working or attending school/college	109,425	33%
Difficulty in participating in other activities	127,325	38.4%

Source: Census 2016

A breakdown of persons with a disability from census 2016 are outlined in Table 2 by gender.

Table 2: Age distribution of people with a disability by gender

Age	Female (% of total female population of that age)	Male
15 and under	24,521 (4.7% of all girls in this age group)	40,823
16-74	226,498 (13%)	220,662
75 and over	80,532 (53%)	50,095

Source: Census 2016

IDS TILDA

The Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing is longitudinal study of those ageing with Intellectual Disability. The study collects data on health status and access to health services amongst other things.

There was a large increase in reported diagnosis of constipation from 17.3% in Wave 1 to 43.5% in Wave 3, with women presenting with higher prevalence (48.8%) compared to men (36.8%).

Overall, there was an incidence of 4.7% of dementia between Waves 2 and 3 in IDS TILDA. In Wave 3, 35.5% of people with Down Syndrome had a doctor's diagnosis of dementia, which rose from 15.6% in Wave 1, and there was further incidence of 22.5% between Waves 2 and 3. Dementia screening within the last two years rose from 14.5% in Wave 1 to 30.5% in Wave 3 overall and from 13.9% in Wave 1 to 61.4% in people with Down syndrome. Early onset dementia higher prevalence in females with disabilities (from age 39) than males.

National Strategies and Policies

National Strategy for Women and Girls 2017-2020

This Strategy was launched in May 2017. It is an all-of-Government Strategy that will ensure that a gender perspective is integrated into decision-making on a wide range of policies. The Strategy's key theme is to promote equality for women and girls across all areas of life, in the workplace, in education, in the family, on public and corporate boards, in sport and the arts. The Strategy sets out 139 actions across six high-level objectives, and is intended to be a living document, with further actions added where necessary over its lifetime.

A Strategy Committee was appointed to advise the Department of Justice and Equality on the preparation and implementation of the Strategy. The membership of the Strategy Committee includes all Government Departments, the Health Service Executive (HSE), Enterprise Ireland, the County and City Management Association, Ibec¹, the Irish Congress of Trade Unions (ICTU), the National Women's Council of Ireland, the Union of Students in Ireland (USI), the (Irish Farmer's Association) IFA, The Wheel and the Community Platform. A traffic light system was to be developed, aimed at enabling the Strategy Committee to monitor progress on individual actions and across each objective. The Strategy includes four actions relevant to women with disabilities as outlined in Table 3.

¹ Ireland's lobby and business representative group

Table3: Actions in the National Strategy for Women and Girls relevant to women with disabilities

Outcome	Action	Time Scale	Responsible Body
Data to guide effective supports for women with disabilities before and after they have children	2.20 Undertake further research to guide maternity services and supports for women with disabilities during and post pregnancy	Q4 2019	National Disability Authority
Improved data and information with regard to the impact on quality of life for women with disabilities moving to new models of independent living in the community	3.12 Analyse data to evaluate the impact of the policy of moving from institutional care to living in the community, in terms of the extent of community integration for women with disabilities compared to men with disabilities over the period 2016 to 2019	Q2 2020	National Disability Authority
Greater levels of participation in public life by deaf women and girls	3.13 Extend hours of Irish Sign Language (ISL) remote interpretation service to evenings and weekends. Propose legislation to ensure that all public bodies provide Irish Sign Language (ISL) users with free ISL interpretation when accessing or availing of their statutory services.	Q2 2018	DJE (lead)

Outcome	Action	Time Scale	Responsible Body
Greater focus on women’s participation and on gender issues at community level	4.6 In the context of supporting a greater focus on women’s participation and on gender issues at community level, the Social Inclusion and Community Activation Programme (SICAP) will provide key supports to those most in need in our communities, including disadvantaged women, Traveller and Roma women and women with disabilities, in all Local Authority areas throughout the country. Programme Implementers (PIs) will also ensure gender equality is reflected in their own internal practices regarding their employees and relationships with sub-contractors and suppliers, etc. This will depend on PIs reflecting on their human resources processes to tackle unconscious gender bias and to create a workplace where both women and men can advance into leadership position.	2017-2020	DHPCLG

Source: National Strategy for Women and Girls Action Plan

A progress report was published in March 2019, which covers the period from May 2017- July 2018. A mid-term review of the Strategy was due to be carried out in 2019 but has not yet been made public. In the most recently published strategy committee meeting minutes from April 2021², it was anticipated that there would be a common evaluation of the NSWG together with the Migrant

² [gov.ie](http://www.gov.ie) - National Strategy for Women and Girls: Strategy Committee - Meeting Agendas and Minutes 2021 (www.gov.ie)

Integration Strategy and National Traveller and Roma Inclusion Strategy, which are also due to conclude this year.³

The 2019 progress report reflects a traffic-light score card system aimed at enabling it to monitor progress individual actions.⁴ In March 2019 Action 3.13 was reported to be completed and Action 4.6 as in progress. While actions 2.20 and 3.21 were reported as not yet commenced, these are both NDA actions, and they have since commenced and both are currently underway with completion expected by Q1 2021.

National Disability Inclusion Strategy (2017-2021)

The National Disability Inclusion Strategy (NDIS) is a coordinated and planned approach, across Government Departments, to promote greater inclusion by people with disabilities in Irish society. Key foundations include the Equality legislation, which outlaws discrimination against people with disabilities, among others, and the Disability Act 2005, which gives legal effect to the principle that mainstream public services should serve people with disabilities alongside other citizens ('mainstreaming').

A National Disability Strategy Implementation Group is driving the implementation of the Strategy. This group comprises senior officials of key Government departments; the National Disability Authority and the Disability Stakeholder Group, which comprises six disability umbrella groups and individuals with lived experience of disability.

The original NDIS contained one action which is focused solely on women with disabilities which is outlined in table 4 below.

³ It is likely that, similar to other equality strategies, the National Strategy on Women and Girls will be extended for a further 1-2 years.

⁴ Department of Justice and Equality(2019) **National Strategy for Women and Girls 2017-2020 Progress Report** Page 8

http://www.genderequality.ie/en/GE/NSWG%20Progress%20Report%201_final.pdf/Files/NSWG%20Progress%20Report%201_final.pdf

Table 4: Action from NDIS relevant to women with disabilities

Action	Timeframe	Responsible Body
7. We will proof all new Government policies and programmes against their potential impact on women with disabilities. As a first step, consideration will be given to whether a new Impact Assessment should be developed to support this action, or whether the current (separate) Disability and Gender Impact Assessments are sufficient.	Q4 2017	Department of Justice and Equality

Source: NDIS action plan

In the NDIS traffic light report circulated in December 2019, the Department of Justice and Equality indicated that this action had been completed, explaining that “In the overall equality context, the focus is now on the development of an integrated equality/poverty proofing process that covers all nine equality grounds plus poverty. In this light, and following consultation with the Department’s Gender Equality Division, it would be regressive to maintain separate guidelines for disability impact, gender impact, and impact on women with disabilities.”

National Maternity Strategy

Ireland’s first National Maternity Strategy, ‘Creating a Better Future Together, 2016 – 2026’ was launched by the Minister for Health on 27 January 2016.

The Strategy maps out the future for maternity and neonatal care, to ensure that it will be safe, standardised, of high-quality and offer a better experience and more choice to women and their families

The Strategy contains 77 recommendations. Below are recommendations and associated actions which may be of particular relevance to women with disabilities (Table 5).

Table 5 – Recommendations and actions from the National Maternity Strategy relevant to women with disabilities

Recommendations	Relevant Actions
5. Antenatal care encompasses a holistic approach to the	5.1 Develop a bespoke Make Every Contact Count (MECC) programme for

Recommendations	Relevant Actions
<p>woman's healthcare needs including her physical, social, lifestyle and mental health needs.</p>	<p>maternity hospitals/units in conjunction with Health and Wellbeing Directorate (health promotion and improvement). This programme will focus on awareness and detection of issues associated with mental health, domestic violence, alcohol, tobacco, drugs and lifestyle.</p>
<p>6. Postnatal care promotes health and wellbeing for the new mother and baby, supports breastfeeding and identifies and supports those at risk with a particular emphasis on mental health.</p>	<p>6.2 Establish a working group reflecting public health nursing, primary care and midwifery to ensure a coordinated approach to postnatal care. This approach will build on the experience of previous and existing collaborative arrangements for such care and will recognise regional variations</p>
<p>7. Additional supports are provided to pregnant women from vulnerable, disadvantaged groups or ethnic minorities, and take account of the family's determinants of health, e.g. socio-economic circumstances.</p>	<p>7.1 Develop a plan to support vulnerable women and families ante-natally and women, family and infants post-natally, in conjunction with the local social inclusion team</p> <p>7.2 Each maternity network will, through the newly appointed social workers (5.5), review the number of women who are supported through the new pathway and supply the information to the HSE National Women and Infants Health Programme. The data derived from the review will determine if the service needs to be expanded and/or revised.</p>
<p>7. Additional supports are provided to pregnant women from vulnerable, disadvantaged groups or ethnic minorities, and take account of the family's determinants of health, e.g. socio-economic circumstances.</p>	<p>7.1 Develop a plan to support vulnerable women and families ante-natally and women, family and infants post-natally, in conjunction with the local social inclusion team</p> <p>7.2 Each maternity network will, through the newly appointed social workers (5.5), review the number of women who are supported through the new pathway and supply the information to the HSE National</p>

Recommendations	Relevant Actions
	Women and Infants Health Programme. The data derived from the review will determine if the service needs to be expanded and/or revised.

<p>19. Access to mental health supports are improved to ensure appropriate care can be provided in a timely fashion.</p>	<p>19.1 Engage with the HSE’s Clinical Care Programme on Mental Health and the HSE’s Mental Health Directorate to determine and prioritise the recruitment of consultant perinatal psychiatrists and multi-disciplinary team members. The Mental Health Directorate has developed a plan along the “hub and spoke” model, aligned to the Hospital Groups, and the maternity networks. The NWIHP will continue to work with the Mental Health Directorate to finalise the plan, and determine resource requirements.</p> <p>19.2 Make arrangements for the provision of 19 Clinical Midwife Specialists with appropriate training in perinatal mental health, with a minimum of one per unit and with larger units requiring more</p> <p>19.3 Ensure an appropriate triage system is in place, in line with 19.4 - 19.6, for women showing symptoms of distress, concern or having an underlying mental health issue.</p> <p>19.4 Develop a pathway for women, who are experiencing a level of distress, but not deemed at risk. These women will be seen within 5 working days.</p> <p>19.5 Women deemed at risk of significant harm will be seen by an appropriately skilled professional within 2 working days. CMS in mental health will be the primary point of referral.</p> <p>19.6 Those in need of more specialist support, will be referred into the hub and spoke model within 3 working days of 19.5 assessment.</p> <p>19.6 Develop a plan to implement mother and baby unit(s), building on the working of the Mental Health Directorate and Clinical</p>
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Recommendations	Relevant Actions
	Care Programme in Mental Health. The plan will assess the demand, and how that demand can be met within existing infrastructure or whether a proposal for capital is required.
20. All health care professionals involved in antenatal and postnatal care are trained to identify women at risk of developing or experiencing emotional or mental health difficulties, including an exacerbation of previous mental health issues, in the perinatal period.	20.1 As part of MECC training (5.2) all staff involved in the care of women will be trained to identify at risk symptoms.
21. A multidisciplinary approach to assessment and support is adopted for women at risk of developing or experiencing emotional or mental health difficulties in the perinatal period.	21.1 Clinical Care Programme/Mental Health Directorate model is multi-disciplinary in nature. All professionals involved in antenatal, labour or postnatal care will have received training as outlined at 5.2 and 20.1. 21.2 Ensure that all pathways for women with specific mental health requirements are multidisciplinary.
22. Women with a history of a mental health condition are identified early and midwives will work collaboratively with mental health and other services to ensure that the appropriate support is provided.	Previous actions apply
34. Women are empowered to make informed decisions about their care, in partnership with their healthcare professionals, across the trajectory of the care pathway.	34.1 All healthcare professionals involved in meeting women who are planning a pregnancy or at the early antenatal visits, including GPs and PHNs, will be in a position to inform women about the choices available, and how a woman can access their preferred pathway.

Recommendations	Relevant Actions
<p>35. Information is delivered in a readily understandable format and an assessment of the individual's level of understanding of that information will be considered good practice for all healthcare professionals.</p>	<p>35.1 Ensure that all information, verbal, written and electronic, is available in an easily accessible and understandable format. Support will be sought from agencies such as NALA, and also translation support to ensure that the information reaches the maximum number of women in the most accessible format.</p>
<p>36. Pregnant women are offered choice in the selection of an appropriate pathway of care, based on safety, risk profile and needs; individual risk/need profiles will be reviewed at each interaction with the maternity service.</p>	<p>36.3 All women will be offered a choice of approach, in line with their clinical assessment. Where a woman wishes to access a pathway that is not clinically indicated this will be explained in a sensitive, empathetic and easy to understand manner</p>
<p>42. A co-ordinated approach between the community midwifery team and the public health nursing and general practice services is in place, to support postnatal women and new babies in the community. (The Strategy had earlier recognised that 'Antenatal care should be provided as close to home as possible and should be accessible to all, including those with disabilities.')</p>	<p>42.1 Establish a working group between primary care, including public health nursing and GPs, and other relevant stakeholders to develop an agreed approach that links with each of the care pathways.</p>

Source: National Maternity Strategy

Progress Report 2018

The most recent progress report on the National Women and Infants Health Programme (NWIHP) was published in December 2019.⁵ Key areas of work included:

- The enhancement of maternity services, benign gynaecology services and neonatal care
- Planning and implementation of a termination of pregnancy service
- The model of care for assisted human reproduction
- Model of Care- Supported Care Pathway
- National Clinical Effectiveness Committee Childbirth Guidelines
- Maternal and Newborn Clinical Management System
- In parallel with the development of 'My Pregnancy' book, the team collated and drafted relevant content for the new mychild.ie website launched in December 2018, which provides accessible evidence-based information for parents.

The actions outlined above were not specifically mentioned in the Progress Report.

In line with a HIQA recommendation, NWIHP have revised their 2017 implementation plan⁶ for the National Maternity Strategy and now have a plan from 2021-2026. The revised plan focuses only on those actions that are not yet complete.

HIQA- National Standards for Safer Better Maternity Services

HIQA launched the National Standards for Safer Better Healthcare in June 2012. These National Standards describe a vision for safe, high-quality healthcare. While the National Standards cover all healthcare settings, a need was identified to develop service-specific standards for maternity services in Ireland. Ireland's first National Maternity Strategy (Creating a Better Future Together) was launched by the Minister for Health in January 2016. The National Standards that support the implementation of the National Maternity Strategy are set out in this document. The Standards will sit within the overarching framework of the National Standards for Safer Better Healthcare with the aim of promoting improvements in conjunction with the new National Maternity Strategy. The National Maternity Strategy and the National Standards, when implemented, represent necessary

⁵ <https://www.gov.ie/en/publication/c4c25d-national-women-infants-health-programme-annual-report-2018/>

⁶ [National Maternity Strategy Revised Implementation Plan 2021 -2026 \(hse.ie\)](#)

building blocks to providing a consistently safe, high-quality maternity service, which will in turn work towards restoring public confidence in the service

References to women with disabilities in the National Standards:

- Standard 1.3 Women and their babies experience maternity care which respects their diversity and protects their rights. This standard includes Action 1.3.1: Initial and ongoing access to maternity care complies with legislation and does not discriminate according to age, gender, sexual orientation, disability, civil status, family status, race, religious belief, or membership of the Traveller Community. This means that a woman using a maternity service has access to maternity services regardless of age, gender, sexual orientation, disability, civil status, family status, race, religious belief, or membership of the Traveller or Roma communities.
- Standard 2.7 Maternity care is provided in a physical environment which supports the delivery of safe, high-quality care and protects the health and wellbeing of women and their babies. This standard includes Action 2.7.4: Maternity care is provided in a physical environment that meets the needs of women with a physical disability.
- Standard 6.3 Maternity service providers ensure their workforce has the competencies and training required to deliver safe, high-quality maternity care. This standard includes Action 6.3.20: Healthcare professionals and support staff are provided with disability competence training to equip them with the skills and understanding to provide person-centred care and support to women with disabilities, appropriate to their role.

Women's Health Taskforce

A Women's Health Taskforce was established by the Department of Health to improve women's health outcomes and experiences of healthcare in September 2019. In its first year, the Taskforce engaged with more than 1,000 individuals and organisations representing women across the country.

Based on the evidence and informed by women's voices, the Taskforce chose 4 initial priorities within its action programme:

- Improve gynaecological health
- Improve supports for menopause
- Improve physical activity
- Improve mental health among women and girls

Budget 2021 provided a significant investment to deliver on Programme for Government commitments to 'Promoting Women's Health. This includes a new

dedicated €5m Women’s Health Fund to implement a programme of priority actions arising from the work of the Women’s Health Taskforce. The Budget also provides €12m funding for the development of maternity, gynaecology and fertility services, and €10m funding for screening services including BreastCheck and CervicalCheck.

In 2021, the new Women’s Health Fund will be used to implement actions relating to priorities chosen by the Taskforce based on evidence and extensive consultation.

In October 2019, the NDA was invited to present to the Taskforce, to provide information and statistics on the issue of health in the context of women with disabilities.

Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021

The Breastfeeding Action Plan sets out the priority areas to be addressed over the next 5 years to improve breastfeeding supports, to enable more mothers in Ireland to breastfeed and to improve health outcomes for mothers and children in Ireland.⁷ It does not contain any disability or mental health-specific actions.

Decongregation

The process of decongregation that is underway is part of a major programme of reform (The Transforming Lives Programme) that is delivering fundamental and wide-reaching reforms in the Irish disability sector. Central to this reform is the recognition of the rights of people with disabilities to live ordinary lives in their communities with the supports they need.

In 2008, over 4000 persons with disabilities were living in 72 congregated settings. An analysis of the gender mix of residents in congregated settings at that time indicated that 51% of residents were male, and 49% female (HSE 2011). The latest available annual report indicates that at the end of 2019 the population of persons with disabilities in congregated settings numbered 1,953.

Limited data on decongregation disaggregated by gender is available from the Moving In Study.⁸ The Moving In Study, is a large multi-site research study being conducted by the National Disability Authority and funded by the HSE. 146

⁷ Health Service Executive (2016) **Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021**, Dublin: HSE.

⁸ The study report is currently being finalised and it is expected to be available on the NDA website shortly.

persons resident in priority sites for decongregation participated in Phase One of the Moving In Study. The gender mix of Phase One participants was 57.5% male and 42.5% female. All participants were adults with an intellectual disability. Many participants had multiple disabilities. More than half (52.7%) of participants had mental health difficulties and almost one in four (38.4%) had a physical disability. Female participants were less likely than males to report multiple disabilities (72.6% v 82.1%). More than half of all participants reported severe/profound communication difficulties with slightly lower rates reported by females than males (51.6% v 54.7%). None of the participants were in employment and just 5% were reported to be in education.

The proportion of female participants that transitioned to community settings was significantly lower than the proportion of male participants (50.0% v 71.4%). However, it is considered that rather than reflecting a bias against female residents this pattern reflects the uneven distribution of male and female participants drawn from the priority sites coupled with differences between sites in the pace of transition. No conclusion regarding the overall gendered pattern of transitions from congregated settings can be drawn based on these findings.

Cosc- National Strategy on Domestic, Sexual and Gender-Based Violence

The first national strategy on domestic, sexual and gender-based violence ran from 2010 to 2014. It was developed by Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-based Violence, after consultation over a number of years with relevant stakeholders. That strategy was reviewed in 2012. The final review of the strategy and work to develop a new strategy began in 2014.

The Second National Strategy on Domestic, Sexual and Gender-Base Violence was launched in January 2016 and runs until 2021.

The overall aims of this strategy are to:

- Change societal attitudes to support a reduction in domestic and sexual violence
- Improve supports available to victims and survivors and
- Hold perpetrators to account in order to create a safer Ireland.

The monitoring structures for this strategy will consist of a monitoring committee composed of stakeholders from all sectors working together in partnership and a senior oversight group of senior officials. Both groups will be constituted to meet twice a year. This will coincide with the twice yearly monitoring cycle in relation to actions under the strategy

The Strategy is accompanied by an Action Plan, with high-level goals and actions for achieving them.

Cosc is in the process of undertaking a mid-term review of the Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021. As part of that review, it invited members of the public to complete questionnaires, to inform the review.

Relevant actions all relate to the collection of data. Actions 3.600, 3.603 and 3.604 oblige different government departments and bodies/agencies working in the area(s) of domestic and sexual violence to establish a bottom line 'gold standard' of data collection and analysis. The actions state datasets should be disaggregated by several factors, including by any disabilities of victim and perpetrator.

Comprehensive Employment Strategy

The Comprehensive Employment Strategy 2015-2024 is a ten-year, cross-government approach that brings together actions by different Departments and State agencies in a concerted effort to address the barriers and challenges that impact on the employment of people with disabilities.

There is no action that refers exclusively to women with disabilities.

Equality and disability budgeting

'Equality Budgeting' involves providing greater information on the likely impact of budgetary measures across a range of areas such as income, health and education, and how outcomes differ across gender, age, ethnicity etc. Equality Budgeting helps policy-makers to better anticipate potential impacts in the budgetary process, thereby enhancing the Government's decision-making framework.⁹

A pilot initiative for Equality Budgeting was announced as part of Budget 2018. Six equality objectives were identified in the pilot, and performance measurements for them were then included in the Revised Estimates 2018 (published at the end of that year). Five of the objectives related to gender equality, whilst the sixth related to socio-economic equality. Following the achievements of the pilot programme, Equality Budgeting was expanded in 2019 to further develop the gender budgeting components, and the scope will be broadened to other dimensions of equality, including poverty, socioeconomic inequality and disability.

⁹ <https://www.gov.ie/en/policy-information/aec432-equality-budgeting/>

In order to work with other departments, agencies, experts and advocacy groups in advancing the Equality Budgeting initiative, the Department of Public Expenditure and Reform has established an Equality Budgeting Expert Advisory Group to support this process.

Disability proofing of all substantive proposals requiring Government approval is mandatory.¹⁰ In considering any policy proposal, Government Departments are compelled to apply a Disability Impact Assessment at the earliest possible stage. This involves a comprehensive examination of how any proposed policy, legislation, programme or service impacts on a person with a disability. The analysis should consider all potential impacts, both positive and negative.

International Obligations

Beijing Declaration- Report of the Comprehensive National-level Review (June 2019)

The Beijing Declaration and Platform for Action, adopted at the UN's Fourth World Conference on Women (Beijing, China, 1995) is an agenda for women's empowerment. It aims at removing all the obstacles to women's active participation in all spheres of public and private life through ensuring women a full and equal share in economic, social, cultural and political decision-making. This means that the principle of shared power and responsibility should be established between women and men at home, in the workplace, and in the wider national and international communities.

The Declaration and Platform for Action affirm that equality between women and men is a matter of human rights and a condition for social justice. It is also a necessary and fundamental prerequisite for equality, development and peace. To this end, governments, the international community and civil society, including non-governmental organisations and the private sector, are called upon to take strategic action in the following twelve critical areas of concern for women globally:

- Women and poverty
- Education and training of women
- Women and health

¹⁰

<http://www.justice.ie/en/JELR/20120305%20DIA%20Guidelines.pdf/Files/20120305%20DIA%20Guidelines.pdf>

- Violence against women
- Women and armed conflict
- Women and the economy
- Women in power and decision-making
- Institutional mechanisms for the advancement of women
- Human rights of women
- Women and the media
- Women and the environment
- The girl-child

In June 2000, at the 23rd special session of the UN General Assembly on ‘Women 2000: gender equality, development and peace for the twenty-first century (Beijing +5)’, a Political Declaration and Outcome document entitled ‘Further actions and initiatives to implement the Beijing Declaration and Platform for Action’ were adopted.

A national report was prepared last year and submitted to the Committee in June 2019. A consultation report was also prepared. The report addresses progress in Ireland’s implementation of the 12 critical areas of the Beijing Declaration and Platform for Action over the 5 year period from May 2014 to April 2019, and looks ahead to the next 5 year period, from May 2019 to April 2024. The challenges and setbacks outlined in the report included the recognition that ‘lone parents and women with disabilities continue to have much lower rates of labour market participation’. Another setback, identified in the consultation stage, was that, while the various strategies were welcomed, their implementation was slow. However, the report highlighted that the State had taken specific measures to prevent discrimination and promote the rights of women and girls who experience multiple and intersection discrimination. The report also identifies strategies aimed at women with disabilities in employment and children with disabilities achieving meaningful participation in Early Childhood Care Education.

Istanbul Convention

The Council of Europe Convention on preventing and combating violence against women and domestic violence is based on the understanding that violence against women is a form of gender-based violence that is committed against women because they are women. It is the obligation of the state to fully address it in all its forms and to take measures to prevent violence against women, protect its victims and prosecute the perpetrators.

It was opened for signature on 11 May 2011 in Istanbul. Ireland signed the Convention in November 2015 and ratified it in March 2019.

The Istanbul Convention has due regard to the UNCRC, and it states that the implementation of the provisions of this Convention in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as disability.

Ireland will be subject to monitoring by GREVIO (Group of Experts on Action against Violence against Women and Domestic Violence), which is the independent expert body responsible for monitoring the implementation of the Istanbul Convention. As Ireland's National Human Rights Institution, IHREC has the role of monitoring the implementation of the Istanbul Convention in Ireland and will independently report to the GREVIO on State progress. IHREC has identified the need for a focus on combatting violence against women with disabilities and on intersectionality.

GREVIO will draw up and publish reports evaluating legislative and other measures taken by the countries to give effect to the provisions of the Convention. In cases where action is required to prevent a serious, massive or persistent pattern of any acts of violence covered by the Convention, GREVIO may initiate a special inquiry procedure. GREVIO may also adopt, where appropriate, general recommendations on themes and concepts of the Convention. A date for this monitoring of Ireland by GREVIO is not yet available.

UN Convention on the Elimination of all Forms of Discrimination against Women

The UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) is an international treaty on the human rights of women and girls, which defines discrimination against women, and lists what states need to do to end discrimination.

Ireland signed and ratified CEDAW in 1985. In so doing, Ireland committed itself to achieving equality between men and women in Ireland, including in the areas of political and public life, health, education and employment. Ireland also committed to having its record under the Convention reviewed periodically by the UN's CEDAW Committee. Ireland was examined by the CEDAW Committee in February 2017. This was the first time the Committee examined Ireland since 2005

Following that examination, the Committee recommended that Ireland take measures to collect data which should, inter alia, be disaggregated by sex, gender, ethnicity, disability and age, in order to inform policy and programmes on women and girls, as well as assist in tracking progress in the achievement of the Sustainable Development Goals.

The Committee also recommended that the State ratify the UN Convention on the Rights of Persons with Disabilities.

Education and Employment

Of the whole female population, 83,736 girls and women had ceased education by time they were 15. Of this number, 36,638 (or 43.75%) were women with disabilities. According to Census 2016, there are 19,252 female students with disabilities over the age of 15. Table 6 below outlines the highest level of education received by women with disabilities.

Table 6: Highest level of education among women

Level of education	Number of women with disabilities
Primary	63,344
Secondary- lower	49,619
Secondary- higher	45,756
Technical/vocational	22,185
Advanced certificate/ completed apprenticeship	7,820
Higher certificate	10,667
Ordinary bachelor degree/professional qualification or both	14,934
Honours bachelor degree/professional qualification or both	14,653
Postgraduate diploma or degree	12,825
Doctorate (Ph.D.)	1,079

Source: Census 2016

There are 60,732 women with disabilities in employment. This compares with 69,335 men with disabilities in employment. This means that 25% of men with disabilities, and 19.6% of women with disabilities are in employment. However, this age bracket includes people over the retirement age. Given the disproportionately large number of people over the age of 65 among the disabled population, it is informative to examine the data for those aged 15-64 only. Among the disabled population in this age group, participation rates were 51.1% for men and 42.2% for women.

The biggest difference between women and men with disabilities in employment comes under the type of work entitled 'Employer or own account worker'.

17,578 men with disabilities chose this as the best descriptor of their work, while only 5,056 women with disabilities chose it.

46,258 women with disabilities were looking after the home or family, 65,863 women with disabilities were unable to work due to illness or disability, and 6,529 women with disabilities were retired.

Data from Census 2016 shows that both men and women with a disability were about half as likely to be working as people without a disability of the same gender.¹¹ 39% of men with a disability were employed, compared to 78.4% of men without a disability. 34% of women with a disability were employed compared to 67% of women without a disability.

Table 7 below shows the proportion of people aged 20-64 with and without a disability by principal economic status and gender

Table 7: Principal economic status by gender and disability status

Principal economic status	Males with a disability %	Females with a disability %	Males without a disability %	Females without a disability %
Employed	39.0	34.0	78.4	67.3
Unemployed	16.0	10.6	11.0	8.0
In education	4.5	4.9	5.7	6.0
Unable to work due to permanent illness or disability	33.4	31.5	1.1	1.0
Other	7.1	19.0	3.9	17.7

Source: Census 2016

According to the National Women’s Council of Ireland (NWCI), women with disabilities often face particular obstacles when trying to navigate their way through the world of paid work because of both their gender and disability. The NWCI have stated that the disadvantaged position of women in society in general, including segregation into specific sectors, and concentration in low-paid,

¹¹ National Disability Authority (2019) **NDA Factsheet 2: Employment**, Dublin: NDA.

part-time jobs, is doubly reflected in the labour market experiences of disabled women.¹²

Some of the issues identified by the NWCI in the employment context include lack of adequate supports for women's central role in caring and family responsibilities; lack of suitable childcare for mothers of disabled children; assumptions that disabled women are being taken care of by someone else and therefore don't really need to work; lack of acceptance that women with disabilities have a right to access paid work and; traditional gender-based expectations of suitable work for disabled women.

However, previous research demonstrates that disability and gender can interact in a way that results in unexpected outcome. While it may be logical to assume that if women and people with a disability are disadvantaged in terms of labour market participation, then women with a disability are 'doubly disadvantaged', an analysis of the 2006 Census shows that this is not necessarily the case. The gender gap in labour market participation among people with disability was smaller than expected, given the overall patterns by gender and by disability.¹³

Inclusion Ireland have expressed concerned that women with disabilities have often been invisible in discourse on the gender pay gap.¹⁴

NEET

A NEET is the term used to describe a young person usually aged 16 to 24 who is "Not in Education, Employment, or Training".¹⁵ Studies have shown that time spent NEET can have a detrimental effect on physical and mental health, and increase the likelihood of unemployment, low wages, or low quality of work later on in life. By age 21, young people who have been NEET for six months or more are more likely than their peers to be unemployed, earn less, receive no training, have a criminal record, suffer from poor health and depression.

¹² National Women's Council of Ireland (2008) **Disability and Women in Ireland 'Building Solidarity and Inclusion**, Dublin: NWCI, p.30.

¹³ Economic and Social Research Institute and Equality Authority (2012) **Disability in the Irish Labour Market**, Dublin: ESRI and Equality Authority, p.21.

¹⁴ Inclusion Ireland (2017) **Submission to the Department of Justice On Gender Pay Gap**, Dublin: Inclusion Ireland.

¹⁵ National Disability Authority (2019) **NDA Factsheet No. 3**
<http://nda.ie/Resources/Factsheets/NDA-Factsheet-3-NEET/NDA-Factsheet-3-NEET-Briefing-Information1.pdf>

Men are slightly more likely to be NEET than women. For people without a disability this is 9.9 percent and 9.3 percent respectfully. This gender difference follows through to people with a disability where it is 24.7 percent compared to 21.1 percent. For all types of disability except two, men are more likely to be NEET than women with the same disability. The two disabilities where the gender trend is reversed are:

- Difficulty in dressing, bathing or getting around inside the home
- Difficulty in going outside home alone.

Family

There are 71,773 women with disabilities acting as the 'head' of their household. There are 89,342 women with disabilities who described themselves as the 'spouse' in the household in Census 2016.

There are 116,405 women with disabilities who are married, 29,254 women with disabilities who are separated or divorced and 66,763 women with disabilities who are widowed.

Mothers with disabilities

In the 2016 Census, 209,222 women with disabilities stated that they had children. This is 63.7% of disabled women who are mothers, compared to 46.9% of non-disabled women. 50.9% of women with disabilities aged 25-44 were mothers, compared to 53.4% of non-disabled women in the same age group. Almost a quarter of the population of women with a disability (24.6%) had four or more children, while only 10.6% of the population of women without disabilities had the same number of children. It is important to note that there is also a column entitled 'Not stated' in respect of the question of whether a woman has children or not.

There were 118,040 single mothers with disabilities. There were 115,312 mothers with disabilities married, including same sex civil partnerships. There were 28,916 separated and/or divorced mothers with disabilities and 66,318 widowed mothers with disabilities.¹⁶

¹⁶ Figures received from the Central Statistics Office following a request from the NDA, April 2020.

Reproductive Health

There is currently no national level data collection and monitoring of perinatal mental health complications in Ireland.¹⁷ Of approximately 1,500 mothers reviewed by the liaison perinatal mental health team in the Coombe Women & Infants University Hospital in 2013, 25% were diagnosed with antenatal depression, and a further 42% were diagnosed with postnatal depression.¹⁸

In November 2007 the National Disability Authority commissioned research, in a joint initiative with the National Women's Council of Ireland, to explore the strengths and weaknesses of publicly funded Irish health services provided to women with disabilities in relation to pregnancy, childbirth and early motherhood. The research, funded by the National Disability Authority, was carried out by a team of researchers from the School of Nursing and Midwifery in Trinity College, Dublin.

The first report from this project, **Women with Disabilities: barriers and facilitators to accessing services during pregnancy, childbirth and early motherhood**, is a review of literature, both national and international, identifying the challenges that women with disabilities face in accessing health services during pregnancy, childbirth and early motherhood.¹⁹ The report also documents factors, identified in the literature, which facilitate access to these health services for women with disabilities.

The second report from the project, **Women with Disabilities: policies governing procedure and practice in service provision in Ireland during pregnancy, childbirth and early motherhood**, is a review of policy governing maternity service provision for women with disabilities in Ireland and in nine other jurisdictions.²⁰ The report contains the findings from a survey conducted with all 19 publicly-funded maternity hospitals/units in Ireland to identify the existence of policies in these facilities.

The third report from the project, **The strengths and weaknesses of publicly-funded Irish health services provided to women with disabilities in relation to pregnancy, childbirth and early motherhood**, is a detailed exploration of women's views and experiences of the services they

¹⁷ Department of Health (2016) **Creating a Better Future Together: National Maternity Strategy 2016–2026**, Dublin: DoH, p.44.

¹⁸ Coombe Women and Infants University Hospital (2014) **Coombe Women and Infants University Hospital Annual Clinical Report 2013**, Dublin: Coombe Hospital.

¹⁹ <http://nda.ie/File-upload/literaturereview1.pdf>

²⁰ <http://nda.ie/File-upload/policyreport1.pdf>

received during pregnancy, childbirth and early motherhood.²¹ The report also sets out findings of focus group discussions with service providers and professionals in the field.

The three reports identified a range of challenges for women with disabilities in their access to and experience of healthcare during and after pregnancy and set out recommendations for improvements. In the period since then, particularly in the last five years, there have been a number of significant national milestones in the area of maternity services. These include Ireland's first National Maternity Strategy²², the first set of National Standards for Safer Better Maternity Care²³ and HIQA's programme of monitoring these Standards²⁴, the development of a model of care for specialist perinatal mental health services²⁵ and the first National Standards for Antenatal Education.

The NDA is aware that the Centre for Disability Law and Policy at NUI Galway are currently working on a project, "**Re(al) Productive Justice**", the objective of which is to make visible the experiences of disabled people seeking reproductive justice. They are examining a range of issues around fertility, contraception, abortion, pregnancy and childbirth, and intend to create a toolkit of best practice for health and social care professionals.²⁶

The first National Maternity Experience Survey (NMES) took place in 2020, providing mothers with an opportunity to report on their experiences of care in Ireland's maternity services. This survey was led by the Health Information and Quality Authority (HIQA) and is part of the National Care Experience Programme, an initiative by HIQA, the Health Service Executive (HSE) and the Department of Health (DOH). During the development of NMES, the NDA

²¹

http://nda.ie/ndasitefiles/NDA%20report%20final%20draft%20_full_%2018th%20may%202010.pdf

²² Department of Health (2016) National maternity strategy. Creating a better future together. 2016 – 2026. Retrieved from

<https://assets.gov.ie/18835/ac61fd2b66164349a1547110d4b0003f.pdf>

²³ HIQA (2016) National standards for safer better maternity services. Retrieved from

<https://www.hiqa.ie/sites/default/files/2017-02/national-standards-maternity-services.pdf>

²⁴ HIQA (2020) Overview report of HIQA's monitoring programme against the national standards for safer better maternity services, with a focus on obstetric emergencies. Retrieved from <https://www.hiqa.ie/sites/default/files/2020-02/Maternity-Overview-Report.pdf>

²⁵ HSE (2017) Specialist perinatal mental health services. Model of care for Ireland. Retrieved from <https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/specialist-perinatal-mental-health-services-model-of-care-2017.pdf>

²⁶ More information is available at the Re(al) Productive Justice website <http://realproductivejustice.com/>.

worked with HIQA to formulate a question to enable survey respondents to report if they had a long-term disability, illness or condition.

A report entitled '**Experiences of Women with Disabilities in their Journey through Maternity Services in Ireland**', was published by the NDA in 2021 and uses NMES data to focus on the maternity care experiences of women with disabilities and is intended to complement the NMES publications.²⁷

Of the 3,204 respondents to the NMES, 217 (6.8%) reported a long-term disability, illness or condition. Almost nine in ten of respondents who reported a long-term disability had one disability, while just over one in ten reported two or more disabilities. Over half (57.6%) of respondents reporting a disability had a mental health, psychological or emotional condition, while over one quarter had another disability or chronic illness (not specified). There were many similarities between the maternity care experiences of those with and without disabilities. In addition, nearly all of the most and least positive experiences for both groups of women in each area of care and across the entire maternity pathway were the same. Women with a disability reported less positive experiences overall in their antenatal care, in their care during labour and birth, in their care in hospital after birth, and in their overall maternity care.

The HSE has developed a suite of quality improvement plans based on the National Maternity Experience Survey's findings.²⁸ The NDA report makes a series of recommendations, including ways in which current or planned quality improvement initiatives can adequately address the needs of women with disabilities or additional care needs. The concern is that initiatives which aren't accessible to all women may serve to perpetuate or exacerbate existing differences in the care experiences of those with and without disabilities.

Childcare Law Reporting report 2015²⁹

Parental disability is spread across various types of family status and the report shows that this mainly refers to cognitive disability and mental illness.

²⁷ National Disability Authority (2021) Experiences of Women with Long-Term Disabilities, Illnesses or Conditions in their Journey through Maternity Services in Ireland, Dublin: NDA. <https://nda.ie/publications/health/pregnancy/experiences-of-women-with-disabilities-in-their-journey-through-maternity-services-in-ireland.html>

²⁸ See <https://yourexperience.ie/wp-content/uploads/2020/10/HSE-RESPONSE-TO-NMES-2020.pdf>

²⁹ https://www.childlawproject.ie/wp-content/uploads/2015/11/CCLRP-Full-final-report_FINAL2.pdf

The Childcare Law Reporting Project collected data during its attendance at court cases since December 2012 and the report provides a statistical overview of those cases, and an insight into the child protection system at the point at which it comes before the courts either at initial application stage, during an application for a court direction, or for a review of an existing order. Some 1,300 such cases make up those statistics. They have also published over 300 case reports, which gives contexts to the statistics. The single biggest factor leading to care proceedings in these cases was the mental health of one or both parents, usually the mother, which featured in 28 of the case reports, almost 10 per cent of the total. A cognitive disability on the part of the parent, again usually the mother (the majority of the parents in these proceedings are parenting alone), which featured in 22 cases, almost 7.5 per cent. This is likely to be an under-representation, as in some cases where alcohol abuse, drug abuse or severe neglect dominated the proceedings, undiagnosed cognitive disability was likely to have featured also.

Allegations of child sexual abuse featured in 17 of the cases reported. In many of these cases cognitive disability and abuse of substances also featured. Thus more than half the cases featuring in the reports concerned mental or cognitive disability on the part of the parent or of the child, alcohol or drug abuse by one or both parents, cultural differences or allegations of sexual abuse.

What many of these cases highlight is the lack of availability of suitable and appropriate services for vulnerable parents. Parents with mental health problems, cognitive disabilities, from minority ethnic groups, parents who are or recently have been in care themselves, parents who are addicted to drugs or alcohol, parents struggling with a child with mental health problems, all require appropriate and targeted support services.

A further issue highlighted in this report is the capacity of parents with mental health difficulties to engage in court proceedings, or, indeed, to consent to voluntary care where this occurs. There was not much evidence of such parents receiving assistance in engaging in the legal proceedings, and in one case the mother's counsel unsuccessfully sought an adjournment because she was not satisfied the mother was capable of giving instructions.

As stated above, a significant proportion of the cases concerned mothers with cognitive disabilities. However, the diagnosis of these cognitive disabilities appears to be somewhat haphazard, and the report frequently features cases where the issue of a parent's cognitive ability arises in the middle of the hearing. Parenting capacity assessments are sometimes carried out before cognitive assessments, and if account is not taken of a person's cognitive capacity they will be bound to fail a conventional parenting capacity assessment. On other occasions a report on

cognitive ability was referred to that was many years old and had been conducted prior to the individual becoming a parent.

Caring

The caring role is very often taken on by females. 45% of women provide care for others on a daily basis (childcare and/or adult care), compared with 29% of men. The average time spent on care per person is 16 hours per week; 10.6 hours for men and 21.3 hours for women.³⁰

49% of those women not in the labour market are outside it because they are caring for family members or others. This also extends to women with disabilities who take on care of others in their family. Caring role can have implications for the health and resilience of the carer.

The 2016 census showed a total of 195,263 persons (4.1% of the population) were providing unpaid assistance to others, an increase of 8,151 (4.4%) on the 2011 Census figure. Women made up just over 6 in 10 carers (60.5% or 118,151 carers) with 77,112 (39.5%) men. There were 3,800 children under 15 years engaged in providing care to others, accounting for 1.9% of all carers.

The 195,263 carers provided 6,608,515 hours of care each week, giving an average (excluding not stated) of 38.7 hours of unpaid care per carer. This is up on the 38.3 average hours care in 2011 and a rise of 321,005 hours of total unpaid care. Women provided almost two thirds (65.9%) of all care hours

Young Carers

The definition of young carers is all persons aged 17 and under who answered yes to the following question (question 22 on the 2016 Census of Population form): “Do you provide regular unpaid personal help for a friend or family member with a long term illness, health problem or disability?”³¹

In 2016, there were 6,108 young carers. Young carers provided 72,053 hours of unpaid care a week in 2016, an average of 11.81 hours per week. Young carers accounted for 3.1% of all carers in 2016. In 2016 the number of female young carers was marginally higher than males for nearly all ages and at an overall level young girl carers made up 51% of all young carers. There were 3,136 girls providing care, with 2,972 boys. The largest difference was for the 17 year old carers – 15.5 girls per 1,000 were carers compared to just 13.1 boys.

³⁰ IHREC (2018) **Caring and Unpaid Work in Ireland**

https://www.ihrec.ie/app/uploads/2019/07/Caring-and-Unpaid-Work-in-Ireland_Final.pdf

³¹ <https://www.gov.ie/en/publication/c2a87f-the-statistical-spotlight-series/>

In 2016, a higher percentage of 15 to 17 year old carers (3.3%) had ceased their full time education compared to all 15 to 17 year olds (2.4%). The largest difference between carers and the overall population was for 16 year old females – 3% had ceased full time education compared to 1.6% of all 16 year old females.

Intersectionality

Traveller community

Irish Travellers continued to have higher rates of disability than the general population. Of the 30,987 Travellers in Ireland, almost 1 in 5 (19.2%) are categorised as having a disability in 2016, up from 17.5 per cent in 2011.

A total of 5,963 Travellers had a disability of some sort in 2016, with 18,717 disabilities recorded. This included 2,833 women.

The 2016 Census showed that 2,006 Travellers aged 0-24 had a disability, with the figures for males and females at 1,184 and 822 respectively. Of male Travellers, 6.7% aged 0-4 had a disability, compared to 5.4% of female Travellers within the same age bracket. For both males and females, the proportion with a disability increased with age. For example, 17.8% of male Travellers aged 20-24 were classified as having a disability; with a comparably high figure of 15.7% for females of the same age. In the 2016 Census, the two most prevalent categories of disability were 'difficulty in learning, remembering or concentrating' and 'other disability, including chronic illness', with 926 and 627 instances respectively. However, the number of recorded instances of various other disabilities increased between 2011 and 2016, such as 'an intellectual disability' (increasing from 392 to 546 cases), 'a psychological or emotional condition' (increasing from 308 to 490 cases) and 'difficulty in dressing, bathing or getting around inside the home' (increasing from 315 to 442 cases).

Asylum Seekers

There are no data available on female asylum seekers with disabilities.

Older Persons

As outlined above, the number of women with a disabilities over the age of 75 (80,532) is much higher than that of men with disabilities in the same age bracket (50,095).

Abuse and violence

Rape Crisis Network Ireland, Sexual Violence against People with Disabilities

Women with disabilities and children with disabilities are particularly vulnerable to sexual violence. The prevalence of abuse among women with disabilities began to be studied internationally in the 1980s and 1990s. In a national survey in the USA, Young et al. (1997) found similar levels of overall abuse among women with and without disabilities (62% of both groups of women had experienced some type of abuse at some points in their lives). However, women with disabilities reported significantly longer durations of physical and sexual abuse when compared to non-disabled women and they were more likely to have been abused within the past year. Of women who had experienced abuse, half of each group had experienced physical or sexual abuse. Husbands or live-in partners were the most common perpetrators of emotional or physical abuse for both groups. Male strangers were the most common perpetrators of sexual abuse. Women with physical disabilities were more likely to be abused by their attendants and by health care providers³²

Between 2008 and 2010, 197 people with disabilities attended Rape Crisis Centres (RCCs) for counselling and support. More than nine in ten of these were survivors of sexual violence (93%) and fewer than one in ten were supporting someone who had been subjected to sexual violence (7%).³³ Of the 184 survivors of sexual violence with disabilities who attended RCCs in these three years:

- Almost half had a learning disability (47%). International research has found evidence to suggest that people with learning disabilities are more vulnerable to sexual violence and exploitation than those with other types of disabilities.
- Almost four in ten survivors with a disability had a mobility impairment (37%)
- Fewer than one in ten survivors with a disability was deaf or hearing impaired (9%)
- Fewer than one in ten survivors with a disability were visually impaired or blind (5%)
- A small number of survivors with disabilities were wheelchair users (2%).

When asked when the sexual violence took place:

³² NDA Briefing Paper on Abuse

³³ <https://www.rcni.ie/wp-content/uploads/SexualViolenceAgainstPeopleWithDisabilities2011.pdf>

- Almost half of survivors with a disability disclosed that they were subjected to sexual violence solely in childhood, under age 18 (48%)
- More than four in ten survivors disclosed that they were subjected to sexual violence solely in adulthood, age 18 and older (42%)
- One in ten disclosed that they were subjected to sexual violence both as adults and children (10%).

When the sexual violence took place was compared between the group of survivors with disabilities and a sample group of survivors without disabilities:

- Survivors with a disability disclosed a lower incidence of sexual violence solely as children and a higher incidence of sexual violence solely as adults compared to survivors with no disabilities in annual RCNI National Rape Crisis Statistics.
- Approximately half of survivors with a disability disclosed they were subjected to the sexual violence solely in childhood (48%) compared to 61% for survivors without a disability.
- Approximately four in ten survivors with a disability disclosed they were subjected to sexual violence solely in adulthood (42%), compared with three in ten survivors with no disability (30%)
- One in ten survivors with a disability disclosed they were subjected to sexual violence both as adults and children (10%). This figure is approximately the same for survivors with no disability (9%) (RCNI, 2011).

Of the 184 survivors with disabilities that attended RCCs between 2008 and 2010 eight in ten were female (81%) and two in ten were male (19%). There are no notable differences between survivors with disabilities and those with no disability (RCNI, 2011). The majority of male survivors with disabilities were subjected to sexual violence solely in childhood (84%). This contrasts with female survivors with disabilities, where four in ten disclosed that the violence took place solely in childhood (40%). Almost half of females with disabilities disclosed that the sexual violence took place solely as adults (48%). This contrasts with male survivors with disabilities, where less than two in ten were subjected to sexual violence solely as adults (16%). Just over one in ten female survivors with a disability were subjected to sexual violence in both their childhood and their adulthood (12%). No male survivors with a disability disclosed being subjected to sexual violence in both childhood and adulthood.

Sexual Abuse and Violence in Ireland report

In 2002, the Sexual Abuse and Violence in Ireland (SAVI) report was published. This report included a chapter on the Sexual Abuse of People with Learning

Disabilities. In 2019, the Government announced plans to complete a second major national study on sexual violence in Ireland.³⁴

The SAVI report identified factors which made people with intellectual disabilities more vulnerable to sexual abuse. Vulnerabilities included deficiencies of sexual knowledge, physical and emotional dependence on caregivers, multiple caregivers, limited communication skills and behavioural difficulties. People with intellectual disabilities may also be more vulnerable to abuse because they may lack or have a reduced capacity to consent to sexual relations. A point highlighted at a 2009 NDA expert roundtable discussion is that UK studies have shown that while many people with intellectual impairments may understand the nature of the sex act and its natural consequences such as pregnancy and sexually transmitted diseases, their understanding of abuse tends not to be as developed.³⁵

An Garda Síochána Policy on Domestic Abuse Intervention (revised edition 2017)

The victim of a Domestic Abuse crime and the offender do not have equal power. The power gained from a sustained pattern of coercion, intimidation and abuse gives the offender power over their victim. This is further exacerbated if the victim is disabled, as they may be more dependent on their abuser, resulting in a greater sense of power / control over the victim. As a result, the victim is vulnerable to pressure, intimidation, and retaliation by the offender. Members of An Garda Síochána responding to Domestic Abuse incidents which involve disabled people should be mindful of this additional sensitivity and should be conscious that the incident may require interagency intervention (Tusla / Non-Governmental Organisations (NGOs) etc).

Personnel within An Garda Síochána should also be aware that disability can take a number of forms, including:

- Physical (for example : mobility, dexterity);
- Sensory (for example : vision, hearing, speech);
- Intellectual (for example : learning, memory);
- Mental (for example: depression, schizophrenia).

³⁴ Details on the planned Sexual Violence survey in Ireland.
<https://www.cso.ie/en/methods/crime/sexualviolencesurvey/>

³⁵ NDA Roundtable on the Mental Capacity Scheme of Bill with a special focus on capacity and sexual relations held on 30 January 2009.

Representation

National Women’s Council of Ireland

The National Women’s Council of Ireland (NWCI) issued a call for women with disabilities in February 2020, in a bid to build more relationships with women with disabilities to ensure they are represented across policy and advocacy work. The NWCI recognised that it did not have much representation from disabled women other than the Irish deaf women society and wished to create spaces to support the direct voices and participation of women.

To date, the NWCI has hosted two meetings of this group, with approximately 35 individual women engaging. Some are engaging through their involvement with the Independent Living Movement Ireland and the Central Remedial Clinic. The NWCI is interested in supporting the women to participate in consultation processes and informing reporting processes such as the UNCRPD, as well as supporting and championing activism and leadership among disabled women.

The first meeting focused on the women’s experiences of coping with COVID19. Women were concerned about continued access to Personal Assistance and other social care supports to guarantee independence, ensure people can self-isolate safely and guard against the risk of institutionalisation for people with disabilities and older people.

The second meeting looked at disabled women’s participation in the women’s movement and women’s community groups at local level. The meeting also began to explore the experience of disabled women and domestic violence. The NWCI hopes to develop a short paper with the group in this area.

Disabled Women Ireland

Launched in May 2018, the mission of Disabled Women Ireland (DWI) is to “be a national voice for the needs and rights of women, trans and non-binary people with disabilities and a national force to improve the lives and life chances of people with disabilities.”³⁶

DWI seeks to:

- Actively promote the participation of women with disabilities in all aspects of social, economic, political and cultural life;
- Advocate on issues of concern to women with disabilities in Ireland;

³⁶ <https://www.disabledwomenireland.org/>

- Grow a network of disabled women and
- Seek to be the national representative organisation for women with disabilities in Ireland by:
 - Undertaking systemic advocacy;
 - Campaigning on legal and policy change,
 - Campaigning for social change and,
 - Providing information and education.

Political representation

In general, there has been poor representation of persons with disabilities in politics in Ireland. From a brief exploration of 160 T.D.s currently sitting in the 33rd Dáil, four female T.D.s have lived experience of disability. One T.D. has a vocal condition, one has previously worked as a home help provider for young adults with disabilities and two T.D.s have children with sensory disabilities.

Gender Equality

In June 2019, the Taoiseach announced the Government's intention to establish a Citizens Assembly on gender equality, to begin in October 2019 with a view to completing its work in six months. Membership of the Assembly consists of 100 people, comprising a Chairperson and 99 citizens entitled to vote at a referendum. Dr Catherine Day, former Secretary General of the European Commission, was appointed by the Government to chair the Assembly.

The issues the Citizen's Assembly were asked to examine and make recommendations in respect of included the gender pay gap, women's advancement in their professions and the unequal sharing of the burden of care among women and men.³⁷

The Assembly met for the first time on 15-16 February 2020. This weekend included an introduction to the main issues around gender, gender norms and stereotypes, and the family.

The Assembly met for the first time online on the 17 October 2020. This meeting focused on the following topic from the Oireachtas resolution to 'seek to ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in the workplace, politics and public life.

³⁷ <https://www.citizensassembly.ie/en/news-publications/final-resolution-11th-july-2020.pdf>

The Assembly met again on 14 November 2020 to 'identify and dismantle economic and salary norms that result in gender inequalities, and reassess the economic value placed on work traditionally held by women and 'To scrutinise the structural pay inequalities that result in women being disproportionately represented in low pay sectors'. This same topic was discussed at the Assembly's meeting in December 2020.

The Assembly has met twice so far in 2021. In January, it discussed the importance of early years parental care, a greater work-life balance, and the social responsibility of care, including women and men's co-responsibility for care, especially within the family. In February, it met to agree a draft ballot paper on Article 41 of the Constitution, to put forward for voting in April. In March 2021, it met to discuss the theme of gender-based violence.

At the end of its term, the Assembly will complete a report, comprising recommendations on all the topics discussed, and will the report to the Houses of the Oireachtas for consideration.

Summary and Conclusion

The NDA welcomes advances made in recent years that acknowledge the particular issues, barriers and challenges faced by women, including women with disabilities. The continued engagement with the CEDAW, the ratification of the Istanbul Convention and the establishment of the Citizen's Assembly on gender equality all signal a recognition of and commitment to women's issues.

However, while there are many national strategies that refer to women- and commit to carrying out actions which will impact the quality of their lives- there are few strategies that refer to one another. There appears to be a lack of cohesion and collaboration between the different national strategies and the reporting obligations put in place by each one. This will likely lead to cases of implementation/reporting fatigue among department officials. It may also lead to a duplication of efforts by departments. The NDA advises that all strategies acknowledge similar actions committed to in order strategies and work together to deliver the shared goals.

The NDA also notes that, while there is much data on women with disabilities in employment and education, and society in general, there is not much intersectional data. Therefore, it is not easy to find data on female members of the Traveller community with disabilities, or female asylum seekers with disabilities or female members of ethnic majorities with disabilities. Given the

focus on intersectionality in the UNCRPD, the NDA advises that this gap in data collection will need to be addressed.