Final Review of Progress on Indicators of the National Disability Inclusion Strategy

June 2023



# Table of Contents

[List of Acronyms 3](#_Toc137020715)

[List of Figures 5](#_Toc137020716)

[List of Tables 6](#_Toc137020717)

[Statement on Language 7](#_Toc137020718)

[Executive Summary 8](#_Toc137020719)

[Introduction 14](#_Toc137020720)

[Methods 15](#_Toc137020721)

[Theme 1: Equality and choice 17](#_Toc137020722)

[Theme 2: joined up policies and public services 41](#_Toc137020723)

[Theme 3: Education 50](#_Toc137020724)

[Theme 4: Employment 58](#_Toc137020725)

[Theme 5: Health and Wellbeing 69](#_Toc137020726)

[Theme 6: Person-centred disability services 83](#_Toc137020727)

[Theme 7: Living in the community 94](#_Toc137020728)

[Theme 8: Transport and accessible places 100](#_Toc137020729)

[Conclusion 104](#_Toc137020730)

# List of Acronyms

ACC Accessibility Consultative Committee

AIM Access and Inclusion Model

CAMHS Child and Adolescent Mental Health Services

CES Comprehensive Employment Strategy

CHO Community Healthcare Organisation

CSO Central Statistics Office

CSO’s Customer Service Officers

DA Disability Allowance

DCA Domiciliary Care Allowance

DCC Department Consultative Committee

DCEDIY Department of Children, Equality, Disability, Integration, and Youth

DEIS Delivering Equality of Opportunity to Schools

DFHERIS Department of Further and Higher Education, Research, Innovation and Science

DPO Disabled Persons Organisation

DSG Disability Stakeholder Group

DSS Decision Support Service

EASI Evaluation, Action and Service Improvement

ECCE Early Childhood Care and Education

ESRI Economic and Social Research Institute

EU – SILC EU-Statistics on Income and Living Conditions

FET Further Education and Training

GUI Growing up in Ireland

HBSC Health Behaviour in School Aged Children

HEA Higher Education Authority

HEI’s Higher Education Institutions

HIQA Health Information and Quality Authority

HRB Health Research Board

HSE Health Service Executive

IB Illness Benefit

ID Intellectual Disability

IDS Intellectual Disability Supplement

IHREC Irish Human Rights and Equality Commission

IPS Individual Placement and Support

IRIS Irish Remote Interpreting Service

ISL Irish Sign Language

JAM Just a Minute

MHC Mental Health Commission

NAP National Access Plan

NAS National Advocacy Service

NCCA National Council for Curriculum Assessment

NCSE National Council for Special Education

NDA National Disability Authority

NDIS National Disability Inclusion Strategy

NDISSG National Disability Inclusion Strategy Steering Group

NEPS National Education Psychological Service

NFQ National Framework for Qualifications

NMES National Maternity Experience Survey

NRH National Rehabilitation Hospital

NTA National Transport Authority

OECD Organisation for Economic Co-operation and Development

OOP Out of Pocket

OPW Office of Public Works

PATH Programme for Access to Higher Education

PIS Passenger Information Systems

QNHS Quarterly National Household Survey

QQI Quality and Qualifications Ireland

RISLI Register of Irish Sign Language Interpreters

RT Rehabilitative Training

SILC Survey on Income and Living Conditions

SLIS Sign Language Interpreting Service

SPT Safeguarding and Protection Team

SSE School Self-evaluation

TILDA The Irish Longitudinal Study on Ageing

UD Universal Design

UNCRPD United Nations Convention on the Rights of Persons with Disabilities

VPSJ Vincentian Partnership for Social Justice

WALK Walkinstown Association for People with an Intellectual Disability

WAV Wheelchair Accessible Vehicle

WRC Workplace Relations Commission

# List of Figures

Figure 1: Disability related queries to IHREC on the Employment Equality Acts and Equal Status Acts (2017 - 2021)

Figure 2: Disability related complaints received by the WRC under Employment Equality Acts and Equal Status Acts 2016-2021

Figure 3: Complaints heard and upheld under the Employment Equality Acts and Equal Status Acts between 2017 and 2022

Figure 4: Transitions from congregated settings, planned versus actual 2017 – 2022

Figure 5: Main issues encountered by advocacy support services within NAS (2018 – 2021)

Figure 6: Concerns reported to the HSE Safeguarding and Protection Teams (2016 - 2021)

Figure 7: Highest level of education completed by persons with and without a disability 2016

Figure 8: Educational attainment by disability status: 2004-2019

Figure 9: Employment rates (20-64) of persons by disability status

Figure 10: Disability employment gap in Ireland by extent of disability for working age population

Figure 11: Number of recipients of support schemes 2015-2021

Figure 12: Total expenditure (€m) by scheme

Figure 13: Outcomes for individuals exiting HSE rehabilitative training

Figure 14: Employment of persons with disabilities in public bodies reported under Part 5

Figure 15: Reasonable accommodation grants annual expenditure

Figure 16: Standardised death rates 2016-2017 by sex and disability per 100,000 population

Figure 17: Irish Health Survey 2019: self-report health as bad/very bad by disability

Figure 18: Percentage of people who engage in sport with/without a disability 2015-2021

Figure 19: Young people (<18 years) admitted to adult HSE mental health inpatient units 2016-2021

Figure 20: Consistent poverty rate of people with and without a Disability 2016-2019

Figure 21: Percentage of assessments of need (of children) completed within the timelines as provided for in the regulations

Figure 22: Percentage of disability services complying with HIQA regulations

Figure 23: Person remaining in congregated setting at year end 2012-2021/22

Figure 24: Households with persons with disability as share (%) of total waiting list 2016-2020

Figure 25: Social housing waiting list rebased index (2016=100)

# List of Tables

Table 1: Percentage of total EEA and ESA complaints relating to disability 2016-2021

Table 2: Review of HIQA Inspection Reports

Table 3: Number of children supported per calendar year under AIM Levels 4, 5, 6 and 7

Table 4: Average annual additional costs of disability

Table 5: Compliance with regulation 15 (2016 - 2021)

Table 6: Enforcement actions against approved centres (2016 – 2021)

Table 7: Households with a disability need for housing

# Statement on Language

In this report the terms “people/persons with disabilities” and “disabled people” are used interchangeably. Many people within the disability rights movement in Ireland recognise the term ‘disabled people’ because it is considered to acknowledge the fact that people with an impairment are disabled by barriers in the environment and society and so aligns with the social and human rights model of disability. However, we also recognise that others prefer the term “people/persons with disabilities”. This also reflects the language used in the United Nations Convention on the Rights of Persons with Disabilities. We also acknowledge that some people do not identify with either term.

The term ‘Deaf’ with an uppercase ‘d’ refers to those who identify culturally and linguistically as part of the Deaf community. A lower case ‘d’ refers to those who are deaf or hard-of-hearing and who do not identify culturally and linguistically as a member of the Deaf community. The term ‘d/Deaf’ refers to both groups.

For further information on disability-related language and terminology, please refer to the NDA’s Advice Paper on Disability Language and Terminology.[[1]](#footnote-2)

# Executive Summary

## Introduction

The National Disability Inclusion Strategy (2017-2022) was a whole of government approach that aimed to improve the lives of people with disabilities. Originally developed for four years, it was extended for a fifth year due to delays in progress of some actions relating to COVID-19 and to allow time to develop a successor strategy.

A set of 61 indicators across 8 themes were developed to monitor the strategy in 2018. The intention was to develop a series of high-level measures of progress over the lifetime of the Strategy, which would complement the NDA’s annual assessments of progress, but also the traffic light reporting mechanism that offers a way to track delivery of departmental commitments. The indicators were developed based on the Human Rights Measurement Framework so are categorised as being either structural (13%), process (67%) or outcome (20%) indicators.

In 2020, a mid-term report on progress against the indicators was developed. It was anticipated that results from the 2021 Census would be available for this report. However, the 2021 Census was postponed to 2022 due to COVID-19 and these results are not yet available. Therefore, other data sources have been used when appropriate.

A thematic summary of indicators is presented below followed by lessons learned that will inform the development of a future strategy.

## Theme 1: equality and choice

The ratification by Ireland of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was an important milestone for the disability community. Several pieces of domestic legislation have also progressed, including the passing of the Assisted Decision-Making (Capacity) (Amendment) Act 2022, which paves the way for the commencement of the Assisted Decision-Making (Capacity) Act 2015 and the operationalisation of the Decision Support Service. The Irish Sign Language (ISL) Act 2017 passed and a report on the operation of the first three years of the act illustrates that there are gaps in the operationalisation of the ISL Act and in knowledge and understanding of the responsibilities of public bodies under the Act. Nonetheless, the Sign Language Interpreting Service (SLIS) who is the national interpreting service for the Deaf community reports an increase in demand for their service and it will be important that this service can grow to meet demand.

In 2012, an Expert Group appointed to review the Mental Health Act 2001 made 165 recommendations to update the existing legislation. However, amendment of the Mental Health Act has been very slow to advance. There have also been delays in development of Protection of Liberty legislation but work on this has recommenced since late 2022. Work on safeguarding legislation has stalled.

The level of transition of people with disabilities from living in congregated settings (defined as 10 or more people living together) to the community is not on track. The number of annual transitions generally failed to meet planned targets and the targets are at a level whereby it will take over a decade to reach full decongregation if current trends continue. This is despite the evidence from HIQA and the NDA that quality of life is significantly poorer among people living in congregated settings.

As part of its role as the National Monitoring Body for the EU Web Accessibility Directive, the NDA reviewed a range of public sector websites and mobile applications. The reviews conducted demonstrated that there is large variance in levels of compliance with the Directive across public sector websites and mobile apps in Ireland.

## Theme 2: joined up policies and Public Services

There are some examples of government departments working together with the aim to achieve better outcomes for people with disabilities. An Equality Data Strategy is currently under development and this will identify current gaps in equality data, develop guidance on filling the gaps as well as a standard practice on classification. Having more robust equality data will benefit the disability sector. A cross government group on transitions is also working to develop a clearer pathway for young people with disabilities leaving education.

Although there are some examples of successful cross government working this has continued to prove challenging to achieve as standard. For example, to date there has been no agreement on a final action plan under the [Comprehensive Employment Strategy for People with Disabilities](http://www.justice.ie/en/JELR/Pages/Comprehensive_Employment_Strategy_for_People_with_Disabilities_(2015_2024)) (2015-2024) - a cross-Government approach addressing the barriers and challenges to the employment of people with disabilities. The outstanding issues are being worked on by departments under the coordination of DCEDIY’s disability unit and it is hoped an action plan will be agreed in 2023. The Disability Stakeholders group who sit on the NDIS Steering Group have repeatedly reported weaknesses in cross-government working and have called for strategies to be put in place to strengthen this including having a clear lead department and more accountability for completing actions. Most equality strategies, while belonging to one department in terms of coordination, are cross-Governmental and therefore it is the responsibility of all Government departments involved to ensure their implementation.

## Theme 3: education

The Access and Inclusion Model (AIM) is a child centred, holistic model providing a suite of services and supports that can be personalised to the needs of each child, empowering pre-school providers to deliver inclusive pre-school settings. A review to measure the effectiveness of AIM is currently underway. DCEDIY has had some initial engagement with stakeholders to inform work planning to address some of the key draft evaluation findings.

Data from the Survey on Income and Living Conditions (SILC) from 2004, 2011 and 2019 indicates that the education gap for at least post-secondary education between young people without and with disabilities remained the same in 2019 as it was in 2004. A welcome development in schools is the embedding in the curriculum and significant increase in the provision of mental health promotion and well-being supports. There has been an increase in the proportion of students with a disability registering with their colleges as having a disability, currently at 6.6%. However, the proportion of apprentices with a disability is only 2.7%.

## Theme 4: employment

The 2022 census data on employment for persons with disabilities is not yet available. However, relevant data is available from the EU-Statistics on Income and Living Conditions (EU-SILC) annual household survey that includes data on the disability employment gap for the working age population (15-64). These data demonstrates that the disability employment gap increased from 39.8% to 41.3% between 2014 and 2021.

There has been a reduction in the number of people with disabilities in receipt of Rehabilitative Training (RT) compared to the profiled targets of 2021 and 2020. The decreases relate both to the impact of the COVID-19 pandemic and to changing needs. This reduction has prompted the need for a review of RT, which will progress in 2023.

Public bodies have exceeded the 3% minimum target related to employing disabled people for the 11th year in a row with 3.6% of employees reporting a disability in 2021. While this is very positive, it is important that public bodies continue improving as a new minimum target of 6% will be introduced by 2025.

## Theme 5: health and wellbeing

People with disabilities report poorer general health, higher levels of depression, less participation in physical activity and higher rates of consistent poverty compared to non-disabled people. A study commissioned by the Department of Social protection (2021) examined the additional costs of disability and highlights there is an annual average additional cost of disability ranging from €11,734 to €16,284, depending on a persons’ degree of limitation.

Although the number of children and young people admitted to adult HSE mental health inpatient units has decreased in recent years, the ongoing practice demonstrates the unmet need for mental health inpatient units for adolescents.

## Theme 6: person-centred disability services

People living in congregated settings have a lower quality of life, experience poorer quality services and have fewer opportunities to exert their rights and choices. Adopting person centre practices in disability services in order to ensure they are needs based is ongoing with some successes. Data from HIQA inspection reports and the Inspector of Mental Health show that compliance with regulation relating to personal plans is steadily increasing.

While it is positive that all of the Children’s Disability Network Teams are now established, the gaps in staffing mean that waiting lists for both Assessment of Need and access to therapies continues to grow. While compliance with the Assessment of Need statutory timelines have increased (24% in Q3 2022) it remains very low.

## Theme 7: living in the community

The transition of people living in congregated settings to the community remains behind target partially accounted for by the lack of housing supply. The number of households with a person with a disability requiring social housing has reduced in recent years. However, the reductions in overall social housing waiting list numbers have been far greater. This has resulted in an increase in the share of households with a social housing need that have a person with disability.

A survey on Wellbeing and Social Inclusion conducted by the NDA in 2022 found that 37% of respondents participated in social activities of a club, society or association at least once a month, Forty-five percent reported never participating and this was the same when looking just at people with a disability (two thirds of the sample). However, of people who reported a disability to a great extent a higher proportion of 49% reported never participating in such activities.

## Theme 8: transport and access to places

The Department of Transport’s Accessibility Work Programme is updated and published on a quarterly basis, including details of progress relating to transport and access to places. Some examples include the resumption of the free Travel Assistance Scheme in Dublin and its extension to Cork, Bus Éireann’s Public Service Obligation coach fleet being 100% wheelchair accessible and disability awareness training for all new Transport Infrastructure Ireland staff.

All bus stops in Dublin, regional cities and towns are wheelchair accessible. The NTA set a target of having wheelchair accessible bus stops (one stop in each direction) in 43 towns with a population over 5,000 meaning 50% of main towns would have a wheelchair accessible bus stop. To date 31 stops are complete and 11 stops are in construction.

All new public transport infrastructure projects and vehicles have accessibility features built in from the design stage. However, there are legacy issues in relation to older infrastructure. The Department of Transport funds an on-going Accessibility Retrofit Programme, managed by the NTA, to address these legacy issues The Centre for Excellence in Universal Design (CEUD) launched a new e-Learning module on Universal Design in the built environment: Buildings for Everyone: Central Bank of Ireland. The module is aimed at professionals involved in the design and procurement of buildings.

## Conclusion

This report is published alongside the NDA’s annual independent assessment of progress of the NDIS. Together these documents present a picture of a strategy that had many achievements but also several areas where progress was not as was envisaged when the strategy was being developed. Overall, the strategy only partially achieved its objectives. There are many lessons that can be used to inform the development of a new strategy. This report focuses on those that are specific to the monitoring aspect.

Overall, based on the findings from these indicators, and acknowledging that lack of data limits a full assessment of some of the indicators, the strategy can be judged as being partially achieved. However, it is unlikely that the successful elements of the strategy have had a meaningful and lasting impact on improving the lives of disabled people. Therefore, any new strategy needs to be more focused and by choosing a small number of priority objectives, outcomes for disabled people are likely to be more tangible.

### Lessons to inform a monitoring framework for a new strategy

The indicator set for the NDIS was developed after the strategy was developed. There was no theory of change or logical framework developed for the strategy so there was no existing framework on which to build the indicators. Therefore, the indicators were developed using the structure, process and outcome framework developed for human rights indicators. In developing the indicators we also focused on identifying indicators from valid, robust and readily available data sources. These factors may have had an impact on limiting the number of outcome indicators that were included and that were measurable. There was perhaps too much focus on process indicators that were easier to measure.

No targets were developed for the indicators partly because they were not developed along with the strategy. This has meant that it is difficult to say whether an indicator has been met or not and therefore, whether the strategy overall has been a success.

During the development of the mid-term indicators report on the NDIS[[2]](#footnote-3) it was clear that the indicators were not capturing the lived experience of people with disabilities and recommended additional measures to address this gap. In 2022, NDA designed a Wellbeing and Social Inclusion survey. Due to methodological difficulties and resource constraints in getting a national random sample of people with a disability the survey was primarily an on-line opt in survey. Therefore, the survey is not representative of the population but did provide some valuable information that has been included in this report.

A traffic light report was one of the key ways of monitoring delivery of specific commitments under the strategy and fed into monitoring the indicators. However, the NDA recognises there was dissatisfaction among the NDIS steering group of the traffic light approach as reporting was inaccessible, inconsistent, incomplete and not easy to understand.

As noted when the indicator set was developed, there will always be challenges to align a specific improvement in an indicator 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.

Based on the above, for a successor strategy we advise:

* Develop a clear theory of change for the strategy so that the desired impacts of the strategy are clear to everyone
* Develop the monitoring framework in tandem with the strategy
* Focus on a small number of priority areas and select indicators specific to those areas
* Set clear targets for each indicator and ensure the indicators are SMART[[3]](#footnote-4)
* Do not confine indicators to data that are currently available but use the strategy to fill data gaps
* Explore alternative means of capturing the living experience of disabled people to help inform monitoring of the strategy
* Give consideration on how to meaningfully involve Disabled Persons Organisations and other disabled people in monitoring the new strategy

# Introduction

The National Disability Inclusion Strategy (NDIS) 2017-22[[4]](#footnote-5) was a whole of government approach that aimed to improve the lives of people with disabilities. The Strategy was originally from 2017-2021 but due to the COVID-19 pandemic it was extended for one year to 2022 to allow time to develop a successor strategy. The NDIS was structured around eight key themes. The eight themes were developed based on the responses to an open call seeking input from a wide range of stakeholders on the relevant policy areas to include. Responses to this call were received from people with disabilities, their families and disability organisations. The NDIS detailed key actions and objectives under each theme, along with the relevant government department(s) or agency(s) that was responsible. The key themes were:

* Theme 1: equality and choice
* Theme 2: joined up policies and Public Services
* Theme 3: education
* Theme 4: employment
* Theme 5: health and wellbeing
* Theme 6: person-centred disability services
* Theme 7: living in the community
* Theme 8: transport and access to places

To monitor the implementation of the Strategy a Steering Group met four times a year. The NDIS steering group was chaired by the Minister of State with responsibility for Disability and was made up of officials from all departments and relevant agencies, the Disability Stakeholders Group (DSG) and representatives of the NDA. The NDA conducts an annual Independent Assessment of Implementation of the NDIS. [[5]](#footnote-6) The assessments focus on areas of achievement and highlight areas for further focus. The fifth such report for 2022 will be published alongside this indicators report and, given that it is the final report, also presents an overview of the five years of the strategy.

In 2020, the NDA reported on the indicators as part of the Mid-term Review of Progress of the NDIS.[[6]](#footnote-7) That repot highlighted that data on the lived experience of disabled people was missing from the study. In order to fill this gap in 2022 the NDA conducted a Wellbeing and Social Inclusion Survey that aimed to find out if people felt that they belong and felt valued and respected in their communities and to determine how respondents evaluated their own sense of wellbeing.[[7]](#footnote-8) It also sought to assess how the combination of marginal identities, including disability, affects wellbeing and social inclusion. Data from this survey are used throughout this report.

Following a brief methods section data are provided for each indicator, where available, under each theme. This is followed by a conclusion where lessons to inform a new UNCRPD Implementation Strategy are presented. The lessons are limited to monitoring and indicators rather than the subject of the indicators themselves which are largely covered in the NDA independent assessment report.

# Methods

To measure the implementation of the NDIS the NDA created a suite of indicators related to each theme.[[8]](#footnote-9) While there is a broad alignment between the indicators and the actions in the strategy, there was a deliberate decision not to align every action to an indicator as the indicators are intended to be higher level and fewer in number than actions. The indicators were developed using the structure, process and outcome framework which was developed for human rights indicators.[[9]](#footnote-10)

* Structural indicators reflect the ratification and adoption of legal instruments and the existence as well as the creation of basic institutional mechanisms deemed necessary for the promotion and protection of human rights. These help in capturing the acceptance, intent and commitment of the State to undertake measures in keeping with its human rights obligations.
* Process indicators help in assessing a State’s efforts, through its implementation of policy measures and programmes of action, to transform its human rights commitments into the desired results.
* Outcome indicators capture individual and collective attainments that reflect the state of enjoyment of human rights in a given context. These indicators help in assessing the results of State efforts in furthering the enjoyment of human rights.

The indicators are report on primarily using publically available data. The report was developed between December 2022 and March 2023 and therefore used the latest available data at that time. Some government departments and agencies were contacted and asked to provide data. In order to capture any new data sources established since the NDIS began online searches were conducted seeking evidence relating to indicators. Where available, the report includes data for multiple years and trends arising are highlighted. For some indicators it will be evident whether they have been achieved or not but because targets were not set for the indicators there is no assessment of whether an indicator has been achieved or not.

# Theme 1: Equality and choice

This theme has, at 15, the most indicators of all the eight themes in the strategy. Three are structural, 10 are process and two are outcome indicators. This theme is concerned with a number of areas including that persons with disabilities are recognised and treated equally before the law, have the same rights as others, can make their own choices and decisions and are treated with dignity and respect. This theme also includes participation in public and political life and looks at the area of accessibility including that public sector information is accessible and easy to understand and that public services follow a Universal Design (UD) approach and are accessible to all citizens.

**Indicator 1.1a. Ratification of the UNCRPD (Structural):**

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) was ratified by Ireland in April 2018[[10]](#footnote-11) and the first state party report was submitted to the UNCRPD Committee on November 2021 by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). [[11]](#footnote-12) This report set out the current position of progress with respect to each article of the Convention and noted developments in public policy and legislation. The National Disability Inclusion Strategy (2017-2022) has been the structure through which the UNCRPD is being progressively realised in Ireland. During 2022 plans were developed around how to develop a UNCRPD successor strategy which will be developed during 2023.

The optional protocol of the UNCRPD has not been ratified by Ireland but the government commits to ratifying it when Ireland’s first reporting cycle to the Committee is completed.[[12]](#footnote-13) There is no date yet for Ireland’s appearance before the Committee. However, the first state report to the UN Committee submitted in November 2021, stated that the work needed to prepare for ratification of the optional protocol will begin once the Assisted Decision-Making (Capacity) Act 2015 has been commenced and the Decision Support Service (DSS) is operational. Amending legislation to the Act was passed in late 2022 and is due to commence in Q2 2023.Scoping work to assess where Ireland stands in relation to obligations arising from ratification of the Optional Protocol is ongoing by Department of Children, Equality, Disability, Integration and Youth, and will continue beyond the end of the NDIS.

## Indicator 1.1b. Amendment of the Mental Health Act, 2001 and other relevant legislation, giving full effect to the Expert Group report (Structural):

In 2012, an Expert Group was appointed to review the Mental Health Act 2001 and subsequently made 165 recommendations to update the existing legislation.[[13]](#footnote-14) The text of a draft Heads of Bill, which seeks to give effect to the Expert Group recommendations were approved by Government in July 2021 and are primarily based on the Expert Group recommendations and a 2021 public consultation. The Oireachtas sub-committee on Mental Health published the Pre-Legislative Scrutiny Report on the Draft Heads of Bill to amend the Mental Health Act 2021 in October 2022. Five main recommendations were made within this report which are as follows:

1. The proposed legislation must align to a human rights based approach and the proposed heads must fully adhere to the UNCRPD.
2. The General Scheme must remove references to the term ‘mental disorder’ and replace it with ‘persons with psychosocial disabilities’ in line with the UNCRPD and the social model of disability.
3. The State should ratify the Optional Protocol of the UNCRPD at the earliest possible opportunity.
4. The reform of mental health legislation must be accompanied by State measures, including legislation ensuring less restrictive forms of treatment in the community are available along with the ultimate eradication of coercion in the treatment of persons with psychosocial disabilities. This includes investment in community-based support and services for persons with psychosocial disabilities as well as assisting persons to utilise the Assisted Decision-Making (Capacity) Act 2015 to exercise their capacity. For this to happen the provisions in the Assisted Decision-Making (Capacity) Act 2015 need to be extended to all citizens, including those involuntarily detained.
5. There must be close alignment between the relevant mental health legislation in compliance with the standards of the CRPD.[[14]](#footnote-15)

In their report on Pre-Legislative Scrutiny of the Draft Heads of Bill to Amend the Mental Health Act 2001, the Oireachtas sub-committee on mental health noted an absence of any Deprivation of Liberty Safeguard legislation which is “reportedly at a very early stage of the legislative process”.[[15]](#footnote-16) The Subcommittee reported concerns in this regard as to what protections will apply in instances where any gaps may arise in the legislation. The Department of Health established an Expert Advisory Group on Protection of Liberty in late 2022 to advance this legislation.

**Indicator 1.1c. Percentage of people with and without a disability who report experiencing discrimination (Outcome):**

A 2018 ESRI study investigating the levels of discrimination reported by people with disabilities and those without a disability found that 15% of people with disabilities experience discrimination compared to 11% of those without a disability.[[16]](#footnote-17) Furthermore, when people with disabilities experienced discrimination they reported that it had a more serious impact on their lives than those without a disability.[[17]](#footnote-18)

The most recent data examining discrimination and people with disabilities is the CSO’s 2019 Equality and Discrimination survey conducted as part of the General Household Survey.[[18]](#footnote-19) This study found that 24.1% of adults with a disability reported discrimination compared to 16.7% of those without.[[19]](#footnote-20) This figure increased when compared to the 2014 figures (16% in comparison to 11% of persons without a disability). This increase could be due to better awareness of what constitutes discrimination and therefore reflect more reporting in the survey. Indeed, the survey reported an increase in respondents’ awareness of their rights under Irish equality law over time. It could also be due to a true increase in the levels of discrimination experienced by persons with disabilities and therefore warrants monitoring over time.

The 2019 Equality and Discrimination Survey also explored specific forms of discrimination in relation to services and the workforce.[[20]](#footnote-21) Findings indicated that 18.3% of persons with a disability reported they had experienced discrimination accessing services[[21]](#footnote-22) compared to 10.9% of persons without a disability. This gap was narrower when considering workplace discrimination, with 12.3% of adults with a disability experiencing discrimination in the workplace and/or while looking for work compared to 9.0% of those without a disability. These figures demonstrate that persons with disabilities continue to experience higher levels of discrimination across many areas of life.

Information on disability-related queries on the Equal Status Acts and the Employment Equality Acts are also available from the Irish Human Rights and Equality Commission (IHREC).[[22]](#footnote-23) Discrimination against persons with a disability accounted for the highest number of information queries to IHREC under both the Employment Equality Acts and the Equal Status Acts in 2021.[[23]](#footnote-24) In this year, 46% (n=240) of all queries under the Employment Equality Acts and 34% (n=114) of all queries under the Equal Status Acts related to disability. This compares to 31% (n=111) and 27% (n=148) of all queries relating to disability under the two acts respectively in 2017[[24]](#footnote-25) [[25]](#footnote-26) (see Figure 1).

**Figure 1: Disability related queries to IHREC on the Employment Equality Acts and Equal Status Acts (2017 - 2021)**

Source: IHREC Annual Reports 2017-2021

**Indicator 1.1d. Percentage of cases taken under the Employment Equality Act and the Equal Status Act on disability grounds in the Workplace Relations Commission that are upheld (Process):**

There was an increase over time in the complaints received by the Workplace Relations Commission (WRC) on disability grounds under the Equal Status Acts (ESA) and the Employment Equality Acts (EEA) between 2016 and 2021 (Figure 2). [[26]](#footnote-27) [[27]](#footnote-28) [[28]](#footnote-29) [[29]](#footnote-30) [[30]](#footnote-31)

**Figure 2: Disability related complaints received by the WRC under Employment Equality Acts and Equal Status Acts 2016-2021**

Source: Work Relations Commission Annual reports 2017-2021

Table 1 shows the percentage of overall complaints to the WRC relating to disability from 2016-2021. This ranges from a low of 11.7% in 2017 to 31.8% in 2021.

Table 1 Percentage of total EEA and ESA complaints relating to disability 2016-2021

| Year | Complaints relating to disability EEA and ESA | Total ESA + EEA complaints | Percentage of complaints relating to disability |
| --- | --- | --- | --- |
| 2016 | 284 | 2017 | 14.1% |
| 2017 | 261 | 2226 | 11.7% |
| 2018 | 382 | 2660 | 14.4% |
| 2019 | 402 | 2381 | 16.9% |
| 2020 | 381 | 1712 | 22.3% |
| 2021 | 685 | 2157 | 31.8% |

Source: WRC Annual Reports 2016-2021

According to the WRC[[31]](#footnote-32), it is not possible to compare the number of complaints received versus the number of complaints heard and or upheld in any given year as some complaints received do not proceed to a hearing within the year of submission. However, it is possible to report on complaints that were heard and upheld within a specific year (see Figure 3).

There was considerable fluctuation in the number of complaints heard between 2017 and 2022. COVID-19 may have contributed to this as there was a reduction in complaints heard in 2020 and 2021. The percentage of complaints upheld within this time period reduced from 41% in 2017 to 16% in 2022 with some fluctuation between 2019 and 2021*.* The main reasons why a claim was not upheld were due to insufficient evidence that discrimination had taken place, the complaint had exceeded its time limit for submission, or in some cases the claimant did not turn up for the hearing. Many claimants represent themselves as there is no state support for legal representation. A review of 2020 Adjudication decisions at the WRC identified 12 categories of third-party representation. It showed a balanced picture of representation and outcomes regardless of representation status.[[32]](#footnote-33)

**Figure 3: Complaints heard and upheld under the Employment Equality Acts and Equal Status Acts between 2017 and 2022**[[33]](#footnote-34)

Source: Work Relations Commission Annual Reports 2017-2022

**Indicator 1.2a. Number of decision-making agreements notified to, or registered with, the Director of the Decision Support Service (Process):**

As the Decision Support Service (DSS) has not yet commenced operation, it is not possible to report on any initial data from the DSS for this indicator. This service is legislated for under the Assisted Decision-Making (Capacity) Act 2015 and the subsequent amending legislation that was enacted in 2022. It is anticipated that the DSS will commence operations in Q2 2023. In anticipation the DSS has recruited and trained a panel of Decision-Making Representatives and prepared a number of codes of practice some of which were initially drafted by the NDA.

**Indicator 1.2b. Number of people leaving congregated settings to live self-directed lives within the community (Outcome):**

(Note this indicator is the same as Indicator 7.1b).

Congregated settings are defined by the “Time to Move on From Congregated Settings” report as a residential setting where people with disabilities live with ten or more people.[[34]](#footnote-35) The population within congregated settings has reduced from 2,514 people at the start of 2017,[[35]](#footnote-36) to approximately 1,650 at by mid-2022.[[36]](#footnote-37) This reduction in persons living in congregated settings primarily includes transitions into the community but also includes all other movements including deaths, emergency admissions, other discharges and transfers.[[37]](#footnote-38) In addition, the HSE has identified approximately 560 people living in congregated settings who were omitted from the original report.[[38]](#footnote-39) The original Time to Move On report’s figures were based on self-assessment, leading to some omissions, and did not cover intentional communities, condition-specific residential services or placements with private providers, leading to other omissions. The acknowledgement by the HSE of missing some congregated settings brings HSE numbers more in line with those of HIQA who have consistently quoted figures of people living in congregated settings that are higher than those of the HSE.[[39]](#footnote-40)

Transitions from congregated settings to the community fluctuated between 2017 and 2022 with 144[[40]](#footnote-41), 165[[41]](#footnote-42), 116[[42]](#footnote-43), 75[[43]](#footnote-44) and 135[[44]](#footnote-45) people transitioning in each year respectively. For 2022, data are only available to the end of Q3 by which time 29 are reported to have transitioned.[[45]](#footnote-46) [[46]](#footnote-47) The number of annual transitions into the community generally failed to reach proposed annual targets. Figure 4 presents the annual number of planned community transitions versus the actual.

**Figure 4: Transitions from Congregated Settings, planned versus actual 2017 - 2022[[47]](#footnote-48)** [[48]](#footnote-49)[[49]](#footnote-50)

Source: Time to Move on from Congregated Settings Annual Reports 2017-2019. HSE service plans and performance indicators 2020-2022\*. \* Most recent figure reported for 2022 (end of Q3)

The original 2011 Time to Move on from Congregated Settings strategy set a target of seven years (2018) for decongregation to happen.[[50]](#footnote-51) This was not achieved. The 2016 Programme for a Partnership Government confirmed an on-going commitment to delivering the policy and identified a revised target of achieving a one-third reduction of the numbers remaining in congregated settings by the year 2021[[51]](#footnote-52) from a base of 2,725. With a current estimate of 1,650 people in congregated setting at the end of 2022 this has arguably been met however, it doesn’t account for the error in the base number as acknowledged by the HSE and it was a relatively unambitious target given that the first target was an end to decongregation by 2018. The 2020 Programme for Government: Our Shared Future[[52]](#footnote-53), committed to continue “with the successful de-congregation programme and complete a further move of more people with disabilities from congregated settings to homes in the community, with the necessary supports”. However, it failed to set any target.

Several reasons for the delay in ending congregated settings by 2021 have been outlined by the HSE and Government. Ireland is currently experiencing a housing crisis, resulting in a further shortage to housing supply due to years of housing under-supply, landlords leaving the rental market and the current war in Ukraine. There have also been challenges in securing revenue to ensure transitions are person-centred. The COVID-19 Pandemic was also attributed with directly delaying progress of moving individuals from congregated settings into the community.[[53]](#footnote-54) A number of funding streams have been put in place as enablers for this policy, including €100 million in capital funding allocated to the HSE over a six-year period from 2016-2021 specifically for the provision of housing in order to enable progress to be made in the decongregation of a number of priority sites. Additional once-off and ongoing revenue resources have also been invested.[[54]](#footnote-55)

The National Housing Strategy for Disabled people 2022-2027[[55]](#footnote-56), published in early 2022 reported that there are 19 congregated settings which have closed and now support residents entirely in the community and 13 congregated settings that have less than ten people remaining in the setting/campus. There are only 13 congregated settings with more than 50 residents remaining compared to 24 settings in 2012. In 2012 the largest congregated setting was home to 227 residents and the largest residential building was home to 112 people. Currently, the largest congregated setting has 138 residents, and the largest residential building has 28 residents.

In 2019 a HSE Review Group Report “Supporting people with disabilities and significant residential support needs”[[56]](#footnote-57), recognised that there is a need for some highly specialist residential support services to be developed or retained to address the support needs of some people, in line with will and preference. As the number of congregated settings declines, progress should be made to identify how and where these support needs can be most appropriately met in line with policy.

The NDA (2021) study Moving In, Moving On[[57]](#footnote-58) interviewed over 400 disabled people across a number of residential settings and concluded that the quality of life “improved immeasurably” for those who transitioned from congregated settings into the community. This demonstrates the importance fulfilling the Time to Move on from Congregated Settings Strategy and continuing to move people from congregated settings to live self-directed lives within the community.

In 2021, the Ombudsman’s office published Wasted Lives, which examined the situation of people with a disability under the age of 65 living in nursing homes.[[58]](#footnote-59) This issue is of particular concern to disability stakeholders as for many of those under 65 placed in nursing homes the lack of support options available in the community was likely to have been a key contributory factor in the placement decision. We welcome the working group set up by the HSE in 2022 to assess the scale of the issue and to look at solutions.

**Indicator 1.2c. Number of people living in 24-hour supervised mental health residences and the percentage of residences with more than 10 beds (Process):**

It is not possible to report against this indicator precisely due to the way data are collected and reported. In 2016 1,355 people lived in 122 residences[[59]](#footnote-60) and in in 2020, there were 118 24-hour nurse staffed community residences nationally, comprising approximately 1,270 beds.[[60]](#footnote-61)

In 2016, 46% of 122 residences were reported to have at least 10 beds. In 2018 the number with at least 10 beds was not reported but we know that 43% of 54 residences that were inspected had 10 or more beds. In 2019 the number of residences with at least 10 beds was also not reported. However, out of 18 residences inspected, 33% had more than 10 beds.[[61]](#footnote-62) The annual reports of the Inspector of the Mental Health Services for 2020 and 2021 do not appear to publish the total number of residences with at least 10 beds. However, of the four residences inspected in 2020, 3 had 10 or more beds, and of the two residences inspected in 2021, one had 10 beds.[[62]](#footnote-63)

**Indicator 1.2d. Percentage of involuntary admissions to psychiatric treatment units (Process):**

The proportion of involuntary admissions to psychiatric hospitals increased from 14% in 2016[[63]](#footnote-64) and 2018[[64]](#footnote-65) to 16% of all psychiatric admissions in 2020 and 2021.[[65]](#footnote-66) The gender breakdown remained similar during this timeframe with males accounting for 54% of involuntary admissions in 2018 and 57% of involuntary admissions in 2021.[[66]](#footnote-67) The age distribution of persons involuntary admitted also remained consistent, with those aged between 35-44 accounting for 22% of all involuntary admissions in 2016, 2018 and 24% in 2021[[67]](#footnote-68).

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. In 2016, 9.8% of 2,079 tribunal hearings were revoked. This compares to 11.2% of 2,002 hearings in 2018, and 11% of 1,910 tribunals in 2021, demonstrating a stability in the proportion of involuntary admissions and revocations over this timeframe.

**Indicator 1.2e. Number of persons with disabilities served and waiting to be served by the National Advocacy Service (Process):**

There has been an increase in the number of new cases receiving full representative advocacy support by the National Advocacy Service (NAS), from 324 in 2016[[68]](#footnote-69), 406 in 2018[[69]](#footnote-70) to 447 in 2021[[70]](#footnote-71). NAS reports that there has been a 50% increase in the number of cases worked on by their advocates since 2015. By December 2021 there were 158 people on a waiting list to receive these services.[[71]](#footnote-72) The NAS reported a number of reasons for the consistent demand on services including; their ongoing engagement with key stakeholders (such as the HSE), external societal factors related to the impact of COVID-19, to delayed commencement of the Assisted Decision-Making (Capacity) Act 2015[[72]](#footnote-73), although amending legislation paving the way for commencement has was enacted in December 2022.

Between 2016 and 2021 housing remained a prominent issue worked on by advocates. Capacity building also became a prominent issue for advocates in 2020 and 2021. This was in response to COVID-19 and involved “advocacy support for people with disabilities and their supporters, such as family members, to increase their skills and knowledge so they are able to address issues for themselves or the person they are supporting, like access to housing, justice, etc”.31 Other issues dealt with included health, access to justice, parenting with a disability, residential and health care settings and decision making (see Figure 5).

**Figure 5: Main issues encountered by advocacy support services within NAS (2018 – 2021)** [[73]](#footnote-74)

Source: NAS Annual Reports 2018-2022

**Indicator 1.3a. Percentage of people assessed by the HSE Safeguarding and Protection Teams with an outcome of reasonable grounds for concern (Process):**

2016 was the first year in which national data were collated on safeguarding concerns reported to HSE Safeguarding and Protection Teams (SPTs) in relation to those with disabilities. These teams primarily deal with safeguarding reports relating to persons with a disability and/or persons over 65 years of age who are deemed vulnerable (reported figures include both groups). Safeguarding concerns reported to the HSE SPTs have increased year on year from 2016 (8,033) to 2021(11,640), with the exception of 2020.[[74]](#footnote-75) [[75]](#footnote-76) The drop in notifications in 2020 coincided with COVID-19 and associated restrictions. The Irish Association of Social Workers raised the issue of this drop in notifications, and potential underreporting as an area of concern.[[76]](#footnote-77)

The percentage of reported concerns that were found to have reasonable grounds also increased every year within this timeframe from 47% in 2016 to 70% in 2021(see Figure 6). These increases may be associated with large increases in staff attending safeguarding awareness training since 2015 and therefore making more appropriate and accurate reports.

**Figure 6: Concerns Reported to the HSE Safeguarding and Protection Teams (2016 - 2021)**

Source: HSE National Safeguarding Office Annual Report 2021

From 2016 to 2021, concerns were largely raised by voluntary agencies and social care services, public health nurses/registered general nurses and primary community and continuing care staff. [[77]](#footnote-78)

The Office of the Confidential Recipient is an independent national service which receives concerns and complaints relating to vulnerable adults with disabilities or older persons and brings these to HSE management for attention and action. Two hundred and six concerns were received in 2018[[78]](#footnote-79) which reduced to 155 in 2019, 165 in 2020 and 155 concerns in 2021.[[79]](#footnote-80) This slight decrease has in part been tentatively attributed to concerns being dealt with informally.[[80]](#footnote-81) In 2018, 63% of concerns received related to care issues, and 37% to safeguarding. These percentages remained similar in 2021 with 62% of concerns received relating to care issues, and 38% relating to safeguarding.[[81]](#footnote-82) In 2018, 69% (n=142) of all concerns received were in relation to disability services (including older person services).57 This increased in 2021 as 88% (n=137) of all concerns reported were related to disability services (including older person services).44

In 2020 the Law Reform Commission published an Issues Paper on a Regulatory Framework for Adult Safeguarding.[[82]](#footnote-83) The Issues Paper found that there was widespread agreement on the need for a clear statutory framework on adult safeguarding and the paper examined what form a regulatory framework might take, building on existing arrangements and parallel policy and legislative developments. An Adult Safeguarding Bill has been in development since 2017. The purpose of this bill is to make further and better provision for the care and protection of adults who are at risk, to establish a National Adult Safeguarding Authority and to require certain persons to make reports to this Authority in respect of adults at risk of abuse or harm in certain circumstances.[[83]](#footnote-84) At the time of writing (February 2023) the bill was in its 3rd of 11 stages in the Dail and had not advanced since May 2021.

**Indicator 1.4a. Percentage of public sector bodies who are fully compliant with the EU Web Accessibility Directive (Process):**

In 2020, the NDA was appointed as the National Monitoring Body in the 2020 Regulations for the EU Web Accessibility Directive. The Directive is not prescriptive in advising how monitoring data is to be represented and as such the NDA has stated it will review its approach in monitoring cycles. In 2021, the NDA circulated a survey to NDA stakeholders and 4 disabled persons organisations in Ireland to establish which websites and mobile apps by public sector bodies are most important and most frequently used.[[84]](#footnote-85) The results from this survey were used to establish a register of public sector websites and mobile apps for monitoring. Following this, the NDA conducted in-depth reviews of five websites and simplified reviews across 50 websites and four mobile app reviews. The results of these was published in December 2021. Due to a delay of two years in the transposition of the Directive and in the resourcing of NDA as the National Monitoring Body, there was a shortfall of reviews conducted. This shortfall work has been completed with an additional 14 in-depth and 185 simplified reviews being conducted and published in December 2022. Both reports are available on the NDA website and results have been shared with individual public bodies.[[85]](#footnote-86)

The reviews conducted demonstrated that there is large variance in levels of compliance with the Directive across public sector websites and mobile apps in Ireland. Within the in-depth reviews, no website achieved full compliance with the accessibility standard. In addition, all websites subject to a simplified review contained accessibility errors. The monitoring data indicated an inconsistent implementation of the standard Web Content Accessibility Guidelines (WCAG) 2.1 AA across most public bodies. Many of the issues identified in this monitoring period, can be remediated through straightforward fixes which, once made, will improve levels of compliance with the Directive.

**Indicator 1.4b. The number of requests for the Irish Remote Interpreting Service and Sign Language Interpreting Service that were facilitated (Process):**

The Sign Language Interpreting Service (SLIS) provides in-person interpretation and is the national interpreting service for the Deaf community. SLIS received 1,355 requests for sign language interpreting services in 2016 of which 610 (45%) were filled, leaving 55% unfilled.[[86]](#footnote-87) In 2018, 2,368 requests were received and 58% were filled with an estimated further 19% facilitated after referral to other agencies leaving a total of 23% not filled.[[87]](#footnote-88) In 2021, the amount of requests received and amount filled also increased with 3,041 requests received of which 74% were filled (26% not filled).

The Irish Remote Interpreting Service (IRIS) provides a live video-link to an Irish Sign Language interpreter. This service does not record unmet need although figures using its service increased from 3,536 in 2016[[88]](#footnote-89) to 6,412 in 2018.[[89]](#footnote-90)At the time of writing (November 2022), the SLIS reported that this figure increased to 7,300 for the months of January to October in 2022. SLIS also reported that there were more IRIS users in first six months of 2022 than the full years of 2016 or 2017. According to SLIS, their assignments between the period of 2017-2022 has more than doubled, with increased capacity (interpreters) and the IRIS app (on demand service) contributing to increases.[[90]](#footnote-91)

In addition to providing these services, SLIS successfully advanced other key equality initiatives from 2016 to 2021 including a quality assurance scheme for the regulation of Irish Sign language Interpreters known as the Register of Irish Sign Language Interpreters (RISLI) and the piloting of the Social Inclusion Pilot Voucher Scheme to meet section 9 of the Irish Sign Language Act.However, the Pilot voucher Scheme has not been introduced on a permanent basis.

**Indicator 1.4c. Irish Sign Language Bill is passed (Structural):**

The Irish Sign Language Act[[91]](#footnote-92) was enacted on 24th December 2017 and commenced on 23rd December 2020. The Act recognises the right of ISL users to use ISL as their native language, and to develop and preserve it. This Act places a statutory duty on all public bodies to provide ISL users with free interpretation when availing of or seeking to access statutory entitlements and services provided by or under statute. In addition, the Act provides for specific obligations in the areas of legal proceedings, educational provision and broadcasting.

Section 10 of the Act states that the relevant Minister must receive a report on the operation of the Act no later than three years after the Act is enacted and every five years after that. The NDA were requested by the Ministers in the Department of Children, Equality, Disability, Integration and Youth.[[92]](#footnote-93) in December 2020 to prepare the first report on the operation of the Act. To understand how the Act is working for ISL users as part of preparing the report, the NDA established an advisory group and consulted with the ISL community in March 2021 through:

* Online public meetings
* Online surveys
* Invitations for submissions (written or ISL)

To understand how public bodies are implementing the Act, the NDA requested standard information from all relevant public bodies through an online survey and held meetings with those mentioned in the Act. The report was given to the Minister in July 2021 and following comments from departments the final version was submitted in December 2021. The Report on the Operation of the Irish Sign Language Act 2017[[93]](#footnote-94) found that the Act has not yet operated as intended with significant gaps in knowledge and understanding of the responsibilities of public bodies under the Act. Implementation was described as poor across most sections of the Act, with many public bodies appearing unprepared for the activities needed to achieve compliance.

The report describes a lack of awareness among public bodies of the ISL Act and their responsibilities to provide ISL interpretation under the Act. In addition, an inadequate supply of accredited ISL interpreters was a barrier to public bodies fulfilling the obligations of the Act. Significant gaps were reported in the implementation of the Act in the area of education including the absence of a scheme for ISL supports in schools for children whose primary language is ISL and operational issues within the ISL Tuition scheme. There were shortcomings noted in the broadcasting of programmes with ISL.

The report describes progress in some areas such as the provision of support for access to events, services and activities in the development and piloting of a scheme referred to as the “Voucher Scheme”, however overall, implementation by public bodies and access to services through ISL was well below the expectations of the legislation.

The report made a number of recommendations and considerations to improve the functioning of the ISL Act, including developing an action plan to address the shortage of interpreters, organising awareness raising activities across the public sector and the establishment of a scheme to provide ISL support to children in schools.

**Indicator1.5a. Level of rating of the quality of public services by people with disabilities compared to people without disabilities (Process):**

There is no readily available Irish data on satisfaction with public services that is disaggregated by disability status. It may be possible to include a disability variable in some surveys such as Health Information and Quality Authority’s (HIQA’s) National Inpatient Experience Survey and other relevant surveys. However, as of 2021, the National Inpatient Experience Survey does not collect demographics in relation to disability from their participants.

The NDA published a study in 2021 of experiences of women with long-term disabilities, illnesses or conditions in their journey through maternity services in Ireland using data from the National Maternity Experience Survey (NMES) (2020). This study reported that 6.8% of the NMES sample had a long-term disability, illness or condition.[[94]](#footnote-95) In terms of overall antenatal care experiences, those with long-term disabilities had a mean score (M) of 7.0 out of 10 (Standard Deviation (SD) =2.3) which was significantly lower than the overall score for those without a long-term disability (M=7.5, SD=2.0). Those with long-term disabilities reported positive experiences during labour and birth care, (M=8.2, SD=2.3), although their rating was significantly lower than those without long-term disabilities (M=8.7, SD=1.8). Finally, in terms of care in hospital after birth, those with long-term disabilities reported quite positive overall experiences of care in hospital after birth (M=7.1, SD=2.5), although again their rating was significantly lower than those without long-term disabilities (M=7.5, SD=2.2).

**Indicator 1.5b. Level of accessibility of public buildings (Process):**

(Note this is the same as indicator 8.2a.)

At present there is a register of public building properties, but this register does not include information on accessibility. The NDA in partnership with the Office of Public Works (OPW) published a report in 2019 entitled ‘An Operational Review of the Effectiveness of Section 25 of the Disability Act 2005’[[95]](#footnote-96) as part of a commitment under the NDIS the review makes recommendations to facilitate public bodies to make their public buildings accessible, by bringing them into compliance with Part M 2010 of the building regulations by 2022, as required under Section 25 of the Disability Act.[[96]](#footnote-97) The review, although based on engagement with a small number of public bodies, found that there was low awareness, enforcement and understanding among public bodies of their obligations under Section 25 of the Disability Act, particularly of the obligation to bring public buildings into compliance with the Building Regulations, Part M 2010 by 2022. These bodies also outlined that the 2022 deadline would be very challenging to achieve.

Currently, the NDA are unaware of any existing data that would give information on the levels of accessibility and/or who has achieved compliance in public buildings in Ireland. In a Dail Eireann Debate in 2022, the Minister of State at the Department of Public Expenditure and Reform stated that Accessibility Audits have been undertaken by the Office of Public Works, as part of the Universal Access Works Programme, since 2017. These audits do not appear to be published, but are conducted on a national rolling basis for the purposes of achieving compliance with Section 25 of the Disability Act 2005.[[97]](#footnote-98) Four Garda Stations reportedly received an audit in the first half of the year 2022.

The NDA is currently developing a Code of Practice on Accessible Public Buildings under Section 25 of the Disability Act. The NDA will monitor the levels of accessibility of public buildings when that is completed and approved by the Minister, as per NDA’s statutory function to monitor Codes of Practice. The 2022 End of Year Traffic Light Report[[98]](#footnote-99) from the NDIS highlighted progression of specific public sector buildings in complying with Part M accessibility standards. Although included as an action in the NDIS, levels of monitoring accessibility in public sector buildings is inconsistent and expected deliverables are unclear, with only a few departments and agencies reporting any specific activities (which are outlined in the End of Year Traffic Lights Report).

The Centre for Excellence in Universal Design recently launched a new eLearning module on Universal Design in the built environment: Buildings for Everyone: Central Bank of Ireland. The module is based on a case study of the Central Bank of Ireland, a winner of the Royal Institute of Architects in Ireland Universal Design Award in 2017. It is aimed at professionals involved in the design and procurement of buildings. The module is informed by research carried out on the needs and preferences of architectural design professionals, in relation to Universal Design CPD.

# Theme 2: joined up policies and public services

This theme commits government bodies to work together to ensure joined-up public services for disabled people. There are six indicators for this theme consisting of four structural and two process indicators. This theme specifically mentions children with disabilities and focuses on transition of children and young people from one stage of life to the next. This theme also commits public services to actively engage with disabled people and their representatives in the planning, design, delivery and evaluation of public services.

This is a challenging theme to report on as quantitative data is not routinely collected on the indicators. Equally, there is a subjective element to some indicators.

## Indicator 2.1a. Initiatives, policies and processes developed and implemented to support smooth transitions for children and young persons with a disability (Structural):

A number of initiatives and processes have been developed and implemented to support smooth transitions of children and young people between settings.

The First Five Strategy[[99]](#footnote-100), a Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028 highlights that the Access and Inclusion Model (AIM) of universal pre-school support designed to better prepare children for primary school has supported 6,000 children with a disability to participate in pre-school. It states that 75% of ELC settings reporting having at least one child with additional needs an increase of 9% on the previous year. A review of AIM is due to be published shortly.

Research conducted by the ESRI using data from the Growing Up In Ireland Study examining transitions to primary school demonstrate that children with a disability, in particular those with socio-emotional or learning difficulties generally start school later than their peers.[[100]](#footnote-101) In terms of transition difficulties the study finds that transition difficulties are more evident for boys, those from single parent families, those living in urban areas and those with a disability or additional learning need.

In November 2022, the Minister for Education and the Minister of State for Special Education announced a pilot project to support school leavers with disabilities.[[101]](#footnote-102) The pilot project targets pupils with Intellectual Disabilities and complex education needs in 20 post-primary and special schools in Dublin and Galway. Schools will be supported to help students and families complete a skills audit to identify skill gaps and necessary supports. Each student will develop an individual transition plan with school support on the specific skills required to ensure a positive transition from school. The pilot will be overseen by the Department of Education and progress will be monitored with a view to expanding the pilot to other schools.

In December 2022 the Minister for Education and Minister of State for Special Education and Inclusion Josepha Madigan announced a pilot programme supporting transitions from school for students with complex special educational needs. This is a collaboration between the Department of Education and Walkinstown Association for People with an Intellectual Disability (WALK). Funding is being drawn from the 2022 Dormant Accounts Fund Action Plan. WALK will deliver its peer Ability programme to 170 pupils across 10 schools based in Louth, Dublin, Kerry, Cork and Kilkenny. The findings will be evaluated and inform future policy direction.[[102]](#footnote-103)

The Programme for Access to Higher Education (PATH) is a strategic funding programme operating since 2016 to support the implementation of the National Access Plan objectives. It provides funding to higher education institutions (HEIs) to support the participation and retention of specific target groups in higher education. To date five strands of PATH have been implemented and PATH 4- Phase 2 is underway.[[103]](#footnote-104)

PATH 4 aims to support inclusive universally designed higher education environments for all students. It consists of €12m funding that will be implemented on a two-phase basis. Phase one (2022) is a once-off Universal Design Fund - Supporting inclusive universally designed higher education environments for all students. Phase two of PATH 4 (2023-2025) involves a three-year pathfinding pilot supporting development of course provision for students with intellectual disabilities as well as informing future policy considerations for this cohort.[[104]](#footnote-105)

The Department of Education is working through the recommendations relating to the 2020 Indecon report on Career guidance.[[105]](#footnote-106) There were gaps in this report in relation to career guidance for students with disabilities and NDA are preparing an advice paper relating to some of these gaps.

## Indicator 2.1b. Percentage of HIQA inspection reports where there is compliance with the regulations relating to transitions for children and young people (Process):

Regulation 25 ensures that children are supported in the transition from childhood to adulthood. Standard 2.4 links directly to Regulation 25 and states that “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” and “adults are supported throughout the transition from children’s services to adults’ services”.[[106]](#footnote-107)

A review of HIQA inspection reports since 2019 was undertaken and the results are displayed in Table 2.[[107]](#footnote-108) Of 12 inspections done on Regulation 25 all were deemed compliant. The inspections referred to in this section exclude thematic inspections and follow up inspections as they are for a specific purpose and generally only focus on one regulation/theme. It also excludes community based respite service.

Table 2 Review of HIQA Inspection Reports

| Year | Total inspections | Inspections of children’s residential services | Inspections on Reg 25 (deemed compliant) |
| --- | --- | --- | --- |
| 2019 | 53 | 0 | 0 |
| 2020 | 651 | 20 | 9 (9) |
| 2021 | 938 | 21 | 1 (1) |
| 2022 | 1148 | 25 | 2 (2) |

Source: HIQA Inspection Reports Database

## 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 (Process):

The New Directions Interim Standard 1.8 states ‘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.’[[108]](#footnote-109) Monitoring of the Interim Standards for New Directions was severely delayed by COVID-19.

An annual Evaluation, Action and Service Improvement (EASI) is currently underway for each of the 84 day service provider organisations nationally. This is a self-evaluation process by each service location. At the time of writing this report, in excess of 83% of Day Service Locations have completed and returned the EASI Annual Report for 2022. The HSE is currently compiling the Annual Report returns and will report on the outcome of the EASI self-evaluation process for 2022 in due course.[[109]](#footnote-110)

To support the above the HSE ran a number of webinars on the Interim Standards and on the EASI process. Each day service provider was requested to have a plan in place to ensure that all front line day service staff have viewed the EASI Process Webinar Training and related documentation on HSeLanD.

The HSE held a workshop in June15th 2022 to commence the development of a monitoring system for Interim Standards. Project work on developing the monitoring system will commence in 2023.

## Indicator 2.1d: Different government departments work together to achieve better outcomes for adults with disabilities (Structural):

There are several examples of government departments working together with the aim to achieve better outcomes for people with disabilities with some positive and some less positive examples below. However, it is difficult to measure if outcomes have changed for disabled people from these examples.

### Equality Data Strategy and Audit

An Equality Budgeting scan was conducted by the OECD in 2019 in order to assess the actions that the Government had taken to mainstream equality considerations as part of the budget process. The OECD Scan suggested that to improve equality budgeting and to ensure accurate and informed data, there was a need to improve the collection of equality data in Ireland.[[110]](#footnote-111) A first step was for the CSO to conduct an Equality Data Audit in 2020. This was informed by the European Commission High Level Group on Non-Discrimination, Equality and Diversity Subgroup on Equality Data that published ‘Guidelines on the Collection of Equality Data.’[[111]](#footnote-112) This required public sector bodies to complete an audit template, which when analysed highlighted domains with data deficits.

The Equality Data Audit found that 22.4% of data sets audited included a disability marker, however the breakdown in the variable was inconsistent. For example, in some data sets the severity of disability is collected, others collect the type/category of disability and some datasets collect a yes/no question. It notes that a disability variable is not always collected in health-related datasets whereas patient history may record disability.[[112]](#footnote-113)

A second step following the OECD scan was to develop an Equality Data Strategy informed by the Equality Data Audit. The Equality Data Strategy is being developed jointly by the Central Statistics Office and the Department of Children, Equality, Disability, Integration and Youth with a number of different departments and agencies on a working group. The strategy will establish a strategic approach to improve the collection, use and dissemination of equality data. The strategy will identify current gaps in Equality data; develop guidance on filling the gaps as well as a standard practice on classification. A draft version of the strategy is due to go for consultation in early 2023.

### Equality Budgeting Group

An Equality Budgeting Expert Advisory Group has been established to support the Department of Public Expenditure and Reform commitment to work with government departments, agencies - including the National Disability Authority, experts and civil society groups - in order to advance the Equality Budgeting initiative. This group will promote a cross-government approach to equality budgeting; provide feedback on Equality Budgeting to date; guide future direction and areas of focus; and identify strengths and weaknesses of the Irish policy making system impacting on Equality Budgeting.[[113]](#footnote-114)

### Transport Working Group

A Transport Working Group consisting of officials from relevant government departments and key agencies was established under the National Disability Inclusion Strategy 2017-2022 to advance Action 104, which contains a commitment for a number of Departments and Agencies to:

Lead a review of transport supports encompassing all Government funded transport and mobility schemes for people with disabilities, to enhance the options for transport to work or employment supports for people with disabilities and [to] develop proposals for development of a coordinated plan for such provision. This plan will have regard to making the most efficient use of available transport resources.

Action 104 was developed from a recommendation in the Make Work Pay Report 2017[[114]](#footnote-115) which found that:

While there are several transport supports available for persons with disabilities, responsibility for administering these supports is spread across a number of Government Departments and Agencies with differing qualification criteria. Some people who have significant transport needs, could, if they were to work, fall between different schemes of supports. Others may find their entitlement difficult to understand or navigate.”

To address the issues detailed in the Make Work Pay Report this working group was convened in 2020. The meetings of the working group were paused due to the Covid-19 pandemic. The working group was reconvened in January 2022 at which time the Minister of State with responsibility for Disability, Anne Rabbitte, assumed the role of chair of the group. This working group discussed several key mobility and transport schemes including the Disabled Drivers and Disabled Passengers Scheme, this discussion was followed by a stocktaking exercise of all state funded mobility and transport schemes as well as a comparison of similar support schemes across the OECD. Following on from the stocktaking exercise, discussion and comparative analysis a report was drafted detailing key recommendations for changes to the current provision and governance of transport and mobility schemes.

A key recommendation in the report emphasises the need for a comprehensive and coordinated cross-Government and mainstream process which ensures that the focus of policy, planning and transport provision is on the customer’s end to end journey and advances a joined up and door-to-door approach to transport and mobility supports for people with disabilities which will likely involve the convening of a new working group.[[115]](#footnote-116)

### National Disability Inclusion Strategy

The National Disability Inclusion Strategy (2017 to 2022) (NDIS) was a whole-of-government strategy aiming to improve the lives of people with disabilities in Ireland. A number of government Departments and agencies were tasked with progressing the actions under the strategy, many of which were shared actions which required collaboration across Departments. Officials from these Departments and agencies, as well as the NDA and the Disability Stakeholder Group, formed the National Disability Inclusion Strategy Steering Group (NDISSG) chaired by the Minister of State for Disability. Departments provide updates on their progress towards implementing their actions under the strategy through a Traffic Light Report. The NDISSG met quarterly over the lifetime of the strategy to discuss progress and to address any challenges arising.

The Disability Stakeholder Group[[116]](#footnote-117) (DSG) is a voluntary group of individuals with lived experience of disability who monitor the implementation of the NDIS. The DSG has reported issues in relation to effective cross-Departmental collaboration on the NDIS. For example, DSG has reported to the NDISSG that there has been slower progress and difficulty in monitoring some NDIS actions due to a lack of a clear lead Department responsible for the implementation of shared actions in particular. The targets within the NDIS mostly focus on processes, rather than outcomes, and therefore the DSG report that it is difficult to say whether the strategy has achieved better outcomes for people with disabilities.[[117]](#footnote-118)

### Comprehensive Employment Strategy

The [Comprehensive Employment Strategy for People with Disabilities](http://www.justice.ie/en/JELR/Pages/Comprehensive_Employment_Strategy_for_People_with_Disabilities_(2015_2024)) (2015-2024) is a cross-Government approach to addressing the barriers and challenges to the employment of people with disabilities.[[118]](#footnote-119) Indicators to monitor progress under the CES have been developed by the NDA.[[119]](#footnote-120) The CES operates under a series of three year action plans and is overseen by an independently chaired cross departmental implementation group that also includes the NDA and disability stakeholders. There was a lack of agreement on the final three-year action plan due to run from 2022-2024. The outstanding issues are being worked on by departments under the coordination of DCEDIY’s disability unit and it is hoped an action plan will be agreed in 2023. A mainstream-first approach to disability employment policy requires all departments and agencies with relevant responsibilities to engage with stakeholders to reach agreement on a Phase III Action Plan. Most equality strategies, while belonging to one department in terms of coordination, are cross-Governmental and therefore it is the responsibility of all Government departments involved to ensure their implementation.

### National Housing Strategy for Disabled People

This strategy was published in early 2022 following an extensive consultation process that was praised for its inclusive approach to disabled people. One year on the promised action plan has not yet been published thus delaying implementation of this strategy. The strategy was published jointly by three departments; Department of Housing, Local Government and Heritage, Department of Health, Department of Children, Equality, Disability, Integration and Youth. A number of other departments and agencies will be involved in implementing the actions of the strategy.

## Indicator 2.2a. Departmental Consultative Committees in place and meeting regularly across all departments (Structural):

From 18 government departments 10 Departmental Consultative Committees (DCC) are in place. The most recent DCC’s established are with the Department of Further and Higher Education, Research, Innovation and Science (DFHERIS) in 2021 and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media in 2022.

The aim of the DCC meetings are to examine departmental progress towards implementing the NDIS actions under their responsibility. The DCC meetings are attended by the NDA and members of the Disability Stakeholder Group (DSG)[[120]](#footnote-121) who seek updates and monitor progress towards implementing the NDIS. All meetings take place on a quarterly basis in advance of these steering group meetings. Over the last number of years, DCC meetings took place regularly. The DSG report to the Minister for Children, Equality, Disability, Integration and Youth at the NDIS Steering Group meetings highlighting in particular any failure of a particular DCC to meet, insufficient notice of meetings or non-timely circulation of materials. Officials from DCEDIY are developing standard operating procedures to try and standardise meetings as they have observed that not all DCCs are conducted in the same way. Due to the ending of the NDIS in late 2022 DCCs are not currently meeting but is the NDA has advised that a similar approach could form part of the monitoring structures established under a successor strategy.

**Indicator 2.2b. Establishment of mental health local forums in HSE mental health services (Structural):**

There are nine main Area Leads for engagement, each of which are members of the Community Healthcare Organisation (CHO) Area Mental Health Management Team. These posts will consult with and capture the views of service users, family members and carers in order to influence decisions at Area Management Levels. They consist of formal and informal groups nationwide called forums. The forums provide a space for family members and service users and carers to give feedback about their experience of the mental health service.[[121]](#footnote-122)

# Theme 3: Education

This theme aims to ensure that people with disabilities can access and attain all levels of education. Data captured in this theme will provide evidence in terms of meeting the states obligations in fulfilling Action 24 of the UNCRPD, which recognises the rights of disabled people to an inclusive education.

There are five educational indicators: one is an outcome indicator and four are process indicators.

## Indicator 3.1a. Number of children receiving targeted pre-school support (levels 4-7 of the AIM model) (Process)

The Access and Inclusion Model (AIM) empowers pre-school providers to deliver inclusive pre-school settings. Levels 1 to 3 of the model are universal supports (level 1is an inclusive culture; level 2 is information for parents and providers; level 3 is a qualified and confident workforce). Levels 4-7 are targeted supports (level 4 is expert early years education advice/support; level 5 is equipment, appliance and minor alterations grant; level 6 is therapeutic intervention; level 7 additional assistance in the pre-school room).[[122]](#footnote-123)

This is a child centred, holistic model providing a suite of services and supports that can be personalised to the needs of each child.[[123]](#footnote-124) [[124]](#footnote-125)

In June 2022, the Minister for Children, Equality, Disability, Integration and Youth, announced an increase in funding to support children with disabilities access the State-funded Early Childhood Care and Education (ECCE) programme. The additional capitation provided through the Access and Inclusion Model (AIM) will allow for a lower adult-child ratio. The funding increased by 14% (€210 to €240 per week) in September 2022. This increase will also support continued alignment between AIM funding and the ECCE programme through a new Core Funding scheme. [[125]](#footnote-126) [[126]](#footnote-127)

In total, 42,821 children have been supported under AIM Levels 4, 5, 6 and 7 between 2016 and 2022. Table 3 below illustrates the total number of children supported each year.

Table 3: Number of children supported per calendar year under AIM Levels 4, 5, 6 and 7

| Calendar Year | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total | **1,558** | **4,004** | **6,399** | **7,581** | **7,205** | **7,200** | **8,874** |

Source: Communication with DCEDIY

There are two cross-Government groups established to oversee the implementation of AIM; a Cross Sectoral Implementation Group and a Project team. An end of year 1 review commissioned by the Department of Children and Youth Affairs[[127]](#footnote-128), published in 2019, found that the AIM programme has been ‘broadly welcomed and well received’ and has had positive impacts for children. The review found the model was accessible and equitable. [[128]](#footnote-129) [[129]](#footnote-130) A review to measure the effectiveness of AIM (An End of Year 3 Evaluation) is currently underway. The evaluation fieldwork was completed in 2022. DECDIY are currently working with contractors to prepare the final report for publication. DCEDIY has had some initial engagement with stakeholders to inform work planning to address some of the key draft evaluation findings.

## Indicator 3.1b. Numbers of primary and post primary schools delivering mental health promotion and well-being supports (Process):

The Department of Education and Skills prepared a *Wellbeing Policy Statement and Framework for Practice 2018–2023* that must be implemented through the School Self-Evaluation (SSE) process by 2023 in all schools.[[130]](#footnote-131) Given that this is across all schools it can be described as a universal programme. For example, as part of the Junior Cycle reform Wellbeing has been introduced as an area of learning.

Correspondence received by the NDA from the Wellbeing Office at the National Education Psychological Service (NEPS) notes the following progress relating to delivering mental health promotion and well-being supports at primary and post primary level:

At post primary level, counselling is a key part of the role of the Guidance Counsellor, offered on an individual or group basis as part of a developmental learning process, at moments of personal crisis but also at key transition points. The Guidance Counsellor also identifies and supports the referral of students to external counselling agencies and professionals, as required.

NEPS are very active in this space and have lots of initiatives including:

* Facilitating post-primary schools to improve the Student Support Team process. Student Support Teams are the structure through which key wellbeing and wellbeing-related policies are implemented in post-primary schools.
* Developing training for school staff on the promotion of wellbeing and resilience in schools which include upskilling school staff on the use and implementation of therapeutically-informed approaches in schools. This includes trauma-informed approaches, approaches based on the principles of cognitive behaviour therapy, and attachment-aware approaches.
* Providing training for school staff on the Friends for Life programmes to help reduce anxiety in children and also the Incredible Years Classroom Management System. Priority is given to schools new to DEIS funding.
* Developing eLearning course e.g. Responding to Critical Incidents in Schools. This course is aimed specifically at the school’s Critical Incident Management Team, but open to all interested staff.
* Developed resources to support the wellbeing of children and young people from Ukraine enrolling in schools in Ireland.

The programmes and initiatives set out above are in addition to the educational psychological support that NEPS provide to all primary and post-primary schools.[[131]](#footnote-132)

## Indicator 3.1c. Highest level of education attainment (primary, secondary, further education and training, tertiary) among persons with disability by disability type (Outcome):

The 2016 census found that 20.8% of persons aged 15 and older with a disability had primary education as their highest level of education compared to 6.7% of those aged 15 and over without a disability (see Figure 7).[[132]](#footnote-133) The corresponding figures were 29.9% vs 26.8% for secondary level, 13.6% vs 16.7% for further education and training (FET), and 13.1% vs 25.4% for tertiary education. More analysis of the 2016 census data on education was included in the Mid-term NDIS indicators report.[[133]](#footnote-134) No comparison with 2022 census data is possible as it is not scheduled for release until September 2023.

**Figure 7: Highest level of education completed by persons with and without a disability 2016**

Source: CSO Statbank figures for Profile 9 – Health Disability and Careers

There are some additional analyses that can help examine this indicator in some more depth. In 2021, the ESRI published a paper funded by the NDA on the Identification of Skills Gaps among Persons with Disabilities and their Employment Prospects.[[134]](#footnote-135) Using data from the Survey on Income and Living Conditions (SILC) from 2004, 2011 and 2019 this paper found that regardless of disability, between 2004 and 2019 there was a reduction in the proportion of people with primary or lower education and an increase in the proportion with post-secondary and above qualifications. However, the rise in the latter has been much greater among those without disabilities than those with. Most people with disabilities have secondary levels of education, and this has not changed very much over time. This was also the case for people without disabilities until 2011, but by 2019 the majority of these individuals had a post-secondary or higher level of education.

As education level differs by age the ESRI separately analysed people age 21 to 34 as this is the age group most likely to have completed post-secondary or tertiary education. It found that, while for young people aged 21 to 34 without disabilities the proportion in secondary or tertiary education increased from half of this group in 2004 to two-thirds in 2019, it went from over a third in 2004 to half of people with disabilities in 2019. As a result, the education gap for at least post-secondary education between young people without and with disabilities remained the same in 2019 as it was in 2004 (see Figure 8).

**Figure 8: Educational attainment by disability status: 2004-2019**[[135]](#footnote-136)

Sources: SILC 2004-2011-2019.

Note: Working age population (16-64 years of age)

The study also looked at the relationship between work and education. As expected, the proportion of people at work is larger among those with higher levels of educational attainment regardless of disability status. While approximately half of people without disabilities with secondary or less levels of education are at work, this is only between one-quarter and one-fifth for people with disabilities. This educational gap narrows but still exists as we move to higher levels of educational attainment. For people without disabilities with at least a post-secondary qualification, on average eight out of ten are at work while it is only one-in-two for people with disabilities. Across all education levels, by 2019 people without disabilities had recovered to pre-recession levels of employment while this was not the case for people with disabilities.

In 2021 the CSO released a publication Income, Employment and Welfare Analysis of People with a Disability, 2019.[[136]](#footnote-137) This study linked data on disability from Census 2016 with the educational engagement of people with a disability from Leaving Certificate in 2016 through to further and higher education in 2019. Data from the State Examinations Commission is used for Leaving Certificate students. Further and higher education data comes from the Higher Education Authority (HEA), SOLAS and QQI. There were 4,760 candidates with a disability who sat the leaving certificate examination in 2016. Of these, 11% sat the Leaving Certificate Applied, but this proportion varied from 25% among those with an intellectual disability to 6% of those with 'other disability including chronic illness'. In comparison, 4% of candidates with no disability who sat a leaving certificate examination sat the Leaving Certificate Applied (LCA). This is important as students who sit the LCA can typically have more limited post-school options. [[137]](#footnote-138)

More than half (55%) of students with no disability who sat the Leaving Certificate in 2016 went to higher education over the following three years, compared with 43% of those with a disability. The proportion of all higher education students with a disability was highest in level 5 courses (34.2%) and lowest in level 9 courses (5.7%).

## Indicator 3.1d. Percentage of all people, whose highest level of educational attainment is further education and training who have a disability (Process):

This indicator and 3.1e below serve to track increased educational attainment for persons with disabilities. The 2016 census found that of the 607,201 people whose highest level of educational attainment was FET, 79,144 or 13% had a disability.[[138]](#footnote-139)

## Indicator 3.1e. Percentage of all people accessing higher education and further education and training who have a disability (Process):

The proportion of students with disabilities in higher education institutions has increased over the last number of years.

The most recent data from AHEAD indicates that 6.6% (17,866) of the entire student body across higher education institutions (269,488) registered as having a disability in the 2020/21 academic year.[[139]](#footnote-140) The 2019/20 academic year found that 6.3% (15,846) of the entire study body (252,614) had registered with the disability support service in their institution. This represents a slight increase from 6.2% registered in both the 2017/18 and 2018/19 academic years.[[140]](#footnote-141) In the 2016/17 academic year 5.7% of students were registered as having a disability.[[141]](#footnote-142)

The data illustrates a rise in the total student population and disability cohort when comparing to 2019/20.[[142]](#footnote-143) However, these figures are drawn from students with disabilities who have registered with disability support/access services in higher education. Accordingly, students who have not registered with support/access services are not included so the data presented may underrepresent this cohort.

In terms of attendance in Further Education and Training (FET) institutes, 2020 data from Solas[[143]](#footnote-144) show that there were 11,376 learners enrolled who reported having at least one type of disability, equating to 7.5% of all learners enrolled in 2020. Among this group 8,945 learners reported one type of disability, 1,805 learners reported two, and 626 reported three or more.

In terms of completion, the certification rate for those learners who reported a disability and completed certified courses was 56.8% in 2020, down from 62.4% in 2019.

SOLAS also collect data about disability in their statutory register of apprentices and associated database. In February 2023 from 26,059 live apprentices 2.7% (708) had a disability. The largest cohort had dyslexia (n=456, 64.4%), the second largest cohort did not share their disability (n=51, 7.2%); and the third largest group had ADHD (n=32, 4.52%).

In the ESRI paper mentioned above that used SILC data,[[144]](#footnote-145) among young people aged 21 to 34 without disabilities the proportion in secondary or tertiary education increased from half of this group in 2004 to two-thirds in 2019. For people with disabilities it went from over a third in 2004 to half of people with disabilities in 2019. As a result, the education gap for at least post-secondary education between young people with and without disabilities remained the same in 2019 as it was in 2004.

# Theme 4: Employment

This theme contains actions to address the barriers faced by persons with disabilities in gaining and maintaining employment. In a recent NDA study on wellbeing and social inclusion employment was considered one of the key routes to achieving social inclusion.[[145]](#footnote-146) There are five indicators for this theme consisting of three outcome indicators and two process indicators. This theme is also concerned with the opportunities to pursue work and a career as well as having the required supports to remain or return to work if a disability is acquired. A broader set of employment related indicators were also developed for the Comprehensive Employment Strategy. These will be reported on following the end of that strategy which ends in December 2024. Some of the indicators are common to the indicators presented here.

## Indicator 4.1a. Percentage of people aged 20-64[[146]](#footnote-147) with and without a disability by principal economic status (Outcome):

In the 2011-2016 intercensal period the employment rate of persons with disabilities in the 20-64 age range increased from 33.2% to 36.5%. While positive, this increase of 3.3% is actually comparatively modest when considering that the employment rate of persons without disabilities increased by 5.9% over the same period (Figure 9).

**Figure 9: Employment rates (20-64) of persons by disability status**

Source: Census of the Population[[147]](#footnote-148)

These data show that the disability employment gap, that is the gap between the proportion of people employed with a disability compared to those without, was 33.2% in 2011 and increased to 36.3% in 2016.

Results for the employment rate of persons with disabilities from the 2022 Census have not been published at the time of writing and therefore a direct comparison with the 2016 census is not possible.[[148]](#footnote-149) However, more up to date information is available from the EU-Statistics on Income and Living Conditions (EU-SILC)[[149]](#footnote-150) annual household survey which includes data on the disability employment gap for the working age population (15-64).

The EU-SILC survey divides the population of persons with disabilities according to the concept of ‘global activity limitation’, which is defined as a ‘limitation in activities people usually do because of health problems for at least the past six months’.[[150]](#footnote-151) This results in a division of the population of persons with disabilities into those with ‘some activity limitation, ‘severe activity limitation’ and those with either ‘some activity limitation or severe activity limitation’.

Figure 10 displays the disability employment gap for each of these groups over the 2014-2021 period. While the disability employment gap has fallen from 34.9% in 2014 to 31.4% in 2021 for persons with ‘some activity limitation’, the gap has widened considerably for persons with a severe activity limitation, rising from 50% in 2014 to 66.6% in 2021. This divergence in the disability employment gap suggests that while employment levels have improved for persons with more moderate or milder forms of disabilities, the opposite is true for individuals that have ‘severe activity limitation’. Overall, taking the two groups combined the disability gap increased from 39.8% to 41.3%.

**Figure 10:** **Disability employment gap in Ireland by extent of disability for working age population**

Source: EU-SILC[[151]](#footnote-152)

## Indicator 4.1b. Number of persons with a disability on disability payments/benefits e.g. Disability Allowance, Illness Benefit, or Domiciliary Care Allowance (Process):

This indicator tracks the numbers of individuals who are receiving payments under disability related support schemes. The most relevant schemes in the context of the employment of persons with disabilities are the disability allowance, illness benefit and domiciliary care allowance schemes. The number of individuals receiving the disability allowance payment has risen from 119,042 in 2015 to reach 155,181 in 2021 – an increase of 30.3%. (See Figure 11) By contrast, the number of individuals in receipt of the illness benefit fell from 55,540 to 45,853 over the same period, amounting to a decline of 17.5%. While significantly smaller than the disability allowance in terms of the total number of recipients, the number of individuals receiving the domiciliary care allowance increased by 57.6%, rising from 29,305 in 2015 to reach 46,211 in 2021.

**Figure 11**: **Number of recipients of support schemes 2015-2021**

Source: Dept. of Social Protection[[152]](#footnote-153)

In 2019, 33.0% of working age people with a disability who were not in employment were on long term disability payments, 9.1% were on some other form of social welfare payments and 13.8% had no working age income.[[153]](#footnote-154) For those in employment[[154]](#footnote-155), median earned income was €20,012.

For people in employment, median earned income was €23,632 for those not receiving disability payments, about three times higher than the median of €7,631 for those who were receiving disability payments. The median earned income for those not receiving disability payments ranged from €26,059 for those with other disability, including chronic illness, to €16,863 for those with an intellectual disability. For recipients of disability payments, the median earned income ranged from €8,973 for people with blindness or a vision impairment to €5,460 for those with an intellectual disability.

In terms of trends in the total levels of expenditure for such support schemes. Figure 12 displays the total annual expenditure for each scheme covering the same 2015-2021 period.

**Figure 12:** **Total expenditure (€m) by scheme**

Source: Dept. of Social Protection[[155]](#footnote-156)

Total expenditure on the disability allowance rose from €1,282m in 2015 to reach €1,830m in 2021 – an increase of 42.7%. This compares to an increase in the total number of individuals receiving this payment of 30.3% over the same period. Total expenditure on the illness benefit has remained relatively stable, decreasing from €620m in 2015 to reach €561m in 2021, amounting to a decrease of 9.6%. This compares to a decrease in the total number of recipients for this payment of 17.5% over the same period. By contrast, total expenditure on the domiciliary care allowance has increased by 66.9%, representing the single largest increase in total expenditure of all three payment schemes. The increase in total expenditure for the domiciliary care allowance outstrips the increase in the total number of recipients of 57.6% observed over this period.

## Indicator 4.1c. Percentage of people exiting HSE funded Rehabilitative Training to take up employment (Outcome):

Rehabilitative Training (RT) is a training programme of up to four years duration which focuses on the development of the participants’ life skills, social skills and basic work skills that will enable them to progress to greater levels of independence and integration in their own community. RT is funded by the HSE but delivery is primarily via voluntary agencies throughout the country.

This indicator examines outcomes for individuals exiting HSE rehabilitative training. In 2020 a total of 933 individuals exited HSE rehabilitative training. Of these, 40 (4.3%) entered open employment, 11 (1.2%) entered supported employment and 3 (0.3%) entered self-employment. This amounts to a total of 54 individuals entering some form of employment – a total share of 5.8% (Figure 13). The comparable proportion for 2018 and 2019 were 4% and 7.4% respectively.

**Figure 13**: **Outcomes for individuals exiting HSE rehabilitative training**

Source: HSE[[156]](#footnote-157)

There were 2,125 people (all disabilities) in receipt of Rehabilitative Training in December 2021,[[157]](#footnote-158) which is -7.2% (165) less than the 2,290 profiled target. This dropped further to 1,984 people in 2022, which is -13.4% (306) less than the 2,290 profiled target.[[158]](#footnote-159) These decreased numbers are mainly due to the impact of the COVID-19 pandemic but also due to changing needs. The reduction in the utilisation of the RT placements has prompted the need for a review of RT services.

## Indicator 4.2a. The percentage of employees in the public sector reporting a disability (Outcome):

Part 5 of the Disability Act 2005 obliges public bodies in so far as is practicable to take all reasonable measures to support and promote the employment of people with disabilities. Part 5 of the Disability Act established a minimum target of 3%. The NDA has the statutory role to report on the compliance of public service organisations with their legal obligation to promote and support the employment of people with disabilities. The Assisted Decision-Making (Capacity) (Amendment) Act 2022 which is due to be commenced in April 2023 will increase the minimum target to 6% by 2025 with an interim increase to 4.5% expected by 2024.[[159]](#footnote-160)

Figure 14 displays the total number of employees and the total number of employees with a disability in public bodies reporting under Part 5. This has risen from 6,464 in 2013 to reach 9,011 in 2021. Notably, the total number of employees with a disability actually fell each year over the 2017-2019 period, even while total employment in these public bodies rose consistently over the same period. However, the number of employees reporting a disability increased by 18% in 2021, significantly outpacing the rate of growth in employment of all relevant public bodies for the same year (+2.3%). While the total number of employees with a disability in public bodies reported under Part 5 has fluctuated in recent years, in general they have not kept pace with the consistent increases in the total number of employees in these public bodies. As a result, the share of employees in public sector bodies reporting under Part 5 fell over the 2015-2020 period before recovering in 2021.

**Figure 14:** **Employment of persons with disabilities in public bodies reported under Part 5**

In 2021, 186 (87.3%) of the public bodies which report under Part 5 achieved or exceeded the minimum 3%, while 27 (12.7%) did not. In 2021, 78 (36.5%) public bodies reported that 6% or more of their employees were persons with disabilities. Overall the public sector exceeded the minimum target of 3% in 2021 for the eleventh successive year, but further focus will be required to ensure the revised minimum target of 6% can be met by 2025.[[160]](#footnote-161)

## Indicator 4.3a. Expenditure by Department of Social Protection on the Reasonable Accommodation Fund (Process):

The Reasonable Accommodation Fund consists of the Workplace Equipment and Adaptation Grant, the Job Interview Interpreter Grant, the Personal Reader Grant and the Employee Retention Grant. This indicator examines total expenditure by the Department of Social Protection on the Reasonable Accommodation Fund. Total expenditure levels for this scheme have fluctuated in recent years, ranging from €118,721 in 2018 to €95,568 in 2021 (Figure 15).

**Figure 15:** **Reasonable accommodation grants annual expenditure**

Source: Reasonable Accommodation Fund

Source: Dept. of Social Protection[[161]](#footnote-162)

The Department of Social Protection conducted a review of the reasonable accommodation fund during 2022 and a plan for reform of the system is expected in early 2023. During budget 2022 an additional €1m was allocated to the reasonable accommodation fund[[162]](#footnote-163). Reforms of the Fund will be welcomed so that the grants available are more relevant to changing needs and technology, there is less administrative burden on employees and employers and the accommodations can become more mobile as employees change employment.

# Theme 5: Health and Wellbeing

This theme relates to ensuring that disabled people are supported to achieve and maintain the best possible physical, mental and emotional well-being. There are seven indicators, of which three are outcome indicators and four are process indicators.

## Indicator 5.1a. The standardised mortality rate of persons with disabilities compared to persons without disabilities (Process):

Mortality rates and life expectancy are indicators of population health often used as key indicators of social progress. An ESRI (2022) publication examining inequalities in mortality in Ireland since 2000 finds that adult mortality inequalities exist with lower mortality found in non-white Irish ethnic groups as well as in those born outside of Ireland. [[163]](#footnote-164) This report also states that those with lower socio-economic status had higher mortality rates. This report did not specifically examine mortality rates and disability.[[164]](#footnote-165)

In 2019, the CSO published analyses of the characteristics of people who died in the twelve month period following the 2016 census. It uses standardised mortality rates which take into account different characteristics such as age so that rates can be compared across groups. The standardised mortality rate for persons with a disability was 1,232 per 100,000 people in 2016-2017 (1,197 for females and 1,280 for males).[[165]](#footnote-166) The rate for persons without a disability was lower at 302 per 100,000 people (268 for females and 329 for males) (Figure 16). Because persons with disabilities make up only 13.5% of the population the absolute numbers of persons without disabilities dying is still higher than those with a disability.

However, the standardised mortality rate for:

* persons with disabilities was 4.1 times higher than that of persons without disabilities
* females with a disability was 4.5 times higher than that of females without a disability, and
* males with a disability was 3.9 times higher than that of males without a disability

~~A~~n increase in relative standardised mortality rates for persons with disabilities compared to persons without disabilities may possibly reflect a lack of access to health or social care or poorer quality health and social care for persons with disabilities. Due to some changes in methodology these data are not directly comparable to a similar analysis conducted after the 2006 census in 2006-2007.[[166]](#footnote-167)

Figure16: Standardised death rates 2016-2017 by sex and disability per 100,000 population

Source: CSO: Mortality Differentials

## Indicator 5.1b. Percentage of persons with disabilities reporting bad or very bad health compared to persons without disabilities (Outcome):

There was a stark difference in the percentage of persons with and without disabilities regarding how they reported their general health in census 2016.[[167]](#footnote-168) Almost every person (92.7%) without a disability reported their health as being good or very good, compared to 51.2% of persons with a disability. Similarly, 0.1% of persons without a disability reported their health as bad or very bad compared to 11.0% of persons with a disability. When looking at self-reported general health of people with different types of disabilities, people with a condition that substantially limits one or more basic physical activities and people with other disabilities including chronic illness were more likely to report having bad or very bad health. People with intellectual disabilities were least likely to report bad or very bad health.

More recent data from the Irish Health survey (2019) concurs with the 2016 Census data and indicates that people with disabilities report a poorer health status than those without disabilities.[[168]](#footnote-169) When surveyed about health status 4% of people reported their health status as bad or very bad, whereas the corresponding figure for people with a disability was 25%. As outlined in Figure 17 the proportion of people who reported their health as bad or very bad varied according to the impact of their disability. For example among those reporting difficulty in hearing what is said in a noisy room 17% said their health was bad or very bad. This compared to 40% of those who report difficulty in walking half a kilometre.

This was higher at 20% for those with difficulty in hearing what is said in a quiet room. For those who reported a difficulty in seeing 22% reported their health as bad or very bad. The equivalent percentage was 28% for those with difficulty in remembering or concentrating, 38% for those difficulty in walking up or down 12 steps; and 40% for those who report difficulty in walking half a km (see Figure 17).

Figure 17: Irish health survey 2019: self-report health as bad/very bad by disability

Source: Irish Health Survey 2019

In 2022 the NDA conducted a national wellbeing and social inclusion survey and two thirds of the respondents reported a disability (67%) to either a great extent (39%) or to some extent (28%).[[169]](#footnote-170) The data indicated that respondents’ assessment of their health is generally positive with more than seven in ten (71%) considering that their health is very good (27%) or good (44%). Only respondents with a disability report bad or very bad health.

## Indicator 5.1c. Percentage of people with and without a disability who report having depression (Outcome):

The 2015 Irish Health Survey found that 59% of persons with disabilities reported having depression compared to 21% of persons without disabilities.[[170]](#footnote-171) The 2019 Irish Health Survey outlined lower self-reported rates, with 43% of persons with a disability reporting some form of depression in comparison to the state average of 14%.[[171]](#footnote-172) However, any comparisons of these figures must be done with caution. This is due to the difference in how data was collected for both surveys.[[172]](#footnote-173) In addition, there was a difference in how disability was defined in both surveys.[[173]](#footnote-174) It was not possible to disaggregate the findings by type of disability.

A core part of the NDA (2023) National Wellbeing and Social Inclusion Survey was the use of the short version of the Warwick-Edinburgh Mental Wellbeing Scale (the wellbeing scale). The analysis of wellbeing scores indicates significant divergence in the mental wellbeing of disabled and non-disabled respondents. More than one in twenty (6%) non-disabled respondents have scores indicative of probable clinical depression and a further 13% have scores suggestive of possible mild depression. In contrast, 23% of those who report a disability have scores that are indicative of possible mild depression while a further 20% have scores that are indicative of probable clinical depression. Among those that report a disability to a great extent, 30% have a score that is indicative of probable clinical depression and almost a quarter (24%) have scores that suggest possible mild depression. The report notes that wellbeing scale scores are only indicative and by no means definitive when it comes to an assessment of mental health. However, the data are useful in helping to understand the underlying mental health of respondents in the survey.[[174]](#footnote-175)

## Indicator 5.1d. Rates of health screening in persons with a disability compared to persons without a disability (Process):

The 2015 Irish Health Survey found that persons with a disability had higher or similar levels of health screening than persons without a disability. Nineteen per cent of persons with a disability had a mammogram compared to 14% of persons without a disability.[[175]](#footnote-176) Corresponding figures for cervical smear were 20% versus 21% and for blood pressure was 85% versus 60%. Similarly, within the 2019 Health Survey, persons with a disability had higher or similar levels of health screening than persons without a disability. For example, 88% of people with a disability had their blood pressure measured, in comparison to 66% of people without a disability.[[176]](#footnote-177) Percentages of persons with a disability accessing cervical smears and mammograms versus people without a disability were not reported within the 2019 Irish Health Survey. As with indicator 5.1c, comparisons between both surveys must be conducted with caution due to methodological differences.

The IDS-TILDA is a longitudinal study researching ageing among people with an intellectual disability age 40 plus in Ireland. Data is collected in waves and wave 4 results are the latest release. Data from wave 4 of the IDS-TILDA (2021) indicates around a quarter of participants experienced other health changes – including less medical care than usual, increased health problems not related to COVID-19, and overeating or eating unhealthily. Most participants (58.2%) had not made any new healthcare appointments since the beginning of the pandemic in March 2020. Around a fifth (18.8%) missed their usual health check during the pandemic, with those aged 65+ years (27.2%) most likely to miss their health check compared to participants aged 50-64 (17%) and 40-49 years (13.1%) (p=0.007). There was a large reduction in face-to-face meetings with health care professionals with 42.5% -70.8% reporting having seen their health care professional ‘not at all’ or ‘not as much’ but 22.2% to 48% had increased phone/online consultations, and this was most common among those access psychiatry and clinical psychology services. Between in-person and phone/online consultations there was an overall net reduction in level of access to healthcare practitioners of 12.5 – 37.6%.[[177]](#footnote-178)

## Indicator 5.1e: Percentage of people with and without a disability who engage in physical activity (Process):

Those with a long term illness or disability are less likely than others to participate in sport, and those that do participate in sport are less likely to participate in a group/team setting. [[178]](#footnote-179) According to the Irish Sports Monitor, the proportion of persons with disabilities who engage regularly in sports decreased from 28.7% in 2015[[179]](#footnote-180) to 26% in 2021. This compares to 47%, and 45% respectively for persons without a disability. This means that at present almost three-quarters of those with a disability do not participate regularly in sport.[[180]](#footnote-181) However, the gap between those with and without a disability has stayed largely the same (see Figure 18).

**Figure 18: Percentage of people who engage in sport with/without a disability 2015-2021**

Source: Irish Sports Monitor Annual Report 2015 -2021

In their 2021 report, Sport Ireland outlined that the context around Covid-19 has hampered the ability to fully implement the required actions to make the necessary progress in closing the gap for participation in sport for people with a disability. The Irish Sports Monitor does not disaggregate their disability data by gender. However, a new Sport Ireland policy on Women in Sport (2018-2027) which aims to increase the participation of women in sport outlines that the policy is inclusive of women of all abilities.[[181]](#footnote-182) The 2021 update report for this policy does not specifically outline how it aims to encourage participation in sport for women with disabilities.[[182]](#footnote-183)

The area of physical activity is particularly pertinent when considering results from The Irish Longitudinal Study of Ageing (TILDA) and the Intellectual Disability Supplement of TILDA (IDS TILDA) which found that 33% of adults aged 56 and over were overweight or obese (in 2014/15) compared to 80% of participants with an intellectual disability in 2017.[[183]](#footnote-184) The Irish Health Survey in 2019 also reported that 63% of persons with disabilities were overweightorobese in comparison to 56% of people without a disability.[[184]](#footnote-185) Rates of overweight/obesity may be useful as a proxy for physical activity.

The Active Healthy Kids Ireland report identifies gaps and key needs relating to children’s physical initiatives across the island of Ireland. The 2022 report includes data on disability for the first time. Grades range from highest at A+ (94-100%); lowest at F (<20%); to incomplete, where there is inadequate data to assign a grade. Disability is measured across several indicators: overall physical activity; organised sport and physical activity; active play; active transportation; sedentary behaviours; physical fitness; family and peers; school; and physical activities. Three indicators are graded as incomplete: active play, physical fitness and physical education. The report highlights that when disability was compared to the overall grades the grades were lower for each indicator (aside from family and peers which was higher).[[185]](#footnote-186)

## Indicator 5.1f. Number of young people (<18) admitted to adult HSE mental health inpatient units (Process):

The 2021 Mental Health Commission (MHC) annual report states that ‘children and young people should not be admitted to adult units except in exceptional circumstances’.[[186]](#footnote-187) Most admissions to an adult unit occur due to an immediate risk to the young person or others, or due to the lack of a bed in a specialist Child and Adolescent Mental Health Service (CAMHS) unit. This demonstrates the unmet need for mental health inpatient units for adolescents. National CAMHS units generally do not take out-of-hours admissions, therefore children and young people face the decision to attend an emergency department, general hospital, children’s hospital, or an adult inpatient unit.[[187]](#footnote-188)

Data collection regarding children and young people admissions to adult mental health inpatient units differs between the HRB and the MHC.[[188]](#footnote-189) However, both highlight reductions on this indicator. HRB data points to a significant reduction in the number of young people (<18 years) admitted to adult HSE mental health inpatient units from 67 in 2016[[189]](#footnote-190) to 29 in 2021[[190]](#footnote-191) (an increase of 2 from the 27 admissions in 2020) [[191]](#footnote-192) (Figure 19).

**Figure 19: Young people (<18 years) admitted to adult HSE mental health inpatient units 2016-2021**

Source: HRB 2016-2021

Data from MHC has similar findings to HRB data in terms of the numbers of admissions but provides some additional information relating to length of stay.[[192]](#footnote-193) In 2021, 12 children stayed for less than 48 hours, compared to eight admissions for less than 48 hours in 2020 and 23 admissions for less than 48 hours in 2019.

In terms of why these admissions occur data from 2021 indicates that: 78% of children who were admitted to an adult unit were admitted due to an immediate risk to themselves, while 16% were admitted due to an immediate risk to themselves and others. Furthermore in 2021, 31% of child admissions to adult approved centres also occurred when there was no bed available in a CAMHS unit.

## Indicator 5.1g. Percentage of persons with and without disabilities who are consistently poor (Outcome):

Poverty is generally measured in three ways. At-risk-of-poverty, material deprivation and consistent poverty. At-risk-of-poverty is also known as relative poverty or income poverty. It is measured by setting a relative income poverty line, which shows how an individual's or household's income compares to the national average. Material deprivation takes account of access to resources other than income. A deprivation index of items and activities that are generally taken to be the norm in a particular society is compiled. People who are denied-through lack of income-items or activities on this index list are regarded as experiencing relative deprivation. Consistent poverty is also known as the combined income-deprivation measure of poverty. It combines relative income poverty with relative deprivation. People whose income falls below the relative income poverty line and who also experience relative deprivation are regarded as living in consistent poverty.

The Social Inclusion Monitor for 2018 and 2019 indicates that the percentage of persons with disabilities who are consistently poor have ranged from 19.2% in 2016, 21.3% in 2018 to 18.1% in 2019 in comparison with 1.3% of the general population and 11.4% of people “at work” (Figure 20). [[193]](#footnote-194) [[194]](#footnote-195) The Social Inclusion Monitor used data from the 2019 Survey on Income and Living Conditions (SILC) conducted by the CSO. This survey outlined that those at most risk of poverty in 2019 were individuals who were not at work due to permanent illness or disability (37.5%). The overall at risk poverty rate for the general population was 12.8% and compares with an at risk of poverty rate of 4.6% for those that described their principal economic status as “at work”. This survey also highlighted a deprivation rate of 43.3% for people not at work due to permanent illness or disability which was 17.8% for the overall population and 11.4 % for those defined as at work.

**Figure 20: Consistent poverty rate of people with and without a disability 2016-2019**

Source: Social Inclusion Monitor 2016-2019

These figures may reflect the fact that persons with disabilities are less likely to be in employment, more likely to be reliant on social welfare supports, or have greater costs than average due to the cost of their disability. However, as outlined by the Social Inclusion Monitor for 2018 and 2019, these reported figures have been volatile in recent years, which was likely due to smaller sample sizes. It is not possible to say with certainty whether the change from 2018 to 2019 was indicative of a sustained trend.

Cross-sectional analysis using wave 4 data of the Irish Longitudinal Study on Ageing (TILDA) examines the association between having two or more chronic conditions (multimorbidity) and high out of pocket (OOP) healthcare expenditure. In this sample 58.5% of participants had multimorbidity. Results indicate that individuals with multimorbidity spent more on health care expenditure per annum than those with no conditions (with pharmacy dispensed medicine being the largest part of the expenditure); and spent more of their equivalised household income on healthcare. There was a strong positive association between number of conditions and OOP health care expenditure (i.e. high on one, high on the other). There was a strong negative association between eligibility for free primary/hospital care and subsidised medicine and OOP healthcare related expenditure (low on one, low on the other).[[195]](#footnote-196)

In January 2020 the Government launched a Roadmap for Social Inclusion[[196]](#footnote-197) which sets out the Government’s ambition for Ireland to become one of the most socially inclusive States in the EU. The Roadmap recognises that certain groups within society are at greater risk and presents cohort-specific targets and supports for persons with a disability. It reports that, by some measures, despite the fact that Ireland has the lowest reported prevalence of disability in the EU, poverty rates for persons who self-report a disability are among the highest in Europe. It aims to reduce the number of people in **consistent poverty in Ireland to 2% or less,** to reduce the percentage of persons with a disability at risk of poverty or social exclusion from 36.9% in 2018 to no more than 28.7% for the year 2025 and to no more than 22.7% by 2030 (i.e. to become a top 5 country in the EU rankings). A review of this strategy is currently underway. As stated above, the consistent poverty rate in 2019 was 1.3% for the general population meeting the 2% target. However the current figure for persons at risk of poverty within the category of unable to work due to permanent illness or disability remains above the target (36.9%) at 37.5%.

The Department of Social Protection published a Cost of Disability Study conducted by Indecon consultants in 2021. This study examined the additional costs of disability and highlighted that there was an annual average additional cost of disability ranging from €11,734 to €16,284, depending on a persons’ degree of limitation.[[197]](#footnote-198) Overall there was a spectrum from low additional costs to extremely high extra costs of disability, depending on individual circumstances.196 These costs vary due to a number of factors such as; the age of the individual, household type, the ‘nature’ of disability as well as the ‘severity’ of disability. Those with a more severe disability had higher costs. Additional living expenses accounted for 40% of additional annual costs, with electricity, heating, and incontinence supplies and disposal accounting for 75.9% of these additional living expenses (see Table 4). At the time of writing these figures have probably risen due to the current energy crisis and the rising cost of living.

Table 4: Average annual additional costs of disability

| **Type of Cost** | **Percentage of total cost** | **Annual total average extra cost (€)** |
| --- | --- | --- |
| **Additional living expenses[[198]](#footnote-199)**   * **Electricity (31.3%)** * **Heating (29.7%)** * **Incontinence supplies and disposal (14.9%)** | 40% | €4,250 |
| **Mobility, transport and communications** | 23% | €1,904 |
| **Care and Assistance Services** | 16% | €1,359 |
| **Equipment, Aids and Appliances** | 14% | €917 |
| **Medicines** | 7% | €598 |
| **Total** |  | €9028 |

Source: Department of Social Protection: The Cost of Disability in Ireland

These findings are similar to findings from the Vincentian Partnership for Social Justice (VPSJ) and Family Carers Ireland (2022) research.[[199]](#footnote-200)

A 2021 ESRI study identifies a parent with a disability as a family characteristic that is particularly associated with persistent poverty. The study adopts a multidimensional measure of poverty and use latent class analysis (a statistical technique) to identify economic vulnerability based on three indicators: living in a household with low income; experiencing difficulty making ends meet and experiencing material deprivation. The study draws on all available waves of the Growing up in Ireland (GUI) data for two groups the ‘08 cohort[[200]](#footnote-201) and the ‘98 cohort.[[201]](#footnote-202) Descriptive analysis in this study demonstrates the exposure to economic vulnerability during childhood is associated with poorer outcomes for the study child across a range of areas including cognitive and educational achievement, engagement at school, socio-emotional development and chronic illness/disability. The study also profiled the experience of economic vulnerability among families and found that a mother’s inability to work due to disability was one of the strong predictors of economic vulnerability in both groups.[[202]](#footnote-203)

The Child Poverty Monitor (2022) also points out that a primary carer of a child with a disability is less likely to participate in the labour market, in particular if the child has a more limiting disability.[[203]](#footnote-204)

**Theme 6: Person-centred disability services**

This theme relates to supporting people with disabilities live a fulfilled life, participate fully in the activities of their communities, live a life of their own choosing, achieve maximum independence and be active citizens. There are 13 indicators for this theme including one structural indicator, one outcome indicator and 11 process indicators.

**Indicator 6.1a. People in new residential models of service are enjoying better outcomes and quality of life (Outcome):**

This indicator considers whether people in new residential models of services are enjoying better outcomes and quality of life. HIQA’s 2021 overview report of designated centres for people with disabilities corroborated their previous findings from 2019[[204]](#footnote-205) a finding that that “residents living in congregated settings were more likely to experience a poorer quality of life when compared to their peers living in small community based settings”.[[205]](#footnote-206) However, inspections conducted in 2021 showed a link between well-governed services and a good overall quality of life for residents. Two centre’s registrations were cancelled due to a failure to improve quality of life for residents, and there were some anecdotal evidence of individual residents reporting to inspectors that they wanted a better quality of life, but felt that little progress was being made in this regard.

In addition, findings from NDA’s (2021) report “Moving In, Moving On: An evaluation of the outcomes and costs of congregated and community models of service in the disability sector” outlines that participants in the study with supported living arrangements and those living in their family home report significantly better quality of life scores than those living in community residences and congregated settings. The lowest quality of life scores were reported by those living in congregated settings. Analysis in the study indicates that living in any type of community residential facility or sharing with 10 or more people were all significantly associated with poorer quality of life.[[206]](#footnote-207)

**Indicator 6.1b. Adoption of person-centred practice among disability service providers (Process):**

A Demonstration Project[[207]](#footnote-208) for the HSE’s Person-Centred Planning Framework[[208]](#footnote-209) was conducted in five disability organisations in 2018. A report of the Demonstration Project was published in 2020 stating that all services supporting persons with a disability are expected to implement the national framework in the future.[[209]](#footnote-210) The report acknowledges the challenges that some services may face in achieving this. The report also outlines what resources are required in order to facilitate this framework.

The report highlights areas important to and important for the persons in these services including:

* The separation of personalised care and support plans from person-centred plans
* Multi-disciplinary supports
* Independent advocacy supports
* Respite facilities
* Management of medication

The Confidential Recipient, who is independent of the HSE, has a role to act as a voice for vulnerable older people and people with a disability. The main issues highlighted in the 2021 report relating to person-centred practice was people waiting for supports in the community to facilitate their independent living, issues related to day services, Personal Assistant services and respite service provision.[[210]](#footnote-211) The same issues were highlighted in the 2019/2020 report.[[211]](#footnote-212) In the 2018 report of the Confidential Recipient[[212]](#footnote-213) it was noted that a recurring issue during the year was that the HSE is still, in many cases, using the medical model of disability within its services and supports, instead of the social model which allows for more individualised approach to supports enabling individual choice and control.

**Indicator 6.1c. Percentage of HIQA inspection reports where there is compliance with the regulation relating to personal plans (Process):**

Under the heading of “social care needs”, HIQA regulations set out the type of assessment and personal planning required to guide care and support of residents. Compliance with the HIQA regulation on social care planning, which include compliance with preparation of personal plans was 38% when first measured in 2013-14. This figure has continued to improve with compliance levels to personal plans reported at 56.8% in 2018, 60.2% in 2019, 64.2% in 2020 and 70% in 2021.[[213]](#footnote-214) HIQA notes that there is still work to be done to ensure that all services provided to residents are person-centred and able to effectively meet their assessed social care and support needs on a continual basis.

**Indicator 6.1d. Percentage of approved mental health centres compliant with the regulation on individual care planning (Process):**

All in-patient facilities that provide care and treatment to people experiencing a mental illness or disorder must be registered by the Mental Health Commission (MHC). The Annual Report of the Inspector of Mental Health Services, which inspects these approved centres found that compliance with the MHC regulation on individual care planning increased year on year between 2016 and 2021, from 38% in 2016 to 64% in 2021 (see Table 5). While this is a positive development, the MHC still consider levels of compliance of regulations under 70% as low and highlighted lack of compliance related to care planning as an area of concern in their 2021 annual report.[[214]](#footnote-215)

Table 5: Compliance with regulation 15 (2016 - 2021)

| **Year** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** |
| --- | --- | --- | --- | --- | --- | --- |
| **Percentage of compliance with regulation 15: individual care plans** | 38% | 52% | 58% | 52% | 59% | 64% |

Source: Mental Health Commission

**Indicator 6.1e. Percentage of persons with disabilities included in an evaluation of a personalised budgeting scheme who are satisfied with the scheme (Process):**

A demonstration project relating to personalised budgets is ongoing. The HSE commissioned a demonstration phase in 2019 and in July of 2022 the Minister of State with responsibility for Disability announced an extension of the pilot until Q3 2023, with an evaluation of the pilot to be completed by Q2 of 2024.[[215]](#footnote-216) As of April 2022 there were 132 participants at various stages of on-boarding including 24 who had completed all stages and were in receipt of a budget.[[216]](#footnote-217) However, an evaluation of the outcomes and experiences of participants will not be available until the second half of 2024.

**Indicator 6.2a. Percentage of Assessments of Need (of children) completed within the timelines as provided for in the regulations (Process):**

The Disability Act 2005 provides for, among other things, an Assessment of Need for persons with disabilities and the drawing up of Service Statements. The aim of an Assessment of Need is to decide what health and education needs arise from a child's disability and what services they require to meet those needs. There are statutory timelines around when an assessment of need should be done. The HSE reports annually on compliance with these timelines. Compliance has increased in recent years but remains very low. In 2022 (up to end of Quarter 3) compliance was 23.6%.[[217]](#footnote-218) This was an increase from 14.7% in 2021[[218]](#footnote-219), 8.2% in 2020[[219]](#footnote-220), 9.8% in 2019[[220]](#footnote-221) and 8.78% in 2018 [[221]](#footnote-222) (see Figure 21).

**Figure 21: Percentage of assessments of need (of children) completed within the timelines as provided for in the regulations**

Source: HSE Performance Profile 2018-2022

According to the most recent HSE performance report of Quarter 3 2022 there were 4,916 requests for assessment of need received for Children by the HSE[[222]](#footnote-223) of which 3,422 children were waiting for assessment. Notes in the 2022 performance report highlight the impact that the High Court judgement in March 2022 on the completion of assessments. The judgement in summary said that Assessment Officers cannot complete assessments based on the previously agreed Preliminary Team Assessment format and that a diagnostic assessment is required. This will undoubtedly lengthen waiting lists for both assessments and interventions. Challenges with waiting lists for interventions have already been noted in a 2022 Inclusion Ireland survey of over 1,000 families. It found that 83% of respondents reported the lack of services as one of their top three issues with 85% waiting more than a year. The HSE is developing a roadmap for Progressing Disability Services and it will be important that that is advanced to minimise delays in both assessment of need and access to therapies.

**Indicator 6.2b. Number of Children’s Disability Network Teams established (Structural):**

The Progressing Disability Services for Children and Young People Programme launched in 2011 is a national process to re-organize children’s disability services. As part of this, multi-disciplinary teams called Children’s Disability Network Teams (CDNTs) were formed which include health and social care professionals experienced in delivering services for children with disabilities. Members of a children’s disability team work closely together to provide a wide range of services and supports for children and their families. By 2021 the HSE’s performance report showed that 91 teams (100% of target) had been established.[[223]](#footnote-224)

However, a recently published report highlighted that the average vacancy rate nationally was 34% in CDNTs.[[224]](#footnote-225) Maternity leave was highlighted as an issue as cover is unfunded it is not custom and practice in many agencies to backfill these vacancies. This is a contributing factor to the delays in conducting Assessments of Need and in the provision of therapies and issues relating to both the recruitment and retention of staff need to be addressed.

**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 (Process):**

The HSE target is that 95% of CAMHS referrals receive a first appointment within 12 months. This has been achieved every years since it was introduced in 2018 and therefore less than 5% of children and young people are waiting more than 12 months for an appointment. There remain however, a significant number of children on the waiting list for more than 12 months. This was 314 in 2018[[225]](#footnote-226), 212 in 2019[[226]](#footnote-227), 266 in 2020[[227]](#footnote-228) and 249 in 2021[[228]](#footnote-229). The target is that no child is on the waiting list for more than 12 months. Data relating to waiting more than three months is not reported.

**Indicator 6.2d. Percentage of adults offered an appointment and seen within 12 weeks by adult mental health services (Process):**

The percentage of adults seen within 12 weeks by adult mental health services has stayed fairly steady over the last five years but only met the target of 75% once. For 2022 (up to end of Quarter 3) 70.7% adults were seen.[[229]](#footnote-230) This compares to 74.8 for 2021[[230]](#footnote-231), 75% for 2020[[231]](#footnote-232), 72.9% in 2019[[232]](#footnote-233) and 72.7% in 2018.[[233]](#footnote-234)

**Indicator 6.2e. Number of adults on waiting lists for the National Rehabilitation Hospital (Process):**

The annual reports of the National Rehabilitation Hospital (NRH) do not include the number of adults on waiting lists. However, the 2021 annual report of the NRH reports that there has been ‘considerable lengthening’ of waiting lists.[[234]](#footnote-235)

In 2021 the average number of days waiting for an admission was 124 compared to a target of 40. This is a reduction from 140 days in 2018[[235]](#footnote-236) and may be a consequence of the opening of the new hospital in October 2020 with slightly higher bed capacity.[[236]](#footnote-237) The average rehabilitation length of stay was 103 days compared to a target of 84 days. A key issue leading to increased waiting lists were delays in transfer of care. The 2021 annual report reported that

A working group of representatives from the HSE and the NRH has been set up to explore if an improved and more timely funding model can be introduced to reduce the impact of this issue on all services. This initiative has already resulted in some positive outcomes to date.

**Indicator 6.3a. Percentage of disability services complying with HIQA regulations (Process):**

The target for disability services complying with HIQA regulations is 80%. According to the HSE performance reports this target has been exceeded each year since 2018. The compliance rate was 89.2% for 2022 up to the end of Quarter 3.[[237]](#footnote-238) The compliance rate for 2021, 2020, 2019 and 2018 were 91.4%,[[238]](#footnote-239) 91.7%,[[239]](#footnote-240) 89.4%,[[240]](#footnote-241) 87%[[241]](#footnote-242) respectively (Figure 22).

**Figure 22: Percentage of disability services complying with HIQA regulations:**

**Indicator 6.3b. Percentage of mental health units complying with Mental Health Commission regulations, rules and codes of practice (Process):**

The Inspector of Mental Health Services visits and inspects every approved mental health centre at least once a year (this excludes the 24 hour supervised mental health residences which are not regulated). The Inspector rates compliance against 31 Regulations, Part 4 of the Mental Health Act 2001, four Codes of Practice and two Statutory Rules. The percentage of mental health centres complying with the MHC’s regulations, rules and codes of practice increased between 2016 and 2018.[[242]](#footnote-243) [[243]](#footnote-244) For example, the percentage complying with rules increased from 37% to 78% (average national compliance). This increased to a national average compliance of 89% in 2020.132 In 2021, 64% of approved centres achieved compliance with over 90% of regulations.[[244]](#footnote-245) In 2021, the Mental Health Commission noted poor compliance with risk management procedures, individual care plans, staffing and premises.136 The Mental Health Commission notes that compliance with the regulation of premises has been low over the past five years with an average compliance rate of 35%.136 Between 2018 and 2021, the Commission took an average of 36 enforcement actions against approved centres (see Table 6). These actions related to safety risks, health, and wellbeing of residents, and failure by the provider to address an ongoing area of non-compliance.

Table 6: Enforcement actions against approved centres (2016 - 2021)

| **Year** | **2018** | **2019** | **2020** | **2021** |
| --- | --- | --- | --- | --- |
| **Number of enforcements** | 44 | 40 | 17 | 42 |
| **Number of approved centres** | 23 | 31 | 13 | 20 |

Source: Mental Health Commission

**Indicator 6.3c. Evidence of a continuous quality improvement process in New Directions Services self-assessment process (Process):**

The HSE published Interim Standards for New Directions Services and Supports for Adults with Disabilities (Interim Standards New Directions) in 2015. As HIQA indicated that it would not be in a position to monitor the Interim Standards in the short term the HSE developed the Evaluation, Action and Service Improvement (EASI) tool to enable Adult Day Service locations to self-evaluate against the Interim Standards. The EASI process requires management, staff and people supported by Adult Day Services to be involved in the self-evaluation process. The EASI process was piloted in 2017, revised and rolled out across all CHOs in 2018. Guidelines to support Adult Day Service locations were published in 2019. In 2019 all Adult Day Service locations were required to use the EASI tool to self-evaluate against Theme One of the Interim Standards (Individualised Services and Supports) and to develop Continuous Quality Improvement (CQI) Actions Plans.

In 2021 and 2022 the HSE ran a number of webinars to support service providers to continue to implement the EASI continuous quality improvement process. All 9 CHOs now have Interim Standards Project Managers who are a resource to service providers in conducting their self-evaluations and continuous quality improvement plans. All locations were required to report their self-evaluation and Continuous Quality Improvement (CQI) Actions Plans for Themes 1 to 7 of EASI in 2022. By the end of 2022 over 80% of locations had reported.[[245]](#footnote-246)

In mid-2022 the HSE commenced scoping work on developing a monitoring system for Interim Standards New Directions. A working group to develop the monitoring system was established and met for the first time in February 2023. The proposed monitoring system will not replace the EASI process (which is focused on self-evaluation and continuous quality improvement) but is intended to provide an external review of service quality and outcomes for people attending Adult Day Services.

# Theme 7: Living in the community

This theme commits to supporting persons with disabilities to live an independent life in a home of their choosing in their community. There are seven indicators associated with this theme, two are outcome indicators and five are process indicators.

## Indicator 7.1a. Number of people who continue to live in disability and mental health congregated settings (≥ 10 people) or large disability residences (5-9 people) (Process):

The 2011 ‘Time to Move on from Congregated Settings’ report identifies approximately 4,000 people with disabilities living in congregated type settings, while committing to the eventual transfer of these individuals to appropriate housing in the community. By mid-2022 the NDA has estimated based on HSE reports of people moving to the community that there are approximately 1,650 people still living in congregated settings that are tracked by the HSE (Figure 23). Because the last official report on decongregation from the HSE was in 2019 there is no confirmed up to date data. There are also no data produced on the numbers of people living in residence of five to nine people.

**Figure 23: Person remaining in congregated setting at year end 2012-2021/22**

Source: HSE[[246]](#footnote-247), \*[[247]](#footnote-248), \*\*[[248]](#footnote-249)

In HIQA’s overview report of monitoring and regulation of designated centres for people with disabilities for 2021 the data were very clear that residents living in smaller, purpose-built or community houses had much better living conditions.[[249]](#footnote-250) HIQA also reported on one centre where residents were still required to share bedrooms.

## Indicator 7.1b. Number of people leaving congregated settings to live self-directed lives within the community (Outcome):

Please see indicator 1.2b as this is a repeated indicator.

## Indicator 7.1c. Number of people living in 24-hour supervised mental health residences and the percentage of residences with more than 10 beds (Process):

Please see indicator 1.2c as this is a repeated indicator.

## Indicator 7.1d. People in need of social housing due to a disability as a percentage of all people on the social housing waiting list (Process):

This indicator examines the number of individuals in need of social housing due to a disability. Table 7 displays data for households with a member who has a disability using both the Primary Basis of Need and Specific Accommodation Requirement categories.[[250]](#footnote-251) The number of households where disability is the primary basis of need for social housing has fallen from 5,753 in 2016 to 5,057 in 2020, while households where there is an individual with a disability that require social housing has fallen from 4,456 in 2016 to 4,000 in 2020.

Table 7: Households with a disability need for housing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** |
| Total Social Housing Waiting List | 91,600 | 85,799 | 71,858 | 68,693 | 61,880 |
| Disability as primary basis of need | 5,753 | 5,772 | 5,095 | 5,319 | 5,057 |
| Disability accommodation requirements | 4,456 | 4,326 | 4,037 | 4,126 | 4,000 |

Source: Housing Agency

While the number of households with a person with a disability requiring social housing has reduced in recent years, the reductions in overall social housing waiting list numbers have been far greater. This has resulted in an increase in the share of households with a social housing need that have a person with disability (Figure 24).

**Figure 24**: **Households with persons with disability as share (%) of total waiting list 2016-2020**

Source: Housing Agency

This increase in the share of all households requiring social housing that have a person with a disability living in them is likely to be attributable to greater difficulties in obtaining suitable accommodation for these individuals. Figure 25 presents a rebased index of the number of households on the social housing waiting list, comparing the reductions in the overall social housing waiting list and that for households with a person with a disability.[[251]](#footnote-252)

**Figure 25: Social housing waiting list rebased index (2016=100)**

Source Housing Agency / NDA

## Indicator 7.1e. Public attitudes to persons with a disability living within the community remain stable or improve (Outcome):

The NDA Public Attitudes to Disability Survey was conducted in 2017.[[252]](#footnote-253) People were asked to score out of 10 how comfortable they would be with having a person with a disability as their neighbour on a scale from 10 ‘very comfortable’ to 1 ‘very uncomfortable’. The scores ranged from 8.8 to 9.3 with the variance based on type of disability. People were least comfortable having a neighbour with a mental health difficulty. NDA has not repeated its attitude survey and instead has worked with the ESRI to examine whether biases exist in standard methods used to measure attitudes. Results from this study will be published in early 2023.

Various campaigns and initiatives such as IHREC’s 2019 ‘All Human All Equal’ campaign[[253]](#footnote-254) and the 2020 ‘All Against Racism’ campaign may positively influence attitudes. Attitudes are linked with discrimination so any improvements in attitudes are likely to be reflected in rates of discrimination. A recent literature review on attitudes by the NDA reinforced the contact theory which means that people who know someone with a disability have better attitudes to disabled people.[[254]](#footnote-255) By increasing the number of people with disabilities in employment and who actively engage in public life, the number of people who get to know a disabled person will increase and impact positively on attitudes.

## Indicator 7.1f. Percentage of persons with a disability compared to those without a disability who are members of a social group or club (Process):

A survey on Wellbeing and Social Inclusion conducted by the NDA in 2022 found that 37% of respondents participated in social activities of a club, society or association at least once a month. Forty-five percent reported never participating and this was the same when looking just at people with a disability (two thirds of the sample). However, of people who reported a disability to a great extent a higher proportion (49%) reported never participating in such activities.

In 2020 the Longitudinal Study on Ageing (TILDA), in conjunction with ALONE, produced a report on Loneliness and social isolation in the COVID-19 Pandemic among the over 70s.[[255]](#footnote-256) The study found that 71% of older adults hardly ever or never feel lonely; less than a quarter (24%) feel lonely some of the time; and 5% often feel lonely. Loneliness was associated with more depressive symptoms and both loneliness and social isolation were associated with a poorer quality of life.

Cara, a national pan-disability sport promoting inclusion for people with disabilities developed a Sport Inclusion Disability Charter. To date 1,747 clubs and organisations had signed up covering 86 different sports and activities.[[256]](#footnote-257) One hundred and sixty leisure centres and gyms and 164 outdoor activities providers have committed to the charter.

## Indicator 7.2a: Evidence that houses, including social houses, are being built incorporating Universal Design Principles (Process):

The Centre for Excellence in Universal Design has developed design guidance to assist better understanding of how to incorporate Universal Design into new housing design – the Universal Design Guidelines for Homes in Ireland. [[257]](#footnote-258) The Centre also works with stakeholders to promote designing from a UD approach in the context of the built environment, in line with its statutory functions. While there is no national database that monitors UD in housing, we know from our interactions with Local Government that a number of new county development plans now include specific objectives for a percentage of dwellings in new housing developments (including social housing) to be universally designed. These include Dublin City Council, Carlow, Louth, Meath, Wexford, Roscommon, and Westmeath County Councils. We are also aware of a number of housing projects being designed, using the Universal Design Guidelines for Homes in Ireland.

Although it is not mandatory to adopt a UD approach to planning, design and construction of housing, the examples outlined above set a good precedent for other Local Authorities to follow. The NDA advises that there should be scope for all the other Local Authorities to consider adopting similar objectives. A comprehensive, nationwide approach to planning and building control would create consistency and certainty and make building, based on a Universal Design approach, more attractive to developers. The NDA has commenced work, in partnership with NSAI, to develop a new Irish standard on Universal Design Dwellings: Requirements and Recommendations to give clarity to clients and design teams on housing design that enables meets the needs of a wide range of diverse users, enables ageing in place, and enhances the quality of future housing stock in Ireland.

# Theme 8: Transport and accessible places

Commitments under the Transport and Accessible Places theme involve actions to progress the availability of accessible public transport and accessibility of the built environment. There are three indicators associated with this theme all of which are process indicators. Under UNCRPD, the rights of persons with disabilities to personal mobility (Article 20) and participation in society’s cultural, recreation, leisure and sport activities (Article 30) are enshrined.

### Indicator 8.1a: Improvement of public transport accessibility (process)

The Department of Transport’s Accessibility Work Programme combines public transport accessibility actions across a number of "whole of Government" Strategies, including the NDIS. Updates on the Accessibility Work Programme are published, usually on a quarterly basis, to align with meetings of the Department’s Disability Consultative Committee, called the Accessibility Consultative Committee (ACC). In addition, an end-of-year statement on the Department’s work during the year, minutes of all ACC meetings and associated documents, are also published. The NDA welcomes this approach to providing comprehensive and easily accessible information, which allow for straightforward monitoring of responsibilities, and would encourage other Departments and agencies to follow this example of good practice.

A selection of highlights from the Accessibility Work Programme of September 2022[[258]](#footnote-259) and the Department of Transport *Public Transport Accessibility Work Programme End of Year Statement for 2022[[259]](#footnote-260)* are listed below. While these all indicate improvements in accessible transport feedback from some disability stakeholders is that this is not always experienced in their day-to-day lives. The NDA’s recent Wellbeing and Social Inclusion survey[[260]](#footnote-261) found that 29% of respondents reported that using public transport was somewhat difficult (18%) or very difficult (11%). Respondents with a disability were more likely that those without a disability to indicate difficulties accessing public transport.

* Irish Rail has a four-year Lift Renewal and Replacement Programme from 2020-2023 that includes 52 stations nationwide. As of September 2022, 37 stations have had their lifts replaced/upgraded, with a further 10 lifts and 2 escalators set to be replaced/upgraded by the end of 2022.
* Following the installation of major new footbridges and lifts at Ennis, Carlow and Edgeworthstown Rail Stations in 2021, construction is also continuing at Dalkey and Gormanstown Rail stations to ensure accessibility for all.
* The ring-fenced funding for the Retrofit Programme has been increased from €3m in 2017 to €18m this year.
* The Travel Assistance Scheme, which is managed by Dublin Bus on behalf of the NTA, carried out 1,782 assists in 2022. They also gave 58 presentations on safe travel to disability organisation and older persons groups and brought a bus out to disability units and schools to allow their clients to learn how to use the bus and feel comfortable doing so in familiar surroundings.
* The Travel Assistance Scheme has also been extended to Cork as of September 2022 with approximately 160 assists carried out in 2022.
* All new coaches purchased or funded by the NTA under Public Service Obligation provide for wheelchair accessibility plus accessible visual and audio announcements. The NTA show each new vehicle type to the Irish Wheelchair Association and other groups to obtain valuable feedback.
* Bus Éireann’s Public Service Obligation coach fleet is now 100% wheelchair accessible although some still have a wheelchair lift. New regional single deck coaches with dedicated wheelchair space were purchased which allows a wheelchair to board with normal ramp access. A batch of 20 new vehicles are expected to arrive once the new east coast commuter operation commences.
* However, not all of the bus stops are fully accessible so the NTA continue to work with Bus Éireann to install wheelchair accessible bus stops at all of their Bus Stations. Presently the NTA work with Local Authorities to install them in their major towns (with populations over 5,000) and other locations they identify. The NTA have completed an audit of towns with a population over 1,000 people to identify additional locations to install wheelchair accessible bus stops and will continue to work with the Local Authorities to ensure more are installed.
* All bus stops in Dublin, regional cities and towns are wheelchair accessible. The NTA set a target of having wheelchair accessible bus stops (one stop in each direction) in 43 towns with a population over 5,000, meaning 50% of main towns would have a wheelchair accessible bus stop. To date 31 stops have been completed and 11 stops are in construction.
* The Department for Transport and the NTA are proposing that this part of the Action, commercial sector accessibility, be brought forward to the UNCRPD Plan as a priority action.
* The number of Wheelchair Accessible Vehicles (WAVs) in the fleet (taxis) increased from its lowest point of 850 (4% of the fleet) in June 2014 to 3,347, which amounts to 17.3% of the total fleet in 2022.
* The NDA’s online Disability Awareness Training forms part of the induction for all new Transport Infrastructure Ireland staff.
* A Changing Places facility has been installed in Connolly Station, in Heuston Station and in Dublin Airport Terminal 1.
* The DART commuter routes in the greater Dublin area and Cork commuter routes have all reduced the advance notice from 24 hours to 4 hours.
* A ‘Please Offer Me a Seat’ campaign ran in August 2022 to provide a card or badge for people with hidden disabilities who need a seat to help them travel on public transport. All major Irish transport operators support the campaign. The JAM Card campaign that was launched in November 2019, was rerun in November 2021 and again in 2022.
* An independent research company, on behalf of the NTA, asked people with disabilities to carry out Mystery Shops on Public Transport nationwide. This is planned to be an ongoing process to gain valuable feedback from people with disabilities as they use the services.
* The NDA continues to progress work to deliver a national pilot to monitor accessibility of public transport, and is currently working on the development of a proof of concept mobile app, which will allow users to log information about their experiences using public transport (Action 103).
* While all DART trains are equipped with a Passenger Information System (PIS) audio-visual system, work continued on upgrading the PIS on 47% of the fleet. [[261]](#footnote-262)
* The upgrade to include tram destination announcements on the Red Line Fleet, in conjunction with Irish language, on-board and off-board, audio and visual messaging, started in 2022. [[262]](#footnote-263)

### Indicator 8.1b: Percentage of bus stops that are accessible (process)

The National Transport Authority (NTA) reported that in 2020 it will roll out bus poles throughout the country that will have yellow carousels with up to date timetables and yellow flags at the top of each pole. [[263]](#footnote-264) These poles will therefore be more visible and more recognisable to persons with sight loss, persons with intellectual disabilities, and persons with autism spectrum disorder, older people, visitors and tourists. The NDA welcomes the above developments, as the NDA had previously advised the NTA on working in collaboration with the Local Authorities to improve the accessibility of bus stops around the country.

Works on accessible bus bays at bus stations/train stations is ongoing.

The NTA continue with Bus Éireann to install wheelchair accessible bus stops at all of their bus stations. 16 stations have been completed to date, 4 bus stations have started construction with the remaining 5 at design stage.

All bus stops in Dublin, regionals cities and towns are wheelchair accessible.[[264]](#footnote-265) Presently the NTA work with Local Authorities to install accessible bus stops in major towns (with populations over 5,000) and other locations they identify. The NTA have completed an audit of towns with a population over 1,000 people to identify additional locations to install wheelchair accessible bus stops and will continue to work with the Local Authorities to get more accessible bus stops installed. [[265]](#footnote-266)

### Indicator 8.2a: Levels of accessibility of public buildings (process):

See indicator 1.5b under Theme One.

# Conclusion

The National Disability Inclusion Strategy was a whole of government approach that aimed to improve the lives of people with disabilities based on eight themes. As no targets for the indicators were set it is difficult to tell whether some of them were achieved. However, progress against some of the indicators has been demonstrated and this has had a significant impact on the lives of disabled people. The most important of these is ratification of the UNCRPD in 2018. Other key achievements were the enactment of the Irish Sign Language Act in 2017 and the Assisted Decision-Making (Capacity) (Amendment) Act 2022 that paves the way for the commencement of the Assisted Decision-Making (Capacity) Act 2015 and operationalisation of the Decision Support Service.

Other notable achievements include the commencement of monitoring of the accessibility of public sector websites and mobile applications in line with the EU Web Accessibility Directive. The proportion of disabled staff working in public sector organisations increased from 3.1% in 2020 to 3.6% in 2021. While this increase is to be welcomed there is a lot of work to be done to achieve the 2025 new minimum target of 6%. Although no longer meeting due to the ending of the strategy, the Departmental Consultative Committees were an important structure for monitoring progress in the strategy. During the life of the strategy two new DCCs were established.

While it is positive that all the Children’s Disability Network Teams are up and running, the gaps in staffing mean that waiting lists for both Assessment of Need and access to therapies continues to grow. While compliance with the Assessment of Need statutory timelines have increased (24% in Q3 2022) it remains very low.

In terms of education, there is progress in creating more inclusive pre-school education settings, however there is still a gap in attendance rates at third level education institutions.

There has been less progress against other indicators.

The HSE have not published a detailed report on decongregation since 2019. Our estimates, based on numbers presented in the HSE Performance Reports, are that approximately 1,650 people remain living in congregated settings. Progress remains very slow. The number of annual transitions generally failed to meet planned targets, and those annual targets need to increase in order to see a significant reduction in this number. This is particularly important as evidence from both HIQA and the NDA show that people’s quality of life improves when living in smaller homes in the community.

Disappointingly available data illustrates that the disability employment gap between people with and without a disability increased from 39.8% in 2014 to 41.3% in 2021.

Demand for services such as the National Advocacy Service and the Sign Language Interpreting Service are increasing as are reports on safeguarding. This can be interpreted as being positive as people are more aware of these services being available and the key will be to ensure that the services can grow to meet the demand.

People with disabilities die younger, report poorer general health, have higher levels of depression, are less likely to participate in physical activity and are reported as more likely to be consistently poor than non-disabled people. Although the numbers are reducing, adolescents with disabilities are still being admitted to adult HSE mental health inpatient units demonstrating the unmet need for mental health inpatient units for adolescents.

There remain many indictors where sufficient data are not available or not recent. For example, there are no data publically available on compliance with legislation relating to accessible public buildings. There is no monitoring system for monitoring the accessibility of public transport from the public’s perspective. It is difficult to measure how well cross-departmental and cross government working on various initiatives is in improving the lives of disabled people.

Overall, based on the findings from these indicators, and acknowledging that lack of data limits a full assessment of some of the indicators, the goals of the strategy can be judged as being partially achieved. However, it cannot be proven that the successful elements of the strategy have had a meaningful and lasting impact on improving the lives of disabled people. Therefore, any new strategy needs to be more focused and by choosing a small number of priority objectives, outcomes for disabled people are likely to be more tangible.

## Lessons to inform a monitoring framework for a new strategy

This report is published alongside the NDA’s annual independent assessment of progress of the NDIS. Together these documents present a picture of a strategy that had many achievements but also several areas where progress was not as was envisaged when the strategy was being developed. Overall, the strategy only partially achieved its objectives. There are many lessons that can be used to inform the development of a new strategy. This report focuses on those that are specific to the monitoring aspect.

### Lessons to inform a monitoring framework for a new strategy

The indicator set for the NDIS was developed after the strategy was developed. There was no theory of change or logical framework developed for the strategy so there was no existing framework on which to build the indicators. Therefore, the indicators were developed using the structure, process and outcome framework which was developed for human rights indicators. In developing the indicators we also focused on identifying indicators from valid, robust and readily available data sources. These factors may have had an impact on limiting the number of outcome indicators that were included and that were measurable. There was perhaps too much focus on process indicators that were easier to measure.

No targets were developed for the indicators partly because they weren’t developed along with the strategy. This has meant that it is difficult to say whether an indicator has been met or not and therefore, whether the strategy overall has been a success.

During the development of the mid-term indicators report on the NDIS[[266]](#footnote-267) it was clear that the indicators were not capturing the lived experience of people with disabilities and recommended additional measures to address this gap. In 2022, NDA designed a Wellbeing and Social Inclusion survey. Due to methodological difficulties and resource constraints in getting a national random sample of people with a disability the survey was primarily an on-line opt in survey. Therefore, the survey is not representative of the population but did provide some valuable information that has been included in this report.

A traffic light report was one of the key ways of monitoring delivery of departmental commitments the strategy and fed into monitoring the indicators. The NDA recognises that there was dissatisfaction among the NDIS steering group of the traffic light approach as reporting was inaccessible, inconsistent, incomplete and not easy to understand.

As noted when the indicator set was developed, there will always be challenges to align a specific improvement in an indicator 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.

Based on the above, for a successor strategy we advise:

* Develop a clear theory of change for the strategy so that the desired impacts of the strategy are clear to everyone
* Develop the monitoring framework in tandem with the strategy
* Focus on a small number of priority areas and select indicators specific to those areas
* Set clear targets for each indicator and ensure the indicators are SMART[[267]](#footnote-268)
* Do not confine indicators to data that are currently available but use the strategy to fill data gaps
* Explore alternative means of capturing the living experience of disabled people to help inform monitoring of the strategy
* Give consideration on how to meaningfully involve Disabled Persons Organisations and other disabled people in monitoring the new strategy

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146. The age range 20-64 was used for this indicator as this was the age range employed for the Comprehensive Employment Strategy and is a key indicator of that strategy. The more commonly used age-range in national and international data analyses is 15-64 years. The employment rate of PWD differs, depending on which age range one selects, for the census 2016 data the rate varies by 2.6% i.e. it the percent of people with disabilities in employment is 33.9% for those aged15-64 vs. 36.5% for those aged 20-64. This difference is largely explained by the fact that many 15-19 year olds are in education rather than employment. [↑](#footnote-ref-147)
147. See: CSO (2020) ‘E9009’ Available: <https://data.cso.ie/table/E9009> [↑](#footnote-ref-148)
148. It should be noted that it will be difficult to make a direct comparison with 2022 census data when they are published as with a change in the disability question there will be a break in the series making backward comparison challenging. The revised 2022 questions asks whether each condition is present ‘to some extent’ or ‘to a large extent’ and is likely to lead to higher numbers of people reporting a disability compared to previous years. [↑](#footnote-ref-149)
149. See: Eurostat (2022) ‘Disability employment gap by level of activity limitation and sex’ Available: <https://ec.europa.eu/eurostat/databrowser/view/TEPSR_SP200/default/table?lang=en> [↑](#footnote-ref-150)
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     Available: <https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_poverty_and_income_inequalities&oldid=561947> [↑](#footnote-ref-151)
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154. Those in categories 'Employed, not receiving social welfare', ‘Employed, receiving long-term disability payment' or 'Employed, receiving other working age social welfare'. *Ibid* [↑](#footnote-ref-155)
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161. Outturn figures for 2017-2021, with estimated expenditure for 2022. Figures provided to the NDA through a data request. [↑](#footnote-ref-162)
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164. Ibid. [↑](#footnote-ref-165)
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166. According to the CSO - There were variations in the matching rate across the various age-groups. In particular there was a significantly lower match rate for deaths in the 20 - 54 year age-groups. This may lead to over-estimation of life expectancy values since the matched mortality records will have less deaths at younger ages than the overall mortality file. Furthermore, since new matching methods, data sources and life table graduation methods have been used in this release, the current statistics are not directly comparable with the previous Mortality Differentials statistics for 2006/2007. [↑](#footnote-ref-167)
167. E9078 CSO. (2016). Table E9019 Census 2016 Statbank. <https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%209%20-%20Health%20Disability%20and%20Carers/Profile%209%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%209%20-%20Health%20Disability%20and%20Carers&Planguage=0> [↑](#footnote-ref-168)
168. CSO (2020) *Irish Health Survey Persons with Disabilities* <https://www.cso.ie/en/releasesandpublications/ep/p-ihsd/irishhealthsurvey2019-personswithdisabilities/> [↑](#footnote-ref-169)
169. This survey is not representative of the population at large, however, 2052 responses were received. National Disability Authority (2023) *'How’s it Going?' National Wellbeing and Social Inclusion Survey* Available <https://nda.ie/publications/hows-it-going-national-survey> [↑](#footnote-ref-170)
170. CSO. (2019). Table IH039 Irish Health Survey. <https://www.cso.ie/en/statistics/health/irishhealthsurvey/> [↑](#footnote-ref-171)
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172. The 2015 survey collected data using self-completed questionnaires, whereas in contrast the 2019 survey collected data using interview administered surveys which had the potential for introducing biases. [↑](#footnote-ref-173)
173. In 2015, if a respondent identified ‘a lot of difficulty’ or ‘cannot do at all’ as a response to any of the sub-categories in question ten (do you have difficulty doing any of the following…) they were identified as having a disability. In addition if the respondent identified “quite a bit” or “extremely” to question 12 (If you have suffered pain, to what extent has it interfered with your bit normal work (both within the home and outside during the past 4 weeks?) they were identified as having a disability. In contrast, the 2019 survey was based on responses from individuals who experienced certain physical and sensory issues which were: difficulty in seeing, even when wearing glasses or contact lenses, difficulty in hearing what is said in a conversation with one other person in a quiet room even when using a hearing aid, difficulty in hearing what is said in a conversation with one other person in a noisier room even when using a hearing aid, difficulty in walking half a km on level ground without the use of any aid, difficulty in walking up or down 12 steps and difficulty in remembering or concentrating. [↑](#footnote-ref-174)
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