

A Strategy for Equality

**Report of the Commission on the Status of People
with Disabilities**

October 1996

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Foreword

"We, as people with disabilities, are shouldering our responsibility to ensure that disabled people are "included" as full citizens in Ireland. It is now time that everyone else joins this process, so that we can all live and participate together as equal members of society"

. - excerpt from a submission

It is with great pleasure that I present the Report of the Commission on the Status of People with Disabilities to Government and so honour the pledge we gave to the many people with disabilities, their families and carers we met at our "Listening Meetings" held throughout the country and to those who made written submissions to us.

From the outset, the Commission made consultation and participation our highest priority. I hope that this approach will become part and parcel of the way in which policy will be formed in the future.

This Report is an equality strategy which will, if implemented, set about removing the barriers which stand in the way of people with disabilities who want to live full and fulfilled lives. It will also benefit greatly the parents and carers of people with disabilities. The Commission's strategy involves legislative solutions, proposals for new policy initiatives and new structures for delivery of equality services within a framework of rights, not charity. The Commission has developed a model of service, which places the user of those services at the centre of the process of service delivery, from the planning stage right through to implementation.

While the Commission recommends that a reasonable time frame be set for the implementation of our recommendations, there are, however, a number of recommendations, which require immediate attention. These are as follows:-

Recommendations 23.20 - 23.23 in relation to a special programme to replace sub-standard facilities for people with disabilities, with St. Ita's Hospital, Portrane receiving priority attention.

Recommendation 1.24 in relation to the provision of funding to the new Council for the Status of People with Disabilities.

Recommendation 2.5 in relation to the revision of the EU Treaties.

Recommendation 7.31 in relation to the acute shortage of sheltered workplaces.

Recommendations 3.6 and 3.7 in relation to the retention and resourcing of the Department of Equality and Law Reform.

I firmly believe that if these recommendations are implemented immediately, then a good start will have been made to tackling the gross in-equalities experienced on a daily basis by people with disabilities, their families and carers.

I would like to thank the members of the Commission for their dedication and commitment to our work and, in particular, to compliment our Secretary, Mr. Pat Wylie and the other members of the Secretariat without whose resourcefulness and forbearance this Report would not have been possible.

The Hon. Mr. Justice Feergus M. Flood

Chairperson to the Commission

Preface

The Commission on the Status of People with Disabilities was established on the 29th November, 1993 by the Minister of Equality of Law Reform, Mervyn Taylor, TD. with the following terms of reference:

1. To advise the Government on practical measures necessary to ensure that people with a disability can exercise their rights to participate, to the fullest extent of their potential, in economic, social and cultural life.
2. To examine the current situation of people with a disability and the organisation and adequacy of existing services, both public and voluntary, to meet their needs.
3. To make recommendations setting out necessary changes, in legislation, policies, organisation, practices and structures to ensure that the needs of people with disabilities are met in a cohesive, comprehensive and cost effective way.
4. To establish the estimated costs of all recommendations made, and
5. To report to the Government within a period of two years from the date of its establishment.

The Commission received some 600 written submissions, a majority of them (327) from individuals with disabilities. A further 111 submissions came from parents and others close to people with disabilities while 162 submissions were received from organisations. In addition, the Commission held 30 "listening meetings" at ten centres around the country as well as at a number of locations in and around Dublin. Members of the Commission heard at first hand at these meetings of the frustrations and problems facing people with disabilities. Between the submissions and the listening meetings, the Commission drew up a comprehensive picture of the lifestyles of people with disabilities.

The Commission appointed a number of Working Groups and individuals to examine and develop proposals on various issues. Their reports, a number of which the Commission is making available publicly, provided an extremely valuable input into the Commission's deliberations. These reports represent the views of the Working Groups which produced them, and do not necessarily reflect the views of the Commission.

Public life does not stand still while a Commission deliberates. During the lifetime of the Commission, several important issues arose which were of great

significance to people with disabilities, and these were taken up by the Commission.

A comprehensive submission was made, under the chairmanship of Commission member Dr. Gerard Quinn, to the Constitution Review Group, recommending specific amendments to the Constitution to ensure equal rights to people with disabilities in all aspects of Irish life.

Submissions were made to the Minister for Equality and Law Reform, Mervyn Taylor, T.D. concerning the content of proposed Equality Bill and the Equal Status legislation. As well as making general proposals as to the manner of securing equal rights for people with disabilities, the Legislation Working Group made a technical submission regarding the important matter of the definitions of disability which would be appropriate to this legislation.

The Report of the Special Education Review Committee, published by the Minister for Education was followed by the White Paper "Charting our Education Future". The Commission's Education Working Group made a comprehensive submission to the Department of Education, focusing on the need for new education legislation which would ensure equality of opportunity, access and participation for disabled students, by creating entitlements to services and by providing for reasonable accommodation for all disabled students in mainstream schools. Members of this Working Group had the opportunity to meet with senior officials of the Department of Education on this issue.

A delegation from the Commission met with the Irish Minister for European Affairs to stress the importance of including a non-discrimination clause in the E.U. Treaty.

A comprehensive submission was made to the Working Group on a Courts Commission, highlighting the problems which people with disabilities face in securing access to one of the most fundamental rights in a democratic state, the right of access to the Courts and the legal system; proposals were made to the Working Group on Taxicab provision, dealing with this most important aspect of transport provision for people with disabilities; consultations took place with the Insurance Federation of Ireland, in respect of inequalities in the right of access to insurance provision; discussions took place with Aer Rianta and Aer Lingus regarding access to air travel.

The Secretariat of the Commission was provided by the Department of Equality and Law Reform and comprised of:

Mr. Pat Wylie – Secretary

Mr. Breandán O Cathasaigh

Ms. Anne Colgan and

Ms. Ann Casey

The Commission would also like to acknowledge, with thanks, the support and assistance they received from the following:

Ms. Lucinda MacMahon

Ms. May McCarthy

Ms. Irene O'Keeffe

Ms. Eileen Bowden

Ms. Betty Ann Carroll and

Ms. Collette Deely

One of the most important aspects of the Commission itself was the fact that 60 per cent of its members were people with disabilities, their carers or family members. Its members were:

Mr Justice Feergus Flood, Chairperson

Sr. Angela Magee

Mark Blake-Knox

Frank Mulcahy

Jacqui Browne

Seamus Ó Cinnéide

Anne Coogan

Allen O'Connor

John A. Cooney

Kathleen O'Flaherty

Paddy Doyle

Margaret O'Leary

Frieda Finlay

Arthur O'Reilly

Michael Gogarty

Colman Patton

David Leydon

Gerard Quinn

Paul McCarthy

Annie Ryan

Conn Mac Cinnamhna

Fidelma Ryan

Anne McManus (replaced by John Bohan who in turn was replaced by Paula Lyons)

Frances Spillane (replaced by John Collins)

Listening Exercises of the Commission

- Dublin
 - Coolock
 - Blakestown
 - Ballinteer
 - Tallaght
 - Portmarnock
 - Marino
 - St. James – Headway
 - Dun Laoghaire – Spinal Injuries
 - Youth meetings
 - Travellers Meetings
- Kilkenny
- Cahir
- Cork
- Tralee
- Ennis
- Galway
- Athlone
- Cavan
- Sligo
- Dundalk

Overview

People with disabilities do not want to be pitied nor do they want their disabilities to be dismissed as of little importance. All that is required is a little respect and basic needs and rights. Surely this is not too much to ask?

- excerpt from submission

- 1.1. People with disabilities are the neglected citizens of Ireland. On the eve of the 21st century, many of them suffer intolerable conditions because of outdated social and economic policies and unthinking public attitudes. Changes have begun to come about, influenced by international recognition that disability is a social rather than a medical issue, but many of those changes have been piecemeal. Public attitudes towards disability are still based on charity rather than on rights, and the odds are stacked against people with disabilities at almost every turn. Whether their status is looked at in terms of economics, information, education, mobility, or housing they are seen to be treated as second-class citizens.
- 1.2. People with disabilities are angry, and their justifiable anger was evident in submissions to the Commission and at listening meetings which the Commission held throughout the country over the past two years. The picture that emerged was one of a society which excludes people with disabilities from almost every aspect of economic, social, political and cultural life. People with disabilities and their families made it clear that they want equality, that they want to move from a reliance on charity towards establishing basic rights. They want, and are entitled to, equality and full participation as citizens.
- 1.3. One of the most striking features of the submissions was the sense of absolute frustration which emerged from them. The frustration did not centre, as some might expect, on personal experiences of physical pain, discomfort or impaired function. Nor did it centre on the incurable nature of many disabling conditions or on the question of "why me", which is often discussed in relation to the distribution of disability. On the contrary, the frustration revolved around people's sense that they were being put in a position of having to deal with a myriad of oppressive social barriers in addition to their disabling conditions.

- 1.4.** Another theme to emerge clearly from the submissions and the meetings was that of marginalisation. This word took on a stark reality and force from the hundreds of pages of submissions sent in to the Commission from people with disabilities and their families. Many people with disabilities felt that they were being either kept at, or pushed to, the margins of society. They were not being allowed to realise their potential or to participate as fully as they are entitled to in everyday life.
- 1.5.** Disability can have major implications, not only for the individuals who are directly affected, but also for those who find themselves in the role of informal carers. While it is almost always close family members - parents, spouses, or children - who fill this role, friends or neighbours may also be involved in a major way. The Commission received 100 submissions from the family members of people with a disability. This material was also full of strong feelings and emotion and underlined the point that caring for people with disabilities can be an ongoing physical, mental and emotional strain accompanied by a sense of terrible isolation.
- 1.6.** In practical terms, one of the single largest areas of concern raised in the submissions and at the listening meetings was the question of access and transport. Clearly, the built environment and most forms of transport are very inaccessible for people with disabilities. Many of the submissions from individuals referred to the inability to get out and about, the need to plan every trip and the sense of being "a prisoner in one's own home". They criticised the inaccessibility of public transport: as one person put it graphically, "public transport means that when you are disabled you are no longer a member of the public". These problems are not just mechanical ones but ones that have several important consequences. They mean that people are denied full access to education, to employment and training, to cultural and leisure events. They mean that the overall cost of living for people with disabilities is higher than for other people.
- 1.7.** Another of the major failings identified at the listening meetings was the lack of information available to people with disabilities and their carers. And not just the absence of information but the way in which people were treated when they went looking for it. The difficulty of obtaining access to entitlements and services, both public and private, was of major concern. Many submissions emphasised the lack of co-ordination between service providers, the fragmentation of services and the difficulty in getting entitlements. There is no one source of

information for people with disabilities and they frequently have to go from organisation to organisation in an attempt to identify their options. The absence of easily accessible information is clearly a major factor in the isolation and marginalisation experienced by very many citizens.

- 1.8.** There was serious concern too about education: a failure to provide comprehensive education for people with disabilities results in their being denied access to employment and training opportunities comparable to those available to people without disabilities. Other areas which attracted a large number of comments in the submissions included employment and training, income support, health and personal support. In addition, many complaints were received from people about the length of waiting lists for services.
- 1.9.** All that said, people with disabilities are not without hope. This hope does not centre on finding a "cure" for disabling conditions, but on the possibility of improving their quality of life through changes in existing attitudes and improvements in services which will, together, allow them to develop their own potential. As one submission put it: "It is our earnest wish that people with disabilities will be given their rightful place in society, the opportunity to participate and to contribute fully in all areas of Irish life."
- 1.10.** The Commission on the Status of People with Disabilities wants to see that hope become a reality and has wide-ranging, even radical, proposals to make it happen. For example, it recommends that a Disability Support Service will be established with resource centres all over Ireland, providing information, advice, advocacy, and practical support to people with disabilities and their families from the minute they need it, either from the ante-natal stage or whenever the need arises later in life. It proposes the establishment of a National Disability Authority, charged with overseeing the implementation of new laws aimed at improving the lives of people with disabilities and co-ordinating everyone's efforts to do this. It proposes that new ways of thinking about people with disabilities, underpinned by laws and supported by practical measures, will spell an end to the discrimination and exclusion that is their experience now.
- 1.11.** Perhaps one of the most telling indications of the neglect of people with disabilities is the silence of relevant official statistics. Unlike most European Union countries, there are no comprehensive statistics available for Ireland. The opportunity to determine accurate figures

was missed again in the 1996 census of population: it should not be lost in future censuses. In addition, the Commission repeatedly came up against an absence of information about people with disabilities in relation to a wide range of issues.

- 1.12.** The Commission itself was not in a position to conduct or commission a major survey of the population because of the complexity of the task, the resources and time it would require and because of its own deadlines. However, it asked the Economic and Social Research Institute to assist it by collating existing quantitative data on disability to help it arrive at some overall estimates.
- 1.13.** On the basis of that and reports from other EU countries, the Commission concluded that some 360,000 Irish people, or 10% of the population, have a disability. This number is a conservative estimate and compares, for instance, to 12.5% of the populations across most EU countries.
- 1.14.** Disability is not present in equal proportions among all age groups, tending for obvious reasons to be more common among older people. Recent surveys in Northern Ireland estimated, for instance, that 17.4% of the adult population there have disabilities compared to 3.5% of the child population. Our own estimates suggest that half of all people with disabilities in the Republic are aged 60 and over. When the families of those with disabilities are included - and the Commission specifically included families of people with disabilities in its considerations - a large and significant proportion of the population is clearly affected by disability. There are few families who have not been, are not, or will not be, affected by disability to some extent or other at some time in their lives.
- 1.15.** Pending the next census of population, the Central Statistics Office should carry out a survey of the extent of disabilities in Ireland and establish a system to ensure that relevant data is regularly updated. This survey should be undertaken in the early part of 1997 and updated bi-annually thereafter. All agencies responsible for the monitoring or quality control of services should also ensure that adequate management statistics are collected as a matter of course.
- 1.16.** In drawing up a strategic Irish policy on disability for the first time, it is important to look at the context of change. Attitudes towards disability have changed considerably over the past 15 years, led by a stronger and more vocal movement of people with disabilities throughout the world. The United Nations International Year of

Disabled People in 1981 marked a watershed in thinking and led to the World Programme of Action concerning Disabled People adopted by the UN in 1982. In essence, this international movement has changed the approach towards disability. Rather than being seen as a "personal" or "medical" problem which was the result of an individual's physiological, anatomical or psychological impairment and caused by disease, accidents or other "personal tragedies", it is now seen as a "social" problem whereby disability is caused by society's failure to adapt itself to the different ways in which those with disabilities accomplish activities.

1.17. Three key principles have informed recent international legislation and practice:

- The recognition that disability is a social rather than a medical issue.
- The adoption of a civil rights perspective, and
- The recognition of equality as a key principle of the human rights approach.

1.18. These principles have come together in the United Nations' Standard Rules on the Equalisation of Opportunities for Persons with Disabilities which were adopted in 1993 in consultation with organisations representing people with disabilities. The Rules while not legally binding on UN member states do reflect current thinking about disability policy and are intended to provide the basic international legal standard for programmes, laws and policy on disability in the coming years. They are aimed at ensuring that all people with disabilities can exercise the same rights and obligations as other people. To do so, they set out a list of preconditions for equal participation, including awareness raising, support services, and specific targets for equal participation, including access to the physical environment, access to information and communications, public transport, education, employment, income maintenance, family life, culture, recreation and sports and religion. They also set out specific implementation measures and monitoring mechanisms.

1.19. The Commission sees the UN Standard Rules as being a key document in the future development of disability policy and many of the recommendations in this report are aimed at implementing them. It welcomes the change of emphasis away from a medical approach to disability towards a more social approach, especially when a medical or diagnostic approach ignored the imperfections and deficiencies of

surrounding society. A given level of impairment or degree of restriction does not necessarily lead to disadvantage: it is the societal response (in terms of attitudes and expectations as well as the services and facilities made available) which has an important impact on the extent to which impairment or disability lead to disadvantage. The impairment may be caused by physical, mental, intellectual, emotional or sensory factors. The fact, for example, that many public buildings are inaccessible to people with mobility impairment is not something which is caused by the impairment. It is perfectly possible to construct buildings which are readily accessible to people who use wheelchairs or have other types of mobility impairment. Inaccessible buildings are caused by society's decision, whether informed or uninformed, to build structures in such a way that they will not be accessible to some people.

- 1.20.** After various stops and starts over the years, the Irish disability movement restarted again towards the end of the UN Decade of Disabled Persons (1981-1990). As the European movement of disabled people grew, more Irish people with disabilities became aware of it and wanted to be a part of it. This led to the establishment and growth of organisations controlled (i.e. with over 51% of their membership) by people with disabilities.
- 1.21.** The core message of politically active groups such as the Forum of People with Disabilities, the Centre for Independent Living and the Advocacy Ireland Movement was and continues to be heard both by the media and by policy makers.
- 1.22.** At the European Non-Governmental Organisation (NGO) level members of various Irish NGOs have contributed at the highest level to the many debates that take place on disability issues. One of the highlights for the Irish disability movement was the impact made by the Irish representatives at the first European Disabled People's Parliament held in Brussels in 1993 and co-chaired by an Irish person. Of the 60 speakers who contributed to the debate that day 14 were Irish, and 34 Irish delegates were among the attendance of 500 people with disabilities.
- 1.23.** The recommendations in this report must also be seen against the background of overall developments in Ireland, in particular the development of measures which recognise the importance of equality and equity. Included in those are measures to deal with poverty as well

as efforts to improve the delivery of services to people who need them.

- 1.24.** The Commission welcomes and strongly supports the establishment of a representative Council for the Status of People with Disabilities. It recognises the need to allow the Council to establish itself and to develop its own priorities and ways of working and believes that it will fulfil a central role in lobbying for the implementation of the Commission's recommendations. The Commission recommends that the Department of Equality and Law Reform should provide ongoing core funding at a level appropriate to the importance of the task facing the Council and which takes account of the additional costs which arise in respect of disability, for example, sign language interpreters, braille, transport and so on. We wish the Council and all its members every success in their work.
- 1.25.** The establishment of the Department of Equality and Law Reform is a significant indicator of the Government's recognition of the importance of equality. This is also recognised in the "Equal Participation" section of the Programme for Government – A Government of Renewal - which states that the Government regards "the work of the Commission for the Status of People with a Disability as being fundamentally important" and commits the Government to taking "specific action to end discrimination and to ensure equal opportunity for participation by all our people in Irish life".
- 1.26.** In particular, the Government has committed itself to introduce a Disabilities Act "to set out the rights of persons with a disability, together with the means of redress for those whose rights are denied". The Government will also "put in place mechanisms for full and equal participation by every citizen with a disability in every aspect of our economic and social life".
- 1.27.** The importance of equality has also been emphasised in a report from the National Economic and Social Forum on Equality Proofing Issues which found that people with disabilities are discriminated against in terms of rights and opportunities which other people take for granted. The Commission strongly endorses the NESF recommendations on "equality proofing" as it refers to people with disabilities. The Commission believes that there is an urgent need for the Government to adopt a policy of "disability proofing" legislation and any public policy initiatives. It recommends that the Minister for Equality and Law Reform should bring proposals to Government within six months

aimed at securing agreement to adopting a policy of "disability proofing".

- 1.28.** Given the connection between poverty and disability, the Government's commitment to draw up a National Anti-Poverty Strategy to address all aspects of poverty and social exclusion is also relevant. Under the Strategy, all government departments and state agencies will be expected to include the reduction and prevention of poverty as key objectives in the development and implementation of their policies and programmes. They will also be required to consult and involve people affected by poverty in this process. As a person with a disability stated: "if you are poor you are likely to be disabled, and if you are disabled you are likely to be poor." Disability is a cause of poverty and social exclusion and it is important that specific measures to respond to the needs of people with disabilities are included in the Anti-Poverty Strategy.
- 1.29.** The Programme for Competitiveness and Work, published in February 1994 contains an important commitment to people with disabilities where it states that: "The report of the recently-established Commission on the Status of People with Disabilities will be considered in consultation with the social partners with a view to effecting a real advance in the position of people with disabilities in all aspects of life".
- 1.30.** One of the most important facts about the Commission itself is that almost two-thirds of its members are people with disabilities or are carers of, or members of families with, people with disabilities. In their meetings and deliberations over the last three years, they have learned a lot about disability, the many forms it can take and the many hardships that can be imposed on those affected. Those members who have been previously involved in other disability groups readily admit that they, too, have learned a lot. All these experiences underlie the Commission's approach to its task and its findings.
- 1.31.** The Commission decided a number of issues early on and adopted guiding principles for its work. Among the issues decided was to use the term "people with disabilities" rather than terms which have been used in the past such as "the disabled" or "the handicapped". It does so in order to emphasise the point that people with disabilities are people first and foremost.
- 1.32.** For the purpose of its work, the Commission understood the term "people with disabilities" to include children and adults who

experience any restriction in their capacity to participate in economic, social or cultural life on account of a physical, sensory, learning, mental health or emotional impairment.

- I.33.** It also decided that it should make recommendations for all people with disabilities rather than attempt to divide them up according to types of disability. In doing so, the Commission fully recognises the specific needs of particular groups but is seeking to address the common sense of exclusion experienced by all people with disabilities. The Commission was also particularly mindful of doubly disadvantaged groups, such as women, children or Travellers with disabilities. It was also conscious of the fact that there is inequality and discrimination between groups of people with disabilities, some of whom for reasons of numbers or history are able to exert greater influence than others. For this reason, too, the Commission has adopted the approach of making recommendations as relevant as possible to all people with disabilities.
- I.34.** The three guiding principles adopted by the Commission to inform its work were:
- Equality
 - Maximising Participation
 - Enabling Independence and Choice
- I.35.** The key principle, the principle which underlies all the recommendations in this report, is the principle of equality. People with disabilities must be recognised and treated as having equal status with all other citizens. The State should provide for programmes of affirmative action and positive discrimination to address the past inequalities experienced by people with disabilities. Equal status can only be achieved if the rights of people with disabilities are upheld.
- I.36.** It is important to explain what we mean by equality. There are many ways in which equality can be understood, ranging from formal legal equality, to equality of opportunities, to equality of status at all levels of Irish life. Formal legal equality would simply ensure that all existing formal discrimination against people with disabilities was removed. This is obviously a precondition for equality but it is only a beginning.
- I.37.** There must also be equality of opportunity so that people with disabilities can participate in education, employment, and all other

walks of life on an equal basis. This could involve measures to encourage people with disabilities to participate in education, sport, or cultural activities, or disability and equality training for people working in public services. But equality of opportunity would still not ensure equality of status.

- I.38.** To ensure that people with disabilities have equal status and are widely represented at all levels of Irish life will require affirmative action. Government must take the lead in this but every other sector of Irish life, including local authorities, churches, public bodies, employers, trade union and sectoral organisations, non-governmental, voluntary and community organisations and individuals must recognise that the existing exclusion of people with disabilities from so many aspects of Irish life impoverishes all of us. Examples of affirmative action, or positive discrimination, could include training policies to develop senior management skills among employees with disabilities, or university access programmes for students with disabilities to enable them to participate on equal terms in the university system.
- I.39.** The second principle - maximising participation - means that people with disabilities have the right to participate in all areas of Irish life to the fullest extent possible, and that individually and collectively (and where appropriate, their families and friends) they have the right to influence decisions which affect their lives. It also means that in the course of all policy making, the State should have regard to the needs and interests of people with disabilities.
- I.40.** The third principle - enabling independence and choice - means that people with disabilities have the right to be able to achieve their full potential. They have the right to make their own decisions and choices regarding the conditions of life best suited to their circumstances. They also have the right to quality services which meet their needs at all stages of life and they must not be dependent on charity or voluntary effort.
- I.41.** The State must acknowledge its responsibility to ensure equality of status. In particular, it must assume special responsibility for marginal or vulnerable groups of people with disabilities, and support them, their families and friends to the extent that they cannot do so for themselves.
- I.42.** The Commission proposes a wide range of measures to ensure that people with disabilities become full participants in society, independent and, above all, equal. It puts forward a detailed plan for the overall

structures required to achieve that aim as well as specific recommendations on all aspects of life. When implemented, these recommendations will transform the lives of very many people.

- I.43.** Recommendations on overall government policy and new structures for state services are outlined in detail in the next section of this report along with costings for all the Commission's proposals. The following section, Part 3, addresses the economic issues raised by disability while Part 4 deals with specific areas of social and civil rights for people with disabilities. Part 5 covers the issues affecting those people with disabilities who are particularly vulnerable and Part 6 covers research. The Appendices include further details about specific aspects raised in the body of the report.
- I.44.** Arising from its work, the Commission concluded that there are a number of issues on which it is necessary to have minimum ethical standards, based on respect for human dignity and a safeguarding of individual rights, particularly in the areas of medicine, biology, biotechnology, law and administration. The Commission did not consider that such matters came properly within its terms of reference. It recommends that the Government should take appropriate steps to have such matters addressed at an early date.
- I.45.** Throughout this report, the Commission's intention is that where people with disabilities are mentioned, this will include parents and families of people with disabilities when appropriate.
- I.46.** This is an ambitious report which, when the recommendations are implemented, should change the world for many people with disabilities, including their families and carers. That is no less than people with disabilities deserve and what they, as equal citizens of this state, are entitled to as of right.

The Commission's Recommendations

The Legal Status Of People With Disabilities

1. Definitions of disability should use language which reflects the right of people with disabilities to be treated as full citizens: all definitions of disability should be reviewed and inappropriate and offensive language replaced. (2.2)
2. The Government should
 - propose that a non-discrimination clause in relation, inter alia, to disability is included in the revision of EU Treaties
 - ensure that the EU's power to provide for, and to take legislative action in relation to, disability issues is clarified. (2.5)
3. The Government should support the European Commission Resolution, proposed in its Communication on Equality of Opportunity for People with Disabilities. (2.6)
4. The Commission supports the majority recommendation of the Review Group on the Constitution that the following be added to Article 40.1:

'No person shall be unfairly discriminated against, directly or indirectly, on any ground such as sex, race, age, disability, sexual orientation, colour, language, culture, religion, political or other opinion, national, social or ethnic origin, membership of the travelling community, property, birth or other status' (2.7)
5. The Commission endorses the recommendations of the Review Group in relation to personal rights. (2.8)
6. The Commission welcomes the Review Group's conclusion that the European Convention on Human Rights and Fundamental Freedoms and other international human rights conventions be drawn upon in the area of rights where:
 - a) the rights are not expressly protected by the Constitution;
 - b) the standard of protection of such rights is superior to those guaranteed by the Constitution;

- c) the wording of a clause of the Constitution protecting such right might be improved and fully supports the Review Group's view that this requires a section by section analysis of the fundamental rights provisions of the Constitution. (2.9)
7. The Commission supports the majority recommendation of the Review Group that a Human Rights Commission should be established to maintain an overview of the extent to which human rights are protected at both the constitutional and legal levels, to assess the adequacy of this protection and to make recommendations to Government for the better protection of these rights, as appropriate. (2.10)
8. Article 42 of the Constitution should be amended to include
- the right to education
 - equality within education
 - education at all levels. (2.12)
9. A Disabilities Act should be introduced which sets out the rights of people with disabilities and means of redress for those whose rights are denied. The Act should outlaw all discrimination against people with disabilities and should require public and private bodies, employers and educators to make reasonable accommodation to meet their specific needs. (2.14 - 2.16)
10. Pending the implementation of a Disabilities Act, the outline principles, including definition of disability, of such an Act which are set out in this Report should be reflected in the proposed Employment Equality and Equal Status legislation. (2.20)
11. All Government Departments should review the definitions of disability in legislation under their respective remits. (2.28)

Policy Development and Implementation

12. The Department of Equality and Law Reform should be given prime responsibility for the development, monitoring, co-ordinating and implementation of policy for people with disabilities and should be given the necessary resources for its tasks. (3.6 & 3.7)
13. A Disability Equality Unit should be established within that Department headed by an official at Assistant Secretary level to:

- provide a focal point for disability equality policy and legislation development
 - operate an interdepartmental co-ordinating mechanism
 - monitor the implementation of government decisions in relation to disability policy
 - monitor the achievement of the quota for the employment of people with disabilities in the public sector. (3.7)
- 14.** The Department of Health should be renamed the Department of Health and Social Services. (3.8)
- 15.** Health Boards should be described as Health and Social Service Authorities with appropriate changes in their internal structures. (3.8)
- 16.** An interdepartmental committee should be established at a senior level, under the aegis of the Department of Equality and Law Reform, to co-ordinate government strategy for people with disabilities. (3.9)
- 17.** Each government department should carry out a physical access review and plan to ensure, within five years, that all their premises are accessible to people with disabilities. (3.10)
- 18.** Government Departments and State agencies should provide disability awareness training for all staff. (3.11)
- 19.** A National Disability Authority (NDA) should be established, reporting to the Department of Equality and Law Reform. Its key functions would be:
- to monitor compliance with the recommendations of this Commission and other relevant EU and international agreements that have been accepted by government
 - to serve as a national focal point to co-ordinate disability policies
 - to undertake and commission research on disability issues
 - to advise on and develop standards in relation to disability programmes and services

- to require the creation of appropriate standards for services provided to people with disabilities and to ensure their observance
 - to monitor and evaluate programmes and services for people with disabilities
 - to provide grievance and redress procedures
 - to publish an annual report to be laid before each House of the Oireachtas and special reports as considered necessary
 - to provide a Disability Support Service at local level
 - to organise Community Action Plans at local level. (3.12 - 3.14)
- 20.** Membership of the NDA should be balanced and representative. At least 60% of the membership should be people with disabilities or their families. (3.15 - 3.16)
- 21.** The NDA should co-ordinate the development of local Community Action Plans. (3.17 - 3.22)
- 22.** Local planning groups should include users and carers and should consult widely with users and carers in the community before drawing up the plans. (3.21)
- 23.** The role of the National Rehabilitation Board will need to be reviewed in the light of the Commission's recommendations. (3.23 - 3.27)
- 24.** Non-governmental and voluntary organisations may need to re-evaluate their current structures and functions and to consider how closer working relationships and even merging with similar organisations may help them to provide the range of services required. (3.31)
- 25.** Services to people with disabilities should have in-built systems of quality assurance, continual dialogue with users, and performance feedback. (3.35)
- 26.** The NDA should draw up guidelines for statutory and non-statutory organisations on effective ways to involve people with disabilities in all aspects of service planning and delivery. (3.39)

27. Each statutory organisation should include a set of objectives for involving people with disabilities as part of their annual targets. (3.40)
28. People with disabilities should be directly represented on relevant boards. (3.40)

Delivering the Necessary Services

29. A Disability Support Service (DSS), which would be the focal point of collection and distribution of information, should be established, and a national network of Disability Resource Centres set up. The Resource Centres would be a simple point of contact for information, advice, support and advocacy. Support Co-ordinators' would be trained to guide individuals or their families through the range of services they might need at different stages in their life. The Disability Support Service would be accountable to the National Disability Authority. (4.3)
30. People with disabilities should be included in preparing, monitoring and evaluating information. (4.5)
31. An assessment of needs should be made at the onset of disability, resulting in a Statement of Needs which identifies the full spectrum of services required by the person concerned from a range of agencies, as well as their financial needs. (4.6)
32. Education and training in self-advocacy should form an integral part of the curriculum followed by people with disabilities. (4.7)
33. Independent advocacy services should be mandatory in residential care settings or similar services. (4.7)
34. The Disability Support Service should have two main components - Support Coordinators and Resource Centres. It should provide outreach activities and should utilise existing structures, personnel and other resources, where possible. (4.9)
35. Support Coordinators should be valuable sources of information to statutory and non-statutory bodies in relation to local needs and adequacy of services. They should be represented on Community Planning Groups. (4.14)
36. Programmes to train Support Coordinators should be provided through third level colleges. (4.16)

- 37.** An independent evaluation of the Support Co-ordination function should be carried out after two years. (4.17)
- 38.** In addition to providing up-to-date information on services available, Resource Centres would provide access to the Internet and to Handynet, the computerised database on technical aids and appliances. (4.19)
- 39.** The right to information should be included in legislation relating to all public services. (4.23)
- 40.** The obligation to provide accessible information on a proactive basis should be included in conditions governing public funding to non-statutory organisations. (4.23)
- 41.** Assessments should go beyond a medically based procedure to a comprehensive, multi-disciplinary, person-centred assessment of disability, utilising self-assessment to the maximum extent possible. (4.30)
- 42.** Measures should be undertaken to harmonise assessment of eligibility. These include the carrying out of assessment by a single agency and the introduction of a 'passport system' whereby qualification for one payment or service would lead to automatic entitlement to a range of other benefits and services. In order to achieve this, an inter-Departmental working group should be set up comprising senior representatives from the Revenue Commissioners and Departments of Health, Social Welfare and Education by the Minister for Equality and Law Reform. (4.32 & 4.33)
- 43.** It is the Commission's view that in relation to each person with a disability the following system should be in place: there should be a new Assessment of Needs process, underpinned by law, with adequate arrangements made for its enforcement and monitoring and for an appeals procedure, and it should lead to a Statement of Needs. (4.34)
- 44.** A person with a disability who requires an assessment of needs should be able to arrange it directly or with the assistance of the Disability Support Service. (4.35)
- 45.** The end result of the assessment process should be a Statement of Needs. The prioritisation of needs should reflect the relative importance of each need in enabling the person to exercise his/her

rights to participate to the fullest extent of his/her potential in all aspects of society. (4.37 - 4.38)

46. Advocacy services should be independent of service providers. (4.47)
47. Self advocacy should, where appropriate, be supplemented by the provision of citizen's advocacy. Funding for such a service should be provided by the Department of Health/Social Services. (4.49)
48. In certain situations, the provision of independent advocacy services should be mandatory. The provision of advocacy should be incorporated into any legislation dealing with particularly vulnerable people in residential settings. (4.49)
49. Funding should be provided by the Legal Aid Board to ensure that people with disabilities can employ an advocate to access expert legal representation, where necessary. (4.49)
50. Adequate appeals and complaints procedures should be established in respect of all services. (4.50 - 4.51)

Income and Disability

51. Further research should be carried out into income support provided to people with disabilities. (6.5)
52. A comprehensive system of income support for people with disabilities should be established which would apply national standards to payments. (6.11)
53. Two types of payments should be established:
 - a payment to compensate for loss of income due to an incapacity for full-timework, or to work to full potential, to be called a Disability Pension
 - a graduated payment to meet the additional everyday costs associated with disability. This payment, which would be made irrespective of whether the person is at work or not, would be called the 'Costs of Disability Payment'(6.12)
54. The current disability benefit payment relates generally to illness rather than disability: it should be renamed 'Sickness Benefit'. People with disabilities who have been receiving this payment for two years or

more should be given the choice of transferring to the new Disability Pension. (6.14)

- 55.** All disability payments should be provided for in legislation to make it clear that there is a legal right to payment. (6.15)
- 56.** The Disability Pension should be a pension payable to all people with disabilities, including those who live full-time or part-time in residential settings, who meet the qualifying conditions. (6.17)
- 57.** The Disability Pension should not be means-tested: the qualifying conditions should protect against misuse. (6.18)
- 58.** The rates of payment recommended by the Commission on Social Welfare should be achieved as a matter of priority in relation to all income replacement payments. (6.19)
- 59.** Incentives to undertake employment should be available to people in receipt of disability pension, taking particular account of the extent to which a person is allowed to work without losing their entitlement and the extent to which the pension is reduced on the basis of such income. (6.20)
- 60.** The State should, as a matter of principle, acknowledge its role of supporting people with disabilities and their families in meeting the additional costs arising from disability. (6.25)
- 61.** The Department of Health and Social Services should introduce a variable and non-taxable Costs of Disability Payment where services are not or cannot be provided. (6.26)
- 62.** There should be a nation-wide assessment procedure based on needs, and an independent appeals system in relation to such assessments (6.27)
- 63.** The existing domiciliary care allowance should continue but its administration should be transferred to the Department of Social Welfare. (6.32)
- 64.** A Carers Allowance should be paid to all carers. Persons caring for people who require full-time care or attention should be eligible for this payment. (6.34 - 6.35)
- 65.** Persons qualifying for the domiciliary care allowance should automatically qualify for the Carers Allowance when the person being

cared for reaches age 16 unless he/she goes into a full-time residential setting. (6.35)

66. Carers of more than one person or of a person in a five day residential setting should be paid on a pro-rata basis. (6.35)
67. Carers should not be disqualified from payment if they are engaged in other work outside their home. A certain level of earnings should be disregarded for qualifying purposes (6.35)
68. Carers should be credited with contributions which entitle them to social welfare benefits (6.35)
69. Subject to the introduction of the new Carers Allowance, existing tax allowances should be phased out for new claimants. (6.37)
70. The means test should be related to the carer's means only and should not include those of his/her spouse/partner. (6.38)
71. The Carers Allowance should not be taxable. (6.39)
72. Specific regard should be given by Government within any Anti-Poverty Strategy to combating the disproportionate impact of poverty on people with disabilities. (6.40)

Work and Training

73. Appropriate legislation, which should take account of the experience of similar legislation in other jurisdictions, should be introduced as soon as possible to outlaw discrimination on the grounds of disability in employment and training. (7.6)
74. The Minister for Equality should bring proposals to Government within six months aimed at securing agreement to a policy of 'disability proofing'. (7.7)
75. There should be increased Government expenditure on creating sustainable employment for people with disabilities. (7.8)
76. An appropriate proportion of the 1% employment levy should be allocated to the provision of work opportunities for people with disabilities. (7.9)

- 77.** The Safety, Health and Welfare at Work Act should be properly enforced in such a way as to ensure that it is not used to impede the employment of people with disabilities. (7.10)
- 78.** State and representative organisations in the agriculture sector should develop additional disability prevention programmes. (7.11)
- 79.** Overall government responsibility for vocational training and employment of people with disabilities should be assigned to the Department of Enterprise and Employment. That Department should produce a strategy paper on the employment and training of people with disabilities within six months of responsibility being assigned. (7.12)
- 80.** The Department of Enterprise and Employment should arrange for the collection, collation and publication of comprehensive labour market statistics in respect of people with disabilities from an early date. (7.13)
- 81.** The 3% quota of public service jobs reserved for people with disabilities should be fully attained within three years. There should be strict monitoring of quota compliance within the civil service and all statutory bodies and annual publication of the situation. (7.16)
- 82.** All exchequer supported organisations established to provide services to people with disabilities should attain an 8% quota within four years. (7.17)
- 83.** The Commission does not recommend the introduction of a mandatory quota in the private sector at this time but recommends that the position be reviewed after three years. Should less than 3% employment of people with disabilities have been achieved within that period, a mandatory quota should be introduced. (7.19 - 7.20)
- 84.** In awarding business contracts, State bodies should, subject to compliance with national and EU regulations, give positive consideration to suppliers of goods or services who comply with the employment quota and/or the NRB Positive to Disability Scheme. (7.21)
- 85.** Programmes such as disability awareness, access audits, disability equality training and disability prevention should be developed and implemented across all sectors of the economy. (7.22)

- 86.** Funding for the NRB Employment Support Scheme should be expanded to achieve a minimum annual target of 500 jobs for people with disabilities over the next three years. (7.23)
- 87.** Additional funding should be provided to the NRB Workplace and Equipment Adaptation Scheme with a minimum target of 500 jobs for people with disabilities over three years. (7.23)
- 88.** IBEC and ICTU consultative committees on disability issues should seek to include people with disabilities. (7.25)
- 89.** The framework of actions by social partners in the Declaration of European Businesses against Exclusion and in programmes such as HELIOS II economic integration should be supported. (7.26)
- 90.** Social partners in national, sectoral or industrial agreements should implement an equality clause which promotes the recruitment and retention in employment of people with disabilities. (7.27)
- 91.** The Department of Enterprise and Employment, in conjunction with the Co-Operative Development Unit in FÁS, should establish a pilot programme of worker co-operative employment by people with disabilities with a target of 100 jobs over the next three years. (7.28)
- 92.** The Department of Enterprise and Employment in conjunction with the Department of Arts, Culture and the Gaeltacht, should initiate programmes to identify and promote employment opportunities for people with disabilities within these sectors. (7.29)
- 93.** Government funding should be provided in the 1997 Budget to provide 500 additional sheltered workplaces to meet the current acute shortage of places. (7.31)
- 94.** The Department of Enterprise and Employment should establish a resource to advise and assist agencies, communities and individuals to develop new employment opportunities, including sheltered workshops. Such support should include help with market research, product development, marketing, financial management. (7.32)
- 95.** The status and rights of people with disabilities in sheltered work settings should be defined and appropriately protected. (7.33)
- 96.** Standards should be introduced for the establishment and operation of sheltered workshops. (7.33)

97. All public employment services should be fully accessible to people with disabilities. (7.35)
98. Occupational guidance should be available to all people with disabilities who seek it. (7.35)
99. People with disabilities should be eligible, without restriction as to period of unemployment, to participate in all government employment measures directed at those who are unemployed. (7.36)
100. People with disabilities participating in government sponsored training programmes should be paid an appropriate training allowance and retain their secondary benefits. (7.42)
101. Matching funding for ESF-supported training should not be dependent on attracting persons who are availing of disability-related income. (7.42)
102. An immediate review of mainstream vocational training programmes should be undertaken with a view to maximising their accessibility to people with disabilities. (7.43)
103. The range of training choices for people with disabilities should be extended by inviting properly accredited training providers outside the specialist agencies to offer relevant and suitable programmes. (7.44)
104. New, innovative and more flexible models of training should be encouraged. (7.45)
105. There should be a greater concentration on job placement activity. (7.45)
106. Priority might be given to training which integrates people with and without disabilities (7.46)
107. Employer-based training models should be further developed. (7.47)

Insurance

108. The Ombudsman's office should investigate, and publish its report, before the end of July, 1997, on any loading by insurance companies of drivers with disabilities.
109. Legislation should be introduced in respect of the following:-

- I. An insurer should not discriminate against any person or group of people with a disability on the basis of their disability, when quoting for or issuing insurance cover, provided, however, that cover for specific disabilities and diseases maybe excluded or provided subject to a higher charge, and benefits with respect to specific disabilities and diseases may be limited in amount,
- II. An insurer should not discriminate against any individual, company or body when quoting for or issuing insurance cover for any event involving people with disabilities, provided, however, that cover may be excluded or provided subject to a higher charge,
- III. An insurer should not discriminate against any individual, company or body when quoting for or issuing motor insurance, provided, however, that cover for specific disabilities and diseases may be excluded or provided subject to higher charge, and benefits with respect to specific disabilities and diseases maybe limited in amount, if the party providing insurance cover can establish the permissibility of such an exclusion, higher charge or limitation.

For purposes of establishing the permissibility of any exclusion or limitation, the party providing insurance must establish by clear and convincing evidence that the exclusion, higher charge, or limitation: (1) is not based on stereotype or prejudice; (2) is supported by sound and current actuarial data; and (3) is necessary to the realisation of a fair and reasonable rate of return on investment by the party providing insurance. (8.7)

Access

- I 10. A national committee, resourced by the Department of the Environment, should be set up to develop policy and practice and to monitor progress in relation to the universal right of access to the built and external environments. (9.18)
- III. The Department of the Environment should ensure that the universal right of access for all citizens becomes the over-arching principle which guides all relevant legislation, policy and practice in Ireland. The planning laws, fire regulations, health, safety and welfare legislation and all other legislation and guidelines which refer to any aspect of the built and/or external environments should also be reviewed by the Department from this perspective. (9.19)

- I 12.** The Building Regulations, 1991 should be reviewed in the Department of the Environment to:
- eliminate inconsistencies from the Technical Guidance Documents which work to the detriment of people with disabilities
 - ensure that each local authority establishes an efficient building control department with responsibility for implementing the Building Regulations (and the Road Traffic Acts) fully and immediately
 - make building inspections mandatory
 - ensure that Part M is enforced vigorously. (9.20)
- I 13.** The Department of the Environment should bring forward legislation to introduce access certificates, along the lines of existing fire certificates, specifying that buildings are safe and appropriate for use. (9.21)
- I 14.** The proposed Disabilities Act should ensure that all premises in public ownership or open to the public in any way (including employees and customers) and the services and facilities they contain should become accessible to all citizens over a short time scale. (9.22)
- I 15.** The Department of Justice should also propose amendments to all legislation pertaining to the granting of licences to premises open to the public - including licences to places of entertainment and public assembly, public houses and restaurants - to require the District Court to have regard to the adequacy of access by people with disabilities. (9.23)
- I 16.** The Department of Equality and Law Reform should introduce Equal Status legislation concerning access to goods, facilities and services as soon as possible, ensuring that the legislation and any accompanying regulations and/or guidelines define what is reasonable and what constitutes undue difficulty in such a way as to minimise derogations which mitigate against the universal right of access. (9.24)
- I 17.** The Department of the Environment should introduce a public awareness campaign to educate all citizens about the universal right of access. (9.25)

- 118.** The Royal Institute of Architects of Ireland and the Society of Designers in Ireland should ensure that the universal right of access becomes a key criterion in all their courses, competitions and activities. (9.26)
- 119.** FÁS should give consideration to extending its training for building control personnel to other interested participants, particularly facilitating people with disabilities to become involved. Training on access issues, starting from the principle of the universal right of access of all citizens, should be included on all vocational training courses, including in-service and continuing training, for design and building management professionals, such as planners, architects, engineers, fire/safety officers, interior designers, graphic designers, building managers and all allied service providers. (9.27)
- 120.** The Department of the Environment should seek authorisation from Rehabilitation International to award the International Symbol of Access. That Department should draw up, in consultation with appropriate bodies, clear criteria and conditions governing the award of the Symbol. The scheme should then be relaunched, with all previous recipients invited to re-apply. (9.28)
- 121.** State funding mechanisms, including the National Lottery, should introduce accessibility to all citizens as a key criterion for the projects they fund. (9.29)
- 122.** The Department of the Environment should introduce legislation to regulate and enforce standards for roads, pavements, parkways, signage, etc. (9.31)
- 123.** The prohibition of parking on pavements should be rigorously enforced and planning permission should be required for placement of street furniture. Local authorities should ensure that all pavements are dished and have tactile paving by the year 2000. Where pedestrian zones are created using cobblestones, a smooth path should also be provided. Wheelchair users should be entitled to use bicycle lanes. (9.32)
- 124.** Each local authority should employ a Local Access Officer to co-ordinate and promote access activities in their areas. (9.33)
- 125.** The formation of an umbrella organisation for local access groups should be facilitated. Local Access Officers should support groups with

training, technical information, advice on campaigning and group development. (9.35)

- 126.** Local authorities should provide funding for local access groups and consult with access groups throughout the construction of new developments in the built and external environments. (9.36)
- 127.** The Department of the Environment should fund local authorities to improve accessibility in their areas on foot of agreed community based action plans. (9.37)

Health

- 128.** Hospitals and other settings in which services are provided should be accessible externally and internally. (10.5)
- 129.** Relatives of people with disabilities who are attending a specialist service which is a long distance from their home should receive support in making regular visits to them. This is especially important in relation to children with disabilities. Such support may include free travel, crèche facilities, etc. (10.8)
- 130.** Ambulances for both routine and emergency admissions should be equipped to transport all persons including those in electric wheelchairs. (10.8)
- 131.** When a diagnosis, the impact of which is disabling is being given to a person, doctors should be required to advise the individual, or their family as appropriate, of the Disability Support Service and the location of the nearest Resource Centre. A hospital based key worker should be allocated to each person who can facilitate communications between hospital staff, family and the person with a disability. This key worker would also be responsible for making arrangements to inform all relevant community services prior to the person's discharge. (10.9)
- 132.** Close liaison is required between hospital maternity units and all community services for children with disabilities. The hospital key worker should ensure that on discharge, parents of a child with a disability are allocated a key worker in their local health board to facilitate the effective delivery of services. (10.10)
- 133.** Hospital staff at all levels should receive disability awareness training which addresses basic customer service and basic skills in dealing with people with disabilities. (10.11)

- 134.** Special service programmes should be organised for people with disabilities to provide rapid and convenient access to relevant services designed to improve the overall quality and independence of their lives. In doing so, the service should reach out in a pro active way to ensure that such a person is never inadvertently excluded because of his or her disability. (10.12)
- 135.** All surgical and medical appliances should be supplied free of charge to holders of the Long Term Illness Card. Health Act procedures for the supply of technical aids should be redefined ensuring that there is an adequate definition for technical aids and equipment and standard procedures for assessing requirements. The provision in the Act which allows refunds for medical and surgical appliances should be implemented. Additional funding is required to ensure that there is a comprehensive supply of technical aids, as well as rapid, efficient assessment procedures. Money should also be provided by the Department of health for repair services for technical aids. (10.16)
- 136.** Research into the development of technical aids and equipment should be encouraged by government, and people with disabilities should be involved in the design of such research. (10.16)
- 137.** Day activity centres should be further developed nationwide on a permanent basis with appropriately trained staff and access to all modern therapies, including music, art, drama and alternative therapies like aromatherapy and reflexology etc. (10.17)
- 138.** The present home help scheme should be extended to provide more comprehensive care, including personal care as well as household duties and care at unsociable hours, where that is needed. Home help assistants should receive a basic training which includes disability awareness training as well as education about proper personal care assistance. (10.20)
- 139.** Respite care services should be expanded for persons with physical and/or sensory disabilities. (10.21)
- 140.** The Department of Health should develop minimum standards for respite care facilities and ensure that all new and existing units comply with those standards. (10.21)
- 141.** Personal assistance services should be provided for people with significant physical disabilities. (10.22)

- I 42.** Further ongoing support and development of peer counselling and peer support services for deaf people should be given by the Departments of Health and Social Welfare. (10.22)
- I 43.** Additional revenue funding should be provided over a five-year period to address current shortfalls in services for people with disabilities including:
- day services
 - therapy services such as occupational therapy, speech therapy, and physiotherapy
 - respite care
 - personal assistant services for people with severe disabilities
 - peer counselling and peer support
 - counselling including genetic counselling
 - residential care (10.23)
- I 44.** GP premises should be adapted where necessary to make them accessible to people with disabilities. The cost of such adaptation could be met from the general practice development fund and the indicative drug target scheme. The practice of having specialist outpatient clinics in general practice settings should be promoted and expanded. (10.24)
- I 45.** Units specialising in continuing therapeutic care for people who have been discharged from medical rehabilitation centres (e.g., for paraplegia due to road traffic accident) should be developed throughout the country. Such units would be staffed by teams consisting of physiotherapists, occupational therapists, nurses and social workers, who would have ongoing supervision from the relevant specialised centre from which a patient had returned. In the central unit they would have regular refresher courses, training in new techniques, and opportunity to familiarise themselves with the individual treatment needs of any patient destined to return to their area. (10.25)
- I 46.** The training of health care staff should include a comprehensive disability awareness module designed in consultation with the Council for the Status of People with Disabilities. (10.26)

- 147.** National standards should be set by the Department of Health for services provided to persons with a disability in the community. These should apply to medical, nursing, and paramedical staff. A review of selection criteria for health care training should be undertaken with an increased emphasis on choosing candidates with interpersonal skills: this should involve assessing attitudes and personality via an interview prior to selection. A postgraduate course for medical and paramedical personnel should be devised to improve their communications with people with disabilities. (10.27)
- 148.** General practitioners and other community care personnel should receive up-dated training in screening and detection of persons at risk. (10.28)
- 149.** Genetic counselling services should be made available nationwide as a matter of urgency. (10.29)
- 150.** Ways of maximising choice of service should be examined. For example, people with disabilities or their carers could be given control, either direct or indirect, of part or all of their allocation of resources for the purchase of services. (10.30)
- 151.** Case conferences concerning a person with a disability should include the person and his/her family, as appropriate, as well as professionals from community and hospital services. (10.31)
- 152.** Medical and paramedical education should actively address patients' rights. The right to hear one's diagnosis in a sensitive and humane manner should be recognised. Medical personnel should be obliged to inform patients of all significant effects of therapy, including pharmaceutical preparations, surgical and investigative procedures, electroconvulsive shock therapy and psychological interventions.(10.32)
- 153.** All persons, having been fully informed of their rights, may refuse to undergo treatment. This right of refusal must be respected by professionals and such a refusal should not interfere with the right of people to receive any other form of recommended treatment to which they give informed consent. The Department of health should issue a code of practice to deal with situations where it is legally possible to institute treatment without consent. legal safeguards should exist to prevent abuse of people receiving such treatment. (10.33)

- 154.** Patients must give full and free consent before participating with doctors/nurses in medical tutorials, examinations or case conferences. (10.34)
- 155.** No person should be overlooked for treatment or have treatment delayed or curtailed because of a disability. (10.35)
- 156.** Effective complaint procedures should be developed and operated by each health board. Rights Advisers should be employed in every psychiatric hospital and there should be a Patient Advocate, not employed by the Department of Health, in every hospital. (10.36)
- 157.** The families of people who are mentally ill or experience emotional difficulties should be provided with counselling and education by the health boards. (10.39)
- 158.** A sign language interpreter service should be available to facilitate deaf persons in accessing health services. (10.40)
- 159.** Each health board should review existing levels of services with reference to the principles of equity, accountability and quality of service and draw up five year plans to provide comprehensive community-based services for people with disabilities. These plans should be submitted to the Minister for Health by July 1, 1997, for approval. (10.41)
- 160.** The policy report for mental health services, Planning for the Future, and for mental handicap services, Needs and Abilities, should be reviewed urgently. (10.42)
- 161.** The government should implement forthwith its policy to appoint advisory committees to each health authority in line with the recommendation of the national health strategy. Such committees should comprise consumer groups including people with disabilities and should have access to senior management levels. (10.43)
- 162.** Complaints procedures should be developed and there should be a statutory obligation on each health authority to provide feedback on consumer opinions to the Minister for Health. (10.44)
- 163.** Health Boards should take a consistent approach to the changes expected of them as a result of the Health Strategy, to ensure an equitable service nationwide. (10.45)

Education

- 164.** The Department of Education should be the accountable authority in relation to all educational matters of concern to people with disabilities and their families. (11.5)
- 165.** The Commission asserts the following principles in regard to the education of every citizen with a disability. The Commission further asserts that the rights explicit and implicit in these principles should be incorporated in all education policy, and should be enshrined in any legislation:-
- Every child is educable. All children, including those with disabilities, have a right to a free and appropriate education in the least restrictive environment. Appropriate education for all children with disabilities should be provided in mainstream schools, except where it is clear that the child involved will not benefit through being placed in a mainstream environment, or that other children would be unduly and unfairly disadvantaged.
 - Every individual has an equal right to educational provision, which will enable him or her to participate in all aspects of economic, social, cultural and political life, to the fullest extent of his or her potential.
 - The unique needs of the individual person must be the paramount consideration when decisions are being made concerning the appropriate provision of education for that person. In so far as is practical a continuum of services must be available to meet those needs close to the person's home and family.
 - It is the responsibility of the State to provide sufficient resources to ensure that pre-school children, children of school-going age and adults with disabilities have an education appropriate to their needs in the best possible environment.
 - Parents have primacy in the decision-making process as soon as their child with a disability has been identified as having particular educational needs. They[and the child whenever appropriate] must be entitled to make an Informed choice on the educational placement of their child.

- There shall be an accessible appeals procedure on educational enrolment recommendations. This will have due regard for the rights of the child, the rights of the parents and the educational rights of other children.
- All schools have a responsibility to serve children with disabilities in the least restrictive environment. Each school plan must strive to make schools inclusive institutions. To facilitate inclusive education, due recognition must be given to the rights and needs of teachers for resources, initial education, and continuing professional development.
- Flexibility and formal linkages should be built into educational provision at local level. It must be a statutory duty of all existing or new management structures to secure access to high quality and appropriate education for all children and adults with disabilities.
- Priority should be given to the needs of people with disabilities, within the broad framework of educational provision, and this should be reflected in the allocation of resources. (11.8)

- 166.** An inclusive Education Act should enshrine and stimulate further progress towards inclusion while increasing support to specialist schools. It should facilitate co-ordination and linkages between mainstream and specialist schools and between specialist vocational training centres and centres offering adult education opportunities.(11.10)
- 167.** The Act should also set out clearly the entitlements of students and the rights of parents. (11.11)
- 168.** All people with disabilities should be offered an appropriate education in the environment of their choice. The concept of an "appropriate" education needs to be clearly defined in legislation. In this regard, the Commission favours the definition of "appropriate" which is contained in the American Individuals with Disabilities Education Act (IDEA). It states that for a programme to be "appropriate" it must be based on and responsive to the child's individualised educational needs as identified in the evaluation process. The IDEA requires that a written Individual Education programme (IEP) is developed for the adult and child with disability. (11.12)

- 169.** Legislation must create a strong presumption that students will be placed in the least restrictive environment. The onus of proof in demonstrating the inappropriateness of a placement in a mainstream school should be placed on the school authorities. It should be rebutted only by demonstrating objective impossibility, or that such placement would not be in the best interests of the child, or that placement would unduly hinder the education rights of other children. (11.13)
- 170.** Legal provision is also required for individual assessments of need and the development of an individual education plan which would give effect to the student's educational requirements. This legal provision should take the form of a statutory instrument and should contain provision for enforcement. The individual plan should assess the resources required to meet the students' needs and make recommendations for placement. Assessments should be carried out by an independent agency, ideally under the auspices of the proposed Regional Education Boards, and should be holistic in nature. Education plans should be reviewed annually and revised in the light of a child's changing and developing needs. The legal rights, roles and responsibilities of parents must be clearly outlined in relation to any assessment or decision-making process and should reflect the constitutional rights of parents in the matter of their child's education. (11.14)
- 171.** A second opinion should be available in relation to decisions about placements and an appeal to an independent body should be available to the parent, pupil or school authority. (11.15)
- 172.** Schools and educational establishments should be required to make every reasonable accommodation to meet the educational needs of a student, in line with the choice of the student, or where appropriate, the parents. The right to refuse entry must be allowed only in very exceptional circumstances: refusal should not be possible solely on the grounds of resources. (11.15)
- 173.** The National Disability Authority, in collaboration with the Department of Education, would be the appropriate body to monitor and enforce the disability provisions of the Education Act. (11.16)
- 174.** Local policy issues should, as far as possible, be decided locally, within the overall policy framework. The proposed Regional Education Boards will create greater opportunities for local planning and greater

opportunities for parents and students with disabilities to influence the shape of local services. (11.17)

- 175.** Regional Education Boards should have a statutory duty to ensure that every child with special educational needs is provided with an appropriate education. They should be required to provide:
- assessment facilities
 - access to independent appeals procedures in relation to placement recommendations;
 - consultation with parents and children in the planning of local services;
 - information to parents, people with disabilities, the Disability Support Service and the public about all aspects of services in the area. (11.18)
- 176.** Parents should be acknowledged as full and equal partners throughout the educational process and be provided with guidance and support, full information about their child's progress, and be allowed to contribute meaningfully to it. (11.19)
- 177.** Consultation with people with disabilities and their representative organisations should be a key feature of future policy formation. A permanent committee on the educational needs of children with disabilities should be established. (11.20)
- 178.** The proposed permanent committee should have direct links with the Co-ordinating Group of Secretaries and the Council for the Status of People with Disabilities. (11.21)
- 179.** The Education Act should require the Department of Education - and the Regional Education Boards when established - to draw up Community Education Plans to meet the needs of students with disabilities on a regional basis. The Act should also impose a legal obligation on the Department of Education through the Regional Education Boards to assess the education needs of all people with disabilities who request an assessment, including those who live in residential settings. (11.22)
- 180.** The core provisions of the Community Education Plans should be contained in the Education Act and should include:

- Speech and occupational therapy;
- Physical education;
- Support and counselling for parents;
- Psychological support;
- Technical aids and supports;
- Communications support;
- School transport, including escort where necessary;
- Classroom assistants;
- Resource and remedial teaching;
- Personal assistants. (11.23)

181. The education Act should require the Department of Education (and Regional Education Boards) to take into account the needs identified in the assessment procedures in drawing up the Community Education Plans. The Department should also be statutorily required to take into account the needs identified in deciding both the level of funding and the type of services for which funding is provided. (11.24)

182. The school psychological service should be increased significantly in strength and its role and operation broadened. (11.26)

183. The provision of therapy supports should be a matter of right rather than choice if access to them is essential to enable a child to achieve his or her educational potential. (11.27)

184. Essential supports should be provided in a coherent and co-ordinated basis within each local area. Specialist support personnel should be brought together into cohesive local teams. They would provide information and support to local schools and teachers' centres as well as students and parents and assist in drawing up school plans for the inclusion of students with disabilities. There should be strong links and networking at local level between the teams and the local Disability Support Service. (11.28)

185. Education support services should be available to all children with disabilities and their families from the earliest possible point, namely

the point of diagnosis of disability. The measures required to meet an individual's needs could be identified at the stage of the individual Needs Assessments. (11.29)

- 186.** The provision of support services should be the subject of joint action between the health boards and the educational authorities. A technical aids and appliances' fund should be set up at local level, funded jointly by educational and health budgets, from which the necessary appliances would be purchased. (11.30)
- 187.** Support teaching services - remedial, resource and visiting teachers - should be extended to cover all children with disabilities in both special and mainstream schools, especially in their early years when support and guidance is essential. Due recognition of the contribution of these teachers and appropriate time-tabling is recommended to allow them fulfil their roles. (11.31)
- 188.** Where local school transport is not an option for a child with a disability, alternative supports must be provided. (11.32)
- 189.** The present review of the school transport service offers an opportunity to examine imaginative possibilities for the provision of an integrated local transport service which would provide accessible transport services in a local community. (11.33)
- 190.** Transport or alternative support should also be available to students who wish to advance to further education or third level education. (11.33)
- 191.** To accommodate students with disabilities in mainstream schools, curricula should allow for flexibility, additions and adaptations. Where necessary, students with disabilities in mainstream settings should have specially adapted teaching methods, materials, curricula and examination regulations. (11.34)
- 192.** The National Council for Curriculum and Assessment should establish curriculum development projects for pupils at primary and post primary levels. Special emphasis should be placed on education for creativity, appropriate testing and examination procedures, and upon adequate and appropriate extracurricular activities. (11.35)
- 193.** Curriculum flexibility is particularly important in second level education where the academic focus and the high level of emphasis on language skills can create difficulties for many students with disabilities.

New models utilising specialist classes, special and mainstream schools and the sharing of school facilities are urgently needed so that all students are enabled to achieve a recognised educational qualification. (11.36)

- 194.** The curricular needs of all pupils in specialist settings should be reviewed, based on ages, abilities, needs and aspirations. (11.37)
- 195.** Special national schools should be reclassified as primary and post-primary schools to recognise the fact that students attend such schools up to the age of eighteen years. Post primary special schools should attract all of the facilities, improved teacher ratios, posts of responsibility, and additional capitation that applies to mainstream post primary schools. (11.38)
- 196.** In relation to assessment, greater flexibility is required from the State, individual schools and examining bodies in their approach to, and methods of, examining students with disabilities. A fair and appropriate system of examination testing and of assessment should be provided for the student with a disability. All examinations should be offered in a place and manner appropriate and accessible to people with disabilities. (11.39)
- 197.** A system of standards should be applied to all specialist schools. The option of access to mainstream certification should be available to those in specialist education settings. (11.40)
- 198.** A greater emphasis should be placed upon forming links between vocational training centres and local post primary schools. This is especially important for students whose abilities are more skill based than academically based. (11.41)
- 199.** The Department of Education should provide high quality, appropriate pre-school services to children with disabilities. Teaching personnel should have a background and training which equips them to respond to the particular needs of young children with disabilities. Every encouragement and practical support, including financial support, should be given to community playgroups and pre-school groups who wish to include young children with disabilities in their services. (11.42)
- 200.** The needs of the deaf child and his/her absolute right to a specialist education whether in a specialist school or a designated setting attached to a mainstream school should be respected. Adults who wish to have access to further education options through sign language

should be enabled to have such educational options met at local level. (11.44)

201. In order to remove the duality of the special and mainstream systems, a series of actions will be needed:

- possibility of enrolment in more than one school at any time;
- closer curriculum linkages with joint planning between specialist and mainstream schools for individual students;
- bridging the gulf between teachers in the separate systems;
- practical supports for closer linkages, such as flexible transport arrangements;
- a funding strategy in which funding is linked to the student rather than to any school.

Innovatory or pilot programmes should be initiated in a number of local areas in the short term to achieve the necessary linkages. (11.45)

202. The development of the network of supports proposed in this report and in the report of the Special Education Review Committee (1993) will take some time to put in place. For these reasons, there is a need for a systematic plan to develop a clear specialist role for special schools in the longer term. That role will involve catering for children with very special needs who cannot be accommodated within the mainstream system. Work done in the specialist schools should be developmental, innovative and capable of dissemination to the wider educational community in order to facilitate greater levels of inclusion. (11.46)

203. To facilitate these specialist roles the schools concerned should have a core multi-disciplinary staff, which is free of the constraints imposed on staffing ratios by changing student numbers. It should be in the nature of the specialist role of these schools that numbers fluctuate as students move between them and the mainstream as individual needs change and develop. All specialist schools should be required to have in place policy and a programme to support their students in linking into the wider community in all possible ways. (11.47)

204. The availability of a designated school should not be seen as justification for not spending resources to provide accessible transport or support services. The child's right to the least restrictive placement,

and the parental right of choice cannot be frustrated on the grounds that a cheaper option exists. An in-depth evaluation of the concept of designated school should be carried out before any further developments in this area occur. Local parents should be consulted fully if consideration is being given to the development of a designated school in an area. (11.49)

- 205.** The Commission supports the general recommendation of the Report of the Committee on Access and Participation of Students with Disabilities in Higher Education that "there should be full integration of persons with disability in the higher education system, and that appropriate funding provisions should be put in place to support this policy". (11.50)
- 206.** The Department of Education should fund pre-university and college education courses which prepare people with disabilities for university and third-level colleges. While such preparation may be achieved within secondary schools in the long-term, there is currently a substantial need for this service. (11.51)
- 207.** The Commission commends the work presently being undertaken around the specific inclusion of adults with learning disabilities on a university campus. The development of research into the educational needs of people with learning disabilities, the development of appropriate curricula and teaching methods, and greater access over time by people with learning difficulties to different levels of education appropriate to their needs is essential. (11.52)
- 208.** All initial and continuing teacher education programmes should include modules on meeting the needs of pupils with disabilities. Elements on disability awareness and appropriate curriculum design should be included. Sign language or Braille should be taught as part of all teacher training courses. (11.53)
- 209.** The specialist education element should be taught within the general context of child development and educational psychology. Specialist modules should incorporate obligatory components on the identification, assessment and teaching of pupils with disabilities and special educational needs. Emphasis should also be placed upon working with and including parents, special needs classroom assistants and visiting teachers, as well as on the principles of guidance and counselling. (11.54)

- 210.** More advanced courses and more alternative methods leading to qualifications in aspects of specialist education are required. (11.55)
- 211.** Induction programmes should be organised for any teacher, visiting teacher or special needs assistant who is taking up for the first time a post with defined responsibility for the teaching or care of children with special educational needs, whatever the stage of his or her career. (11.56)
- 212.** All in-service courses supported by the Department of Education should have an input on disability awareness, as is the case with gender equality. In addition to in-service courses, booster courses and one-day conferences should be held regularly in order to give teachers the opportunity to update their skills and access to best practice. (11.57)
- 213.** In-service education and training for guidance counsellors should be provided to ensure that they are aware of all of the options, including specialist training and further education facilities, that are accessible and available to young people with disabilities leaving school. (11.58)
- 214.** Physical education teachers should be encouraged to develop alternative strategies and games that are inclusive of all the children enrolled in their school. (11.59)
- 215.** More opportunities should be created for people with disabilities to become teachers in both specialist and mainstream schools. (11.60)
- 216.** Entry procedures to teacher training courses for deaf candidates should use subject suitability as the criterion. Ability in the area of sign language and an aptitude for teaching should be central to selection for training. The teacher training course should meet the educational needs of deaf teachers and their students. (11.61)
- 217.** One per cent of the education budget (i.e. approximately £20 million at current rates) of additional expenditure should be allocated annually to meet the educational needs of pupils/students with disabilities. Funding should be linked to the student and should follow the student as he or she moves to appropriate educational settings. The level of funding or other supports must relate to need, rather than to diagnostic categories, since there is no necessary link between them. (11.62 & 11.63)
- 218.** School managements should be encouraged to move towards inclusiveness by a range of incentives and supports which would enable

them to develop programmes and support structures for inclusion. Support should not be provided in the form of non-specific grants: it should be given for specific planned reforms, development of materials, appropriate in-career programmes, and physical adjustments to buildings. School managements who make good progress towards being an inclusive school should be awarded a "Positive to Disability" symbol of excellence, analogous to the scheme for employers. (11.64)

Housing and Accommodation

- 219.** The Department of the Environment should formulate and publicise in accessible form a policy on housing for people with disabilities. This would provide information for planners, consumers and housing suppliers about the situation and requirements of people with disabilities and the options available. (12.10)
- 220.** As part of its policy formulation, the Department of the Environment should collate information about the demand for, and the take up of, housing for people with disabilities. It should commission further analysis of the 1996 assessment of housing needs to establish the requirements of people with disabilities and the reasons for the low level of assessed need to date. All future national assessments of housing needs by local authorities should explicitly address the housing requirements of those living long term in residential centres. (12.11)
- 221.** Ongoing information on access features and the suitability of housing for people with disabilities should be made available by those involved in supplying housing whether in the commercial or non-profit sectors. People with disabilities should be invited to contribute to the reviews underway in the Department of the Environment on the various measures introduced under a plan for Social Housing. (12.12)
- 222.** Data should be collected on the role of the non-profit and voluntary housing sector in meeting the requirements of people with disabilities and on the relative merits of the various models of support housing which are now operational. (12.13)
- 223.** To enable this sector to make a greater contribution, adjustments should be made in the capital assistance available and a properly defined scheme of funding for support housing services should be put in place. Funding from the Voluntary Capital Assistance Scheme should only be granted to housing agencies which are building to the standards of Lifetime Adaptable Housing. (12.14)

- 224.** A policy of building Lifetime Adaptable Housing as the norm in all housing sectors should be adopted. This new policy should be implemented through the assimilation of Part M of the Building Regulations into all other parts of the Regulations. An education and awareness programme should be put in place to promote understanding of the concept among developers, designers and builders. (12.15 - 12.16)
- 225.** Standards for Lifetime Adaptable Housing should be phased in with the immediate adoption of those aspects of adaptability which are relatively easy to apply and are based on a greater awareness of design requirements. The next phase, the application of more adequate space standards for full Lifetime Adaptable Housing, should be provided for in legislation and become operational within three years. (12.17)
- 226.** Section 23 type incentives should be adjusted to allow a higher rate of allowances (between 10% and 20%) for units which meet the Lifetime Adaptable Housing specifications. The financial incentives to seaside resorts should require a specified proportion of all eligible dwellings to be built in accordance with the new standards. (12.18)
- 227.** In order to improve existing houses, the Disabled Person's Grant should be modified to cover up to 95% of approved costs. The grant should be extended to the occupants of new houses and to those renting in the voluntary/non-profit housing sector who have security of tenure. (12.19)
- 228.** There should be greater uniformity in the implementation of the Disabled Person's Grant by housing authorities. Information about the grant and its appeals procedures needs to be made available more widely. (12.20)
- 229.** Local housing authorities throughout the country should be proactive in building up a supply of suitable housing. Schemes now available under A Plan for Social Housing should be utilised in a strategic manner. (12.21)
- 230.** Three new schemes should be put in place to improve the prospects of people with disabilities on low incomes of home ownership and to help offset the additional costs of suitable housing. Each of the proposals builds on an existing scheme.
- A new grant to incorporate the Disabled Person's Grant and the first time purchaser's grant should be introduced where a first

home is being purchased by a person with a disability and where additional housing costs are likely to be incurred.

- The Shared Ownership System should be widened to allow house purchasers with a disability on low incomes to receive the enhanced first time purchaser's grant.
- A financing arrangement should be developed to allow approved voluntary and non-profit housing bodies to provide an equity sharing tenure based on a 50% ownership by people with disabilities unlimited incomes. (12.22)

- 231.** Statistics on the numbers of people with physical and sensory disabilities inappropriately placed in institutions should be compiled immediately. A plan of action to ensure that those inappropriately placed be moved to a more appropriate setting should then be put in place and no person with a physical or sensory disability should be inappropriately placed in these institutions in the future. (12.23)
- 232.** A range of successful accommodation options already exists in very limited numbers which encourage a full and active lifestyle. These and other new and innovative options should be encouraged. (12.24)
- 233.** Housing options for people with disabilities should include a mix of different arrangements. Single houses, houses capable of accommodating four or five people; bungalow units clustered together; a group of three or four town houses with a communal garden - all of these options must be included. They should be situated close to amenities in order to maximise independence and outlets and they must have the appropriate support staff. (12.26)
- 234.** Consideration should be given to the special accommodation needs of people with disabilities and their partners. (12.27)
- 235.** A review should be undertaken of people with disabilities in residential centres to establish accurately their numbers, locations and living conditions. There should also be a review of people on waiting lists for residential centres to see if these lists could be reduced substantially by the provision of other services. The information obtained from these reviews would also help the planning of housing and accommodation options for the future. (12.28)

- 236.** Action should be taken to ensure that the rights of people living in residential centres are protected. The following are particularly recommended:
1. All residential establishments should publish an operational policy.
 2. A Bill or Charter of Rights (see below) should set parameters for the operational policy.
 3. An Independent Ombudsman should oversee residential centres, resolve grievances and ensure that proper consideration is given to the views and concerns of residents. (12.29)
- 237.** Residents should be actively encouraged to participate in the running of residential centres and a target set of 50% representation by them or their advocates on management boards within five years. Residents should be trained in preparation for management roles and in the skills necessary to live independently. Disability equality training should be provided for residents, staff and management. (12.30)
- 238.** Income supports should be provided in a way which promotes autonomy and choice with payments made directly to individuals rather than to institutions. Payments should be clearly defined as between accommodation, personal assistance, and care elements. (12.31)
- 239.** People living in residential centres should have access to an Independent Living Fund which should be established to allow the employment of personal assistants and to train people with disabilities in the management of personal assistants. The Disability Support Service should also assist residents to obtain the best value and the most appropriate mix of services. (12.32)
- 240.** A Charter of Rights for residents of residential centres should contain the following essential elements:
- Specific provisions setting out the detailed services provided by the institution.
 - Quality standards of services to which the person is entitled.
 - The right to information and the manner in which that will be provided.

- The manner in which records will be maintained and the right of access to records.
- The right of access to complaint procedures and the manner in which the complaint procedures will operate.
- The right to an independent appeal.
- The right to advocacy and representation.
- The right to participate in management and monitoring, and
- A system of review and amendment of the Charter taking into account the views of service users. (12.33)

241. A system of overseeing and monitoring of standards in residential accommodation should be set in place by the Departments of Health and Environment (to be reviewed by the National Disability Authority). (12.34)

Transport and Mobility

242. All new and used rail rolling stock and road vehicles ordered for public transport (including those ordered by private operators) from January 1st, 1997 should be accessible to all users. The Government should take measures to ensure that no licences will be issued for the transportation of people unless these vehicles meet the accessibility criteria. In addition, at least 80% of all transport and transport services purchased by health boards from 1st January 1997 for transporting clients should be wheelchair accessible. (13.5)

243. The Department of Transport, Energy and Communications should provide an information centre on the accessibility of all services. It should be available through a free phone number, on Aertel teletext and in alternative media to print. All terminals and stations should also provide visual, audio and, ideally, Braille information on arrivals and departures as well as the accessibility of specific services. A clear map of stations or terminals and their facilities should be sited at their entrances and at ticket offices. The buildings, of course, should all be made fully accessible. (13.6)

244. A public awareness programme as well as staff training programmes on customer care should be developed and implemented. (13.7)

- 245.** A National Mobility Training and Advice Centre should be established to offer advice on mobility aids for all categories of people with a disability as well as training and orientation for people with disabilities themselves. Local training could be sub-contracted out to nongovernmental organisations but minimum standards should be set by the National Disability Authority. Such training should include the use of public transport and the rules of the road to prepare a person with a disability for using whatever aid they require. (13.8)
- 246.** Community Action Plans should include a local structure for the planning and implementation of accessible transport services. (13.9)
- 247.** The Department of Social Welfare should introduce a standard Disabled Persons Public Transport Travel Pass which should automatically cover a companion and should not restrict days and times a person can travel on public transport. (13.11)
- 248.** The Mobility Allowance should be increased to a minimum of £40 per week and index linked. (13.12)
- 249.** Every CIE, Bus Eireann and Dublin Bus depot should have at least one accessible bus by June 1, 1997. The Department of Transport, Energy and Communications should subsidise the additional cost of such vehicles: thereafter, the bus companies should bear the cost of replacement vehicles. Ireland should ensure that the forthcoming EU directive on buses and coaches requires them to be accessible to all citizens. (13.21)
- 250.** The Department of Transport, Energy and Communications and Dublin Bus should provide the necessary funding to ensure a viable Omnilink pilot project by advertising and running it properly. Each should provide £250,000 towards the cost and the results of the pilot should be published. (13.23)
- 251.** A limited amount of seating should be included in the design of bus shelters. In addition, there should be discussions with the Council for the Status of People with Disabilities about providing destination and timetable information in Braille in shelters. Consideration should also be given to erecting bus shelters in rural areas. (13.24)
- 252.** An adaptation programme should be started in 1997 to make school buses accessible to all students. EU funds should be sought for the programme which should be completed in five years. (13.25)

- 253.** Research should be carried out into the possibility of using school buses outside times when they are required for transporting students. They could be used to take people with disability and others to day care centres, day activity centres, shops and so on. This research should examine the improvements in the quality of life that the use of these buses could bring to many individuals. The results should be published. (13.27)
- 254.** Where possible, all transport which caters for children and/or adults with disabilities should have an escort on the bus as well as the driver. Both the escorts and drivers should be properly trained and have Garda clearance before they are employed. (13.29)
- 255.** There are a number of other options for providing transport services for people with disabilities which could be examined. These include:
- Vantastic: set up in Dublin in 1995, this involves two accessible vans and eight trained drivers and can be booked for regular or one-off trips.
 - Service Routes: bus services open to everyone but specially adapted for people with mobility impairments. Using smaller than average vehicles, the routes usually go into housing estates and up narrow roads. They could be of particular benefit to rural areas where the basic problem with public transport is its unavailability. Service routes could be set up as joint ventures between private operators and voluntary or statutory groups.
 - Post Buses: these collect and deliver mail and carry passengers, using vehicles like estate cars, Land Rovers and mini-buses. They run on a published route and to a timetable and could also provide a valuable service for people in rural areas and people with disabilities if accessible vehicles were used.
 - Social Car Schemes: they provide volunteer drivers (who receive a petrol allowance) for people with disabilities, usually for short trips. (13.30)
- 256.** The Council for the Status of People with Disabilities should investigate the feasibility of setting up, in conjunction with the Northern Ireland authorities, a Driver Assessment Centre to make available to people throughout Ireland the latest technology in these areas. (13.32)

- 257.** The present VAT and VRT rebates on cars for drivers with disabilities should be retained and the maximum rebate increased from the present limit of £7,500 and linked to the Consumer Price Index. (13.33)
- 258.** The medical criteria governing eligibility for drivers' concessions should be examined in consultation with the Council on the Status of People with Disabilities and the National Disability Authority. This examination should review the present regulations and bring forward proposals for future regulations. The Disabled Drivers Medical Board of Appeal, currently administered by the National Rehabilitation Board, should be continued. (13.34)
- 259.** The present disabled drivers badge should be replaced by one that is acceptable within the E.U. It should be issued to the driver concerned and should be transferable when travelling in a car other than his/her own. (13.35)
- 260.** The Department of Social Welfare should replace the present motorised transport grants operated by the Health Boards with a new first-time grant for motorists with disabilities. This should:
- be payable to first time purchasers who qualify under the criteria governing eligibility for drivers with disabilities;
 - be sufficient to cover 75% of the net cost of a standard new car (after rebates);
 - restrict any means test to the driver only. (13.36)
- 261.** Present VAT and VRT rebates on cars for passengers with disabilities should be retained at the present limit of £12,500 and linked to the Consumer Price Index. (13.37)
- 262.** The Commission welcomes the 1996 Finance Act amendment of the rule "that an adaptation of a car/van for the use of a disabled passenger must amount to 20% of its cost" to 10% of the original cost of the car and recommends that the percentage be reduced to zero over the next three years. Those not eligible under the criteria above should be entitled to a rebate of duty on 200 gallons of petrol/diesel in a calendar year on journeys on which they are a passenger, provided they are registered with the Council for the Status of People with Disabilities. (13.38)

- 263.** The medical criteria governing eligibility for concessions to passengers should be examined in consultation with the Council for the Status of People with Disabilities and the National Disability Authority. A badge for passengers with a disability should be introduced for people who qualify under any of the above schemes and should be transferable to any car in which they are a passenger. (13.39)
- 264.** The Department of the Environment should produce a three year plan for the introduction of country-wide regulations on street and local authority parking spaces for people with disabilities. They should cover the dimensions, number and siting of spaces and should exempt holders of the new badges for drivers and passengers with disabilities from payment of parking fees. Local authorities should provide a ratio of 1:25 of on street parking spaces for drivers/passengers with disabilities by the end of 1998. Penalties for improper use of these parking spaces should be severe and strictly enforced. All regulations introduced by the Department of the Environment should be compulsory on all local authorities. (13.42)
- 265.** Planning laws should specify that a minimum of 1:50 parking spaces be set aside for drivers/passengers with disabilities in private developments. (13.44)
- 266.** All local authorities should take cognisance of the needs of people with disabilities when issuing new licences. Taxi drivers should not be licensed without taking a training programme in the care of passengers with disabilities. (13.47)
- 267.** All aircraft should have an onboard chair available to allow people with disabilities to access the facilities. All safety announcements on board planes are made by voice and some thought should be given by airlines to including people with a hearing impairment in these procedures. (13.50)
- 268.** The completion of a medical form should not be requested of people with disabilities by airlines unless a person is undergoing medical treatment. Irish airlines should propose to IATA that separate forms be used for people with disabilities and for people suffering illnesses to ensure that only the information required for ensuring a smooth passage for people with disabilities is requested. (13.53)
- 269.** All ferry terminals should be fully accessible. (13.54)

- 270.** Only ferries which are accessible to all should be licensed to carry passengers. (13.57)

Technology and Communications

- 271.** The Department of Social Welfare and the Department of Transport, Energy and Communications should introduce legislation to ensure access to assistive technology and telecommunications, in line with the UN Standard Rules. Access to this technology should include financial access. (14.7)
- 272.** A single existing agency should be responsible for all assistive technology and for disseminating information about new technological developments. Services should continue to be provided by a mixture of state and voluntary organisations but voluntary sector services must be properly funded and regulated. This agency should also provide an adequate assessment service of the most appropriate technical aids for people with disabilities. (14.8 - 14.9)
- 273.** The overall agency should set up nominated assessment centres and support them with appropriate funding for equipment, staff and training. There should also be a county network of 'feeder' or 'outreach' centres to provide primary assessments and training. All assessment must be based on a person centred approach. (14.11)
- 274.** The Department of Transport, Energy and Communications should ensure that all companies licensed to provide telephone services should provide text telephone, a relay service and other special or adapted equipment required by people with disabilities. These services should not cost more than conventional telephones. All new public payphones should be accessible to everybody, including people in wheelchairs. (14.14)
- 275.** Drivers with disabilities who qualify for concessions should also qualify automatically for free mobile phone rental and a number of call units to cover any emergencies when they are travelling alone. (14.15)
- 276.** RTE and other television stations with national licences should expand the number of hours and the range of programmes which are sub-titled. There should be a minimum of 50% of all programming hours captioned by 1998 and this should increase to all programming as soon as possible afterwards. (14.16)

- 277.** Interpreting support should be available in public services such as hospitals, garda stations, courts and schools. Most information and public documents are available only in written text, with major consequences for people with sight impairments. Reader Services should be made available to people who need them and on conditions that are not so stringent that they exclude a large number of people. (14.18)
- 278.** People who are deaf and deaf/blind have communications skills which require some patience and training to understand. Such training is not available at present and should be provided in an approved centre. Interpreters should also be trained and available to people with speech impediments. (14.19)
- 279.** There is a need to recognise sign language which is not currently recognised in Ireland. (14.20)

The Law and the Legal System

- 280.** All public documents, such as legislation and regulations, should be provided in a range of appropriate formats, including large print, Braille and computer disc. (15.3)
- 281.** All legal documents should be as clear and easy to understand as possible. An information leaflet should be enclosed with documents in relation to court proceedings which would give specific advice in relation to access to the court for people with disabilities and other relevant information. Court staff should be aware of disability issues and should be able to deal with inquiries from people with disabilities. (15.4)
- 282.** The Legal Aid Board should examine all its offices and make them fully accessible to people with disabilities. It should also assess the accessibility of its services in relation to people with visual and hearing disabilities in order to ensure that appropriate facilities (such as sign language translation) are fully available. (15.6)
- 283.** The Department of Justice should make all court buildings accessible over a period of five years. Information in relation to accessibility of court buildings (accessible parking, entrances, toilets, facilities for persons with hearing disabilities, etc.) should be provided for all people with disabilities using the court system. (15.7)

- 284.** Sign language interpretation should be available, where required, in all courts and in respect of all services provided by the Legal Aid Board, including court appearances. Similar provision should be made for people with speech disabilities who require interpretation facilities. (15.8)
- 285.** The Law Reform Commission has proposed that the oath should be abolished and replaced by an affirmation. In relation to people with learning disabilities, it has also proposed that a test of competence to give evidence should be introduced and that such persons should not be required to affirm. However, these do not apply in relation to the civil law where the old rules still apply. It is particularly important that all efforts should be made to ensure that people with intellectual disabilities are facilitated in giving evidence in court. In particular, the court needs to be sensitive to the particular needs and abilities of such persons. Consideration should be given to extending the changes in criminal law to all types of case. (15.10)
- 286.** Some people with disabilities are specifically excluded from serving on juries under the Juries Act 1976. The First Schedule to that Act, which sets out a list of persons ineligible to serve on a jury, includes two types of people with disabilities:
- people who have insufficient capacity to read, deafness or other permanent infirmity, and
 - people who suffer or have suffered from mental illness or mental disability and, on account of that condition, are either (i) resident in a hospital or other similar institution or (ii) regularly attend for treatment by a medical practitioner.
- These provisions should be repealed. (15.11)
- 287.** There is need for a new public review of mental incapacity and the criminal law to be carried out by the Law Reform Commission or by an inter-departmental committee. (15.13)
- 288.** The Council for the Status of People with Disabilities should enter into discussion with the Law Society, the Bar Council and the Kings Inns in relation to the provision of legal services to people with disabilities. These discussions should also cover access by people with disabilities to their professional training courses. (15.14 - 15.15)

- 289.** Research should be carried out on people with disabilities as victims of crime. (15.17)
- 290.** Further research into the specific problems faced by people with disabilities in relation to abuse should be carried out and the relevant authorities should draw up policies and guidelines in this area drawing on best practice. (15.18)
- 291.** The relevant public bodies (including the Departments of Justice and Health, health boards, Gardai) should review existing policies in order to ensure that adequate protection and support is provided for people with disabilities. (15.19)
- 292.** Disability awareness training should be provided to all Gardai and other persons working in this area as part of their general training. All Garda stations should be fully accessible to people with disabilities and Gardai and other personnel who are able to communicate in sign language should be available. (15.20)
- 293.** A significant proportion of children who come in contact with the Juvenile System are described as having general learning difficulties. However, they often suffer from a range of disadvantages and it is difficult to distinguish the effects of learning difficulties from the other disadvantages. Accordingly, it is suggested that the most appropriate way to develop policies in relation to such children is to see them as children with a range of difficulties (including general learning difficulties) rather than highlighting their disability. (15.21)
- 294.** The Child Care Act should be implemented as a matter of priority to ensure that a system of child welfare services is in place to prevent, where possible, children coming in contact with the juvenile justice system. (15.22)
- 295.** The juvenile justice system should be reformed urgently so as to put in place a child centred system of juvenile justice. (15.22)
- 296.** Appropriate services should be provided for all children and young people with disabilities who become involved in the juvenile justice system, including education, training and accommodation. (15.22)
- 297.** The issue of people with disabilities in the prison system should be the subject of further long-term research. Such research should investigate the extent to which people with different types of disability are to be

found in the prison population and the extent to which the current prison system meets their specific needs. (15.24)

- 298.** The Department of Justice should review the accessibility of prisons for people with disabilities. All new prison buildings should comply with the building regulations in this regard. (15.25)
- 299.** The Department of Justice should ensure that all educational and training courses and materials provided are appropriate to the needs of people with disabilities. Prisoners with learning difficulties should be identified; special programmes, with the emphasis on remedial education, should be set up; continuous assessment should be carried out in all cases with a view to suitable placement following release. (15.26)
- 300.** All prison staff should receive disability awareness training. (15.27)

Political Rights

- 301.** All polling stations, booths and procedures should be made accessible for people with disabilities. This would include the printing of photographs of the candidates on ballot papers in order to assist people in voting; the design of polling booths; and the production of voting papers appropriate to the needs of people with disabilities (e.g. in Braille). (16.1 - 16.5)
- 302.** People with disabilities who are unable to attend at a polling station should be entitled to be registered on a postal voting register and should be entitled to a postal vote. (16.6)
- 303.** All political parties should establish affirmative action programmes to encourage people with disabilities to participate fully in local, national and European politics. (16.7)

The Inclusion of Women with Disabilities

- 304.** The National Women's Council of Ireland should address the impact of disability on gender equality. Specific action and research should be undertaken to combat the reality of the double exclusion experienced by women with disabilities. (17.1 - 17.4)
- 305.** Women with disabilities should be consulted in developing policies for them and they should remain sufficiently resourced to maintain their status within the family and within the local community. (17.5)

- 306.** In order to ensure that women with disabilities are enabled to participate at all levels of society it will be necessary to:
- provide structures and spaces in which women with disabilities can meet together to discuss matters of common concern and to find ways of improving their situation;
 - ensure that policy makers and others are informed and aware of the issues arising from women's experiences of disability, based on the social understanding of disability rather than over-relying on the medical and individualistic model of disability;
 - provide disability equality and awareness training to enable non-disabled women to learn, understand and reflect upon their own attitudes to disability. Such training should be facilitated by women with disabilities;
 - have all women's groups, when they are developing projects at local level, to consider the accessibility of such projects to women with disabilities through consultation with local women with disabilities;
 - develop an equality proofing mechanism so that the impact of a particular project or proposal on women with disabilities is always considered. (17.6)

Sexuality and Relationships

- 307.** The Department of Health should develop policies (including delivery structures) in conjunction with the Council on the Status of People with Disabilities in relation to the sexual rights of people with disabilities. These policies should cover the following areas:
- the right to privacy and dignity,
 - the right to accessible information and guidance,
 - the right to counselling as appropriate,
 - the right to their bodily integrity and how this can be protected, in accordance with their ability to protect themselves,
 - the right to information on family planning, contraceptive services, sex therapy services, sexual equipment, and on the prevention and investigation of sexual abuse. (18.1 - 18.9)

- 308.** Consultations with people with disabilities should be undertaken to establish priority areas for research. These consultations should be carried out by the Health Research Board under the auspices of the National Disability Authority and funded by the Department of Health. (18.10)
- 309.** Disability and sexuality awareness should be included in the professional and academic training of all those who work with people with disabilities whether they are paid staff or volunteers. (18.11)
- 310.** All service providers, particularly residential providers, should have regard to the right of the individual and practices involving segregation rather than education which deliberately prevent informed, consensual relationships should be ended. (18.17)
- 311.** Access to support services for adult individuals and families, where required, could be provided through the Disability Support Service, and would thereby be available in all residential centres as well. (18.18)
- 312.** Counselling in sexual and reproductive health could be particularly useful for people with disabilities who face a wide range of barriers to expressing their sexuality. (18.20)
- 313.** People with disabilities and parents clearly want and need access to appropriate genetic and medical counselling services, in order to make informed personal decisions about having children. (18.21)
- 314.** All women are entitled to ante and post natal health care free of charge but the facilities offered through the public health service are often inaccessible and inappropriate. Some units do offer tailored services such as the ante-natal classes with a sign interpreter in the Rotunda Hospital in Dublin. However, there are insufficient examples of such initiatives. (18.22)
- 315.** Programmes relating to sex education should be available in accessible formats, and include positive images of people with disabilities. These programmes should be provided as appropriate in all schools, training centres, workshops and residential centres for people with disabilities. (18.24 - 18.25)
- 316.** The legal system should be reformed so that it is better able to deal with cases of abuse involving people with disabilities. This may include mandatory reporting and addressing the issue of people with disabilities, especially those with learning disabilities, being credible

witnesses. Sex offenders with previous convictions should not be given positions of trust with people with disabilities. (18.26)

- 317.** There is no precise information about the extent of sterilisation of people with disabilities in Ireland. Although men are also sterilised, this issue more often concerns women. It is assumed that the sterilisations which do take place are authorised on the basis of medical and psychological opinion and with parental agreement. It is not known to what extent people with disabilities are consulted about such decisions. This is a profoundly complex question with ethical, social, economic and legal implications. It is a question to be faced in the future, given the developing emphasis on people's rights and changing attitudes. (18.27)
- 318.** There is less discussion of hysterectomy, whether consensual or non-voluntary, but such practices do exist and need to be investigated. (18.28)
- 319.** There is evidence of non-consensus use of contraception by women with disabilities. While contraception does not have the same permanency as sterilisation, people with disabilities must be protected from non-voluntary and unnecessary medical interventions. (18.29)
- 320.** All counselling services should be accessible to people with disabilities. Care should be taken with the perception of counsellors about the lives of people with disabilities to ensure they do not encourage abortion in the case of foetal disability. (18.20)
- 321.** Sterilisation of people with disabilities on the grounds of their disability alone should be legally prohibited. In any situation where sterilisation is being considered, every effort must be made to ensure that informed and free consent exists. Where informed consent is not possible, strict legal criteria must be adjudged to exist by a court of law before sterilisation can be carried out. These criteria should include the requirement to show:
- just and necessary cause;
 - that other methods of contraception are unworkable;
 - that fair procedures are observed, including medical and psychological assessment of the person's welfare and rights;

- independent advocacy on behalf of the person and full consultation with parents and carers where appropriate. (18.31)

Religious Practice

- 322.** People with disabilities should be made to feel welcome and should be fully involved in every aspect of congregational life. To this end,
- every religious community should set up a small task force or working group, which should include people with disabilities, to look at anything which could be a barrier to the inclusion of all in worship and to develop an action plan to eliminate those barriers;
 - disability awareness should be included in the formation of religious leaders at every level. (19.1 - 19.4)

Arts and Culture

- 323.** The recommended review of the Building Regulations 1991, should include all arts venues and aim to make them as accessible as possible to as many people as possible. Among the facilities that should be available in all theatres, cinemas, auditoriums and concert halls are transfer places (which allow wheelchair users to sit in a seat) and wheelchair spaces (where the user can stay in their wheelchair). Induction loop systems, which amplify sound for hearing aid users, should be installed in all auditoriums, especially those in receipt of grant-aid, while infra-red systems are preferable in music venues. Stages may also require loop systems to facilitate deaf performers. (20.8)
- 324.** Box-office desks should be located at heights accessible to both wheelchair-users and ambulant people and should incorporate a counter loop system and a minicom or other text telephone system. Audio description systems - through which people with visual impairments can hear during pauses in dialogue descriptions of action taking place on stage or screen via a headset - should be installed in all cinemas and buildings where performances take place. The same equipment can be used for such services as simultaneous translation. (20.9)
- 325.** Super-titling equipment should be available for use in the Abbey Theatre, Siamsa Tire, the Municipal Theatre, Galway, Wexford

Theatre Royal; Waterford Theatre Royal, Cork Opera House and any commercial theatre with more than 800 seats. (20.10)

- 326.** The Department of Arts, Culture and the Gaeltacht should draw up a code of practice for all the national cultural institutions and the heritage services to provide facilities and information at their institutions, sites and visitor centres for people with disabilities. (20.11)
- 327.** Strategies should be developed by the Arts Council, the Heritage Council and the National Monuments and Historic Properties Service to find ways of making accessible those arts and heritage activities which take place in existing buildings, including listed buildings. Operating in a building which cannot easily be made wheelchair-accessible should not prevent arts organisations from providing access features for people with sensory or other disabilities. (20.12)
- 328.** The Arts Council should disability proof the Arts Plan 1995-1997. (20.13)
- 329.** The joint action research project by the Arts Council and the National Rehabilitation Board, mooted in the plan, should be expanded to include the Council for the Status of People with Disabilities as a third partner. Meanwhile, organisations in the field of disability should develop and implement arts policies in order to encourage and support access and opportunity in the arts for people with disabilities. (20.15)
- 330.** In order to increase access to, and participation in, the arts for people with disabilities, relevant state agencies should devise systems of incentives for them, both financial and otherwise. Along with local authorities, the Arts Council should provide adequate and clearly ring-fenced funding as a temporary strategic tool to increase access and opportunity in the arts for people with disabilities through grants to:
- encourage the development of both disability arts and arts and disability practices, including integrated provision;
 - ensure that venues become accessible to audiences and practitioners with disabilities. (20.16)
- 331.** The Arts Council should develop a concessionary card system, through which people with disabilities in receipt of state benefits could obtain admission to arts venues and courses at concessionary rates.

Priority seating in certain parts of auditoria (e.g. with level access for wheelchair-users, aisle seats for physically disabled people, near the stage for visually impaired people, in good view of sign interpreters or super-titling for deaf people) should be offered to people with disabilities who need it, at the cheapest rate on offer. This is an access requirement which should be fulfilled at all times and should not be subject to the same conditions as financial concessions. (20.17)

- 332.** The Arts Council, local authorities, arts and disability organisations should introduce a system of bursaries for people with disabilities, with the aim of increasing their representation in all art forms and methods of cultural expression. (20.18)
- 333.** All children with disabilities should be given the opportunity to participate in a range of arts activities as part of their general education, including at pre-school level. (20.19)
- 334.** People with disabilities who have missed out on arts education should be offered compensatory education through adult education programmes run or funded by the VECs. Providers of adult, second-chance and continuing education should ensure that arts education is made widely available to students with disabilities. (20.20)
- 335.** The training, including in-service training, of primary school teachers and secondary school art and music teachers should have an arts dimension. (20.21)
- 336.** All arts organisations should institute disability equality training for their staff, members and volunteers. Disability equality training is particularly vital for front-of-house and box office staff, whose offers of assistance, pro-activity, information-giving skills and knowledge are of paramount importance in dealing with customers with disabilities. (20.22)
- 337.** Arts awareness courses should be run in disability organisations, including for access experts. This is intended to ensure that disability organisations develop awareness of the arts and encourage their membership and client groups to seek involvement in the arts at all levels. (20.23)
- 338.** The Council for the Status of People with Disabilities should develop models and mechanisms for the identification of talent, leading to professional training in areas of disability arts or arts and disability practice where few role models exist and/or where the appropriate

language and aesthetic are only in the process of development. The training itself should take place in mainstream settings. (20.24)

- 339.** Training in music, art and theatre for people with disabilities should be open in its entry policies, modular in structure, and lead to clearly-specified, national qualifications. (20.25)
- 340.** Artist-in-residence schemes should be organised to ensure that:
- artists with disabilities work as artists-in-residence in both inclusive and disability-specific settings;
 - artists in residence working with people with disabilities are of the same standard of excellence as those who work with other people. (20.26)
- 341.** The Irish Writers' Centre should develop training and standards for live and recorded audio description. (20.27)
- 342.** Theatre-in-education companies and others involved in outreach work in schools should ensure that their performances and workshops can be accessed by all children with disabilities in any class or school they work with. (20.28)
- 343.** Arts and cultural organisations should strive to make information on their facilities, services, events, or performances available in a wide range of formats (e.g. large print, tape, Braille, computer disk, signing). The Department of Arts, Culture and the Gaeltacht and the Arts Council should lead by example in providing information. (20.29)
- 344.** Information on arts and cultural facilities, events and performances should state clearly their arrangements for people with disabilities. This should include access information, pricing policy and any special features (such as the use of a strobe light or glitter ball which can have adverse effects on some people with epilepsy). Events and courses should be publicised by the widest possible range of media including Aertel, local radio, teletext, magazines for deaf people, specialist TV and radio programmes aimed at people with disabilities, the disability press and newsletters, and via disability organisations such as Deaf Clubs to ensure that the maximum number of people with disabilities have access to the information. (20.30)
- 345.** Arts and cultural organisations should provide scripts, précis, introductory talks, taped programmes, audio and sign language interpreted tours, touch tables, thermoforms and other means of

ensuring maximum access for people with disabilities to venues, performances, exhibitions and events. (20.31)

- 346.** The Council for the Status of People with Disabilities should appoint an arts officer. This would ensure that arts and cultural matters assume a central position within the Council's work from the beginning. The Arts Council should nominate a professional member of staff to act as a link between art form officers and people with disabilities and their organisations. (20.32)
- 347.** The Council for the Status of People with Disabilities should set up a talent bank of interested and suitably qualified people with disabilities to be recommended to the Minister for Arts, Culture and the Gaeltacht for consideration as nominees to state boards. The Arts Council should also have access to this talent bank and should ensure that people with disabilities are included as nominees to boards of management of arts organisations. (20.33)
- 348.** The Arts Council should commission the production of resource packs for arts organisations to assist them to implement ways of involving people with disabilities as audiences, participants or employees. (20.34)
- 349.** CAFE (Creative Activity for Everyone) should be developed as a central independent source of expert advice on arts and disability issues. CAFE and APIC (Awareness Publishing Information Communications) should co-operate more closely in order to facilitate such developments as the disability access coding of CAFE's extensive database. CAFE should also consider the establishment of a system of arts animators to facilitate the interface between arts and disability organisations. (20.35)
- 350.** County arts officers should conduct an immediate disability audit/inventory of all venues and arts organisations in their areas, reporting to the Arts Council, relevant city/county managers and regional authorities. This process should be repeated and updated in 1999 as part of a review of progress. (20.36)
- 351.** Application forms issued by the Arts Council, the Ireland Funds and other funding bodies for arts organisations should include a section requesting information about facilities for people with disabilities and arrangements made to ensure their full participation in the applicant organisation. As well as tracking progress made, this mechanism should also enable the Arts Council and other funding bodies to make

disability-specific grants from time to time in respect of staffing and recruitment and numbers and types of exhibitions. (20.37)

- 352.** A touring "hothouse" roadshow should be developed by Very Special Arts to provide opportunities for people with disabilities, including those who live in institutions, to sample arts approaches in workshops and developmental projects. (20.38)
- 353.** The Arts Council should revise its handbooks for exhibition organisers to include sections on display, particularly as it affects people with disabilities. Exhibitions should be mounted in such a way that exhibits can be clearly appreciated by both wheelchair-users and ambulant people, with cord barriers, if used, at heights which do not present a trip hazard. All exhibition rooms and galleries should include seating to enable ambulant people with disabilities to rest. (20.39)
- 354.** The Minister for Arts, Culture and the Gaeltacht should propose an amendment to the Arts Act, 1951, Section 1, recognising "creative communication in sign language" as a specific art form. This would ensure the recognition of deaf arts and culture at the most formal level, alongside drama, literature and music. The drama officer of the Arts Council should provide a list of all sign interpreters qualified to work in theatre to all theatres and theatre companies. (20.40)
- 355.** Moltar don Roinn Comhionannais agus Athchóirithe Dlí, i gcomhar le hÚdaras na Gaeltachta, staitisticí maidir leis an líon iomlán de dhaoine le mí-chumais sa nGaeltacht a chur le chéile, agus claráracha a fhorbairt chun cuidiú le daoine le mí-chumais bheith páirteach i saol cultúrtha agus soisialta na Gaeltachta tríd is tríd. (20.41)
- 356.** The Department of Enterprise and Employment should ensure that the legislation currently in the course of preparation by its Copyright Unit exempts from liability for copyright infringements any reproduction in formats other than print of copyright works, which are made for the use in education, or otherwise for the personal use, of people with visual impairments. Where the extent of such reproduction might conflict with a normal exploitation of the work, or risk prejudicing the legitimate interests of the author, the legislation should provide for the payment of equitable remuneration to a body representative of the rights holders affected. (20.42)

Media

- 357.** Research into the effects of media representations of disability should be funded jointly by the Department of Equality and Law Reform and the Department of Arts, Culture and the Gaeltacht. (21.4)
- 358.** In post-primary schools, a section on the portrayal of people with disabilities should be included in media studies from the junior cycle onwards and in the film studies section in Leaving Certificate English. In-service training for teachers should provide the appropriate material and teaching strategies for this. (21.5)
- 359.** All courses and training in the media, journalism and public relations should include specific strands on disability issues. For those already working in the media, there should be workshops and seminars on disability issues. A style book to provide guidelines about negative, offensive and limiting language should be commissioned and published by the Department of Equality and Law Reform. (21.6)
- 360.** People with disabilities should be helped to participate in media and journalism courses by bursaries established by the Department of Education and the Department of Equality and Law Reform. They should also be given resources to enable them to attend training courses in public relations, lobbying and media management. (21.7)
- 361.** A database of available contributors and sources should be drawn up by the relevant officer of the National Union of Journalists. (21.8)
- 362.** RTE, the Independent Radio and Television Commission and the National Newspapers of Ireland should provide ongoing funding for an independent Media and Disability Unit. This Unit would provide training and expertise to media organisations to ensure the full participation of people with disabilities in media services. It would provide advice about the portrayal of people with disabilities, the coverage of disability events, making programmes specifically for people with disabilities, and disability awareness training. (21.9)
- 363.** Media coverage of disability issues should be brought into the mainstream by, for instance, having them covered by general correspondence rather than by health correspondents. RTE should look at ways in which people with disabilities can be made more visible on television both as presenters and participants. The Advertising Standards Association of Ireland should stringently enforce the Guidance Note on the Portrayal of Disabled People in Advertising,

lending particular weight to the views of people with disabilities.
(21.10)

- 364.** Public funding to RTE and any other media funding should be dependent on the development by the funded organisation of an appropriate policy concerning people with disabilities. All media institutions and professional organisations should undertake positive measures to facilitate participation and membership by people with disabilities. (21.11)
- 365.** RTE and other television stations with national licences should expand the number of hours and the range of programmes which are sub-titled. There should be a minimum of 50% of all programming hours captioned by 1998 and this should increase to all programming as soon as possible afterwards. (21.12)
- 366.** The National Rehabilitation Board or its successor should initiate a feasibility study into the establishment of a Disability Programmes Unit in association with appropriate partners such as RTE, the IRTC, FÁS, local radio stations and education institutions. Research should identify potential sources of funding and resources, whether it should operate within RTE or another organisation or as an independent company, and define its functions. (21.13)
- 367.** RTE should specify how it envisages using new information technologies as distribution mechanisms, feedback systems, and alternative media for people with disabilities. In the context of the Green Paper on Broadcasting, the establishment of any broadcasting authority should incorporate clear and accountable methods for dealing with complaints about programmes for or about people with disabilities and include appropriate enforcement mechanisms. (21.14)
- 368.** The use of the Internet as a forum for discussing Irish and international media and disability issues should also be examined. Disability groups should set up World Wide Web pages on the Internet to provide links to other relevant Web pages, to Television, Radio, Print and other news services. This site should also include online archives of text-based documents relevant to radio and TV productions as well as software resources for computer-users with disabilities (such as text to speech conversion software and help files for people with visual difficulties using MAC and Windows operating systems). (21.15)
- 369.** The establishment of a Disability and Perception film or television programme should be initiated jointly by the Irish Film Board and RTE

as part of their continuing commitment to an extension of equality principles. This could form a section of the "Short Cuts" initiative. (21.16)

Sports, Leisure and Recreation

- 370.** Lottery funding should be made available to the governing bodies of sporting organisations which represent athletes with disabilities so that Irish athletes will be able to compete internationally on an equal footing with those of other countries. (22.4)
- 371.** Adequate funding should be made available to ensure that Ireland could host the Special Olympics early in the next century. (22.5)
- 372.** Major sports venues should be accessible to people with physical and sensory disabilities. It should not be acceptable to have only a corner of stadiums set aside for wheelchair users and no facilities at all for people with other disabilities. (22.6)
- 373.** Planning permissions should not be granted to any sporting body for renovations or new buildings unless they include proper facilities for people with disabilities. Elsewhere in Europe, these include commentaries in sections of stands to assist those with visual impairments. (22.7)
- 374.** The Council for the Status of People with Disabilities should commission a survey of all beaches in the country and try to ensure that only those that are accessible should qualify for the Blue Flags. (22.8)
- 375.** Bord Failte and the regional tourism authorities should ensure that all tourist information includes details of facilities for people with disabilities. Tourist information centres should only receive state funding if they are accessible to all. All information in them must be available in alternative media and all staff should receive disability awareness training. (22.9)
- 376.** Government should ensure that all libraries under the control of local authorities are accessible and carry a range of books in large print or talking books. Within five years every public library should have an optical scanner. (22.10)
- 377.** Voluntary clubs should be fully supported and have a mix of voluntary and paid staff to enable them to operate during holiday seasons, a time

when many people with disabilities most need the social outlets they provide. (22.11)

- 378.** Workshops and other centres catering for people with disabilities, who need more structured leisure time, should be encouraged to open their facilities and centres in the evenings and at week-ends, and to develop a policy on sport, leisure and recreation. (22.12)

Vulnerable People with Disabilities

- 379.** For those highly dependent people with severe or profound disabilities who are living at home, high quality day activity services, with accessible transport, are an essential part of the necessary services. Day activity services tend to have a low priority and their availability differs widely between health boards and within health boards. The Commission has already recommended that day activity services should be part of the core personal support services to be provided as part of the Community Action Plan. The entitlement of a person with a severe disability to this service should be no less than that of more able people with disabilities to, say, work or vocational training. Health boards should be adequately funded by the Department of Health to enable them to secure the development of the necessary quality day services for their area. (23.6)
- 380.** The well-being of people with severe or profound disabilities who are living at home is bound up inevitably with the well-being of their carers. Financial support for carers is an essential part of an equality strategy which aims at maximising independence for people with disabilities. Respite care is a requirement in every health board area. (23.7)
- 381.** Where a carer is providing care for a family member in receipt of Disability Allowance he or she should qualify for any allowances or benefits for which they would otherwise be eligible. (23.8)
- 382.** The following have a special relevance for highly dependent people:
- a system of advocacy: it is important to put in place additional supports to maximise the independence and possibilities for choice for the residents of long-stay services. The sense of powerlessness of this group requires an investment in such measures. The post of advocate needs to be established by statute. Each health board should be required to appoint at least one trained advocate on behalf of residents in long-stay services.

- complaints procedures: every agency should be required to have a complaints procedure and to make it known to families and advocates.
- the right to a personal income: many people in residential care receive only a nominal discretionary payment and some receive no income at all, a situation which was strongly criticised by the Ombudsman in his 1992 report. The person with a disability in residential care should have the same entitlement to an income as the person living in the community. The personal income of a person with a disability in residential care should be paid directly to the individual, or an advocate or trustee on their behalf. A reasonable amount should then be charged to them for rent and board.
- the right to other services: the needs of people with disabilities living in residential institutions tend to be seen sometimes only in terms of accommodation or shelter. Individual service and support requirements - for day activity, employment, leisure, therapy or other services - must have equal standing with the service needs of people with disabilities living in the community. The person with a disability in residential care should have appropriate access to the local Disability Support Service and a personal support co-ordinator.
- overseeing and monitoring standards: all types of residential services need a comprehensive and adequately resourced monitoring service with sufficient powers to ensure that standards are implemented in practice. Visiting committees should be established for residential care institutions. The National Disability Authority should have a clear brief in relation to the monitoring of standards in residential care services. (23.10)

- 383.** The allocation of a place to a person with a severe disability in a particular service should be done on foot of an independent assessment in which the person's family or advocate would participate fully. There should be statutory entitlement to this assessment process. (23.11)
- 384.** Where a recommendation has been made for a specific placement, any proposal to refuse admission to an individual should have to be referred to an arbitration process within the health board. Arbitration

should be carried out by independent third parties with appropriate expertise. There should be a similar procedure for any proposal to terminate a particular placement against the wishes of the person with a disability or their family. (23.12)

- 385.** The Commission welcomes the proposals in Shaping a Healthier Future (the Department of Health's strategy document) for funding service agreements between the voluntary sector and the health authorities. Within this framework, it is necessary to link funding to the service needs of individuals with disabilities. The Commission recommends a two-tier funding structure in order to achieve this. The first tier should be a graded capitation grant which would take account of the level of severity of the person's disability. This grant should follow the person, irrespective of the source of the service. The second tier should be related to the overhead costs of providing a particular service. It should be based on a formula which would take account of the size of the service, thus protecting smaller services or those with variable numbers from unreasonable fluctuations in their income. (23.13 - 23.14)
- 386.** Revenue budgets of health boards should be structured in such a way that personal support services for people with disabilities should be ring-fenced. Such services should not have to compete with other areas like hospital services. (23.15)
- 387.** Funding restrictions in the past resulted in significant variations in the quality of services for people with severe and profound intellectual disabilities. Cuts in the late 1980s and early 1990s made it extremely difficult for health boards to implement the Planning for the Future policy. As a result there are still more than 1,200 people classed as having mental handicap in psychiatric hospitals. The transfer of such people to voluntary agencies envisaged in the Needs and Abilities Report did not happen. In the main, the health boards have not been able to develop an appropriate service of their own although they are obliged to provide a "last resort" option for people with the most difficult and challenging behaviour. This option does not only apply to people with intellectual disabilities but also to people with multiple disabilities such as those who are deaf/blind. The proposals in Planning for the Future should be implemented in full as a matter of urgency. (23.16 - 23.17)
- 388.** A special programme and capital fund should be introduced urgently to replace sub-standard facilities for people with disabilities. This

programme should be protected from normal competition for scarce funds and should be managed by a special group of experienced professionals from within the Department of Health and the health boards. The fund should be directed on a priority basis to the replacement of the worst facilities throughout the country. The total programme should be completed within five years. The replacement facilities should reflect current thinking about design in terms of the lifestyle of the people with disabilities concerned. Because of the large numbers of people in St Ita's Hospital, Portrane, the Commission is especially anxious that it should be among the first to be replaced under this programme. (23.20 - 23.23)

- 389.** A National Centre for Rare Disabilities should be established and located in a modern teaching facility such as the new Tallaght hospital. It should have satellite centres, linked by computer, in different parts of the country. The main functions of the National Centre should be:
- to improve the quality of life of people with rare disabilities;
 - to provide counselling and advice to families from the moment of diagnosis (and to help families searching for diagnosis);
 - to build up a national reservoir of knowledge about rare disabilities and to disseminate information about such conditions, their symptoms and consequences;
 - to inculcate a high degree of consciousness and sensitivity among professional staff towards such disabilities; to act as a resource for professionals, especially in, relation to diagnosis and course of treatment.

The National Centre should also encourage more awareness among and between families, to ease the isolation of those affected by rare disabilities, and assist the formation of mutual support groups.

In some cases, it may be necessary to provide families with intensive training to help them cope with aspects of the disability. Such training should be available free at the National Centre and its satellite centres. (23.25 - 23.27)

- 390.** There should be a fundamental review of entitlements to benefits such as medical cards and free transport and to family supports to make sure that no form of long-term or life-long disability is arbitrarily

excluded from them. A national database of rarer disabilities would clearly be a valuable aid to policy in this area. (23.28)

- 391.** Many people with rare forms of disability have shorter life expectancies. All forms of counselling and support in such cases should therefore include the preparation of families for bereavement. This is especially important because of the emotional investment that families make in cases where the disability is not recognised sufficiently. (23.29)
- 392.** Individual planning should take place before the discharge of people with spinal injuries from hospital. A full assessment of their requirements should be made with their involvement and reasonable accommodation made to enable them to return home and live as they choose. Disability awareness training with particular emphasis on spinal injuries, including their affects on sexuality, should be made available to medical and paramedical staff. A team comprising medical, nursing and paramedical staff with special training in spinal injuries should be available in each health board region. Training should also be given to public health nurses on treating people with spinal injuries. (23.30 - 23.31)
- 393.** The Department of Health should fund the establishment of a transitional housing facility, possibly linked to the National Rehabilitation Hospital in Dun Laoghaire and similar to the Transhouse model in the UK. Annual funding should be provided to run such a facility. (23.32)
- 394.** There is a need to provide information to families and carers of people affected by head traumas or brain damage. More counsellors should be trained and made available at Beaumont Hospital in Dublin and other acute hospitals where brain injuries are treated as well as at the National Rehabilitation Hospital. Adequate supports and trained staff should also be made available in regional hospitals and at community level. The Department of Health should ensure that an adequate number of neuropsychologists are trained and available. (23.34)
- 395.** Public awareness of the situation of people with head traumas needs to be increased by the National Rehabilitation Board and other appropriate agencies. Hospitals, GPs and public services generally should be targeted in this regard. It is important, for instance, that teachers in schools should be aware of the adverse effects on pupils who have somebody suffering from a head trauma in the family. (23.35)

- 396.** The Department of Education should draw up a policy for the future education of children with head traumas, including readmission to mainstream education if appropriate. Suitable supports in the classroom and counselling should be provided at local levels. (23.36)
- 397.** People who have survived head traumas and are judged to be mentally incapable of managing their own affairs are taken into wardship by courts. In this situation, independent advocates should be available, if required, to represent their rights. (23.37)
- 398.** Research into the long-term needs of people with head traumas should be funded by the Department of Health and should inform decisions about compensation arising from accidents. In the interim, the statute of limitations in relation to claims for compensation for head traumas should be extended to ten years to allow assessments of longer term affects which were not foreseen when the initial diagnosis was made. Any compensation due should be awarded in such a way that spouses have conditional access to it. (23.38)
- 399.** The Department of Health should make annual funds available for the establishment of a "Headway House" to provide counselling, telephone helplines, day and visiting services. Suitable respite care facilities should also be established and funded separately by the Department. (23.39)
- 400.** Health and personal support services for elderly people with disabilities and for travellers have been reviewed and are the subjects of development planning. There has been no similar focus on the concerns of young people with disabilities: there is a need to explore the special issues affecting them. Health boards should address their personal support needs within the framework of the health development sector programme which targets services to particular groups or areas. The Commission urges the National Youth Council, in conjunction with the Council for the Status of People with Disabilities, to undertake in-depth consultation with young people with disabilities to document their concerns and bring them to the attention of policy makers and service providers. In doing so, particular attention should be paid to young people with disabilities in rural communities and in institutional care. (23.41)

Research

- 401.** The proposed National Disability Authority should be empowered to conduct and commission research on disability issues and adequate

funding should be allocated to extend both the scope and volume of current research. (24.1 - 24.4)

- 402.** A Research Co-ordination Group should be established under the auspices of the National Disability Authority to provide a forum in which interested bodies could exchange information, agree priorities, avoid overlaps and help to construct joint projects, streamline the dissemination of results and identify and pursue funding options at home and abroad. (24.5)