# AN INDICATOR SET TO MONITOR THE NATIONAL DISABILITY INCLUSION STRATEGY

## 2017-2021

**NDA**

Údarás Náisiúnta Míchumais
National Disability Authority

## Contents

## Abbreviations

| | |
|---|---|
| **AIM** | Access and Inclusion Model |
| **CSO** | Central Statistics Office |
| **DA** | Disability Allowance |
| **DAC** | Disability Access Certificate |
| **DCA** | Domiciliary Care Allowance |
| **DCYA** | Department of Children and Youth Affairs |
| **DEASP** | Department of Employment Affairs and Social Protection |
| **DSS** | Decision Support Service |
| **EQOL** | European Quality of Life Survey |
| **FET** | Further Education and Training |
| **GDPR** | General Data Protection Regulations |
| **HIQA** | Health Information and Quality Authority |
| **HRB** | Health Research Board |
| **HSE** | Health Service Executive |
| **IB** | Illness Benefit |
| **ICSH** | Irish Council for Social Housing |
| **IDS TILDA** | The Irish Longitudinal Study on Ageing – Intellectual Disability Supplement |
| **IHREC** | Irish Human Rights and Equality Commission |
| **IRIS** | Irish Remote Interpreting Service |
| **ISM** | Irish Sports Monitor |
| **KPIs** | Key Performance Indicators |
| **LFS** | Labour Force Survey |
| **MHC** | Mental Health Commission |
| **n/a** | Not applicable |
| **NDA** | National Disability Authority |
| **NDIS** | National Disability Inclusion Strategy |
| **NIDD** | National Intellectual Disability Database |
| **NPIRS** | National Psychiatric In-Patient Reporting System |
| **NTA** | National Transport Authority |
| **QNHS** | Quarterly National Household Survey |
| **QOL** | Quality of Life |
| **RT** | Rehabilitative Training |
| **SILC** | Survey of Income and Living Conditions |
| **SLIS** | Sign Language Interpreting Service |
| **TILDA** | The Irish Longitudinal Study on Ageing |
| **UD** | Universal Design |
| **UNCRPD** | United Nations Convention on the Rights of Persons with Disabilities |
| **WRC** | Workplace Relations Commission |

**Introduction**

This document presents a suite of indicators to monitor the National Disability Inclusion Strategy (NDIS).[1] Indicators are regarded as playing a vital role in the identification of trends and issues while contributing to the process of priority setting, policy formulation and the evaluation and monitoring of progress. The indicators will be used to assess the level of progress being made through the implementation of the Strategy to improve the lives of people with disability over time. The National Disability Authority (NDA) wishes to acknowledge the cooperation and support of departments, agencies and other stakeholders in informing the development of these indicators, and in their commitment to on-going data collection and review.

The first section of this report outlines the eight themes and 19 objectives set out within the NDIS. It also sets out the 58 unique indicators that have been developed by the NDA in consultation with many stakeholders to measure the 19 objectives. It also presents information on the source of the indicator and the baseline figure where relevant and available. The baseline data is presented as a top line figure, that is, there is no age, gender or disability type disaggregation presented at this point.

The second section provides much more detail on each indicator including more detailed information on the source of the data, how the indicator is calculated, the relevance of the indicator and whether it can be disaggregated by age, gender and disability type. Where possible, any data analysed will be disaggregated by age, gender and by disability type, for example, physical, sensory, intellectual, mental health, autism etc. (with due regard to data protection issues). The NDA will also continue to press for data collection relevant to disability where such data is not currently available.

While our approach has been to identify the key indicators from valid, robust and readily available data sources, we know from our work to support a number of Departments and agencies, that a variety of other quantitative and qualitative information are gathered in the course of their work. These data, when mined, can provide very useful additional information to supplement the picture provided by the core indicators. Information on some of these additional data sources is also included.

**Selection of indicators**

The indicators that have been selected to track and measure progress over time of each objective and theme are non-exhaustive. The indicators currently selected have been identified from data that are:

- Validated and robust, e.g. Census, Labour Force Survey (LFS) etc.
- Gathered at regular intervals, so that progress over time can be measured
- Readily available, i.e. already being gathered, minimising the requirement to carry out specific data-gathering exercises, while appreciating the fact that there may be some

---

[1] http://www.justice.ie/en/JELR/dept-justice-ndi-inclusion-stratgey-booklet.pdf/Files/dept-justice-ndi-inclusion-stratgey-booklet.pdf

areas where additional work will be required in order to address any significant gaps in information

- Show outcomes rather than outputs, recognising that in some cases measuring an output may be required until such time as sufficient progress has been made or an adequate data source becomes available.

The indicators have been reviewed by a number of researchers who have experience in developing monitoring processes. They have been shared with the NDIS Steering Group, the Disability Stakeholders Group, and with several government departments and agencies. Feedback was incorporated as appropriate. While there is alignment between the indicators and the actions in the strategy the main aim was to try and include indicators that are focused on outcomes for persons with disabilities. In some instances, limitations in the data available means that this is not always achieved, and in these cases the indicators measure outputs, with a commitment to review this on an on-going basis over the lifetime of the Strategy. There was a deliberate decision not to transform each action in the strategy into an indicator as these outputs are under review through the monitoring activity of the NDIS Steering group. The indicators were also selected with an aim of getting a balance between child and adult indicators, and different disability types.

Discussions are on-going with government departments and agencies regarding the protocols for accessing, analysing and sharing this data, and as such, this should be regarded as a 'living document'. As departments continue to refine and analyse their own data-sources, and as some of the foundational activities within the NDIS are implemented, the indicators will be reviewed over time, and alternative indicators and ways of measuring progress against objectives may evolve. Selection of the indicators involved reviewing existing indicators used for other purposes. This included:

- Better Outcomes Brighter Futures indicators from the Department of Children and Youth Affairs (DCYA),

- Health Service Executive (HSE) key performance indicators (KPIs) for the disability and mental health sectors, the

- Social Inclusion Monitor from the Department of Employment and Social Protection (DEASP), the

- Irish Sports Monitor

- National Positive Ageing Strategy

- Comprehensive Employment Strategy

- European Quality of Life  Survey

- The Irish Health Survey

We also reviewed international indicators including the Danish indicator set for monitoring the United Nations Convention on the Rights of People with Disability (UNCRPD) and the disability specific indicators for the Sustainable Development Goals. Where possible we adopted relevant indicators from these datasets, but as the purpose of our indicators is to

measure progress specifically on the NDIS using existing data sources where possible, the overlap in suitable indicators was minimal.

Table 1 below presents the number of objectives and indicators by theme

**Table 1: Themes, objectives and indicators for the NDIS**

| | Theme | Objectives | Indicators (total) |
|---|---|---|---|
| 1 | Equality and Choice | 5 | 15 |
| 2 | Joined up policies and public services | 2 | 6 |
| 3 | Education | 1 | 5 |
| 4 | Employment | 3 | 5 |
| 5 | Health and Well-Being | 1 | 7 |
| 6 | Person-Centred Disability Services | 3 | 13 |
| 7 | Living in the Community | 2 | 5 unique (7) |
| 8 | Transport and Accessible Places | 2 | 2 unique (3) |
| | **Total** | **19** | **58 unique** |

**Analysing progress**

Our approach will be to use the indicators to paint an overall picture of progress (or lack thereof) under thematic headings, and therefore the NDA analysis of how the various data interact, and the interplay with other information, will be a critical part of this work. It is proposed that an interim progress report will be developed in 2019, the mid-point of the strategy and a final report developed in 2021. The NDA will have due regard to compliance with General Data Protection Regulations (GDPR) throughout this work and will adhere to best practice in all data collection and analysis.

It should be noted that it will always be challenging to align a specific improvement with a specific action within the Strategy, or even to wholly credit the Strategy itself with such an improvement. There are a range of inter-locking factors that can lead to improvements or dis-improvements in a person's life, and this particular Strategy would only be one such factor. There are other national policies, programmes and strategies which will also have a bearing on outcomes for people with disabilities, including the Transforming Lives programme, the Task Force on Personalised Budgets, the Comprehensive Employment Strategy and others. The NDA therefore proposes to use this suite of indicators as one of a number of approaches to reviewing progress achieved for persons with disabilities in the coming years.

| SECTION 1: THEMES, OBJECTIVES, AND INDICATORS WITH SOURCE AND BASELINE |
| :---: |

| Objective | Indicator | Source | Baseline |
| --- | --- | --- | --- |
| **THEME 1.   EQUALITY AND CHOICE** | | | |
| 1.1. Persons with disabilities are recognised and treated equally before the law. They have the same rights and responsibilities as other citizens | 1.1a. Ratification of the UNCRPD | Irish Statute books | n/a |
| | 1.1b. Amendment of the Mental Health Act, 2001 and other relevant legislation, giving full effect to the Expert Group Report | Irish Statute books | n/a |
| | 1.1c. Percentage of people with and without a disability who report experiencing discrimination | QNHS (Quarterly National Household Survey) module on Equality (now the Labour Force Survey (LFS)) | 13% of people with a disability reported experiencing discrimination in accessing services in the two years prior to the third quarter of 2014 (Q3 2014) – will compare to data on work and no disability |
| | 1.1d. Percentage of cases taken under the Employment Equality Act and Equal Status Act on disability grounds in the Workplace Relations Commission (WRC) that are upheld | Workplace Relations Decisions and Determinations database http://www.workplacerelations.ie/en/Decisions_Determinations/ | Employment Equality Act – 2017 – 62 complains on disability grounds adjudicated on, 32 upheld Equal Status Act – 2017 – 23 complains on disability grounds adjudicated on, 3 upheld. |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| 1.2. Persons with disabilities make their own choices and decisions | 1.2a. Number of Decision-Making Agreements notified to, or registered with, the Director of the Decision Support Service | DSS Registers and annual reports: | Agreements notified and registered once DSS fully operational (Q2 2019) |
| | 1.2b. No. of people leaving congregated settings to live self-directed lives within the community | Time to Move On Annual Report HSE disability section quarterly KPIs. | Total number in congregated settings at end 2016 = 2579 Transitioned – 74 |
| | 1.2c. Number of people living in 24-hour supervised mental health residences and the percentage of residences with >10 beds | Report of the Inspector of Mental Health Services contained in the MHC annual report | 2016 1,355 residents 122 residences of which 46% have > 10 beds |
| | 1.2d.. Percentage of involuntary admissions to psychiatric treatment units | National Psychiatric Inpatient Reporting System (NPIRS) annual report from the Health Research Board (HRB) | 2016 2,222 involuntary / 17,290 total 13% 55%m, 45%f 9.7% of tribunal hearings were revoked in 2017. |
| | 1.2e. Number of people with disabilities served and waiting to be served by the National Advocacy Service | NAS/CIB annual report | 2016: New cases 324 Cases closed 380 Waiting list 141 |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| 1.3. People with disabilities are treated with dignity and respect and are free from all forms of abuse. | 1.3a. Percentage of people assessed by the HSE Safeguarding and Protection Teams with an outcome of reasonable grounds for concern | Annual reports from national safeguarding office and HSE performance reports | 2016<br>7884 safeguarding concerns (disability and older people) 47% reasonable grounds for concern, 31% no grounds, 22% more information required.<br>In 2016 the Confidential Recipient received 220 complaints |
| 1.4. Public sector information is available in accessible formats | 1.4a. Percentage of public sector bodies who are fully compliant with the EU Web Accessibility Directive | Monitoring body not yet appointed –<br><br>Irish Statute books | n/a |
| | 1.4b. The number of requests for The Irish Remote Interpreting Service (IRIS) and Sign Language Interpreting Service (SLIS) that were facilitated | SLIS annual report (CIB) | 2016<br>IRIS -96%<br>SLIS – 45% |
| | 1.4c. Irish Sign Language Bill is passed | Irish Statute Book | n/a |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| 1.5. Public services are universally designed and accessible to all citizens | 1.5a. Level of rating of the quality of public services by people with disabilities compared to people without disabilities | European Quality of life survey (EQOL) (unclear if adequate sample size of data available specifically for Ireland) | Pending |
| | 1.5b. Level of accessibility of public sector buildings | NDA and OPW | n/a |
| **THEME 2.   JOINED UP POLICIES AND PUBLIC SERVICES** | | | |
| 2.1. Children and young people with disabilities are support to make smooth transitions from one stage of life to the next | 2.1a. Initiatives, policies and processes developed and implemented to support smooth transitions for children and young people with a disability | Various, including departmental consultative committees, and interdepartmental working groups | n/a |
| | 2.1b. Percentage of HIQA inspection reports where there is compliance with the regulations relating to transitions for children and young people | HIQA | pending |
| | 2.1c. Evidence of a continuous quality improvement process in New Directions Services self-assessment process with regard to Standard | HSE | n/a |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| | 1.8 on transitions of adults with a disability | | |
| | 2.1d. Different government departments work together to achieve better outcomes for adults with disabilities | Various including departmental consultative committees, and interdepartmental working groups | n/a |
| 2.2. Public services actively engage with people with disabilities and their representatives in the planning, design, delivery and evaluation of public services | 2.2a Departmental Consultative Committees in place and meeting regularly across all departments | NDIS IG reporting records-, available on request | n/a |
| | 2.2b Establishment of mental health local forums in HSE mental health services | Reports from the HSE Mental Health Division's Office of Engagement | n/a |
| THEME 3.  EDUCATION | | | |
| 3.1. People with disabilities are supported to reach their full potential | 3.1a. Number of children receiving targeted pre-school support (levels 4-7 of the AIMS model) | DCYA AIM records- AIM Annual Report 2016/2017 | 2017 Level 4 – 2423 Level 5 – 223 Level 6 – Not reported Level 7 - 1335 |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| | 3.1b. Numbers of primary and post primary schools delivering mental health promotion and well-being supports. | Source pending – place holder indicator | |
| | 3.1c. Percentage of people with disabilities achieving each educational attainment level (primary, secondary, tertiary, FET) by disability type. | Census | People with disability compared to total population<br>Primary: 20.8 vs 8.9<br>Secondary: 29.9vs27.3<br>FET: 13.6 vs16.2<br>Tertiary: 13.1vs23.5 |
| | 3.1d. Percentage of all people, whose highest level of educational attainment is further education and training (FET,) who have a disability | Census 2016<br>SOLAS 2018 onwards | 2016: 13% |
| | 3.1e. Percentage of all people accessing higher education, further education and training who have a disability. | HEI, AHEAD and FET/SOLAS data | 25/27 higher education institutes – 5.7% (2016-2017 academic year) |
| THEME 4.   EMPLOYMENT | | | |
| 4.1. People with disabilities are encouraged and motivated to | 4.1a. The percentage of people aged 15-65 with and without a disability by principle economic status | Census & LFS | Employment: 1.8:1<br>Un-employment: 0.7:1<br>Non-employment 0.3:1<br>Education and training 1.2:1 |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| develop to the maximum of their potential, with a view to participating in further education and employment | 4.1b. Number of people with a disability on disability payments/benefits e.g. Disability Allowance (DA), Illness benefit (IB), or Domiciliary Care Allowance (DCA | Department of Employment Affairs and Social Protection (DEASP), Statistical Information on Social Welfare Services | |
| | 4.1c. Percentage of people exiting HSE funded Rehabilitative Training to take up employment | HSE records currently in final stages of preparation | 2016 data – roughly 1/3 went on to employment (awaiting validation) |
| 4.2. People with disabilities have the opportunity to work and have a career | 4.2a. Percentage of employees in the public sector reporting a disability | Disability Act 2005 Part 5 monitoring records – NDA datasets | 2016 – 3.5% (the minimum statutory target in 2016 was 3%) |
| 4.3. Employers can easily access information about employing a person with a disability | 4.3a. Expenditure by DEASP on the reasonable accommodation fund | DEASP / parliamentary questions | € for 2016 Employee retention grant = €7,244 Workplace equipment adaptation grant = €54,041 Personal reader grant = €16,537 Job interview interpreter grant = €0 Total = €77,822 |
| **THEME 5.   HEALTH & WELL-BEING** | | | |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| 5.1. People with disabilities are supported to achieve and maintain the best possible physical, mental and emotional well-being | 5.1a. The mortality rate of people with disabilities compared to people without disabilities. | CSO – analysis of mortality differentials Due end of 2018 or early 2019 | 2006-2007 - People with disabilities are dying at 3.6 times the rate of people without disabilities |
| | 5.1b. Percentage of people with disabilities reporting bad or very bad health compared to people without disabilities | CSO five yearly census and Irish Health Survey | 2016 13% vs 0.2% |
| | 5.1c. Percentage of people with and without a disability who report having depression | CSO Irish Health Survey | 2015 People with disabilities 59% People without disabilities 21% |
| | 5.1d. Rates of health screening in people with a disability compared to people without a disability | CSO Irish Health Survey | 2015 pwd, people without disability Mammogram 19%, 14% Cervical smear 20%, 21% Blood pressure check 85%, 60% |
| | 5.1e. Percentage of people with and without disabilities who engage in physical activity | Irish Sports Monitor | 2015 31.6% of people with disabilities engaged in physical activity compared to 45% of all people |
| | 5.1f. Number of young people (<18) admitted to adult HSE mental health inpatient units | NPIRS annual report (HRB) | 2016 = 67 (36m, 31f) |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| | 5.1g. Percentage of people with and without disabilities who are consistently poor | SILC, Social Inclusion Monitor (DEASP) | 2015 = 18.4% |
| THEME 6.    PERSON-CENTRED DISABILITY SERVICE | | | |
| 6.1. Disability services support individuals to live a fulfilled life of their choosing | 6.1a. People in new residential models of service are enjoying better outcomes and quality of life | NDA Evaluation project findings | n/a |
| | 6.1b. Adoption of person-centred practice among disability service providers | HSE Disability Services | n/a |
| | 6.1c. Percentage of HIQA inspection reports where there is compliance with the regulation relating to personal plans | Health information and Quality Authority (HIQA) | Pending |
| | 6.1d. Percentage of approved mental health centres compliant with the regulation on individual care planning | Annual report of the Inspector of Mental Health Services (Part of the Mental Health Commission (MHC) Annual Report) | 2016 38% (n=24) of approved centres were compliant with the Regulation on individual care planning. |
| | 6.1e. Percentage of people with disabilities included in an evaluation of a personalised budgeting | The body tasked with implementing, monitoring and evaluating the personalised budgeting system (possibly the existing task force on personalised budgets) | n/a |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| | scheme who are satisfied with the scheme | | |
| 6.2. Children and adults with disabilities have timely access to assessment and early intervention, and the therapy, rehabilitation or mental health services they require | 6.2a. Percentage of assessments of need (of children) completed within the timelines as provided for in the regulations. | HSE KPIs monitor Part 2 Disability Act compliance under its disability section quarterly | Health Service Performance Profile, April-June 2017 Quarterly Report: 28.1% (HSE target 100%) |
| | 6.2b. Number of Children's Disability Network Teams established | HSE quarterly KPIs | Health Service Performance Profile, April-June 2017 Quarterly Report: 56 (HSE target 129) |
| | 6.2c. Percentage waiting more than 12 months and more than three months to be seen by child and adolescent mental health services | HSE KPIs monitor this under its mental health section quarterly | Health Service Performance Profile, April-June 2017 Quarterly Report: Waiting >12 months=12% (HSE target 100% <12 months) Waiting >3 months = 63% |
| | 6.2d. Percentage of adults waiting more than 12 weeks to be offered appointment and seen by adult mental health services | HSE KPIs monitor this under its mental health section quarterly | Health Service Performance Profile, April-June 2017 Quarterly Report: >12 weeks 74.7% (HSE target 75%) |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
|  | 6.2e. Number of adults on waiting lists for the National Rehabilitation Hospital | HSE/National Rehabilitation Hospital | May 2017: 226 |
| 6.3. Disability services are delivered to high quality standards and in line with international best practice | 6.3a. Percentage of disability services complying with HIQA regulation | Health Information and Quality Authority (HIQA) consolidation reports/database and HSE quarterly reports | Health Service Performance Profile, April-June 2017 Quarterly Report: 78.4% (HSE target 80%) |
|  | 6.3b. Percentage of mental health units complying with Mental Health Commission regulations, rules and codes of practice | MHC annual reports | 2016 Regs=74% Rules=37% COP=24% |
|  | 6.3c. Evidence of a continuous quality improvement process in New Directions Services self-assessment process | HSE disability services | n/a |
| **THEME 7. LIVING IN THE COMMUNITY** | | | |
| 7.1. People with disabilities are supported to live an independent life in a home of their choosing in the community | 7.1a. Number of people who continue to live in disability related congregated settings (>=10 people) or large disability residences (5-9 people) | National Intellectual Disability Database (NIDD), NPIRS (HRB) HSE data on HSE mental health service supported accommodation | 2016 = 2135 (for people with intellectual disabilities, NIDD) |
|  | 7.1b. Number of people leaving congregated | Time to Move On Annual Report HSE disability section quarterly KPIs. | Total number in congregated settings at end 2016 = 2579 |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| | settings to live self-directed lives within the community (repeated indicator from 1.2b) | | Transitioned – 74 |
| | 7.1c. Number of people living in 24-hour supervised mental health residences and the percentage of residences with >10 beds (repeated indicator from 1.2c) | Report of the Inspector of Mental Health Services contained in the MHC annual report | 2016 1,355 residents 122 residences of which 46% have > 10 beds |
| | 7.1d. People in need of social housing due to a disability as a percentage of all people on social housing waiting list | Department of Housing, Planning and Local Government. | 2016=6.3% 2017=8.5% |
| | 7.1e. Public attitudes to people with a disability living within the community remain stable or improve | NDA public attitudes to disability surveys | 2017 average score out of 10 of 8.8-9.3 depending on disability type |
| | 7.1f. Percentage of people with a disability compared to those without a disability who are members of a social group or club | Healthy Ireland survey data | Not currently available |

| Objective | Indicator | Source | Baseline |
|---|---|---|---|
| 7.2. New homes are designed to Universal Design standards and can be readily adapted to people's changing needs | 7.2a. Evidence that houses, including social housing, are being built incorporating Universal Design (UD) principles. | Irish Council for Social Housing, Rebuilding Ireland Royal Institute of Architects in Ireland NDA UD team | n/a |
| **THEME 8.   TRANSPORT AND ACCESSIBLE PLACES** | | | |
| 8.1. Persons with disabilities can get to and from their chosen destination independently in transport that is accessible to them | 8.1a. Improvement of public transport accessibility | NDA transport monitoring Phase 2 | n/a |
| | 8.1b. Percentage of bus stops that are accessible according to a Universal Design audit tool. | NTA monitoring data | n/a |
| 8.2. Persons with disabilities are able to access buildings and their facilities on the same basis as everyone else | 8.2a. Level of accessibility of public buildings (repeat indicator from 1.5b) | NDA Monitoring Process | n/a |

# SECTION 2: INDICATORS IN DETAIL

## Theme 1 - Equality and Choice

**Outcome 1.1: Persons with disabilities are recognised and treated equally before the law. They have the same rights and responsibilities as other citizens.**

| Indicator 1.1a | Ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) |
|---|---|
| Source | Irish statute books |
| Information on source | Will be recorded on www.irishstatutebook.ie |
| Information on indicator | Ratification of the UNCRPD and ratification of the Optional Protocol |
| Indicator calculation | Ratified or not ratified<br>Optional protocol ratified or not ratified |
| Relevance to NDIS and interpretation | Ratification of the UNCRPD sends out a signal that the government is committed to the rights of people with disability. Once ratified Ireland will also be subject to monitoring by an international committee.<br><br>The Optional Protocol to the Convention on the Rights of Persons with Disabilities is a side-agreement to the main. The Optional Protocol establishes an individual complaints mechanism for the Convention. Parties agree to recognize the competence of the Committee on the Rights of Persons with Disabilities to consider complaints from individuals or groups who claim their rights under the Convention have been violated. The Committee can request information from and make recommendations to a party. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | Once ratified the UNCRPD will be monitored. The Irish government will submit a report to the UN periodically and monitoring visits from the UN will occur resulting in a report. Review of these reports will be important for monitoring and evaluating the NDIS |

| Indicator 1.1b | Amendment of the Mental Health Act, 2001, and passing of other relevant legislation, giving full effect to the Expert Group Report |
|---|---|
| Source | Irish statute books |
| Information on source | Will be recorded on *www.irishstatutebook.ie* |
| Information on indicator | A Report of the Expert Group on the review of the Mental Health Act 2001was presented to government in 2014. This report outlines a number of recommendations that require legislation to change. Some of these are already included in new legislation (e.g. Mental Health (amendment) Act 2015 and the Assisted Decision Making (Capacity) Act 2015). However other issues remain outstanding such as:<br>• deprivation of liberty<br>• definitions and guiding principles<br>• advance health care directives<br>• standards for mental health services<br>• children with mental health illness<br>• requirements for medical treatments<br>Relevant amendment of the mental health and other existing acts and passing of any new acts will be recorded. |
| Indicator calculation | Relevant amendment of the mental health and other existing acts and passing of any new acts from 2017 on will be recorded. |
| Relevance to NDIS and interpretation | This indicator represents important and progressive changes that can be introduced into existing mental health legislation.<br>Mainly associated with mental health although some aspects of legislation (e.g. deprivation) will also be relevant to other disability groups. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | Once amendment to the Act takes place we will review to ensure full commencement of the Act. |

| Indicator 1.1c | Percentage of people with and without a disability who report experiencing discrimination |
|---|---|
| Source | CSO Quarterly National Household Survey (QNHS) special modules on equality |
| Information on source | The QNHS conducted special modules on equality in 2004, 2010 and 2014 (every 4-6 years). The Labour Force Survey (LFS) replaced the (QNHS) from Q3 2017. A new equality module is planned for Q1 2019. |
| Information on indicator | Data are presented as work related discrimination and discrimination in access to services. Data are presented for people with and without a disability. Respondents aged 18 years and over are asked about their experience in the 2 years prior to the survey. The QNHS only includes households in Ireland so not would include institutions. |
| Indicator calculation | Calculate separately for work related discrimination and discrimination in access to services and for people with and without a disability. |
| Relevance to NDIS and interpretation | The first thing to note is that this is self-reported discrimination and what is perceived may not be actual discrimination. However, this indicator could reflect over time an increase or decrease in perceived discrimination by people with disabilities. It also allow a comparison with people without a disability. |
| Disaggregate by age | Age 18+ |
| Disaggregate by disability type | Not possible |
| Disaggregate by gender | Yes, but would require a special request to the Central Statistics Office (CSO). If a future equality module is run we will make this request. |
| Additional relevant information | The data are also presented as the percentage of people experiencing discrimination on the grounds of disability also broken down by work related and access to services. Also included is how much knowledge people have of their rights under Irish equality law (good understanding, some understanding, little understanding) which may be relevant to include. If possible data will be calculated for people with a disability who have another potential social disadvantage such as traveller, LGBT, lower social class, asylum seekers etc. The Irish Human Rights and Equality Commission (IHREC) have commissioned further analysis by the ESRI on the CSO equality module around disability and discrimination which may contribute to this indicator. The EQOL survey has data on whether people think they have been treated equally in health services which can be disaggregated by disability status. |

| Indicator 1.1d | **Percentage of cases taken under the Employment Equality Act and Equal Status Act on disability grounds in the Workplace Relations Commission (WRC) that are upheld** |
|---|---|
| **Source** | Workplace Relations Decisions and Determinations database |
| **Information on source** | The Workplace relations website http://www.workplacerelations.ie/en/ includes a database on decisions and determinations http://www.workplacerelations.ie/en/Decisions_Determinations/ |
| **Information on indicator** | This database is searched using the filters of 'WRC', keyword 'disability' and legislation 'Employment Equality Acts' and 'Equal Status Acts'. Each entry for the year of interest is checked and those where the grounds for the complaint was disability are included and the outcome recorded. Decisions and determinations are uploaded to the database a few months after the final decision so are available on an ongoing basis. |
| **Indicator calculation** | All cases have to be individually confirmed and coded annually. Denominator – number of all cases taken under the (1) Employment Equality Act and (2) the Equal Status Act on disability grounds in the WRC Numerator - number of cases taken under the 1) Employment Equality Act and (2) the Equal Status Act on disability grounds in the WRC that are upheld |
| **Relevance to NDIS and interpretation** | This indicator can help monitor the level of workplace discrimination on disability and is therefore relevant for the objective that people with disabilities are treated equally before the law. An increase in findings in favour of the person with a disability may indicate a dis-improvement of workplace practices. Conversely a decrease in findings in favour of the person with a disability may indicate an improvement in workplace practices. Recording this indicator as a percentage should minimise any effects of a fluctuation in the number of total cases taken per year. We will be careful about drawing conclusions about outcomes in a specific year where the number of cases may be small. |
| **Disaggregate by age** | Working age |
| **Disaggregate by disability type** | May be possible but detailed information on disability type is not always given. |
| **Disaggregate by gender** | Not recorded systematically but can usually be abstracted from data. |
| **Additional relevant information** | Also include information from IHREC annual reports that report the % of cases taken under the two acts on the grounds of disability. Also the Irish Council for Civil Liberties report on hate crimes. |

## Outcome 1.2: Persons with disabilities make their own choices and decisions

| Indicator 1.2a | Number of Decision-Making Agreements notified to, or registered with, the Director of the Decision Support Service |
| --- | --- |
| Source | Decision Support Service (DSS) – registers and annual reports |
| Information on source | Once the DSS is fully operational decision making agreements will need to be registered with the DSS. These will likely be captured in an annual report. |
| Information on indicator | There will be a number of types of Decision-Making Agreements. These include Assisted decision-making, co-decision making, and decision making representative. Depending on the type of agreement, there will be a requirement to be notified or registered with the DSS and to report annually. |
| Indicator calculation | A simple count of new agreements by type annually. |
| Relevance to NDIS and interpretation | The registration/notification of agreements is an indication that people who may lack capacity to make their own decisions are proactively choosing people themselves to support them in making decisions. It also reflects that fact that people are complying with legislation. |
| Disaggregate by age | 18+ |
| Disaggregate by disability type | Unlikely |
| Disaggregate by gender | May be possible |
| Additional relevant information | When the DSS is up and running and has their procedures in place it will be possible to determine exactly the data available and the format. This indicator may be adjusted slightly to account for this. |

| Indicator 1.2b | Number of people leaving congregated settings to live self-directed lives within the community |
|---|---|
| Source | HSE Time to Move on Annual Report |
| Information on source | The HSE produces a Time to Move On Annual Report which, is the implementation progress report of the Strategy for Community Inclusion. This report tracks the numbers of people living in congregated settings (excluding mental health settings)using a master data set. Annual targets are set in HSE service plans and they are included in the HSE's quarterly KPIs for disability services. However, the easiest source of data is from the Time to Move On reports. |
| Information on indicator | The number of transitions includes the number of people who moved to homes in the community in line with the policy and the number of people who transitioned to other appropriate arrangements. The latter is not strictly in line with the policy as they may have transitioned into houses with >4 people or to a nursing home. However, they are included here as they are deemed to have left the congregated setting. |
| Indicator calculation | The number of people who have left a congregated setting is presented in the annual report. |
| Relevance to NDIS and interpretation | This indicator represents the pace of change in moving to independent living and is an important indicator in measuring choice and more independent living. Government policy is to decongregate all centres for people with disabilities. When tracked over time in conjunction with 7.1b above it will monitor the pace of decongregation. |
| Disaggregate by age | Some disaggregation possible |
| Disaggregate by disability type | Can differentiate between the severity level of people with intellectual disability and 'physical and sensory' |
| Disaggregate by gender | Not recorded |
| Additional relevant information | The NDA is conducting an evaluation study on benefits (cost and outcomes) of the new models of community living. This will provide valuable additional data on the outcomes of this process. |

| Indicator 1.2c | Number of people living in 24-hour supervised mental health residences and the percentage of residences with >10 beds |
|---|---|
| Source | Mental Health Commission (MHC) annual report – Report of the Inspector of Mental Health Services |
| Information on source | Contained within the MHC annual report is the Report of the Inspector of Mental Health Services |
| Information on indicator | In the narrative part of the report of the Inspector of Mental Health Services the number of people living in 24-hour supervised residences is reported. The total number of these centres and the percentage with >10 beds is also reported. |
| Indicator calculation | Simple count |
| Relevance to NDIS and interpretation | 24 hour staffed community residences have been found to be accommodating too many service users, to have poor physical infrastructure, to be institutional in nature and to lack individual care plans. A major issue is that the residences are not regulated. Over time these residences should be reduced in size and residents supported to live more independently. By monitoring the numbers of people residing in these mental health residences over time we will be able to monitor changes. |
| Disaggregate by age | Not possible |
| Disaggregate by disability type | Not possible |
| Disaggregate by gender | Not possible |
| Additional relevant information | Originally this indicator was looking at the number of transitions out of these supported units similar to indicator 1.2b. However, the data available for this indicator are more limited and therefore it has been amended.<br>If possible disaggregate by any criminal/forensics unit versus others. |

| Indicator 1.2d | Percentage of involuntary admissions to psychiatric treatment units |
|---|---|
| Source | National Psychiatric In-patient Reporting System (NPIRS) annual report and the MHC annual report |
| Information on source | This NPIRS database is managed by the HRB and an annual report produced. The database records data on all admissions to, and discharges from, psychiatric inpatient facilities in Ireland annually. The MHC annual report presents similar information but in different formats so it is possible to get data such as gender from this report. |
| Information on indicator | Number and % of involuntary admissions is presented in the annual report tables |
| Indicator calculation | Numerator = number of all involuntary admissions<br>Denominator = total number of all admissions |
| Relevance to NDIS and interpretation | There has been an increase in the proportion of involuntary admissions in the ten-year period, from 2007 to 2016. Involuntary admission takes away the choice of the individual. By monitoring this indicator we can track whether this increases or decreases over time. It should be a last resort intervention. This indicator has been increasing slightly since 2012 and it is important to monitor if this increase is sustained. |
| Disaggregate by age | All |
| Disaggregate by disability type | These data are not presented in annual report for involuntary admissions but could be analysed if dataset accessed. |
| Disaggregate by gender | Yes from MHC report |
| Additional relevant information | The indicator can also be calculated for just new involuntary admissions as opposed to all involuntary admissions.<br>If a person is admitted to hospital against their will (involuntary patient), they are entitled to have a mental health tribunal within 21 days of their admission. The MHC is responsible for establishing these tribunals. The function of the mental health tribunal is to either revoke or affirm an admission or renewal order. The number of tribunals held and the number of cases revoked is recorded by the MHC. Tracking these data may give some indication as to how valid the involuntary admissions are. |

| Indicator 1.2e | Number of people with disabilities served and waiting to be served by the National Advocacy Service |
|---|---|
| Source | National Advocacy Service (NAS) |
| Information on source | Annual report of the Citizen's Information Board includes data on the activities of the NAS |
| Information on indicator | Data reported on the number of new cases opened annually, number of cases closed annually and the number of people waiting |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | This is an important indicator as advocates are the only assistance that some people with disabilities have to make their own decisions. NAS tends to deal with quite complex cases including safeguarding issues and wards of court. Therefore it will not capture the full extent of all advocacy activities in the country. There are some independent advocacy agencies that serve particularly groups such as SAGE for older people. However, NAS is present throughout the country so has good national coverage. The interpretation of tracking this indicator will not be straightforward. New legislation such as around deprivation of liberty is likely to increase the number of cases reflecting increased demand. The waiting lists will show the level of unmet need. Currently a case is closed if it has been satisfactorily resolved, if all opportunities to resolve have been exhausted, if the client disengaged or if the client has been referred on to another service. Currently these are not being disaggregated but there are plans to upgrade the electronic information system at NAS so in the coming years more detailed information will be available. |
| Disaggregate by age | Includes adults and children |
| Disaggregate by disability type | Yes |
| Disaggregate by gender | No |
| Additional relevant information | Will explore possibility of measuring numbers of people with disabilities trained to be self-advocates. NAS are planning a study to look at the level of unmet need nationally so this will be useful information to feed into this indicator.<br>HIQA reports often contain information on access to advocacy services and this information may also be valuable in enhancing this indicator. |

## Outcome 1.3: Persons with disabilities are treated with dignity and respect and are free from all forms of abuse

| Indicator 1.3a | Percentage of people assessed by the HSE Safeguarding and Protection Teams with an outcome of reasonable grounds for concern |
|---|---|
| Source | National Safeguarding Office |
| Information on source | The National Safeguarding Office is part of HSE and produces an annual report. They are tasked with managing safeguarding concerns relating primarily to persons with a disability and/ or over 65 years who are deemed vulnerable. The office first started collecting data in 2016. The HSE also produces quarterly reports of KPIs. |
| Information on indicator | The best figure to use is therefore the number of initial screening which show that there were reasonable grounds for concern (other outcomes of the initial screening are no grounds and additional information required. |
| Indicator calculation | As above. |
| Relevance to NDIS and interpretation | This is an important indicator to monitor levels of abuse among vulnerable people. However, as the National Safeguarding Office Annual report states 'these figures only represent a portion of all of the safeguarding concerns experienced by vulnerable adults in Irish society'. This is because the Safeguarding and Protection teams work in the Social Care Division of the HSE so safeguarding concerns arising from mental health division, acute hospital care or primary care are not captured. Interpretation of the data may be difficult initially as staff training has a direct impact on the reporting of safeguarding concerns so any increase in cases will need to take this into consideration. The data are not disaggregated by disability status. However, it is likely that a large proportion of reports related to people with disabilities. 60% of all reports were for people 18-65 which are almost exclusively people with disabilities. Of the 40% greater than 65 years it is likely a high percentage of them have a disability. |
| Disaggregate by age | Adults 18+ (reports on 18-65 and >65) |
| Disaggregate by disability type | No |
| Disaggregate by gender | Only in aggregate for all safeguarding cases – not disability specific. |
| Additional relevant information | At this point the National Safeguarding Office are not reporting the outcomes of the cases i.e. was the finding of reasonable grounds upheld. If this is reported on in the future this indicator will be amended to include this information. HIQA inspection reports also record safeguarding issues and a review of these will also feed into this indicator. Another useful source of additional information will be the Confidential Recipient's annual reports. The Confidential Recipient is independent of the HSE. Anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility. |

**Outcome 1.4: Public sector information is available in accessible formats**

| Indicator 1.4a | Percentage of public sector bodies who are fully compliant with the EU Web Accessibility Directive |
|---|---|
| Source | Unclear. |
| Information on source | In order to be compliant with the EU Web Accessibility Directive the Government will be required to set up a monitoring and enforcement body. Reporting is likely to be via annual reports. The first monitoring period for websites is Jan 2020 – Dec 2021 with the first report to be submitted the Commission by 23 Dec 2021. The first monitoring period for apps being July 2021 – Dec 2021 with the first report to be submitted the Commission by 23 Dec 2021. The monitoring will relate only to a subset of websites reviewed in the previous monitoring period |
| Information on indicator | Denominator – likely the number of public sector bodies that report to the monitoring agency<br>Numerator – likely the number of public sector bodies that are deemed compliant with the directive<br>• 2018 indicator will relate to transposition of the text into national legislation and the appointment of a monitoring body<br>• 2021 indicator will refer to new and existing websites and mobile apps |
| Indicator calculation | Numerator/denominator |
| Relevance to NDIS and interpretation | Although information on the web is only one part of all public sector information it is an important one. Making websites and mobile apps more accessible results in a better user experience for all, not just for users with disabilities It is likely that minimum levels of compliance will be monitored. However, this will still be important for monitoring the percentage of public web sites that are accessible.  EU Member States have until 23 September 2018 to transpose the text into their national legislation. All websites created after that date will have to be accessible by September 23, 2019. Existing websites will have to comply by September 23, 2020. All mobile applications will have to be accessible by June 23, 2021. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | No |

| Indicator 1.4b | The number of requests for the Irish Remote Interpreting Service (IRIS) and Sign Language Interpreting Service (SLIS) that were facilitated |
|---|---|
| Source | SLIS annual report |
| Information on source | The annual report is contained within the Citizen's Information Board annual report |
| Information on indicator | The annual report provides data on the number of requests received for both SLIS (in-person) and IRIS services and the number facilitated. |
| Indicator calculation | No calculation required |
| Relevance to NDIS and interpretation | Sign Language Interpreting Service (SLIS) is the national interpreting service for the Deaf community. SLIS provides in-person interpretation and IRIS provides a live video-link to an Irish Sign Language interpreter. IRIS underestimates the number of requests that were not facilitated as, because it uses an on-line booking system, when a timeslot is unavailable the user usually leaves the system without any record. |
| Disaggregate by age | All |
| Disaggregate by disability type | n/a deaf community |
| Disaggregate by gender | No |
| Additional relevant information | We will also work to disaggregate data between public bodies and individual requests to track if there is increased demand from public bodies |


| Indicator 1.4c | The Irish Sign Language Bill is passed |
|---|---|
| Source | Irish statute books |
| Information on source | Will be recorded on *www.irishstatutebook.ie* |
| Information on indicator | Irish Sign Language Act 2017 |
| Indicator calculation | n/a |
| Relevance to NDIS and interpretation | The Act provides for the recognition of Irish Sign Language and guides public bodies in relation to ISL and sign language interpreting. This Bill was signed into law on 24th December 2017. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant info | Once the Act is passed it will be monitored to ensure its full commencement. |

**Outcome 1.5: Public services are universally designed and accessible to all citizens**

| Indicator 1.5a | Level of rating of the quality of public services by people with disabilities compared to people without disabilities |
|---|---|
| Source | European Quality of life survey (EQOL) |
| Information on source | Eurofound in the European Foundation for the improvement of living and working conditions |
| Information on indicator | The latest EQOL survey was conducted in 2016. One question asks to rate the quality of public services including, health, education, transport, childcare, long term care, social housing and state pension. The next survey will be in approximately 5 years. |
| Indicator calculation | The indicator will be calculated for each type of public service by disability status. It will need an analysis of the Irish data from the survey |
| Relevance to NDIS and interpretation | |
| Disaggregate by age | yes |
| Disaggregate by disability type | No although there is a variable on how the disability impacts the person |
| Disaggregate by gender | yes |
| Additional relevant information | There are additional questions in the EQOL relating specifically to health services as to whether people feel they have been fully informed. This information will also be useful. |

| Indicator 1.5b | Level of accessibility of public sector buildings |
|---|---|
| Source | NDA and OPW |
| Information on source | Action 26 of the NDIS 2017-2021 states that the Office of Public Works (OPW) and the NDA will conduct an operational review of the effectiveness of Section 25 of the Disability Act and make recommendations to facilitate the obligations for public bodies to bring their buildings into compliance with part M 2010 by 2022. A key measure of the effectiveness of Section 25 is whether public buildings are, as far as practicable, accessible to people with disabilities. It is anticipated that this will lead to the development of an ongoing monitoring mechanism. |
| Information on indicator | 2019 - A report on the operational effectiveness of Section 25 with recommendations on what will facilitate public bodies to bring their buildings into compliance with Part M 2010 by 2022 2020-2021 – An implementation plan for the ongoing monitoring of compliance with Part M 2010 |
| Indicator calculation | |
| Relevance to NDIS and interpretation | A "public building" means a building, or part of a building, to which members of the public generally have access and which is occupied, managed or controlled by a public body. Section 25 of the Disability Act, 2005, states that a public body shall ensure that its public buildings are, as far as practicable, accessible to persons with disabilities. Part M of the building regulations lays out how buildings should be made accessible. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | NDA will also revise the Disability Act Part 5 reporting from to revise the information on building accessibility that is submitted by public sector organisations. NDA will also explore monitoring of accessibility of Heritage Sites (which is covered under Section 29 of the Disability Act) |

| Theme 2 – Joined up policies and public services |
|---|

**Outcome 2.1: People with disabilities are supported to make smooth transitions from one stage of life to the next[2]**

| Indicator 2.1a | Initiatives, policies and processes developed and implemented to support smooth transitions for children and young people with a disability |
|---|---|
| Source | Reports from various government departments such as DCYA, DES, DOH, DEASP, NCSE |
| Information on source | Received through the quarterly departmental consultative committees, through the interdepartmental group dealing with coherence of approach to children with disabilities, through the National Oversight Group, and New Directions Implementation Group. |
| Information on indicator | Will review reports to assess whether the initiatives supported smooth transitions for children and young people. Specifically we will look at transitions between home and preschool, preschool and primary, primary and secondary. secondary and tertiary/employment/disability services. As there is no definition of 'smooth' we will review reports from the perspective of whether they intended the initiative, policy or process to make the transition easier for the young person. |
| Indicator calculation | Qualitative evaluation |
| Relevance to NDIS and interpretation | As there is no one source of data for this indicator it will be monitored through reviewing various initiatives, policies and processes. For example, deferral of day case places, age exemptions for commencement of primary education. |
| Disaggregate by age | No but confined to children and young people |
| Disaggregate by disability type | No |
| Disaggregate by gender | No |
| Additional relevant information | There are a number of KPIs relating to transitions in the comprehensive Employment Strategy. These willl be used to help report on this indicator. Other areas that can be explored are transition of therapies from early intervention team to school age team, information in the pending DES report on guidance services, 3rd level disability support, out of school children, and overage exemptions for children starting primary school.<br>Growing Up in Ireland (GUI) longitudinal data is published periodically and may require some further analysis to look specifically at children with special educational needs. |

---

[2] Note that this outcome originally read 'Children and Young People with disabilities…' This was changed to allow all government joint up policies and public services to be highlighted but there is a particular focus on children and young people in the indicators.

| Indicator 2.1b | Percentage of HIQA inspection reports where there is compliance with the regulations relating to transitions for children and young people |
|---|---|
| Source | HIQA |
| Information on source | National Standards for residential services for children and adults with a disability.<br>Child residential services  - Standard 2.4 'Children are actively supported in the transition from childhood to adulthood and are sufficiently prepared for and involved in the transfer to adult services or independent living'<br>Adult residential services – Standard 2.4 'Young adults are supported throughout the transition from children's services to adults' services'<br>These standards are derived from Regulation 25 in the Health Care Act Regulations 2013.<br>As HIQA are changing from monitoring standards to regulations in 2018 compliance with regulation 25 will be monitored for the NDIS strategy |
| Information on indicator | Child residential services - % compliance with regulation 25<br>Adult residential services - % compliance with regulation 25 |
| Indicator calculation | |
| Relevance to NDIS and interpretation | This indicator is limited to people with disabilities living in residential services only so is of limited value. However, in combination with the indicator below relating to New Directions it should provide a good picture of how transitions are working. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | May be possible for centres that are primarily for people with an ID and those for people primarily with physical or sensory disabilities |
| Disaggregate by gender | n/a |
| Additional relevant information | |

| Indicator 2.1c | Evidence of a continuous quality improvement process in New Directions Services self-assessment process with regard to Standard 1.8 on transitions of adults with a disability |
|---|---|
| Source | HSE |
| Information on source | The New Directions Interim Standard 1.8 states that 'Each person is supported to make transitions between services and supports provided by disability and mainstream services, in line with their choices, needs and abilities.' |
| Information on indicator | Beginning in 2018 there is a self-assessment process beginning on the New Directions Interim Standards. This is part of a continuous quality improvement process. This requires providers of disability services to self-report against the standards using a standardized tool. Data will be compiled at the national level by the HSE with the first report expected in mid 2019. |
| Indicator calculation | Reporting on the standard will be presented for staff, service users and management. Reporting categories are 'very good', 'good', 'fair' and 'weak'. |
| Relevance to NDIS and interpretation | The continuous quality improvement process is not a monitoring framework. Therefore while it may be possible to see changes over time the main aim of this process is for services to self-evaluate and then develop an action plan to improve their services. This indicator is limited to people with disabilities receiving support from New Directions so does not capture all the transitions that people with disability meet. However, research has shown that support during transitions leads to better outcomes for people with disabilities |
| Disaggregate by age | n/a (adults) |
| Disaggregate by disability type | Not possible |
| Disaggregate by gender | n/a |
| Additional relevant information | |

| Indicator 2.1d | Different government departments work together to achieve better outcomes for adults with disabilities |
|---|---|
| Source | Reports from various departments through departmental consultative committees and interdepartmental working groups |
| Information on source | Feedback to the quarterly NDIS steering group and interdepartmental working groups such as through the Comprehensive Employment Strategy and Make Work Pay. |
| Information on indicator | Review reports of joint projects of government departments to see if they succeed in achieving better outcomes for people with disabilities |
| Indicator calculation | Qualitative assessment |
| Relevance to NDIS and interpretation | As there is no one source of this information we will be informed of joint working through the consultative committees and through our knowledge of departments and ongoing and new projects that are developed.<br>For example, 'Steps into Work' a collaboration between DEASP (EmployAbility) and the HSE mental health services. |
| Disaggregate by age | Specifies children and young people in the objective but suggest making this wider to all life stage transitions |
| Disaggregate by disability type | Unlikely |
| Disaggregate by gender | Unlikely |
| Additional relevant information | Will look at the work or relevant cross-departmental groups such as child care committees, Better outcomes better futures, National digital strategy, AIMs update etc. |

**Outcome 2.2: Public services actively engage with people with disabilities and their representatives in the planning, design, delivery and evaluation of public services**

| Indicator 2.2a | Departmental Consultative Committees in place and meeting regularly across all departments |
|---|---|
| **Source** | NDIS Steering Group |
| **Information on source** | Each department should have a Consultative Committee with representatives of relevant Departments and agencies and of disability stakeholders. Feedback from these should be through the quarterly NDIS steering group |
| **Information on indicator** | NDA will collate information from departments on the<br>• Existence of a consultative committee and<br>• Frequency of meetings<br>• Representative from disability sector |
| **Indicator calculation** | As above |
| **Relevance to NDIS and interpretation** | The consultative committees in government departments include representatives of the disability sector. Departments will progress the implementation and monitoring of relevant actions of the Strategy at local level through their departmental consultative committees. In advance of each meeting, these consultative committees will submit progress reports to the NDA. While the existence of the committees is an output rather than an outcome, we suggest that it is a first step in ensuring that public services are acknowledging the importance of including people with disabilities. |
| **Disaggregate by age** | n/a |
| **Disaggregate by disability type** | n/a |
| **Disaggregate by gender** | n/a |
| **Additional relevant information** | NDA will continue to engage with departments about the availability of information gathered on membership by people with disabilities on decision-making forums/committees etc. Will also capture inter-departmental protocols and MOUs in place. Also will look at different stages across the life-cycle, universal design for early-years setting. Etc. |

| Indicator 2.2b | Establishment of mental health local forums in HSE mental health services |
|---|---|
| Source | Reports from the HSE Mental Health Division's, Mental Health Engagement Office. |
| Information on source | Area leads are appointed who organise the mental health local forums |
| Information on indicator | Unclear exactly what data are collected – will continue to monitor and review |
| Indicator calculation | |
| Relevance to NDIS and interpretation | Local Mental health forums are for people who use mental health services, family members, carers and supporters. Forums provide a space and opportunity for people to voice their experiences and present their views to improve outcomes for all |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a mental health |
| Disaggregate by gender | n/a |
| Additional relevant information | None |

**Theme 3 – Education**

## Outcome 3.1: People with disabilities are supported to reach their full potential

| Indicator 3.1a | Number of children receiving targeted pre-school support (levels 4-7 of the AIMS model) |
|---|---|
| Source | DCYA AIM (Access and Inclusion Model) records |
| Information on source | As the programme is new there is not yet any report. However, a year one interim evaluation is due early 2018 and thereafter it is likely there will be annual reporting of numbers in the system |
| Information on indicator | Numbers should be available for each level of the AIMS model |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | AIM is a child-centred model, involving seven levels of progressive support, moving from the universal to the targeted, based on the needs of the child and the pre-school service. The targeted support is levels 4-7 of the AIMs model. Level 4: Expert early years educational support and advice<br>Level 5: Equipment, appliances and minor alterations grants<br>Level 6: Therapeutic interventions<br>Level 7: Additional assistance in the preschool room<br>Recording the number of children receiving each level of service is an output and tells nothing about the outcomes for the individual children. However, by tracking this number we can see if it is increasing over time, which would reflect increased facilitation of children with disabilities to attend mainstream Early Childcare Care and Education (ECCE) programmes. |
| Disaggregate by age | Children 2-6 years roughly |
| Disaggregate by disability type | Unknown if this data will be available |
| Disaggregate by gender | Unknown if this data will be available |
| Additional relevant information | If data are also available on the number of children who were not able to be facilitated by the AIMS model that will also be included. |

| Indicator 3.1b | Number of primary and post-primary schools delivering mental health promotion and well-being supports |
|---|---|
| Source | HBSC? |
| Information on source | |
| Frequency of reporting | |
| Information on indicator | In development |
| Indicator calculation | |
| Relevance to NDIS and interpretation | |
| Disaggregate by age | |
| Disaggregate by disability type | |
| Disaggregate by gender | |
| Additional relevant information | A new Junior cycle programme on 'wellbeing' commenced in September 2017. We will review the roll out of this programme via DoE programme evaluations.<br>We will review any evidence of modified programmes for people with disability such as mental health and wellbeing and sexual health<br>We will track the implementation of the wellbeing framework for schools for policy and practice (currently being developed by the DOES. We will also explore whether we can track the number of schools recognised by the HSE as Health Promoting Schools. |

| Indicator 3.1c | Percentage of people with disabilities achieving each educational attainment level (primary, secondary, tertiary, FET) by disability type |
|---|---|
| Source | Census |
| Information on source | National census, data produced every five years. Next one due in 2021 |
| Information on indicator | Details of education level attained are provided by census. |
| Indicator calculation | Can be looked at by disability type and sex but not by age which will require a special request to the census |
| Relevance to NDIS and interpretation | Would expect to see levels of education for people with a disability improve over time. However, this would only be apparent in the younger age groups. Therefore it is necessary to analyse by age. |
| Disaggregate by age | 15 years and above (individual ages not available in publically available census data) |
| Disaggregate by disability type | Yes |
| Disaggregate by gender | Yes |
| Additional relevant information | May be some additional information available from the LFS. If possible data will be calculated for people with a disability who have another potential social disadvantage such as being a member of the travelling community, or from a lower social class. Additional information on outcomes for children with special educational needs will be available from the Growing Up in Ireland data. |

| Indicator 3.1d | Percentage of all people whose highest level of educational attainment is further education and training (FET) who have a disability |
|---|---|
| Source | CSO data |
| Information on source | National census, data produced every five years. Next one due in 2021 |
| Information on indicator | CSO data on highest level of education attained by disability type. This does not tell who is currently in FET but rather who has already achieved an FET qualification. Therefore it will have to be analysed by age group (e.g. 15-25) to be able to see discernible differences over time. |
| Indicator calculation | The three categories of 'technical vocational', 'advanced certificate/completed apprenticeship' and 'higher certificate' are combined to get the number of people for whom FET is the highest level of education attained. The number of people with a disability with a FET qualification are compared with the total number of people with a FET qualification. |
| Relevance to NDIS and interpretation | This indicator allows access to and completion of FET for people with a disability to be monitored. The publically available CSO does not currently provide an age breakdown so a special request to the CSO for an age breakdown will be required. This indicator does not reflect those currently in FET but that should be available from SOLAS in the future (see below). |
| Disaggregate by age | Possible but requires special request to CSO |
| Disaggregate by disability type | Yes |
| Disaggregate by gender | Yes |
| Additional relevant information | SOLAS should be able to provide this information in the future and this indicator will be updated then. When SOLAS data becomes available we should be able to get annual information on the % of people with a disability in FET.<br>HSE funded rehabilitation and training centres are not included in this indicator as all users of those centres have a disability. |

| Indicator 3.1e | Percentage of all people accessing higher education who have a disability |
|---|---|
| Source | For Higher Education – Ahead (www.ahead.ie) |
| Information on source | Ahead conducts and annual survey of 27 higher education institutions. |
| Information on indicator | The percentage of all students (including full and part-time, undergraduates and post-graduates) is presented. |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | This indicator allows access to higher education for people with a disability to be monitored. Efforts have been made in recent year e.g. through the DARE scheme to increase the participation of people with disabilities in higher education. |
| Disaggregate by age | No |
| Disaggregate by disability type | Yes |
| Disaggregate by gender | No |
| Additional relevant information | Need to request that Ahead collects data on gender |

| Theme 4 – Employment |
|---|

**Outcome 4.1: People with disabilities are encouraged and motivated to develop to the maximum of their potential, with a view to participating in further education and employment**

| Indicator 4.1a | Percentage of people aged 15-65 with and without a disability by principle economic status (Employed, Unemployed, Not in labour force) |
|---|---|
| Source | Labour force survey |
| Information on source | National census, data produced every five years. Next one due in 2021 |
| Information on indicator | The LFS will ask the Washington Group short set of disability questions every Q4 and the old (standard as per census) disability question in Q2 of every year. The principal economic status are defined by the CSO and are combined here to produce three categories, employed, unemployed and not in the labour force. The latter category includes students, engaged on home duties, retired from employment, unable to work due to permanent sickness/disability, other & unknown |
| Indicator calculation | Compare the proportion of people with a disability and without a disability for each of the three principal economic categories |
| Relevance to NDIS and interpretation | Very relevant as it tracks employment levels of people with disabilities relative to those without and helps to monitor national initiatives to increase employment of people with disabilities such as the Comprehensive Employment Strategy & Make Work Pay. |
| Disaggregate by age | Yes, five year age groups between 15 & 65 |
| Disaggregate by disability type | Yes |
| Disaggregate by gender | Yes |
| Additional relevant information | The five yearly census data will also be useful to measure this indicator. Also exploring opportunities for collecting data regarding numbers of people with disabilities taking up apprenticeships |

| Indicator 4.1b | Number of people with a disability on disability payments/benefits e.g. Disability Allowance (DA), Illness benefit (IB), or Domiciliary Care Allowance (DCA) |
|---|---|
| Source | Department of Employment Affairs and Social Protection (DEASP), Statistical Information on Social Welfare Services |
| Information on source | Produced annually by DEASP |
| Information on indicator | Includes information on several payment types but disability allowance DA, Illness Benefit (IB), and Domiciliary Care Allowance (DCA) are reported on here |
| Indicator calculation | Numbers in each category will be reported |
| Relevance to NDIS and interpretation | Relevant to look at trends in the increase or decrease of disability payments. This will relate directly to participation in the workforce and will allow examination of the impact of any policy change. Previously the OECD has reported that the Irish benefits system is too passive. Only 11% of long-term unemployed return to work and therefore it is important to intervene and support people when they are young. Monitoring this indicator by age will be very important. |
| Disaggregate by age | Would require a special request to DEASP. DCA eligibility is 0-15 years and IB and DA is16-65 years. |
| Disaggregate by disability type | No |
| Disaggregate by gender | Yes |
| Additional relevant information | If possible data will be calculated for people with a disability who have another potential social disadvantage such as traveller, LGBT, lower social class, asylum seekers etc. Data from the Social Inclusion Monitor on the expenditure on disability and illness payments as a % of GDP will also be included. In comparing with census data it will be possible to estimate the % of all people with a disability receiving each type of payment. |

| Indicator 4.1c | Percentage of people exiting HSE funded Rehabilitative Training to take up employment |
|---|---|
| Source | HSE |
| Information on source | Annual reports and specific requests to the HSE |
| Information on indicator | Many people with disabilities enter a three year rehabilitative training (RT) programme either when they leave school, acquire a disability or enter the disability system later in life. Rehabilitative training focuses on the development of an individual's life skills, social skills and basic work skills with the objective of enhancing the trainee's quality of life and general work capacity. |
| Indicator calculation | Percentage of people exiting RT annually who go on to paid employment |
| Relevance to NDIS and interpretation | As one of the aims of RT is to make people work ready it is important to track how successful this initiative is |
| Disaggregate by age | May be possible with special request to HSE |
| Disaggregate by disability type | May be possible with special request to HSE |
| Disaggregate by gender | Yes |
| Additional relevant information | Will also explore feasibility of capturing data regarding number of people with disabilities in HSE Adult Day Services taking up employment in open market – data gathering process currently being scoped.<br>Where possible we will review the types of employment obtained, particularly looking at the percentage that are low-paid positions.<br>A variation of this indicator is also include in the Comprehensive Employment Strategy and that data will be included here. |

**Outcome 4.2: People with disabilities have the opportunity to work and have a career**

| Indicator 4.2a | Percentage of employees in the public sector reporting a disability |
|---|---|
| Source | Part 5 of the Disability Act 2005 monitoring report |
| Information on source | Annual report compiled by the NDA as per its statutory requirement under the Disability Act |
| Information on indicator | The current government target is for people with a disability to make up 3% of public service workers. This will increase gradually to a minimum target of 4% in 2019, a minimum target of 5% in 2021 and a minimum target of 6% in 2023. A review of the Part 5 monitoring process will take place in Q4 2018 to guide improved compliance and reporting quality. |
| Indicator calculation | Compilation of data from all public sector agencies |
| Relevance to NDIS and interpretation | Included in legislation so must be monitored. The public sector needs to set an example through introducing innovative recruitment and retention methods to reach the increased targets. |
| Disaggregate by age | No |
| Disaggregate by disability type | No |
| Disaggregate by gender | No |
| Additional relevant information | No |

**Outcome 4.3: Employers can easily access information about employing a person with a disability**

| Indicator 4.3a | Expenditure by DEASP on the reasonable accommodation fund |
|---|---|
| Source | DEASP |
| Information on source | Will require a specific request to DEASP |
| Information on indicator | Will examine data broken down by the four main employer grants<br>• Employee retention grant<br>• Workplace equipment adaptation grant<br>• Personal reader grant<br>• Job interview interpreter grant |
| Indicator calculation | Presentation of total expenditure |
| Relevance to NDIS and interpretation | An increase in this indicator may reflect an increase in employment of people with disabilities and an increase in awareness of the existence of these grants. The reasonable accommodation fund is a demand-led scheme in that expenditure arises in response to applications received |
| Disaggregate by age | Not possible |
| Disaggregate by disability type | Not possible |
| Disaggregate by gender | Not possible |
| Additional relevant information | Additional qualitative information will be available from recording the number of calls/ website visits to the Employers Disability Information Line and an evaluation of this scheme. This will signal of levels of employer engagement with the idea of recruiting/ retaining people with disabilities.<br>In addition data from DEASP on the Wage Subsidy Scheme which incentives employers to employ people with disabilities may also be monitored. A review of this scheme is included as a key performance indicator in the Comprehensive Employment Strategy. |

**Theme 5 – Health & Well-Being**

**Outcome 5.1: People with disabilities are supported to achieve and maintain the best possible physical, mental, and emotional well-being**

| Indicator 5.1a | The mortality rate of people with disabilities compared to people without disabilities |
|---|---|
| Source | CSO |
| Information on source | The CSO performs a data-matching exercise using data from the Vital Statistics Deaths file and the Census of Population approximately every 10 years. The next will be due in roughly 2019. |
| Information on indicator | In the analysis of data from 2006-2007 the data are presented in the form of standardized death rates per 100,000 population. Because mortality rates are strongly age-dependent it is necessary to age standardise (or age adjust) them in order to avoid drawing erroneous conclusions. The mortality rates compiled for various age groups were weighted using the European Standard Population to yield overall age standardised mortality rates. |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | It is known that despite increases in longevity of people with disabilities the rate of death among people with disabilities is higher than those without disability. By tracking this indicator over time we can see whether the gap in widening or narrowing. A widening gap may indicate poorer health services for people with disabilities. A narrowing gap may indicate improved health and better health services for people with disabilities. |
| Disaggregate by age | Yes possible but may require special request to CSO |
| Disaggregate by disability type | Yes possible but may require special request to CSO |
| Disaggregate by gender | Yes possible but may require special request to CSO |
| Additional relevant information | HRB, TILDA and IDS TILDA databases will provide similar information for specific population groups. These will be available on a more regular basis to supplement the CSO analysis. Consideration was given to tracking suicide rates. However, while it is know that disability is a strong predictive factor for suicide, data are not collected on the disability status of victims of suicide. Therefore, suicide data will not be collected.  If possible data will be calculated for people with a disability who have another potential social disadvantage such as being a member of the travelling community of from a lower social class. |

| Indicator 5.1b | Percentage of people with disabilities reporting bad of very bad health compared to people without disabilities |
|---|---|
| Source | CSO |
| Information on source | A question on self-reported health is included in the five yearly census |
| Information on indicator | Respondents select one of five categories ranging from very good to very bad |
| Indicator calculation | Combine the number of people reporting bad or very bad health and calculate the proportion of people with and without a disability reporting this. |
| Relevance to NDIS and interpretation | Self-perceived health provides a well validated and widely used measure of actual health, despite its subjective nature. While it would be expected that a higher proportion of people with disabilities would report bad health, with improving services for people this should decrease over time. |
| Disaggregate by age | Yes possible |
| Disaggregate by disability type | Yes possible |
| Disaggregate by gender | Yes possible |
| Additional relevant information | This question is also asked in the 5 yearly attitudes to disability survey and in the Healthy Ireland Survey. These data will help inform this indicator. If possible data will be calculated for people with a disability who have another potential social disadvantage such as being a member of the travelling community of from a lower social class. |

| Indicator 5.1c | Percentage of people with and without a disability who report having depression |
|---|---|
| Source | CSO Irish Health Survey |
| Information on source | The Irish Health Survey (IHS) is the Irish version of the European Health Interview Survey (EHIS). This survey fulfils the need for public health policies to obtain reliable data on health status, health care usage and health determinants. It allows for health comparisons to be made across Europe. Although this survey is conducted on an ad hoc basis it is likely that it will be repeated in the life of this strategy. |
| Information on indicator | The indicator reports on the number of people with a disability who have either mild, moderate or severe depression. |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | Having a disability predisposes a person to mental health difficulties, particularly depression. |
| Disaggregate by age | Yes possible |
| Disaggregate by disability type | Yes possible |
| Disaggregate by gender | Yes possible |
| Additional relevant information | Data are also available from the five yearly census. Data are reported on the population with two or more disabilities. Those who report a psychological or emotional condition are recorded. Although we cannot determine the exact mental health difficulty experienced, we can calculate the proportion or each disability type who report a co-morbid psychological or emotional condition. We know that there may be some underestimation of this as some people may have recorded their mental health condition under chronic illness rather than the psychological or emotional condition category. However, in the 2021 census it is planned to more explicitly state that mental health is part of the psychological and emotional category.  TILDA data also presents information on the number of older people who report moderate or severe depression. |

| Indicator 5.1d | Rates of health screening in people with a disability compared to people without a disability |
|---|---|
| Source | CSO Irish Health Survey |
| Information on source | The Irish Health Survey (IHS) is the Irish version of the European Health Interview Survey (EHIS). This survey fulfils the need for public health policies to obtain reliable data on health status, health care usage and health determinants. It allows for health comparisons to be made across Europe. Although this survey is conducted on an ad hoc basis it is likely that it will be repeated in the life of this strategy. |
| Information on indicator | The Irish Health Survey presents data on a number of preventative health indicators including measures of blood pressure, blood glucose, blood cholesterol, faecal occult blood, colonoscopy, mammogram and cervical smear. This is disaggregated by disability type. |
| Indicator calculation | Data will be presented for selected measured e.g. blood pressure, mammogram, and cervical smear. |
| Relevance to NDIS and interpretation | Research has shown that people with disabilities are less likely to receive health screening. This can be due to several factors including physical barriers to screening, lack of awareness, and lack of prioritization. Comparing the proportion of people with disabilities who access screening to those without disabilities helps determine whether there is a discrepancy. |
| Disaggregate by age | No |
| Disaggregate by disability type | No |
| Disaggregate by gender | Mammogram and cervical smear data pertains to women only. |
| Additional relevant information | The Irish longitudinal study on ageing (TILDA) and its Intellectual Disability Supplement (IDS). TILDA and IDS TILDA have information on the rates of screening among the older population in Ireland and among older people with intellectual disability.<br>The National Screening Service provides national data on the rates of breast, cervical, bowel and diabetic retina screening in Ireland. They do not currently collect data on disability status but if this changes these data will be included.<br>Ad hoc studies are undertaken periodically that provide data on screening rates. These will be included to support the above indicator. |

| Indicator 5.1e | Percentage of people with and without disabilities who engage in physical activity |
|---|---|
| Source | Sport Ireland |
| Information on source | The Irish Sports Monitor (ISM) is a large scale population-based survey designed to measure physical and social participation in sport and other forms of exercise in Ireland. It includes people aged 16+ and is conducted approximately every 2 years. |
| Information on indicator | The ISM measures disability through a respondent indicating that they have "a long-term illness, health problem or disability that limits daily activities or work". It compares the percentage of people with a disability who are physically active with the total population. |
| Indicator calculation | % of people with disabilities who are physically active compared to total population |
| Relevance to NDIS and interpretation | Research has shown that people with disabilities tend to do less exercise compared to those without disabilities. It is important to track this indicator to see if this gap is narrowing. |
| Disaggregate by age | May be possible |
| Disaggregate by disability type | May be possible |
| Disaggregate by gender | May be possible |
| Additional relevant information | Healthy Ireland is a national framework for improved health and well-being. Every year (since 2015) a nationally representative survey has been conducted collecting information on health and lifestyle issues. While questions vary from year to year, the first three waves have data on physical activity, reasons for doing / not doing exercise, perceptions on how much exercise is enough and issues around weight control. These will all provide additional useful information. Previously the QNHS has conducted modules on sport and physical exercise. It is unknown whether the LFS which as replaced the QNHS will continue to do this module periodically. The Report Card on Physical Activity in Children and Youth also provides limited information on disabilities. The Irish Health Survey conducted by the CSO also collects information on physical activity. |

| Indicator 5.1f | Number of young people (<18) admitted to adult HSE mental health inpatient units |
| --- | --- |
| Source | NPIRS annual report |
| Information on source | This database is managed by the HRB and an annual report produced. The database records data on all admissions to, and discharges from, psychiatric inpatient facilities in Ireland annually. |
| Frequency of reporting | Annual |
| Information on indicator | Number of admissions for all children/adolescents <18 years is reported |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | No child/adolescent should be admitted to an adult psychiatric unit. Best practice is to use specialised child/adolescent units. Tracking this indicator is a mark of quality |
| Disaggregate by age | Yes possible |
| Disaggregate by disability type | Not possible |
| Disaggregate by gender | Yes possible |
| Additional relevant information | |

| Indicator 5.1g | Percentage of people with and without disabilities who are consistently poor |
|---|---|
| Source | CSO – Survey of Income and Living Conditions (SILC) |
| Information on source | SILC is an annual survey that collects information on the income and living conditions of different types of households in Ireland, in order to derive indicators on poverty, deprivation and social exclusion. |
| Information on indicator | An individual is defined as being in 'consistent poverty' if they are at risk of poverty (i.e. they have an equivalised income of less than 60% of the median) and live in a household deprived of two or more of the eleven basic deprivation items (as per SILC). |
| Indicator calculation | Numerator – number of people with a disability who are consistently poor<br>Denominator – Total number of people with a disability<br>Numerator – number of people without a disability who are consistently poor<br>Denominator – Total number of people without a disability<br>Comparison of these two numbers |
| Relevance to NDIS and interpretation | Poverty levels are accepted as a primary predictor of health outcomes. By tracking the gap between the people with and without disabilities who are in consistent poverty we can see whether the situation is improving or dis-improving. The SILC does not include a question on 'disability'. Therefore, a proxy measure is used for people aged 16 years or over who respond that they have been 'strongly limited' in activities people usually do in the last six months because of a health problem. Due to small numbers it is not always possible to say with certainty whether any change over time is statistically significant and indicative of a sustained trend. |
| Disaggregate by age | Yes possible, may require a special request to CSO |
| Disaggregate by disability type | Yes possible, may require a special request to CSO |
| Disaggregate by gender | Yes possible, may require a special request to CSO |
| Additional relevant information | This indicator, along with some other poverty descriptors, is also available from the Social Inclusion Monitor. The Monitor is produced by the Social Inclusion Division in DEASP, as part of its remit to monitor poverty trends and progress towards the national poverty targets. |

## Theme 6 – Person-Centred Disability Services

### Outcome 6.1: Disability services support individuals to live a fulfilled life of their choosing

| Indicator 6.1a | People in new residential models of service are enjoying better outcomes and quality of life. |
| --- | --- |
| Source | NDA Evaluation |
| Information on source | The NDA are conducting, with the HSE, an evaluation of the cost and outcomes of people with disabilities (mainly intellectual) living in the community or moving from institutions to community settings |
| Information on indicator | The data from this study will allow a comparison of the quality of life (QOL) score using the ASCOT tool between those who live in institutions and those who live in the community. It will also allow a comparison of QOL scores between individuals who were interviewed while they lived in an institution and after they have left. New residential models of service essentially means living in dispersed homes in the community with a total of four or less residents per house. |
| Indicator calculation | QOL score for those in institutions versus QOL score for those in the community<br>QOL score for people pre and post their move from an institution |
| Relevance to NDIS and interpretation | Research has shown that in general QOL improves when people leave institutional settings. Part of the Transforming Lives policy is to move people from institutional settings to the community. By measuring the QOL of these individuals, we will be able to definitively say that this policy has led to an improved QOL. |
| Disaggregate by age | Yes possible |
| Disaggregate by disability type | Yes possible |
| Disaggregate by gender | Yes possible |
| Additional relevant information | There may be other sources of information from research done by disability organisations, IDS TILDA, HSE and others that will contribute to measuring this indicator. There will also be qualitative information from the NDA study that will give more insight into the findings. |

| Indicator 6.1b | Adoption of person-centred practice among disability service providers |
|---|---|
| Source | HSE Disability Services |
| Information on source | A framework on person-centred planning has been developed by the HSE and an implementation plan is being developed. Separately, there is a plan for developing a culture of person-centredness within the HSE |
| Information on indicator | Until the implementation plans are clearer the interim indicators will be<br>• Evidence of the roll out of the framework on person-centred planning<br>• Evidence on the roll out of a culture of person centredness |
| Indicator calculation | Evidence will be obtained from HSE reports and requests for information |
| Relevance to NDIS and interpretation | The development of a framework for person-centred framework and the adoption of a culture of person centredness is essential to the systematic adoption of person-centred practice in disability services. Person-centred practice leads to better outcomes for individuals with a disability. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | The NDA survey on costs and outcomes of new models of community living may also provide some insight into this indicator. |

| Indicator 6.1c | **Percentage of HIQA inspection reports where there is compliance with the regulation relating to personal plans.** |
|---|---|
| **Source** | HIQA |
| **Information on source** | HIQA inspects against Outcome 5, Social Care Needs during its inspection of residential disability residential centres. Part of this outcome pertains to Regulation 5 'Individualised Assessment and Personal Plans'. This regulation pertains to the assessment, development, implementation, availability and accessibility, review and revision of the plan. Individualised personal plan reflect the resident's needs, interests and capacities. |
| **Information on indicator** | HIQA in 2018 have changed their method of inspection from inspection of standards to inspection of regulations. It is unclear as yet how the new reports will be structured and it is likely that we will seek summary figures on this indicator directly from HIQA. |
| **Indicator calculation** | % of HIQA inspection reports where units are compliant, substantially compliant or non-compliant with outcome 5 (we may be able to get more specific data relating to regulation 5 directly from HIQA) |
| **Relevance to NDIS and interpretation** | HIQA regulation five focuses both on personal care and person-centred planning. It will contribute to the evidence of the adoption of a person-centred approach within services and to better outcomes among residents. |
| **Disaggregate by age** | n/a |
| **Disaggregate by disability type** | n/a |
| **Disaggregate by gender** | n/a |
| **Additional relevant information** | |

| Indicator 6.1d | % of approved mental health centres compliant with the regulation on individual care planning |
|---|---|
| Source | MHC annual report – Report of the Inspector of Mental Health Services |
| Information on source | Contained within the annual MHC annual report is the Report of the Inspector of Mental Health Services |
| Information on indicator | Mental Health Regulation 15 is on Individual Care Planning. |
| Indicator calculation | Although inspectors can give ratings of 'compliant – excellent achievement', 'compliant - satisfactory', 'compliant – needs improvement' and 'compliant - inadequate' they only report on compliant. |
| Relevance to NDIS and interpretation | This indicator contributes to the measurement of quality of services, specifically around treatment and care planning. It would be expected to increase over time.  It does not specifically mention person-centred planning although it does mention personal goals. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | |

| Indicator 6.1e | Percentage of people with disabilities included in an evaluation of a personalised budgeting scheme who are satisfied with the scheme |
|---|---|
| Source | The body tasked with implementing, monitoring and evaluating the personalised budgeting system (possibly the existing task force on personalised budgets the HSE or the DoH) |
| Information on source | Currently there is a task force on personalised budgeting that will be reporting to the minister in early 2018 regarding a plan to introduce a personalised budgeting scheme for people with disabilities. |
| Information on indicator | It is likely that initially there will be a pilot scheme set up with a subsequent evaluation. The timeframe of this strategy may not be long enough to see a national evaluation (assuming there is a national roll out in the future). The interim indicator will be that the government approves a personalised budgeting scheme and funds a pilot. The specific indicator may change once the system is in place and more information is known about the monitoring and evaluation process. |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | Individualised budgets allow more independence for some people with disabilities. They are more in control and can purchase services that meet their needs. |
| Disaggregate by age | Should be possible |
| Disaggregate by disability type | Should be possible |
| Disaggregate by gender | Should be possible |
| Additional relevant information | |

**Outcome 6.2: Children and adults with disabilities have timely access to assessment and early intervention and the therapy rehabilitation or mental health services they require**

| Indicator 6.2a | Percentage of assessments of need (of children) completed within the timelines as provided for in the regulations |
| --- | --- |
| Source | HSE KPIs |
| Information on source | The HSE publishes a number of KPIs quarterly. |
| Information on indicator | To comply with the Disability Act 2005,Part 2 and the accompanying regulations, an assessment of need must commence within three months of receipt of a completed application form and be completed within a further three months. The Act requires the Assessment Officer to issue an Assessment Report, which includes a determination of whether the individual has a disability, the nature and extent of the disability, a statement of the health and education needs and the services required to address these needs. An indicator on the completion of assessments of need is contained in the disability section of the HSE KPIs. |
| Indicator calculation | The HSE KPI is calculated by dividing the total number of Assessments of Need completed with the relevant time frame by the total number who were waiting for an Assessment of Need |
| Relevance to NDIS and interpretation | Research has shown that early intervention leads to better outcomes for children with disabilities. Therefore getting an assessment of need in a timely manner is important. Compliance is expected to be 100%. In 2018 a new assessment process was introduced and it is hoped that this will lead to increased compliance. |
| Disaggregate by age | Not possible |
| Disaggregate by disability type | Not possible |
| Disaggregate by gender | Not possible |
| Additional relevant information | New guidance will be coming out in 2018 relating to assessment of need so this indicator may change |

| Indicator 6.2b | Number of Children's Disability Network Teams established |
|---|---|
| Source | HSE KPIs |
| Information on source | The number of teams established is reported quarterly |
| Information on indicator | The Children's Disability Network Teams provide services for all children with more significant needs (than primary care services alone) and who require a team of professionals working together. This will be regardless of the child's disability, diagnosis or where he or she goes to school. |
| Indicator calculation | Based in HSE KPI report |
| Relevance to NDIS and interpretation | The Children's Disability Network Teams simplify the referral process for children with disabilities. They are a multi-disciplinary team and therefore provide a holistic approach for the child. They are being distributed throughout the country to provide more equal access to services for children with disabilities. |
| Disaggregate by age | No (0-18 year) |
| Disaggregate by disability type | No |
| Disaggregate by gender | No |
| Additional relevant information | Children accessing pre-school using Level 6 of AIM (see indicator 3.1a)<br>Number of children with complex needs receiving a home care package<br>SLT in schools<br>Provision of nursing care in schools<br>Training on disability given to pre-school providers<br>Reviews of network disability teams (published on HSE website)<br>Pending review of special needs assistants |

| Indicator 6.2c | **Percentage of children and adolescents waiting more than 12 months and more than three months to be seen by child and adolescent mental health services** |
|---|---|
| **Source** | HSE |
| **Information on source** | This indicator is reported on in the HSE's quarterly KPIs for mental health |
| **Information on indicator** | As above |
| **Indicator calculation** | The percentage is calculated from the waiting list figures given in the performance report<br># waiting >12 months/total # on waiting list<br># waiting >3 months/total # on waiting list |
| **Relevance to NDIS and interpretation** | The HSE's target is that no child/adolescent should be waiting >12 months for an appointment. Long waiting times can lead to a deterioration in the patient's condition. Measuring the 12 month and three month waiting lists quantifies the possible negative effects this can have. |
| **Disaggregate by age** | Not possible |
| **Disaggregate by disability type** | n/a refers to mental health |
| **Disaggregate by gender** | Not possible |
| **Additional relevant information** | |

| Indicator 6.2d | Percentage of adults waiting more than 12 weeks to be offered an appointment and seen by adult mental health services |
|---|---|
| Source | HSE |
| Information on source | This indicator is reported on in the HSE's quarterly KPIs for mental health |
| Information on indicator | % offered an appointment and seen within 12 weeks |
| Indicator calculation | The percentage is calculated from the waiting list figures given in the performance report |
| Relevance to NDIS and interpretation | The HSE's target is that 75% of adults should be offered an appointment and be seen within 12 weeks. Long waiting times can lead to a deterioration in the patient's condition. Measuring the waiting lists quantifies the possible negative effects this can have. |
| Disaggregate by age | Not possible |
| Disaggregate by disability type | n/a as refers to mental health |
| Disaggregate by gender | Not possible |
| Additional relevant information | Also look at figures for Counselling in Primary Care waiting lists. It is a service for medical card holders, who are 18 years of age or over, and who want help with psychological problems that are appropriate for time limited counselling in primary care.
Also examining possibility of gathering data on numbers of community mental health teams in place |

| Indicator 6.2e | Number of adults on waiting list for the National Rehabilitation Hospital. |
| --- | --- |
| Source | National Rehabilitation Hospital |
| Information on source | The National Rehabilitation Hospital provides a comprehensive range of specialist rehabilitation services to patients from throughout Ireland who, as a result of an accident, illness or injury have acquired a physical or cognitive disability and require specialist rehabilitation. Their website provides information on numbers waiting for different specialities. A direct request may be necessary for an overall number (the 2017 baseline came from a parliamentary question) |
| Information on indicator | Total number on waiting list |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | This is an indicator of timely access to interventions for adults (although there are 8 paediatric beds included in the 120 beds). However, the number will be affected by capacity constraints. |
| Disaggregate by age | Adults |
| Disaggregate by disability type | No |
| Disaggregate by gender | No |
| Additional relevant information | |

**Outcome 6.3: Disability services are delivered to high quality standards and in line with international best practice**

| Indicator 6.3a | Percentage of disability services complying with HIQA regulations |
|---|---|
| Source | HIQA consolidation reports/database and HSE quarterly reports |
| Information on source | HIQA inspection reports of disability designated centres report on compliance on all or some regulations and standards (note procedures changing in 2018 to only regulations). These are compiled in a database. May require a specific request to HIQA for overall compliance. However, the HSE quarterly KPIs also report on HIQA compliance. This will need to be updated for the new 2018 procedures but may be a simpler source. |
| Information on indicator | % of all residential disability centres inspected that are compliant with regulations (specifically the regulations that are reported on, as not all regulations may be assessed on an inspection visit) |
| Indicator calculation | Numerator – number of centres that are compliant<br>Denominator – total number of centres inspected |
| Relevance to NDIS and interpretation | This indicator shows how well residential disability centres are performing and therefore provides some reflection on the care and support that residents of these centres are receiving. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | May be possible based on whether the centre is for residents with an intellectual disability or physical disability |
| Disaggregate by gender | n/a |
| Additional relevant information | |

| Indicator 6.3b | Percentage of mental health units complying with Mental Health Commission regulations, rules and codes of practice |
|---|---|
| Source | MHC annual report |
| Information on source | Contained within the MHC annual report is the Report of the Inspector of Mental Health Services which reports on the compliance with the regulations, rules and codes of practice in approved centres (all in-patient facilities providing care and treatment to people suffering from mental illness or mental disorder). These findings are summarised in the main report |
| Information on indicator | Indicator will be measured for regulations, rules and codes of practice. |
| Indicator calculation | Number of regulations complied with / total number of regulations<br>Number of statutory rules complied with/ total number of statutory rules<br>Number of codes of practice complied with/total number of codes of practice |
| Relevance to NDIS and interpretation | This indicator shows how well mental health facilities are performing and therefore provides some reflection on the care and support that residents of these centres are receiving. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a refers to mental health |
| Disaggregate by gender | n/a |
| Additional relevant information | Also presented are data on the percentage of non-compliance scores that are of high or critical risk. It may also be relevant to include this. |

| Indicator 6.3c | Evidence of a continuous quality improvement process in New Directions Services self-assessment process |
|---|---|
| Source | HSE disability services |
| Information on source | Annual national reports on the New Directions self-assessment process |
| Information on indicator | Beginning in 2018 there is a self-assessment process beginning on the New Directions Interim Standards. This is part of a continuous quality improvement process. This requires providers of disability services to self-report against the standards using a standardized tool. Data will be compiled at the national level by the HSE with the first report expected in mid 2019. |
| Indicator calculation | Reporting on the standard will be presented for staff, service users and management. Reporting categories are 'very good', 'good', 'fair' and 'weak'. Only one theme is included initially so initial reporting will be a summary of the scores for that theme. |
| Relevance to NDIS and interpretation | The continuous quality improvement process is not a monitoring framework. Therefore while it may be possible to see changes over time the main aim of this process is for services to self-evaluate and then develop an action plan to improve their services. This indicator is limited to people with disabilities receiving support from New Directions so does not capture all the transitions that people with disability meet. However, it should give some indication as to the quality of New Directions services. |
| Disaggregate by age | n/a (adults) |
| Disaggregate by disability type | Not possible |
| Disaggregate by gender | n/a |
| Additional relevant information | |

**Theme 7 – Living in the Community**

**Outcome 7.1: People with disabilities are supported to live an independent life in a home of their choosing in the community**

| Indicator 7.1a | Number of people who continue to live in disability related congregated settings (<=10 people) or large disability related residences (5-9 people) |
|---|---|
| Source | HSE Time to Move on Annual Report<br>NPIRS, HRB report - Activities of Irish Psychiatric Units and Hospitals,<br>HSE data on HSE mental health service supported accommodation<br>HIQA inspections of residential services |
| Information on source | Multiple sources are used as data are obtained mainly from mental health data and intellectual disabilities data. |
| Information on indicator | Number will be calculated from adding together data from different sources |
| Indicator calculation | The number of people who continue to live in these settings will be calculate for residences with >=10 people and for those with 5-9 people by combining data from mental health, intellectual, and physical disability homes/institutions. |
| Relevance to NDIS and interpretation | The number of people remaining in congregated settings may reduce in line with the transitions and deaths but may increase due to new or re-admissions. In combination with 7.1b below this indicator will help track the rate of progress on decongregation. |
| Disaggregate by age | Some disaggregation possible |
| Disaggregate by disability type | Can differentiate between the degree of support need of people with intellectual disability and 'physical and sensory' and by mental health illness. |
| Disaggregate by gender | Not recorded |
| Additional relevant information | Other sources of data which may be useful include the National Intellectual Disability Database (NIDD) and the HIQA inspections of residential services |

| Indicator 7.1b | **Number of people leaving congregated setting to live self-directed lives in the community** (repeated indicator from 1.2b) |
|---|---|
| **Source** | HSE - Time to Move on Annual Report |
| **Information on source** | The HSE produces a Time to Move On Annual Report which, is the implementation progress report of the Strategy for Community Inclusion. This report tracks the numbers of people living in congregated settings (excluding mental health settings) using a master data set. Annual targets are set in HSE service plans and they are included in the HSE's quarterly KPIs for disability services. However, the easiest source of data is from the Time to Move On reports. |
| **Information on indicator** | The number of transitions includes the number of people who moved to homes in the community in line with the policy and the number of people who transitioned to other appropriate arrangements. The latter is not strictly in line with the policy as they may have transitioned into houses with >4 people or to a nursing home. However, they are included here as they are deemed to have left the congregated setting. |
| **Indicator calculation** | The number of people who have left a congregated setting is presented in the annual report. |
| **Relevance to NDIS and interpretation** | This indicator represents the pace of change in moving to independent living and is an important indicator in measuring choice and more independent living. Government policy is to decongregate all centres for people with disabilities. When tracked over time in conjunction with 7.1a above it will monitor the pace of decongregation. |
| **Disaggregate by age** | Some disaggregation possible |
| **Disaggregate by disability type** | Can differentiate between the severity level of people with intellectual disability and 'physical and sensory' |
| **Disaggregate by gender** | Not recorded |
| **Additional relevant information** | The NDA is conducting an evaluation study on benefits (cost and outcomes) of the new models of community living. This will provide valuable additional data on the outcomes of this process. |

| Indicator 7.1c | **Number of people living in 24-hour supervised mental health residences and the percentage of residences with >10 beds** (repeated indicator from 1.2c) |
|---|---|
| **Source** | MHC annual report – Report of the Inspector of Mental Health Services |
| **Information on source** | Contained within the MHC annual report is the Report of the Inspector of Mental Health Services |
| **Information on indicator** | In the narrative part of the report of the Inspector of Mental Health Services the number of people living in 24-hour supervised residences is reported. The total number of these centres and the percentage with >10 beds is also reported. |
| **Indicator calculation** | Simple count |
| **Relevance to NDIS and interpretation** | 24 hour staffed community residences have been found to be accommodating too many service users, to have poor physical infrastructure, to be institutional in nature and to lack individual care plans. A major issue is that the residences are not regulated. Over time these residences should be reduced in size and residents supported to live more independently. By monitoring the numbers of people residing in these mental health residences over time we will be able to monitor changes. |
| **Disaggregate by age** | Not possible |
| **Disaggregate by disability type** | Not possible |
| **Disaggregate by gender** | Not possible |
| **Additional relevant information** | Originally this indicator was looking at the number of transitions out of these supported units similar to indicator 1.2b. However, the data available for this indicator are more limited and therefore it has been amended.<br>If possible we will disaggregate by any criminal/forensics unit versus others. |

| Indicator 7.1d | People in need of social housing due to a disability as a percentage of all people on social housing waiting list |
|---|---|
| Source | Department of Housing, Planning and Local Government - Summary of social housing assessments |
| Information on source | The department periodically updates it social housing waiting list and gathers information on those eligible. Last conducted in June 2017, Sept 2016 and in 2013. |
| Information on indicator | The reported data refers only to households who have been deemed qualified for social housing support whose social housing need is not being met. The report breaks down the identified net need for social housing supports with reference to each qualified households' main need for support (often referred to as the "basis of need"). A number of disability types (physical, mental, intellectual, sensory and other) are included along with medical or compassionate need. This latter category will be combined with disability. |
| Indicator calculation | Numerator – number of people with a disability or medical or compassionate need for social housing<br>Denominator – total number of people in need of social housing |
| Relevance to NDIS and interpretation | People with a disability may have specific accommodation needs that need to be taken into consideration and therefore may lead to longer waiting times for social housing. By monitoring this indicator we can track whether the proportion of people with a disability is increasing relative to those where disability is not the primary need for housing. Note – the main need for social housing is recorded so these numbers do not include all people with a disability in need of social housing (i.e. someone with a disability may have a main need due to another category such as overcrowding). |
| Disaggregate by age | Not possible |
| Disaggregate by disability type | Yes possible. Data are provided for the following disability types; physical, mental, intellectual, sensory and other. |
| Disaggregate by gender | Not possible |
| Additional relevant information | The percentage change in the number of people in need of social housing due to a disability can also be calculated by comparing one year to another. |

| Indicator 7.1e | **Public attitudes to people with a disability living within the community remain stable or improve.** |
|---|---|
| **Source** | NDA Public Attitudes to Disability Surveys |
| **Information on source** | This is a five yearly nationally representative survey conducted by the NDA. Previously conducted in 2017, 2011, 2006, and 2001. |
| **Information on indicator** | The 2017 Public Attitudes to Disability Survey asked people their level of comfort with a person with various different disability types living in their neighbourhood. |
| **Indicator calculation** | A 1-10 scale was used where 1 is very uncomfortable and 10 is very comfortable. The average score per disability type is calculated. |
| **Relevance to NDIS and interpretation** | Public attitudes to disability can have a considerable effect on the experiences of people with disability living in the community. In order to improve attitudes we need to know what they are so monitoring this indicator will help to do this. |
| **Disaggregate by age** | Possible with further analysis |
| **Disaggregate by disability type** | Yes (physical, vision and hearing, autism, mental health difficulty, and intellectual disability) |
| **Disaggregate by gender** | Possible with further analysis |
| **Additional relevant information** | Other attitudes surveys to particular disabilities are occasionally done by other bodies such as Mental Health Reform. These will be included where relevant. Other findings from the NDA surveys such as public attitudes to disability in schools and workplaces are also important and may be included. |

| Indicator 7.1f | Percentage of people with a disability compared to those without a disability who are members of a social group or club |
|---|---|
| Source | Healthy Ireland Survey |
| Information on source | The Healthy Ireland Survey is the main means of monitoring the Healthy Ireland national framework for action to improve the health and wellbeing of the people of Ireland. Its main focus is on prevention and keeping people healthier for longer. It includes a disability variable but has not included any analysis by disability type in its reports. |
| Information on indicator | Healthy Ireland uses a definition for social groups or clubs as including '… GAA or other sports clubs, residents association, art/drama/dancing, book club, cards club, church connected group, self-help or support group, charitable body or community groups, or a day care centre.' |
| Indicator calculation | Will require a special request to Healthy Ireland to obtain these data |
| Relevance to NDIS and interpretation | Membership of a social group or club can help to measure the social capital, integration and community involvement of people with disabilities. It is also an important factor in the quality of life of people with disabilities |
| Disaggregate by age | Yes possible |
| Disaggregate by disability type | Limited possibility |
| Disaggregate by gender | Yes possible |
| Additional relevant information | There are also information from Arts and Disability Ireland on the percentage of people with a disability who attended one arts event in the last 12 months (2017 – 86% (79% excluding cinema). This was an ad hoc survey which may not be repeated but if it is or if similar information is available in another means it will be included to help monitor social inclusion and social participation of people with disabilities. |

**Outcome 7.2: New homes are designed to Universal Design standards and can be readily adapted to people's changing needs**

| Indicator 7.2a | Evidence that houses, including social housing, are being build incorporating Universal Design (UD) principles |
|---|---|
| Source | Reports and websites of The Irish Council for Social Housing (ICSH) and Rebuilding Ireland, Royal Institute of Architects in Ireland. Knowledge of the UD team at the NDA |
| Information on source | ICSH is the national social housing federation representing over 270 housing associations across Ireland. Rebuilding Ireland is the Governments national plan for housing and homelessness. |
| Information on indicator | Data specifically on whether houses are built incorporating UD principles are not collected routinely. Therefore this indicator will be measured by recording examples of where UD principles has been incorporated into house building. |
| Indicator calculation | |
| Relevance to NDIS and interpretation | It is expected that there will be an increase over time in building homes using UD principles. This helps to future proof homes and ensure that they are suitable for people with disabilities |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | If systematic reporting of homes built to UD standards comes into being in the future this indicator will be amended to reflect that. |

| Theme 8 – Transport and Accessible Places |
|---|

**Outcome 8.1: People with disabilities can get to and from their chosen destination independently in transport that is accessible to them**

| Indicator 8.1a | Improvement of public transport accessibility |
|---|---|
| Source | NDA |
| Information on source | The NDA is engaging with the Department of Transport in developing an audit tool and conducting a review of public transport accessibility. This will be repeated in 4-5 years to see what changes have occurred. |
| Information on indicator | A more specific indicator will be developed when the plan for the transport review is in place. |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | Improvements in public transport accessibility improve the independence of people with disabilities. It is envisaged that this review and audit process, the first of which is being undertaken in the transport sector, will be adapted to other public services in the future. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | The NTA produces a quarterly performance report. This includes a narrative report on accessibility issues. This information will be included where relevant to help monitor this indicator.<br>The EQOL survey has some information on people's perception of and access to public transport. This can be disaggreggated by disability status. |

| Indicator 8.1b | Percentage of bus stops that are accessible according to a universal design audit tool |
|---|---|
| Source | National Transport Authority (NTA) |
| Information on source | The NTA is involved in the supply of various public transport services in Ireland. The NTA is working with the NDA on a universal design audit tool to measure the accessibility of all 12,000 bus stops in Ireland. A monitoring exercise will take place in 2018/2019. |
| Information on indicator | The percentage of bus stops that are found to be universally designed out of all bus stops |
| Indicator calculation | As above |
| Relevance to NDIS and interpretation | Universally designed bus stops are an indicator of accessibility for all levels of ability and disability and are one step in achieving a fully accessible public transport system. While this indicator does not necessarily improve any outcomes for people with disability, it does show a commitment to the concept of universal design and accessibility in the NTA. It is envisaged that the tool and process will be adapted to audit other transport infrastructure in the future. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | |

**Outcome 8.2: People with disabilities are able to access buildings and their facilities on the same basis as everyone else**

| Indicator 8.2a | Level of accessibility of public sector buildings<br>(repeat indicator from 1.5b) |
|---|---|
| Source | NDA and OPW |
| Information on source | Action 26 of the NDIS 2017-2021 states that the Office of Public Works (OPW) and the NDA will conduct an operational review of the effectiveness of Section 25 of the Disability Act and make recommendations to facilitate the obligations for public bodies to bring their buildings into compliance with part M 2010 by 2022. A key measure of the effectiveness of Section 25 is whether public buildings are, as far as practicable, accessible to people with disabilities. It is anticipated that this will lead to the development of an ongoing monitoring mechanism. |
| Information on indicator | 2019 - A report on the operational effectiveness of Section 25 with recommendations on what will facilitate public bodies to bring their buildings into compliance with Part M 2010 by 2022<br>2020-2021 – An implementation plan for the ongoing monitoring of compliance with Part M 2010 |
| Indicator calculation | |
| Relevance to NDIS and interpretation | A "public building" means a building, or part of a building, to which members of the public generally have access and which is occupied, managed or controlled by a public body. Section 25 of the Disability Act, 2005, states that a public body shall ensure that its public buildings are, as far as practicable, accessible to persons with disabilities. Part M of the building regulations lays out how buildings should be made accessible. |
| Disaggregate by age | n/a |
| Disaggregate by disability type | n/a |
| Disaggregate by gender | n/a |
| Additional relevant information | NDA will also revise the Disability Act Part 5 reporting from to revise the information on building accessibility that is submitted by public sector organisations. NDA will also explore monitoring of accessibility of Heritage Sites (which is covered under Section 29 of the Disability Act) |