

Mid-term Review of Progress:

**The National Disability Inclusion
Strategy and Indicators**

April 2020



Údarás Náisiúnta Míchumais
National Disability Authority

Contents

Mid-term Review of Progress:	1
The National Disability Inclusion Strategy and Indicators	1
Contents	2
List of Acronyms	3
Executive Summary	5
Theme 1: Equality and Choice	5
Theme 2: Joined-up Policies and Public Services	6
Theme 3: Education	6
Theme 4: Employment.....	6
Theme 5: Health and Wellbeing.....	6
Theme 6: Person-centred disability services	7
Theme 7: Living in the Community.....	7
Theme 8: Transport and Access to Places.....	8
Conclusion	8
Introduction	10
Methods	13
Theme 1: Equality and Choice	13
Theme 2: Joined-up Policies and Public Services	25
Theme 3: Education	30
Theme 4: Employment.....	35
Theme 5: Health and Wellbeing.....	43
Theme 6: Person-centred disability services	51
Theme 7: Living in the Community.....	57
Theme 8: Transport and Access to Places.....	65
Conclusions and Recommendations	71
Recommendations:	72
All Government Departments and Agencies/ NDIS Steering Group	73
HSE.....	73
Department of Communications, Climate Action and Environment.....	73
NDA.....	73
Next steps.....	73

List of Acronyms

AIM	Access and Inclusion Model
CAMHS	Child and Adolescent Mental Health Services
CES	Comprehensive Employment Strategy
CHO	Community Healthcare Organisation
CSO	Central Statistics Office
DA	Disability Allowance
DARE	Disability Access Route to Education
DCA	Domiciliary Care Allowance
DCC	Department Consultative Committee
DCYA	Department of Children and Youth Affairs
DEASP	Department of Employment Affairs and Social Protection
DES	Department of Education and Skills
DHPLG	Department of Housing, Planning and Local Government
DOJE	Department of Justice and Equality
DSS	Decision Support Service
EASI	Evaluation, Action and Service Improvement
ECCE	Early Childhood Care and Education
FET	Further Education and Training
GUI	Growing up in Ireland
HBSC	Health Behaviour in School Aged Children
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
IB	Illness Benefit
IDS TILDA	Intellectual Disability Supplement The Irish Longitudinal Study on Ageing

IHREC	Irish Human Rights and Equality Commission
IPS	Individual Placement and Support
IRIS	Irish Remote Interpreting Service
MHC	Mental Health Commission
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
NRH	National Rehabilitation Hospital
NTA	National Transport Authority
OPW	Office of Public Works
QNHS	Quarterly National Household Survey
RT	Rehabilitative Training
SDQ	Strengths and Difficulties Questionnaire
SLIS	Sign Language Interpreting Service
TILDA	The Irish Longitudinal Study on Ageing
UD	Universal Design
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WRC	Workplace Relations Commission
YESS	Youth Employment Support Scheme

Executive Summary

This document provides a mid-term analysis of the status of the suite of indicators for the National Disability Inclusion Strategy (NDIS). It has been prepared by the National Disability Authority (NDA). This report presents information on 61 indicators across eight themes. The indicators are categorised as being either structural (13%), process (67%) or outcome (20%) indicators. Most indicators use publically available data sources such as from the Central Statistics Office. The analysis has shown areas of progress in reaching the aims of the NDIS strategy and areas in need of improvement. Below is a summary of the main findings under the strategy's thematic areas.

Theme I: Equality and Choice

The ratification of the United Nations Convention on the Rights of Persons with Disabilities was an important milestone in the life time of this strategy. However, there are some key pieces of legislation that are outstanding and advancing them in the remaining years of the strategy is crucial. These include Deprivation of Liberty legislation, fully commencing the Assisted Decision Making (Capacity) Act, which would then allow full operation of the Decision Support Service, and reform of Mental Health Legislation to implement the Expert Group recommendations. We are also waiting for the EU Web Accessibility Directive to be transposed.

The Irish Sign Language Act was passed in 2017 but is not yet commenced and the NDA is concerned that there may be a lack of awareness in the public sector around their obligations to comply with this legislation. While the Sign Language Interpreting Service has improved response rates to requests for Irish Sign Language, and use of the Irish Remote Interpreting Service has doubled between 2016 and 2018, these services will need to improve further to provide the capacity required when the Act is fully commenced.

Persons with disabilities have reported a higher number of experiences of discrimination than persons without disabilities. Experiences of discrimination by persons with disabilities is also reflected in the increased number of cases taken to the Workplace Relations Commission on disability grounds and the slight increase in calls to the Irish Human Rights and Equality Commission relating to disability discrimination.

There has been an increase in the number of persons with disabilities receiving full representative advocacy support from the National Advocacy Service. There has been an increase in both the number of safeguarding concerns reported to

HSE's Safeguarding and Protection Teams and in the proportion of these concerns which were found to have reasonable grounds for concern.

Theme 2: Joined-up Policies and Public Services

A key theme of the strategy is 'Joined up Policies and Public Services'. This report provides some examples of government departments working together in structures such as the NDIS Steering Group and the Comprehensive Employment Strategy Implementation Group. Within nine government departments Disability Consultative Committees are meeting regularly and there is scope for more departments to establish committees.

Theme 3: Education

Baseline data from the 2016 census shows a gap in the highest levels of educational attainment between persons with and without a disability. However, the proportion of students with disabilities in higher education institutions is increasing. The Access and Inclusion Model for pre-school children has been a success story with an increase in children accessing pre-school supports between 2016 and 2018 and an evaluation of the programme showing positive impacts for children. Other developments through the National Council for Curriculum Assessment and the Department of Children and Youth Affairs should lead to an improved transition process for children with disabilities moving between pre-schools and primary schools.

Theme 4: Employment

Baseline data from the 2016 census shows the gap between persons with and without a disability in terms of employment levels with almost 73% of people aged 20-64 without a disability employed compared to 36.5% of persons without a disability in the same age group. The number of persons with disabilities employed in the public sector has decreased slightly in 2018 from 3.5% in the previous two years to 3.3%. The expenditure by the Department of Employment Affairs and Social Protection on the Reasonable Accommodation Fund increased by 55% between 2016 (€77,822) and 2018 (€120,622).

Theme 5: Health and Wellbeing

Persons with disabilities have either higher or similar levels of access to health screening than those without a disability, but many people with intellectual disabilities are taking more medication than those without disabilities, for example, 79% of people with an intellectual disability compared to 32% of those without an intellectual disability. Mortality rates for persons with disabilities are 4.1 times higher than for persons without a disability. Numbers on the waiting list for the National Rehabilitation Hospital have increased from 151 in 2016 to 242 in 2019. Those with a long term illness or disability are less likely than others to

participate in sport. However, the proportion of persons with disabilities who engage regularly in sports increased from 28.7% in 2015 to 29.5% in 2017 and to 33% (mid-year figure) in 2019.

While there has been a reduction in the consistent poverty rate over time, this reduction has been found for both persons with and without disabilities and therefore the gap between the two groups persists. Many children under 18 years of age are still being admitted to adult psychiatric units and this number increased from 67 in 2016 to 84 in 2018. The timely completion of Assessment of Needs for children is very poor with only 8.5% of assessments reported as being completed on time in the HSE second quarter report in 2019. While many children requiring Child and Adolescent Mental Health Services still wait for an appointment, the numbers waiting both three months and 12 months has decreased. However, the NDA notes the availability of these services is not equitable across the country. The number of Children's Disability Network Teams has not yet met its target of 138 teams, with only 56 in place since 2016. However, there are indications that significant progress in increasing the number of teams will take place during 2020.

Theme 6: Person-centred disability services

In general, compliance with regulations, standards and codes of practice by disability and mental health services has improved. This is evidenced in reports from the Mental Health Commission and HIQA. However, further improvements are still necessary. It is as yet unclear whether HSE interim standards for New Directions have been achieved as the first report has not yet been published. New Directions involves the transitions of adults with disabilities to supports of choice and access to mainstream services. Services are due to self-report on their progress towards meeting the standards.

A number of pilot or demonstration projects are underway examining personalised budgets and implementation of the person-centred planning framework in disability support services. It is important that once the demonstration projects are completed, roll out commences as soon as possible informed by any recommendations or conclusions emerging from the demonstration phase.

Theme 7: Living in the Community

The indicators highlighted the slow pace of decongregation, a HSE policy since 2011 to move persons with physical, sensory and intellectual disabilities who are living in congregated settings (greater than 10 people) to dispersed homes in the community. It is clear that the target to have everyone decongregated by the original timeframe of 2021 will not be met. However, there is growing evidence that people in the new community models of residential services enjoy better

outcomes and quality of life than those remaining in institutional settings. The indicators also highlighted differences between HSE policies for residential disability services (for persons with intellectual, physical and sensory disabilities) and residential services for people with mental health difficulties. NDA notes further work is required to understand the experiences of persons in mental health services. Lack of regulation of 24-hour community psychiatric residences is also of concern and the number of these residences with 10 beds or more remains high.

Theme 8: Transport and Access to Places

We do not know the number of public buildings that are accessible as these data are not collected. However, through an Operational Review of the Effectiveness of Section 25 of the Disability Act 2005 conducted last year, we know there appears to be low awareness, enforcement and understanding among the public bodies reviewed of their obligations under Section 25 to make their buildings accessible. Further monitoring of this will be required. While there are still issues in relation to measuring access to transport there have been a number of improvements such as shorter notice periods for using rail services, improvements in accessibility of stations and bus stops and the introduction of Customer Services Officers. The NDA are working on a set of indicators specifically to monitor the transport sector.

Conclusion

A key weakness in this indicator report is that for most indicators there are no targets in the current strategy against which to measure any incremental changes. There were also some indicators for which there were little or no data available. Some important outcome indicators such as employment levels and education attainment levels of persons with disabilities depend on the next census for us to determine if there has been any improvement from baseline. The suite of indicators will be revised in light of the mid-term review and forthcoming UNCRPD national implementation plan. The NDA will continue to work to build access to more data sources.

Issues raised in this report on any activities in the NDIS which are not progressing as expected will be explored in more depth in the NDA's annual independent assessment. This mid-term indicator report should be considered a complement to that annual report. Therefore, the recommendations in this report focus on the data rather than the substantive issues. The recommendations include using this report to help inform the collection of indicators for an over-arching UNCRPD implementation plan. Public bodies would be actively preparing for their responsibilities under the EU Web Accessibility Directive the ISL Act and Section 25 of the Disability Act. There is

also a recommendation to identify gaps and improve data collection nationally relating to disabilities.

It is recognised that a survey with persons with disabilities would supplement this report, particularly in relation to gaps in sources of information e.g. accessibility of buildings and services. Such a survey could be undertaken at relevant intervals to measure change. The NDA has also advised that the CSO conduct a large-scale national disability survey to maximise input from those with disabilities.

Introduction

This document was prepared by the National Disability Authority (NDA) further to an analysis of available data on areas covered by the National Disability Inclusion Strategy¹ (NDIS) using a suite of indicators. These indicators were developed by the NDA in consultation with a number of stakeholders during 2017 and 2018 and were adopted by the NDIS Steering Group in 2018. Indicators play a role in the identification of trends and issues assisting measurement of change and progress, while contributing to the process of priority setting and policy formulation. The NDA wishes to acknowledge the cooperation and support of departments, agencies and other stakeholders in providing information and data relevant to the indicators, and in their commitment to on-going data collection and review.

The data used to report on indicators were mostly identified from valid, robust and readily available data sources such as the census and Central Statistics Office (CSO) surveys. However, we also used relevant and available information from government departments and agencies to supplement the picture provided by the core data. The indicators were selected with an aim of having where possible, a balance between child and adult indicators and also having indicators relevant for different disability types where possible.

While there is broad alignment between the indicators and the actions in the strategy, there was a deliberate decision not to align every action to an indicator. Indicators are intended to be higher level and fewer in number than actions. The main aim in developing indicators was to develop indicators using the structure, process and outcome framework which was developed for human rights indicators.² 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.

¹ Department of Justice and Equality. *National Disability Inclusion Strategy 2017-2021*. 2017. <https://assets.gov.ie/18901/26182a87ecf84ddd8d60c215c0ce2520.pdf>

² United Nations Human Rights, Office of the High Commission. *Human Rights Indicators. A Guide to Measurement and Implementation*. 2012. New York and Geneva: United Nations Human Rights, Office of the High Commission. https://www.ohchr.org/Documents/Publications/Human_rights_indicators_en.pdf

These indicators help in assessing the results of State efforts in furthering the enjoyment of human rights.

This report presents information on 61 indicators across eight themes (Table 1). Overall 67% (n=41) of indicators are process indicators, 20% (n=12) are outcome indicators and 13% (n=8) are structural indicators. Ideally, we would have more outcome indicators but limitations in the data available meant that this is not possible. However, we will examine opportunities to increase the number of outcome indicators for an expanded analysis in the future, through influencing data collection and research processes. We will also continue to explore ways to draw from qualitative data bringing more information from the lived experience of persons with disabilities to better understand the impact of the committed actions.

Table 1: Type of indicator by thematic area of NDIS

	Structural	Process	Outcome	Total
1. Equality and choice	3	10	2	15
2. Joined up policies and public services	4	2	0	6
3. Education	0	4	1	5
4. Employment	0	2	3	5
5. Health and wellbeing	0	4	3	7
6. Person-centred disability services	1	11	1	13
7. Living in the community	0	5	2	7
8. Transport and accessible places	0	3	0	3
Total	8 (13%)	41 (67%)	12 (20%)	61*

*note three indicators are repeated

The benefit of using the structure, process, outcomes framework is that it allows both the measurement of the realisation of rights in addition to the progress made by the duty bearer in meeting its human rights obligations. Outcome indicators tend to be slow moving indicators that are less sensitive to capturing

momentary changes than a process indicator. This framework will also help link the outcomes to their determinants, particularly policy instruments.

We have used the indicators to help to build and paint an overall picture of the position in Ireland in relation to progressing equality and inclusion for persons with disabilities, with a view to giving a sense where possible of the degree of progress, or lack thereof, under the thematic headings of the strategy. Where relevant, we have provided an analysis of how the various data interact and the interplay with other information. A fuller picture would benefit from more extensive available quantitative data and also establishing a means of gathering information direct from persons with disabilities on their lived experience in the areas covered by the NDIS's actions. This would require a largescale survey or series of surveys with persons with disabilities encompassing a robust sample size and framework to support the development of baseline data against which progress could be measured over time. It was not possible to deliver this within the timeframe for this report, but the NDA is exploring how this can be achieved in terms of methods and sources for the future.

It should be noted that it will always be challenging to align a specific improvement or dis-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 interlocking factors that can lead to improvements or dis-improvements in a person's life, e.g. from changes in a personal situation and support network to national and global developments etc. so that the commitments in this particular strategy present only one such factor. There are other national policies, programmes and strategies which will also have a bearing on outcomes for persons with disabilities, including the Transforming Lives Policy 'Time to Move on from Congregated Settings'³, the implementation of the recommendations from the Task Force on Personalised Budgets⁴, the Comprehensive Employment Strategy (CES)⁵ and others not necessarily incorporated into those strategies and programmes. The NDA therefore

³ HSE. *Time to Move on from Congregated Settings: A Strategy for Community Inclusion*. 2011. <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf>

⁴ Department of Health. *Towards Personalised Budgets for People with a Disability in Ireland. Report of the Task Force on Personalised Budgets*. 2018. <https://assets.gov.ie/9931/17cdb50249ef4927b2e7186f3714f8ab.pdf>

⁵ Government of Ireland. *Comprehensive Employment Strategy for People with Disabilities 2015-2024*. 2015. <http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf>

considers this indicators report as one of a number of approaches to reviewing progress achieved in the coming years.

Ireland is due to present its first state party report on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) during 2020. This analysis of data relevant to the themes and actions committed to in the NDIS will be useful in informing that report.

In early 2020, a revised NDIS was approved by Cabinet following a mid-term review process that saw some new actions included. This may result in the development of new indicators, but this report concentrates on the original suite of adopted indicators and the NDA will examine the need for further indicators in line with the revised strategy in due course.

Methods

Details on the development of the initial indicator set for the NDIS are available elsewhere⁶. For this review, where possible, any available baseline data on these indicators was compared to more recent data. Data was collated in late 2019 and early 2020 and may relate to different years. Generally the most recent data available was from 2018, but in some cases the most recent data was from 2017 or 2019. Government departments and agencies were contacted where necessary to provide information from their administration datasets when it was not readily available through existing datasets or set out in their annual reports. Where relevant, data for multiple years are included to indicate a trend.

Theme I: 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.

⁶ NDA. *An Indicator Set to Monitor the National Disability Inclusion Strategy. 2017-2021*. 2018. <http://nda.ie/Publications/Justice-and-Safeguarding/National-Disability-Inclusion-Strategy/An-Indicator-Set-to-Monitor-the-NDISI.pdf>

Indicator I.1a. Ratification of the UNCRPD (Structural): The UNCRPD was ratified by Ireland in April 2018⁷ and the first state party report is due in Q2 2020. The Department of Justice and Equality (DOJE), as the focal point for the UNCRPD, is responsible for preparing the first state party report. The NDA has been advising the DOJE and other government departments on the implementation of their obligations under the UNCRPD beyond the commitments in the NDIS. The NDA notes that the government announced its intention to ratify the Optional Protocol after Ireland's first reporting cycle.

Indicator I.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 a series of recommendations to update the existing legislation.⁸ While the Mental Health Act 2001 has been amended a number of times in recent years, including by way of the Mental Health (Amendment) Act 2018, legislation giving full effect to the Expert Group recommendations has yet to be finalised. The Mental Health (Renewal Orders) Act 2018 implemented one of the recommendations by stipulating that the involuntary detention of a person under a 'renewal order' cannot exceed a period of 6 months at any given time. In addition, a person who is detained against their will under a renewal order can now apply for a review of their detention at or after three months from the date the renewal order was made.

The text of a draft Heads of Bill, which seeks to give effect to the Expert Group recommendations, was developed and sent to the Mental Health Commission (MHC) for review in July 2019. However, at the time of writing, the Dáil has been dissolved so the future of the Bill is uncertain. It is hoped that by 2022, all relevant legislation which seeks to implement the Expert Group recommendations will have been enacted. Separately, legislation on Deprivation of Liberty, which is in the process of development for a number of years needs to be progressed. While this will have some impact on people with mental health difficulties its reach is wider and would include people in nursing homes, residential centres for people with disabilities and the use of chemical restraint. NDA advises the importance of progressing both in order to achieve progress against this indicator.

Indicator I.1c. Percentage of people with and without a disability who report experiencing discrimination (Outcome): In the 2014 Equality and

⁷ Dáil Deb. 7 Mar 2018, vol 966, no 4. <https://www.oireachtas.ie/en/debates/debate/dail/2018-03-07/17>

⁸ Department of Health. *Report of the Expert Group on the Review of the Mental Health Act 2001*. 2014. https://www.mhcirl.ie/File/rpt_exproureview_mha2001.pdf

Discrimination module of the Quarterly National Household (QNHS) survey⁹, 16% of persons with a disability said they had felt discriminated against in the previous two years, compared to 11% of persons without a disability. In the 2019 Equality and Discrimination Survey¹⁰, this gap had increased, with 24.1% of adults with a disability reporting they felt discriminated against compared to 16.7% of those without a disability (see Figure 1).¹¹ Comparing the 2019 figures to the 2014 figures suggests that the proportion of people feeling discriminated against in both groups had increased over time. This increase could be due to better awareness of what constitutes discrimination and therefore more reporting in the survey. Indeed, the CSO reported an increase in respondents' awareness of their rights under Irish equality law over time.¹² 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.¹³ Findings indicated that 18.3% of persons with a disability reported they had experienced discrimination accessing services¹⁴ 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.

⁹ CSO. Table 1.1. QNHS Equality Module 2014.

<https://www.cso.ie/en/releasesandpublications/er/q-eq/qnhsequalitymodulequarter32014/>

¹⁰ CSO. Table 1. Equality and Discrimination 2019.

<https://www.cso.ie/en/statistics/socialconditions/equalityanddiscrimination/>

¹¹ The survey instrument used to carry out the Equality and Discrimination survey has changed since the survey was last carried out in Quarter 3 2014. Previously it was carried out as a module of the QNHS. The Labour Force Survey (LFS) has now replaced the QNHS. With this change, surveys previously carried out as modules of the QNHS, are now carried out for the most part in the General Household Survey (GHS). This change has affected sample size. The achieved sample size for the Q1 2019 survey was 3,971 respondents compared to 14,868 in the 2014 Q3 survey. Therefore the results may not be directly comparable.

¹² CSO. Annex 3. Equality and Discrimination 2019.

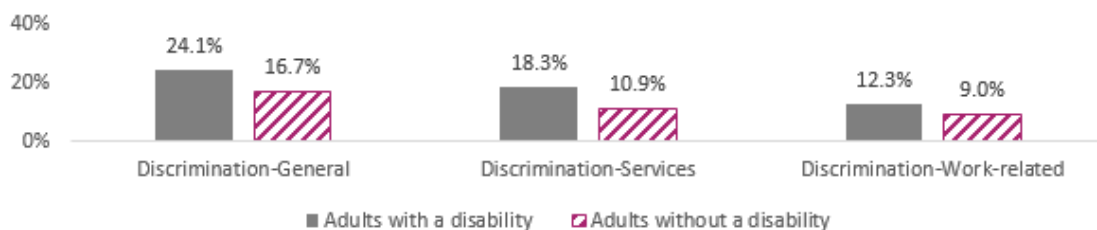
<https://www.cso.ie/en/statistics/socialconditions/equalityanddiscrimination/>

¹³ CSO. Table 2.1. Equality and Discrimination 2019.

<https://www.cso.ie/en/statistics/socialconditions/equalityanddiscrimination/>

¹⁴ Services include places like shops, pubs or restaurants, financial institutions, education, housing, health, transport, law enforcement and other local and national services.

Figure 1. Perceived discrimination by adults with and without a disability in 2019



Indicator 1.1.d. 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 in the number of complaints received by the Workplace Relations Commission (WRC) between 2017 (n=261)¹⁵ and 2018 (n=382)¹⁶ on disability grounds under the Equal Status Acts and the Employment Equality Acts. These complaints included, among others, a perception of being treated less favourably than a person without a disability and their disability not being reasonably accommodated. A more detailed analysis using the WRC database¹⁷ examined these complaints and found that 85 complaints were made to the WRC on disability grounds under the two Acts in 2017, with 35 upheld (41%). This compared to 93 complaints made in 2018, with 19 upheld and 2 partially upheld (23%).¹⁸

The number of complaints on disability grounds could be increasing due to better awareness of the legislation and the role of the WRC and therefore more people are taking cases. The percentage of cases being upheld has decreased from 2017 to 2018. In general, the main reasons why a claim was not upheld was due to insufficient evidence that discrimination had taken place, or, in some cases, the

¹⁵ WRC. *Workplace Relations Commission. Annual Report 2017*. 2018. https://www.workplacerelements.ie/en/publications_forms/workplace_relations_commission_-_annual_report_2017.pdf

¹⁶ WRC. *Workplace Relations Commission. Annual Report 2018*. 2019. https://www.workplacerelements.ie/en/news-media/workplace_relations_notices/annual-report-2018.pdf

¹⁷ WRC. *Decisions and Determinations*. <https://www.workplacerelements.ie/en/search/?advance=true>

¹⁸ This analysis omitted cases that were outside the statutory time limit of the Acts, those outside the jurisdiction of the adjudicator, those referred to the District Court and those where the complainant was found not to have a disability.

claimant did not turn up for the hearing. Many claimants represent themselves as there is no state support for legal representation. Lack of civil legal aid may contribute to the relatively low number of cases upheld and may also impact the number of cases taken to the WRC.

Information on disability-related queries on the Equal Status Act and the Employment Equality Act is also available from the Irish Human Rights and Equality Commission (IHREC).¹⁹ Discrimination against persons with a disability accounted for the highest number of information queries to IHREC under both the Employment Equality Act and the Equal Status Act in 2018. Thirty percent (n=106) of all queries under the Employment Equality Act and 33% (n=167) of all queries under the Equal Status Act 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 2017.²⁰

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

(Process): This indicator cannot be measured as the Decision Support Service (DSS) is not yet operational. This service is legislated for under the Assisted Decision-Making (Capacity) Act 2015. As reported in the Mental Health Commission 2018 Annual report,²¹ extensive work has taken place in preparation for a fully operational DSS, including organisational design, scoping the service, project governance, scoping ICT infrastructure, defining the regulatory framework, undertaking stakeholder engagement and mapping out customer journeys. A number of Codes of Practice for decision-making supporters and certain categories of professionals and for Advance Healthcare Directives have been drafted, including 11 non-healthcare Codes of Practice developed by the NDA between 2017 and 2019. It is expected that by the end of the Strategy in 2021 the DSS would be operational and initial data can be reported against this indicator, noting it will take time for agreements to be registered.

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

¹⁹ IHREC. *Annual Report 2018*. 2019.

https://www.ihrec.ie/app/uploads/2019/06/IHREC_2018_AR_English_Digital.pdf

²⁰ IHREC. Annual Report 2017, 2018 <https://www.ihrec.ie/app/uploads/2018/06/Annual-Report-2017.pdf>

²¹ Mental Health Commission Annual Report, 2018.

https://www.mhcirl.ie/File/2018_AR_Incl_OIMS.pdf

people.²² The number of people leaving congregated settings to live self-directed lives in the community has increased annually. In 2016, 74 individuals transitioned out of congregated settings to live in the community, a figure which represented 2.7% of all individuals in congregated settings.²³ In 2018, 165 individuals transitioned which represented 7.1% per cent of all individuals in congregated settings, and the Health Service Executive's (HSE's) target for transitions (170 individuals) was almost met.²⁴ However, it is noted at the same time that during 2018, 94 residents died before they could transition to the community and 33 people were admitted or re-admitted to a congregated setting.

At the end of 2018, 2,136 people remained in congregated settings. The pace of change is slow, the targets are low and it has been acknowledged that the original target of all 4,099 people being moved out by 2021 will not be met at the current pace. The NDA advises a continued focus on decongregation and notes with concern that the original target will not be met within the established timeframe.

Reasons for delays include difficulties in acquiring suitable houses due to limited availability and issues of affordability and challenges in securing revenue to ensure transitions are person-centred. Preliminary findings from NDA research to evaluate the costs and benefits of new models of service suggest that, while some institutional practices can persist in community-based residential settings, positive outcomes for residents do in general flow from moving to the community. The NDA has also supported the development of frameworks for measuring quality of life outcomes in HSE funded support programmes, which over time when fully implemented can provide information on a variety of metrics and outcomes. The NDA looks forward to seeing continued and accelerated progress with regard to this indicator. In addition, the NDA proposes that a policy to close all admissions to congregated settings for persons with disabilities falling under the Transforming Lives policy be considered to reduce new/re admissions which can currently arise in crisis situations.

²² HSE. *Time to Move on from Congregated Settings: A Strategy for Community Inclusion*. 2011. <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf>

²³ HSE. *Progress Report on the Implementation of Time to Move on from Congregated Settings: A Strategy for Community Inclusion. Annual Report 2016*. 2016. <https://www.hse.ie/eng/services/publications/disability/progress-report-on-the-implementation-of-time-to-move-on-from-congregated-settings-a-strategy-for-community-inclusion-annual-report-2016.pdf>

²⁴ HSE. *Progress Report on the Implementation of Time to Move on from Congregated Settings: A Strategy for Community Inclusion. Annual Report 2018*. 2019. <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-annual-progress-report-2018.pdf>

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 residences²⁵ and in 2018 this decreased to 1,200 people living in 118 residences (estimate from the MHC²⁶). However, the proportion of residences with 10 beds or more remains largely unchanged. In 2016, 46% of 122 residences were reported to have at least 10 beds. In 2018 the number with at least 10 beds is not reported but we know that 43% of 54 residences that were inspected had 10 or more beds.

The NDA notes the differences between the 10 or less bed units set out in the 2006 'A Vision For Change'²⁷ document and the recommendations in the 2011 Transforming Lives Policy 'Time to Move on from Congregated Settings'²⁸, which recommend a maximum of four persons in any one setting. Both are HSE documents. The numbers set out in the Time to Move On policy are informed by NDA research that looked specifically at disability (physical, sensory and intellectual) and not mental health. We advise that research is conducted on the optimal unit size for mental health units to ensure an appropriate approach while recognising choice of individuals. Progress on giving people their own room is reported as being slow.

A key underlying contextual factor here is that the 24-hour supervised mental health residences are not regulated. Regulation would allow the MHC to enforce changes where deficits and risks are found, protect the human rights of people living in these residences and help mental health services to provide care and treatment in accordance with best practice standards. We echo the concerns of the Inspector of Mental Health Services who stated in 2019 'This is a serious deficiency, leading to the risk of abuse and substandard living conditions and treatment.'²⁹ We also

²⁵ MHC. *Mental Health Commission. Annual Report 2016. Including Report of the Inspector of Mental Health Services.* 2017. https://www.mhcirl.ie/File/2016_AR_Incl_OIMS.pdf

²⁶ MHC. *Mental Health Commission. Annual Report 2018. Including Report of the Inspector of Mental Health Services.* 2019. https://www.mhcirl.ie/File/2018_AR_Incl_OIMS.pdf

²⁷ Government of Ireland. *A Vision for Change. Report of the Expert Group on Mental Health Policy.* Dublin: The Stationary Office. 2006.

<https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

²⁸ HSE. *Time to Move on from Congregated Settings: A Strategy for Community Inclusion.* 2011. <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf>

²⁹ MHC. *2018 Inspection of 24-hour Supervised Residences for People with Mental Illness.* 2019. <https://www.mhcirl.ie/File/2018ResidencesReport.pdf>

know that in 2016 there were 863 people resident for over a year in a psychiatric unit or psychiatric hospital³⁰. The NDA proposes to engage further with the Mental Health Commission to gather information on the numbers across the various centres, and to understand the experiences of those resident in same, over the remaining lifetime of the NDIS.

Indicator 1.2d. Percentage of involuntary admissions to psychiatric treatment units (Process): The proportion of admissions to psychiatric hospitals that are involuntary has stayed the same between 2016 and 2018 at 14%.^{31 32} The gender breakdown also remained similar with slightly more men (54%) than women (46%) involuntarily admitted in 2018. The age distribution also remained largely unchanged. 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 tribunal hearings revoked in 2018. These figures show that the proportion of involuntary admissions and the proportion revoked have remained stable over recent years.

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 2016³³ to 406 in 2018.³⁴ In 2018, the main issues supported were housing (50%), health (23%), justice issues (13%) and parenting with a disability (8%). NAS supported a further 2,619 people who received other forms of advocacy support and information. The NAS annual report outlines a number of factors leading to the

³⁰ Antoinette Daly and Sarah Craig. *HRB Statistics Series 40. Irish Psychiatric Units and Hospitals Census 2019*. 2019.

https://www.hrb.ie/fileadmin/2_Plugin_related_files/Publications/2019_Publication_files/2019_HI E/NPIRS/Census/Irish_Psychiatric_In-patient_Census_2019_Main_Findings.pdf

³¹ MHC. *Mental Health Commission. Annual Report 2016. Including Report of the Inspector of Mental Health Services*. 2017. https://www.mhcirl.ie/File/2016_AR_Incl_OIMS.pdf

³² MHC. *Mental Health Commission. Annual Report 2018. Including Report of the Inspector of Mental Health Services*. 2019. https://www.mhcirl.ie/File/2018_AR_Incl_OIMS.pdf

³³ Citizens Information Board. *Annual Report 2016*. 2017. https://www.citizensinformationboard.ie/downloads/cib/annual_report_2016_en.pdf

³⁴ Citizens Information Board. *Annual Report 2018*. 2019. https://www.citizensinformationboard.ie/downloads/cib/annual_report_2018_en.pdf

increased demand for its service.³⁵ They partly attribute this to the significant promotional work they have conducted about its services nationally through disability services. They believe the national housing crisis accounts for some of the increase and certainly for the emphasis in 2018 on housing and accommodation issues. The Assisted Decision Making (Capacity) Act 2015 has yet to be commenced and therefore there are continuing advocacy issues arising around Ward of Court cases. Once the Act has commenced the Ward of Court system will be abolished but it is likely that there will be an increased need for independent advocates.

Safeguarding referrals to NAS have increased due to the ongoing development of adult safeguarding policies and standards. It is likely that cases will continue to increase in the coming years particularly as the housing shortage persists. While an increase in safeguarding referrals would indicate that persons with disabilities were not enjoying full choice and control over their own lives, it would nevertheless show that awareness and access to NAS was improving.

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 65+ years who are deemed vulnerable (reported figures include both groups). There has been an increase in both the number of safeguarding concerns reported to HSE SPTs and in the proportion of these concerns which were found to have reasonable grounds. In 2016, 8,033 concerns were reported, 47% of which were found to have reasonable grounds³⁶ and in 2018, 11,780 concerns were raised of which 62% of which were found to have reasonable grounds³⁷. There was significant variation by Community Health Organisations (CHOs). In both years, concerns were largely raised by voluntary agencies, public health nurses/registered general nurses and primary community and continuing care staff. Increases in reporting may be associated with large increases in staff attending safeguarding awareness training since 2015.

³⁵ National Advocacy Service. *Annual Report 2018*. 2019.

<https://advocacy.ie/app/uploads/2019/09/NAS-Annual-Report-2018-published-September-2019.pdf>

³⁶ HSE. *2016 Safeguarding Data Report. The National Safeguarding Office*. 2017.

<https://www.hse.ie/eng/services/publications/olderpeople/safeguarding-data-report-2016.pdf>

³⁷ HSE. *2018 Safeguarding Data Report. The National Safeguarding Office*. 2019.

<https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguarding%20report%202018.pdf>

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. In 2018, 206 concerns were received.³⁸ Of these, 63% related to care issues, and 37% to safeguarding. Most of the safeguarding concerns or complaints related to concerns about family abuse or neglect.

The Law Reform Commission recently published an Issues Paper on a Regulatory Framework for Adult Safeguarding.³⁹ The Issues Paper considers a range of possible regulatory models for adult safeguarding, such as the body or bodies who should regulate adult safeguarding, which could include existing regulatory bodies. They are currently accepting submissions from interested parties and the NDA will input in this regard.

Indicator 1.4a. Percentage of public sector bodies who are fully compliant with the EU Web Accessibility Directive (Process): This indicator relating to compliance with the EU Web Accessibility Directive cannot yet be measured as transposition of the Directive through the Department of Communications, Climate Action and Environment has not yet been completed. Similarly, a monitoring body has yet to be appointed and resourced. The first monitoring period for websites is January 2020 to December 2021 with a report due to be submitted to the European Commission by December 2021. Therefore it is hoped that by the end of this strategy in 2021, a monitoring body will be in place and reporting on compliance. In the meantime, NDA advises the importance of all public bodies becoming aware of their obligations under the Directive, and considering measures necessary to achieve compliance.

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 in 2016 of which 610 (45%) were filled, leaving 55% unfilled.⁴⁰ In 2018, 2,368 requests were received and 58% were filled with an estimated further 19% facilitated after referral to other agencies leaving a

³⁸ HSE. *Confidential Recipient. Annual Report 2018*. 2019.

<https://www.hse.ie/eng/services/publications/disability/confidential-recipient-annual-report-2018.pdf>

³⁹ Law Reform Commission. *Issues Paper. A Regulatory Framework for Adult Safeguarding*. 2019.

https://www.lawreform.ie/_fileupload/Issues%20Papers/LRC%20IP%2018-2019%20A%20Regulatory%20Framework%20For%20Adult%20Safeguarding.pdf

⁴⁰ Sign Language Interpreting Service (SLIS), 2016 (received directly from SLIS).

total of 23% not filled.⁴¹ 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 3,127 in 2016⁴² to 6,412 in 2018.⁴³ These figures reflect the expansion of the IRIS service in accordance with commitments in the NDIS, although the NDA recommends that if possible unmet need be measured. The Irish Sign Language Act 2017 has not fully commenced and the demand for these services is likely to increase significantly (see next indicator). There are no figures available on the number of ISL interpreters trained or in-training.

Indicator 1.4c. Irish Sign Language Bill is passed (Structural): The Irish Sign Language Bill was signed into law in December 2017.⁴⁴ The NDA notes that the timeline for commencement is at the end of 2020 and has some concerns about implementation in light of available numbers of trained, and in-training, interpreters. Although figures are not available these are thought to be insufficient to meet demand. During 2020 the NDA will be advising government departments through policy advice papers on considerations for implementation of ISL legislation including quantification of resource needs and analysis of data and development of projections relevant to the provision of Irish Sign Language services.

Indicator 1.5a. Level of rating of the quality of public services by people with disabilities compared to people without disabilities (Process): The 2017 European Quality of Life Survey published data on satisfaction with public services but this is not country specific. For the EU, the level of satisfaction with health services for persons with disabilities was 6.5 (on scale of 1-10) compared to 6.7 for those without a disability.⁴⁵ Satisfaction with hospitals/specialist services was 6.7 and 6.9 respectively and for primary care was 7.3 for both groups. There are 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)

⁴¹ Sign Language Interpreting Service (SLIS), 2018 (received directly from SLIS).

⁴² Citizens Information Board. *Annual Report 2016*. 2017.

https://www.citizensinformationboard.ie/downloads/cib/annual_report_2016_en.pdf

⁴³ Citizens Information Board. *Annual Report 2018*. 2019.

https://www.citizensinformationboard.ie/downloads/cib/annual_report_2018_en.pdf

⁴⁴ Ireland, *Irish Sign Language Act 2017*. <https://www.oireachtas.ie/en/bills/bill/2016/78/>

⁴⁵ Eurofound. *The Social and Employment Situation of People with Disabilities*. 2018.

https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef18023en.pdf

National Inpatient Experience Survey and other relevant surveys. The NDA plans to hold discussions with HIQA in this regard in the future.

Indicator 1.5b. Level of accessibility of public buildings (Process): 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’.⁴⁶ This review was carried out under Action 26 of the National Disability Inclusion Strategy. 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.⁴⁷

The review, although based on engagement with a small number of public bodies, found that currently, there appears to be low awareness, enforcement and understanding among these 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. There was a general consensus among the public bodies interviewed, as part of the review, that the 2022 deadline would be very challenging to achieve. It should be noted that only a small number of public bodies participated in the review.

The review recommends that public bodies should prioritise buildings that are open to the public for improvement and take a targeted approach to carrying out access audits and improvement works, based on a building’s use and existing levels of accessibility. It also states that embedding and integrating Universal Design principles and accessibility into building design, alterations, leasing, management and maintenance processes is central to achieving compliance with Section 25 of the Disability Act.

Action 25 of the NDIS states that the OPW, and all departments and public bodies will bring all public sector buildings into compliance with the revised (2010) Part M accessibility standards by 2022. This will require each Department and body to identify what works are required and to have an action plan with specific timeframes to progress compliance and budget for same. The NDA will continue to engage with the OPW and others with a view to establishing

⁴⁶ NDA & OPW. *An Operational Review of the Effectiveness of Section 25 of the Disability Act*. 2019. <http://nda.ie/Publications/Environment-Housing/Environment-Publications/Operational-Review-of-the-Effectiveness-of-Section-25-of-the-Disability-Act-20051.pdf>

⁴⁷ Ireland, *Disability Act 2005. Section 25*. <http://www.irishstatutebook.ie/eli/2005/act/14/section/25/enacted/en/html>

mechanisms to monitor progress, noting that effective monitoring would benefit from information setting out how many public buildings there are, how many are accessible new builds, and how many have accessibility works completed or planned. A register established and updated by OPW would be useful in this regard.

Theme 2: Joined-up Policies and Public Services

This theme commits government bodies to work together to ensure joined-up public services for persons with disabilities. There are six indicators for this theme consisting of four structural and two process indicators. This theme specifically mentions children with disabilities and also focuses on transitions of children and young people from one stage of life to the next. This theme also commits public services to actively engage with persons with disabilities and their representatives in the planning, design, delivery and evaluation of public services. This is a challenging theme to report on as quantitative data are not routinely collected on the indicators and 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. These mostly focused on transition from pre-school to primary school. For example, in 2018 the National Council for Curriculum Assessment (NCCA) developed a suite of supports for transition to primary school.⁴⁸ In 2019 a working group was established in the Department of Children and Youth Affairs (DCYA) to address the issue of overage exemptions and transitions for children with disability in Early Childhood Care and Education (ECCE). The NDA welcomes this work and recommends that this working group reconvene and finalise the report on their work/recommendations. DCYA has also committed to establishing an inter-departmental group to develop a policy model for transition actions in the First 5 Strategy.⁴⁹ This strategy is a whole-of-Government approach to improve the lives of babies, young children and their families. It is a ten-year plan (2019-2028) to help make sure all children have positive early experiences and get a great start in life.

⁴⁸ NCCA. *Transition: Moving from Preschool to Primary. Suggested Activities for Preschools to Support a Positive Transition to School*. 2018. <https://ncca.ie/media/3755/suggested-transition-activities-for-preschools.pdf>

⁴⁹ Government of Ireland. *First 5. A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028*. 2018. <https://assets.gov.ie/31184/62acc54f4bdf4405b74e53a4afb8e71b.pdf>

Career guidance can also facilitate students to make successful transitions from school to their chosen post-school option. In 2019 the Department of Education and Skills (DES) commissioned a review of the career guidance tools and information provided at post-primary level and further and higher education levels.⁵⁰ Findings from this review aligned with NDA advice and identified the absence of career guidance provision in special schools as an issue. DES has established an internal taskforce to examine each recommendation and develop a prioritised implementation plan. It is anticipated that a subgroup of this taskforce will be convened in 2020 to focus specifically on the issue of career guidance for those with special educational needs. Publication of guidance on post-school options by the National Council for Special Education (NCSE)⁵¹ is also relevant in terms of supporting the transition process, and the NDA advises it may be timely to review the impact of having such guidance available.

Over the past number of years a more systematic and streamlined system has been introduced by the HSE with the independent guidance of the NDA to assess the needs of school leavers and to allocate them funding for a post school day service placement. This has made the approach more person-centred and more transparent.

Indicator 2.1b. Percentage of HIQA inspection reports where there is compliance with the regulations relating to transitions for children and young people (Process): In 2019 HIQA inspected three residential services for children with disabilities (this excludes respite centres and inspections for a specific purpose).⁵² None of these inspections reported on regulation 25 which correlates with Standard 2.4 ‘Children are actively supported in the transition from childhood to adulthood and are sufficiently prepared for and involved in the transfer to adult services or independent living’. In 2018, based on HIQA’s published inspection reports, no children’s disability services were inspected.

Standard 2.4 as applied to adult disability services states that individuals are supported throughout the transition from children’s services to adults’ services’. In a small sample of 2019 and early 2020 adult inspection reports reviewed by the NDA the associated regulation was not reported on. The numbers moving from child to adult residential services are likely to be quite small and therefore it is

⁵⁰ Indecon. *Review of Career Guidance. Final Report. 2019.*

<https://www.education.ie/en/Publications/Education-Reports/indecon-review-of-career-guidance.pdf>

⁵¹ NCSE. *Leaving School? Information on some Post-School Options for Rehabilitative Training and Adult Day Services.* 2018. <https://ncse.ie/wp-content/uploads/2018/04/NCSE-Post-School-Options.pdf>

⁵² HIQA. *Inspection Reports.* <https://www.hiqa.ie/reports-and-publications/inspection-reports>

not surprising that the standards relating to transitions are not reported. The NDA advises that it would be helpful if HIQA could indicate in reports where regulations are not applicable in a particular service inspected or where they have not been inspected against same.

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 that ‘Each person is supported to make transitions between services and supports provided by disability and mainstream services, in line with their choices, needs and abilities.’⁵³ New Directions are due to publish a report in the near future on Theme one (Individualised Services and Supports) under which Standard 1.8 is included. They are using an Evaluation, Action and Service Improvement (EASI) process which aims to support the implementation of the Interim Standards for New Directions. All 84 day service provider organisations nationally are involved in the EASI process and the self-assessments. In 2020 the New Directions National Steering Group has committed to working on moving from self-assessment to a national monitoring process so more data should become available at this point.

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 to a greater or lesser extent with the aim of achieving better outcomes for adults with disabilities. However, it is not possible to directly measure whether outcomes have changed for people with disabilities from the examples listed below. The NDA intends to give further consideration as to how to strengthen this indicator. Some examples of government departments working together are included below:

- The NDIS Steering Group is comprised of officials from several government departments and members of the Disability Stakeholders Group. It has been chaired by the Minister of State for Disability Issues and meets quarterly. It has oversight of the NDIS and took part in a recent mid-term review of the Strategy.⁵⁴ This led to a refreshed strategy with

⁵³ HSE. *New Directions. Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. 2015. <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

⁵⁴ Department of Justice and Equality. *Midterm Review of the National Disability Inclusion Strategy 2017-2021*. 2020. <http://www.justice.ie/en/JELR/Midterm-Review-of-the-National-Disability->

the addition of new actions, one of which is the development of a UNCRPD implementation plan.

- The CES⁵⁵ is a ten-year cross-government approach that brings together actions by different Departments and State agencies in a concerted effort to address the barriers and challenges that impact on employment of persons with disabilities. The implementation group oversees the Strategy. The NDA in its independent progress report⁵⁶ identified good improvement in some areas including increasing the earnings disregards in 2018 as direct consequence of the ‘Make Work Pay’ Report⁵⁷, the current roll out of the Individual Placement and Support Model (see next point below), and the roll-out of the ‘Ability Programmes’ since 2018 which assist young persons with disabilities to make the transition from school to further education, training and employment. Remaining gaps have been identified such as the need for a sustainable model for employer advice in relation to hiring persons with a disability and in transitions for young people, particularly around career guidance. A new 3-year action plan was published in 2019 that will aim to address some of these issues.⁵⁸ The CES also has its own indicator suite that will be reported on separately.
- Individual Placement and Support (IPS), is a peer reviewed ‘evidence-based model of supported employment’ that facilitates people with mental health difficulties to move into mainstream competitive employment. It works by integrating an Employment Specialist into participating CHO area HSE Multidisciplinary Mental Health Teams. Following a pilot project called

[Inclusion-Strategy-2017-2021\[1\].pdf/Files/Midterm-Review-of-the-National-Disability-Inclusion-Strategy-2017-2021\[1\].pdf](#)

⁵⁵ Government of Ireland. *Comprehensive Employment Strategy for People with Disabilities 2015-2024*. 2015.

<http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf>

⁵⁶ NDA. *Comprehensive Employment Strategy 2018: NDA Year-end Review*. 2019.

<http://nda.ie/Publications/Employment/Employment-Publications/Comprehensive-Employment-Strategy-2018-NDA-Review1.pdf>

⁵⁷ Department of Social Protection. *Make Work Pay for People with Disabilities. Report to Government 2017*. 2017. <https://assets.gov.ie/10940/c4c20348897148eb9a50ac2755fd680f.pdf>

⁵⁸ Government of Ireland. *Comprehensive Employment Strategy. Phase Two Action Plan 2019- 2021*. 2019.

http://www.justice.ie/en/JELR/CES_Action_Plan_2019_to_2021.pdf/Files/CES_Action_Plan_2019_to_2021.pdf

'Steps into Work'⁵⁹, the Department for Employment Affairs and Social Protection (DEASP) and the HSE are collaborating to roll out the IPS model. However, as yet sustainability is to be established as there is no sustainable funding model for this project, therefore its future remains uncertain. The NDA recommends a concrete long term plan for the continuation of this model.

- The Implementation Monitoring Group of the National Housing Strategy for Persons with Disabilities is led by the Department of Housing, Planning and Local Government (DHPLG) and meets twice yearly with representatives from the HSE, the Housing Agency, the NDA, members of the Disability Stakeholders Group, local authority officials and representatives of approved housing bodies. This group works to progress the implementation of the National Housing Strategy for People with Disabilities.⁶⁰

Department officials have indicated that they would like to see more involvement from Local Authorities at the NDIS Steering Group meetings.

Indicator 2.2a. Departmental Consultative Committees in place and meeting regularly across all departments (Structural): Of the 17 government departments, just over half, nine, have Departmental Consultative Committees (DCCs) that meet regularly and include membership from the Disability Stakeholders Group as well as other stakeholders. The NDA advises that additional DCCs should be formed, for example in the Department of Culture, Heritage and the Gaeltacht and the Department of Rural and Community Development. It will be important to ensure that the Disability Stakeholder Group can participate in the wider number of Committees, and that each Committee also enables other disability stakeholders to participate as appropriate. It is also important that the relevant agencies participate in those committees e.g. Department officials have indicated that they would like to see more involvement from Local Authorities at DCC meetings.

Indicator 2.2b. Establishment of mental health local forums in HSE mental health services (Structural): By January 2019 there were 35 local

⁵⁹ Mental Health Reform. *Steps into Work: Integrating Employment and Mental Health Supports Project Final Report*. 2018. <https://www.mentalhealthreform.ie/wp-content/uploads/2018/02/Steps-into-work-FINAL.pdf>

⁶⁰ Department of the Environment, Community & Local Government. *National Housing Strategy for People with a Disability 2011 – 2016*. 2011. <https://www.housing.gov.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload%2C30737%2Cen.pdf>

Mental Health forums across 9 CHO areas.⁶¹ These took 2.5 years to establish. These fora act as a resource for service users and family members, carers and supporters to voice their experiences, raise issues and be consulted and involved in mental health services developments in their area. Many of the themes arising out of the fora have been worked on through national service improvement projects supported by the HSE's Mental Health National Project Management Office. The initial target was to have one mental health forum per 100,000 population but this was dependent on needs and geographical location. Based on the 2016 census population these 35 fora equate to one local mental health forum for every 136,000 population. The fora are reported to be meeting regularly throughout the country. Attendance is reported to range from 5 to 20 people and the meetings are facilitated by the Area Lead for Mental Health Engagement. The HSE do not currently plan to develop any more unless the need arises. There are also 9 Area Forums that work with the local mental health NGOs for that area. An evaluation of Mental Health engagement is being conducted by the Mental Health Engagement and Recovery Office. This evaluation will be important in establishing if the structures are useful and effective in delivering better services for people with mental health difficulties.

Theme 3: Education

This theme is concerned with how persons with disabilities are supported through education to reach their full potential. There are five education indicators of which one is an outcome indicator and four are process indicators. Some of the indicators are reliant on data from the next census and it is proving difficult to get data on mental health promotion and well-being supports for young people. Further discussion is required between the NDA and the Department of Education and Skills and mental health organisations to examine data possibilities in the future.

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)** is a model of supports designed to ensure that children with disabilities can access the ECCE Programme. The number of children receiving targeted pre-school support at levels 4, 5, 6 and 7 of the AIM model increased from 4,760 in 2016 to 7,969 in 2018 (a 67% increase).⁶² There has been a considerable year-on-year increase in the

⁶¹ Communication with the HSE's Mental Health Engage office and at <https://www.hse.ie/eng/services/list/4/mental-health-services/mentalhealthengagement/upcoming-events/upcoming-events-local-fora.pdf>

⁶² Data not publically available. Information obtained directly from correspondence with DYCA.

number of AIM Level 7 supports provided to children with disabilities. Level 7 supports involves additional assistance in the pre-school room. Possible reasons for this may include an increased awareness of AIM or parents increasingly choosing mainstream preschool over specialist provision. DCYA has established a working group to examine possible reasons for this increase. The NDA participates in this working group.

An end of year 1 review commissioned by DCYA⁶³, 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. A further evaluation will be carried out which will shed more light on the success of the model as it becomes more embedded into services. Recommendations for improvements in areas such as communication, coverage and scope were included in the review. The NDA advises that it would be useful to be able to monitor unmet need, waiting lists, any impact of overage exemptions and general satisfaction with the programme by parents and carers of children with a disability and that data should be collected on these where possible.

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

There have been a number of developments in this area such as DES developing a Wellbeing Policy Statement and Framework for Practice⁶⁴ in 2019 with mental health topics as part of the Social, Personal and Health Education curriculum for all schools. However, there are no data to measure the effectiveness or impact of this. There is also no information as to whether this initiative has been modified for persons with a disability. The NDA will undertake further consultation with DES and Mental Health organisations who work with young people to examine the possibilities of accessing quantitative or qualitative data to measure and track the trends in mental wellbeing of young people.

Some national data on the mental wellbeing of samples of children is available. In 2015/16, the Growing up in Ireland (GUI) national longitudinal study of children measured the depressive symptoms reported by 17/18 year olds using the Short

⁶³ RSM. *An End of Year One Review of the Access and Inclusion Model (AIM)*. Department of Children and Youth Affairs. 2019. <https://aim.gov.ie/wp-content/uploads/2019/10/aim-end-of-year-one-review.pdf>

⁶⁴ Department of Education and Skills. *Wellbeing Policy Statement and Framework for Practice*. 2019. <https://www.education.ie/en/Publications/Policy-Reports/wellbeing-policy-statement-and-framework-for-practice-2018%E2%80%932023.pdf>

Mood and Feelings Questionnaire⁶⁵. The study found that 25% of females scored high for depressive symptoms on this scale compared to 16% of males.⁶⁶

In 2017, the GUI study measured the socio-emotional and behavioural difficulties of 9 year olds using the Strengths and Difficulties Questionnaire (SDQ)⁶⁷ which measures behaviours associated with conduct problems, hyperactivity, emotionality and peer relationship problems. This study found that 14% of 9 year old boys were rated as having socio-emotional and behavioural difficulties compared to 9% of 9 year old girls⁶⁸.

In 2018, the Health Behaviour in School-Aged Children (HBSC) survey⁶⁹ used two tools (the Mental Health Inventory⁷⁰ and The WHO Well-Being Index⁷¹) to measure the mental health of young students aged 15 to 17 years. On the Mental Health Inventory scale between 0 and 100 (the higher the score the greater the mental health problems) the students scored 34.7 (SD = 20.1) and on the WHO Well-Being Index with a scale between 0 and 100 (where the lower the score the poorer the wellbeing), the students scored 50.5 (SD = 22.2). Unfortunately these data were not disaggregated by disability status, nor were they available for younger children.

Indicator 3.1c. Highest level of education attainment (primary, secondary, further education and training, tertiary) among persons

⁶⁵ Adrian Angold Elizabeth Costello et al., "Development of a Short Questionnaire for Use in Epidemiological Studies of Depression in Children and Adolescents" *International Journal of Methods in Psychiatric Research* 5, (1995): 237–249.

⁶⁶ Growing up in Ireland. *Growing up in Ireland. Key Findings. Child Cohort at 17/18 years.* 2016. <https://www.growingup.ie/pubs/SUSTAT58.pdf>

⁶⁷ Robert Goodman. "The Strengths and Difficulties Questionnaire: A Research Note." *Journal of Child Psychology and Psychiatry* 38, no. 5 (1997): 581-586.

⁶⁸ Growing up in Ireland. *Key Findings. '08 Cohort at 9 years.* 2018. <https://www.growingup.ie/pubs/Growing-Up-in-Ireland-Relationships-and-Socio-emotional-Well-being.pdf>

⁶⁹ András Költő Aoife Gavin Michal Molcho, et al., *Health Behaviour in School-aged Children: a World Health Organization (WHO) Collaborative Cross-National Study.* 2020. <http://www.nuigalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/2018-report---online-version-interactive---updated.pdf>

⁷⁰ Hans-Jürgen Rumpf, Christian Meyer, et al., "Screening for Mental Health: Validity of the MHI-5 using DSM-IV Axis I Psychiatric Disorders as Gold Standard." *Psychiatry Research* 105, no. 3 (2001): 243-253.

⁷¹ Kirsten Staehr Johansen. *The Use of Well-Being Measures in Primary Health Care- the DepCare Project.* In WHO Regional Office for Europe (Ed) *Well-Being Measures in Primary Health Care- the DepCare Project.* 1998. Geneva: WHO.

with disability by disability type (Outcome): The 2016 census found that 20.8% of persons aged fifteen and older with a disability had primary education as their highest level of education compared to 6.7% of those aged fifteen and over without a disability (see Figure 2).⁷² 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. These figures show that persons with a disability are more likely to have a primary level education and are less likely to go to third level or FET. However, it should be noted that some of this difference may be accounted for by the older age profile of those with disabilities, as older persons with disabilities are more likely to have lower levels of education than younger age groups. The proportions of those with a disability whose highest level of educational attainment was FET or tertiary education were slightly higher in 2016 than in the 2011 census (in 2011, FET level was 12.0% compared to 13.6% in 2016 and tertiary was 10.8% compared to 13.1% in 2016). It is expected that this increase will continue over time as access to education for persons with disabilities increases.

Figure 2. Highest level of education completed by persons with and without a disability 2016

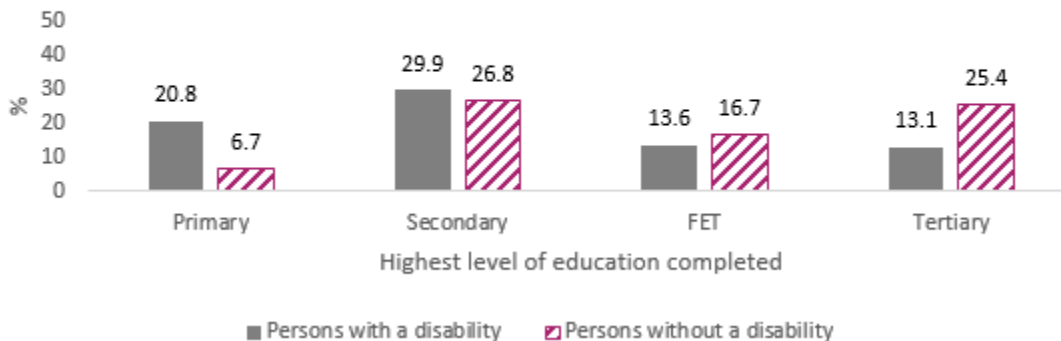


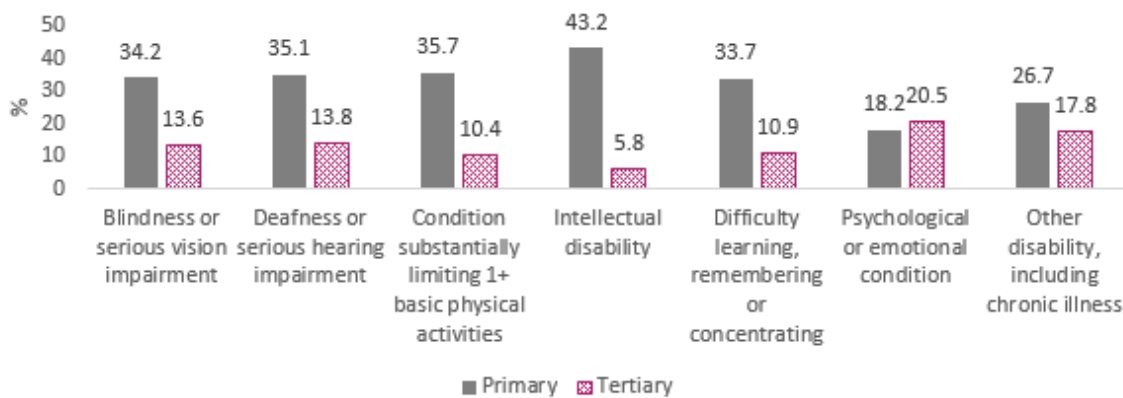
Figure 3 below illustrates the percentage of people with different types of disabilities who had reached primary level compared to tertiary level using census 2016 data.⁷³ With the exception of those with a psychological or emotional

⁷² CSO. Table E9019 Census 2016 Statbank.
https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%20%20-%20Health%20Disability%20and%20Carers/Profile%20%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%20%20-%20Health%20Disability%20and%20Carers&Planguage=0.

⁷³ CSO. Table E9019 Census 2016 Statbank.
<https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%20%20-%20Health%20Disability%20and%20Carers/Profile%20%20-%20Health%20Disability%20and%20Carers>

condition or another disability/illness not categorised, a higher proportion of persons with each type of disability had primary level education as their highest level of educational attainment.⁷⁴ The largest gap can be seen in those with intellectual disability (43.2% primary levels vs 5.8% tertiary level), and the smallest gap was for those with blindness or a serious vision impairment (34.2% primary level vs 13.6% tertiary level).

Figure 3. Highest level of education completed by persons with different disabilities in 2016: Primary and Tertiary



Higher than average early school leaving rates for persons with disabilities also exist. Census 2016 figures showed that 18.1% of person with disabilities were early school leavers compared to 6.4% of those without disabilities.⁷⁵ The gap between those with and without disabilities had narrowed in 2016 compared to 2011 (in census 2011, 22.9% of those with disabilities were early school leavers compared to 8.7% of those without).

All of these figures will be updated after the 2021 census where it would be hoped that the gap between educational attainment of those with and without a disability, between those with different types of disabilities, and between the rate

https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%20-%20Health%20Disability%20and%20Carers&Planguage=0

⁷⁴ Note that special schools are classified as primary schools and can cater for children up to the age of 18 years.

⁷⁵ CSO. Table E9018 Census 2016 Statbank. https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%20-%20Health%20Disability%20and%20Carers/Profile%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%20-%20Health%20Disability%20and%20Carers&Planguage=0

of early school leaving in those with and without a disability will all have narrowed.

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.⁷⁶ This is an increase from 11.5% in the 2011 census and this figure will be updated following the 2021 census.

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 increased from 5.7% in the 2016/17 academic year to 6.2% in the 2017/2018 academic year.^{77 78} In addition, persons with disabilities represent 2.8% of the Irish apprentice population and 5% of the further education and training population.⁷⁹ This is a welcome development and it is anticipated that with the continuing Disability Access Route to Education (DARE) scheme and increased awareness in SOLAS about the importance of collecting data on students with disabilities and addressing barriers to disclosure, that these numbers will continue to rise. The NDA has advised that targets are set for apprenticeships for persons with disabilities and will be working with SOLAS to discuss this matter further.

Theme 4: Employment

This theme is concerned with ensuring that persons with disabilities are supported to achieve their employment ambitions. There are five indicators for this theme consisting of three outcome indicators and two process indicators. This theme is concerned with the opportunities to pursue work and a career and to have the supports to remain in or return to work if they acquire a disability. This theme also focuses on ensuring that persons with disabilities are financially

⁷⁶ CSO. 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

⁷⁷ AHEAD. *Numbers of Students with Disabilities Studying in Higher Education in Ireland 2016/17*. 2018. <https://www.ahead.ie/userfiles/files/shop/free/Rates%202016-17%20-%20ONLINE.pdf>

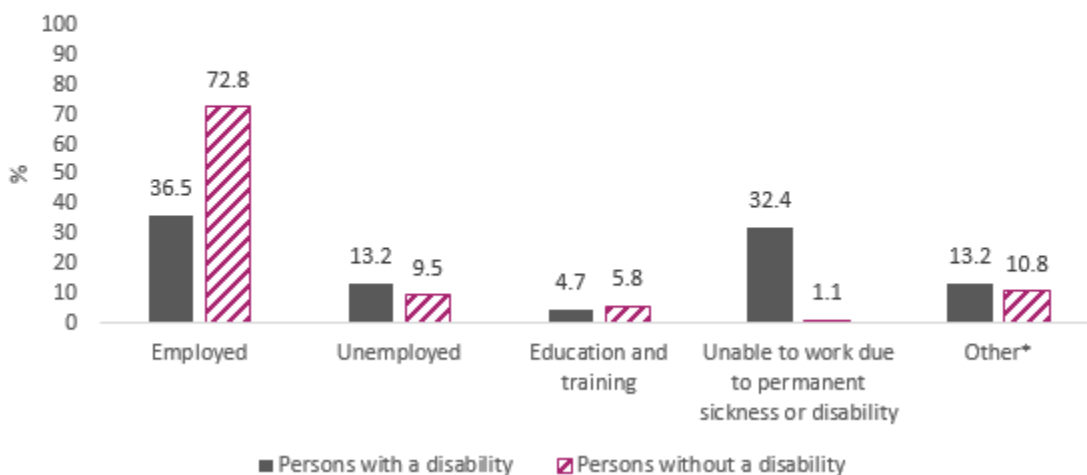
⁷⁸ AHEAD. *Numbers of Students with Disabilities Studying in Higher Education in Ireland 2017/18*. 2019. <https://www.ahead.ie/userfiles/files/shop/free/Numbers%20of%20Students%20with%20Disabilities%20Studying%20in%20Higher%20Education%20in%20Ireland%202017-18.pdf>

⁷⁹ SOLAS. *Review of Pathways to Participation in Apprenticeship*. 2018. <https://www.solas.ie/f/70398/x/fb640012f5/pathwaysapprenticeshipreviewnov18.pdf>

better off in work and that employers have easily accessible information about employing a person with a disability.

Indicator 4.1a. Percentage of people aged 20-64 with and without a disability by principal economic status (Outcome): The 2016 census figures show that the ratio of employment among people with and without a disability aged 20 to 64 years was approximately 2 to 1.⁸⁰ Almost 73% of people aged 20-64 without a disability were employed compared to 36.5% of persons without a disability aged 20-64 (Figure 4). Just over 13% of those with a disability were unemployed, compared to 9.5% of those without a disability, and 4.7% of those with a disability were in education and training compared to 5.8% of those without a disability. Almost one third of those with a disability were unable to work due to permanent sickness or disability (32.4%) compared to 1.1% of those without a disability. Just over 13% of those without a disability had an ‘other’ principal economic status*, compared to 10.8% of those with disabilities.

Figure 4: Percentage of people aged 20-64 with and without a disability by principal economic status in 2016



*Other refers to those who are looking after the home/family, retired, or are not in the labour force for another reason.

An examination of the gender breakdown by principal economic status for people with and without a disability showed that the percentage differences between

⁸⁰ CSO. Table E9009 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_statbank.asp?SP=Profile%209%20-%20Health%20Disability%20and%20Carers&Planguage=0](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)

employed males and females without a disability is higher (11.1 percentage points) than that of employed males and females without a disability (5 percentage points)⁸¹ (Table 2). There is also a higher percentage of men with a disability in the 'other' category (7.1%) compared to men without a disability (3.9%).

Table 2: Proportion of people aged 20-64 with and without a disability by principal economic status and gender.

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

A number of initiatives have been undertaken as part of the CES⁸² to reduce barriers to work for persons with disabilities. These include:

- The retention of a free travel pass for people who move into work in 2017⁸³; an increase in earnings thresholds for retention of the medical card for persons with disabilities in 2018; and also in 2018, dispensing with

⁸¹ CSO. Table E9009 Census 2016 Statbank.

https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%20%20-%20Health%20Disability%20and%20Carers/Profile%20%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%20%20-%20Health%20Disability%20and%20Carers&Planguage=0

⁸² Government of Ireland. *Comprehensive Employment Strategy for People with Disabilities 2015-2024*. 2015.

<http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf>

⁸³ Government of Ireland. Operational Guidelines Free Travel Scheme.

<https://www.gov.ie/en/publication/ba6e26-operational-guidelines-free-travel-scheme/>

the requirement that work should be of a rehabilitative nature in order for employment earnings to be disregarded in means tests.⁸⁴

- A new Youth Employment Support Scheme (YESS) was introduced in 2018 and provides a three month work experience programme for young people that is extendable to six months. There is no cost to employers as the participants are paid by Intreo. It targets young people aged 18-24 years who are unemployed for at least one year or facing barriers to employment, including disability. While take up is low to date for persons with disabilities, the scheme has potential. The NDA have advised the scheme on potential barriers to uptake for persons with disabilities, such as working hours and the time it may take for young people to settle into the scheme.
- EmployAbility is an established nationwide service that provides an employment support service for people with a health condition, injury, illness or disability. Twenty four organisations are contracted to provide the EmployAbility service with an average of 3,000 clients at any stage. The job placement rate is reported to be in the order of 40%.⁸⁵

A European Commission Report for Ireland in 2019 noted that the employment rate for persons with disabilities in Ireland is the lowest in the EU at 26.2% versus an EU average of 48% (2017 figures).⁸⁶ It also reports that Ireland has one of the highest gaps in employment between persons with and without disabilities (45.1 percentage points).⁸⁷

A 2017 ESRI report commissioned by the NDA⁸⁸ examined the employment transitions of persons with a disability and found that among those of working age, most (82%) had worked at some stage in their life but that 35% had been without work for more than four years. The recently published Roadmap for

⁸⁴ Government of Ireland. *New Medical Card Measures to Remove Barriers to Work for People with Disabilities – Over 250% Increase in Earnings Disregard*. 2018. <https://www.gov.ie/en/press-release/c4f82d-new-medical-card-measures-to-remove-barriers-to-work-for-people-with/>

⁸⁵ Figure presented by DEASP to the CES Implementation Group in 2020.

⁸⁶ European Commission. *Country Report Ireland 2019* Brussels. 2019. https://ec.europa.eu/info/sites/info/files/file_import/2019-european-semester-country-report-ireland_en.pdf

⁸⁷ Note that the figures used in the EU report include all persons with disabilities not restricted to the working age group used above of 15-64. They also use a slightly different definition of disability.

⁸⁸ Economic and Social Research Institute. *Employment Transitions Among Persons with Disabilities in Ireland*. 2019. <https://www.esri.ie/system/files?file=media/file-uploads/2017-03/RS58.pdf>

Social Inclusion 2020-2025⁸⁹ has a target of increasing the employment rate of persons with a disability (aged 15+) from the current level of 22.3% (census 2016) to 25% by census 2021 and 33% by census 2026. The NDA welcomes a commitment to a target but remains concerned by the low rate of employment among persons with a disability and advises renewed efforts across government to implement the CES.

Indicator 4.1b. Number of persons with a disability on disability payments/benefits e.g. Disability Allowance, Illness Benefit, or Domiciliary Care Allowance (Process): The number of people in receipt of Disability Allowance (DA), Illness Benefit (IB) and Domiciliary Care Allowance (DCA) all increased between 2016 and 2018.⁹⁰ The number of those in receipt of DA increased 12% from 126,203 in 2016 to 140,835 in 2018, while those the number in receipt of IB increased 3% from 54492 to 55995. The largest increase was in the numbers receiving DCA, which increased 22% from 31,960 in 2016 to 39,007 in 2018. In an analysis of DA inflows and outflows conducted in 2018, the DEASP found that the population within most age groups receiving any illness and disability payment is relatively stable over time.⁹¹ They also cautioned that any increases in one scheme should be viewed in the broader context. The report finds that the increases in illness and disability payments has been driven by demographics, and by an increased share of the working age population in the older age groups. We know that the majority of people with a disability in the 15-64 age group acquire their disability during their working lives. An examination of allowances can perhaps indicate the level of re-entry to the workforce and inform policies around return to work after acquiring a disability. A 2015 survey of DA recipients found that approximately 40% reported educational attainment beyond junior secondary education or special school.⁹² It needs to be considered whether eligibility for DA at age 16 is a pull factor. DEASP are currently examining this issue. The same study found that 43% of DA recipients who are not currently working would like to work either part time (35%) or full time

⁸⁹ Government of Ireland. *The Roadmap for Social Inclusion 2020-2025. Ambitions, Goals and Commitments*. 2020.
<https://www.gov.ie/pdf/?file=https://assets.gov.ie/46558/5cea3d74aa934fe780cc521ddbe477a7.pdf#page=1>

⁹⁰ Department of Employment Affairs and Social Protection. *Annual SWS Statistical Information Report*. <http://www.dsfa.ie/en/Pages/Annual-SWS-Statistical-Information-Report.aspx>

⁹¹ Department of Employment Affairs and Social Protection. *An Analysis of Disability Allowance Inflows and Outflows*. <https://igees.gov.ie/wp-content/uploads/2019/01/An-analysis-of-Disability-Allowance-inflows-and-outflows.pdf>

⁹² Department of Employment Affairs and Social Protection. *Department of Social Protection Report on Disability Allowance Survey 2015*. 2016.
<https://www.welfare.ie/en/downloads/DSPReportonDisabilityAllowanceSurvey2015.pdf>

(8%). The NDA advises the need for more flexible work options for this group of people.

To make this indicator more useful the NDA will explore availability of data on receipt of an allowance and employment status. This will allow us to see if the earnings disregard, introduced as part of the Make Work Pay report⁹³, has had an impact on the numbers of people in receipt of Disability Allowance who are working.

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 4 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. RT is available to people with varying profiles and support needs between the ages of 18-65 that are willing to engage and would benefit from the opportunities afforded through participation. In 2018, 439 people completed their training with 17 (4%) transitioning into employment (mainstream and supported)⁹⁴. This percentage increased to 7.4% in 2019 (77 participants).⁹⁵ The majority of the other RT exits went to HSE-funded day services (47.0% in 2019) or further education or training (18.3% in 2019).

Indicator 4.2a. The percentage of employees in the public sector reporting a disability (Outcome): The percentage of employees in the public sector reporting a disability decreased from 3.5% in 2017 (n=7,796)⁹⁶ to 3.3% in 2018 (n=7,585).⁹⁷ This is a decrease of 211 (-2.7%) people from 2017. This is the first time that the overall number of employees reporting a disability for the entire public sector has decreased since 2013 and shows a decline in the percentage of "reported" employees with a disability since the peak in 2015 of 3.6% (Figure 5)⁹⁸. This decrease has taken place in the context of an increase of 5,897 (2.6%) in the total number of employees in the public sector. In 2018 84.3%

⁹³ Department of Social Protection. *Make Work Pay for People with Disabilities. Report to Government 2017*. 2017. <https://assets.gov.ie/10940/c4c20348897148eb9a50ac2755fd680f.pdf>

⁹⁴ 2018 data from HSE presentation at HSE/NCSE RT seminar May 2019.

⁹⁵ 2019 data from correspondence with Angela Moran.

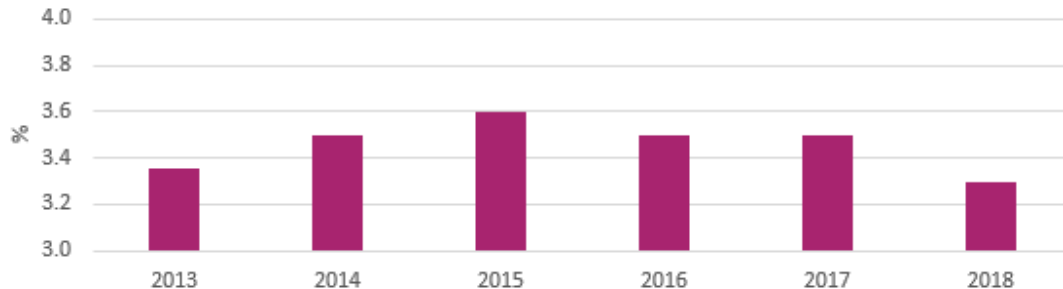
⁹⁶ NDA. *Report on Compliance with Part 5 of the Disability Act 2005 for 2017*. 2018. <http://nda.ie/nda-files/Part-5-Forms/Report-on-Compliance-with-Part-5-of-the-Disability-Act-2005-for-201711.pdf>

⁹⁷ Personal communication.

⁹⁸ NDA. *Report on Compliance with Part 5 of the Disability Act 2005 for 2015*. 2016. <http://nda.ie/nda-files/Report-on-Compliance-with-Part-5-of-the-Disability-Act-2005-for-20151.pdf>

of the public bodies achieved or exceeded the minimum 3% target. This is similar to the figure for 2017 (84.4%) but higher than the 2016 figure (77.5%).⁹⁹ Of note is the reliance on self-disclosure by employees with disabilities and challenges where response rates to surveys are very low, so data available for analysis may not be complete.

Figure 5. Percentage of public sector employees reporting a disability 2013-2018



The NDA has noted with concern the above trend, but understands that there are a number of factors that could have contributed to this situation. A number of public bodies have continued to report that lack of disclosure by employees prevent them from getting an accurate count. Some public bodies also reported that a number of employees with disabilities have recently retired resulting in a decrease in the numbers. Under the CES¹⁰⁰ the Government has committed to incrementally increasing the statutory employment target, so that by 2024, a minimum of 6% of employees in the public sector will be persons with disabilities. This is provided for in the Disability (Miscellaneous Provisions) Bill 2016. However, the status of this Bill is unclear since the dissolution of the Dáil in February of this year. The NDA has consistently advised that the 3% is a statutory minimum compliance target and that it is important for public bodies to focus on exceeding this by creating inclusive workplaces.

⁹⁹ NDA. *Report on Compliance with Part 5 of the Disability Act 2005 for 2016*. 2017. <http://nda.ie/Publications/Employment/Employment-of-people-with-disabilities-in-the-public-service/Reports-on-compliance-with-public-sector-jobs-target/Report-on-Compliance-with-Part-5-of-the-Disability-Act-2005-for-20161.pdf>

¹⁰⁰ Government of Ireland. *Comprehensive Employment Strategy for People with Disabilities 2015-2024*. 2015. <http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf>

The NDA continues to work closely with and advise public bodies on measures they can implement to create an inclusive work environment that promotes and supports the recruitment and retention of persons with disabilities and one where employees feel supported and comfortable in disclosing a disability.

Indicator 4.3a. Expenditure by DEASP 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. The expenditure by DEASP on the Reasonable Accommodation Fund increased by 55% between 2016 (€77,822) and 2018 (€120,622).¹⁰¹ Most of this increase was accounted for by greater expenditure on the Workplace Equipment Adaptation Grant. Table 3 below provides the number of persons with a disability who received each fund for 2018.¹⁰²

Table 3: Number of persons with disabilities receiving each type of Reasonable Accommodation Fund

Type of Reasonable Accommodation Fund Grant	Number of persons with disabilities
Workplace Equipment and Adaptation Grant	39
Job Interview Interpreter Grant	34
Personal Reader Grant	32
Employee Retention Grant	1
Total	106

¹⁰¹ Minister of State at the Department of Employment Affairs and Social Protection, the Department of Justice and Equality and the Department of Health with Special Responsibility for Disability Issues, Finian McGrath TD, Parliamentary Question, 15 January 2019, 1167/19.
<https://www.oireachtas.ie/en/debates/question/2019-01-15/1089/#pq-answers-1089>

¹⁰² Minister of State at the Department of Employment Affairs and Social Protection, the Department of Justice and Equality and the Department of Health with Special Responsibility for Disability Issues, Finian McGrath TD, Parliamentary Question, 4 December 2018, 50434/18.
<https://www.oireachtas.ie/en/debates/question/2018-12-04/667/>

Although this increase is a positive and welcome development, a 2019 NDA review of Reasonable Accommodations¹⁰³ identified areas where the scheme could be examined with a view to being more useful. This report found that there are low levels of awareness amongst some employers of the Reasonable Accommodation Fund, low levels of uptake and inconsistencies in processing times across areas. The report also highlighted concerns about issues and conditions associated with specific grants under the Reasonable Accommodation Fund. For instance, the Workplace Equipment Adaptation Grant is only available on a refund basis, thereby requiring employers to purchase equipment prior to receipt of funding. This can cause difficulties for smaller and medium sized employers. The NDA has recommended that DEASP undertake a review of the Reasonable Accommodation Fund, and the department has committed to carrying this out. This indicator may need to be re-examined, pending the outcome of that review.

Theme 5: Health and Wellbeing

This theme is concerned that persons with disabilities are supported to achieve and maintain the best possible physical, mental and emotional well-being. There are seven indicators for this theme consisting of three outcome indicators and four process indicators. Areas included in this theme are the provision of mainstream primary, specialist and hospital services encompassing accessible information, communication, and facilities for persons with disabilities.

Indicator 5.1a. The standardised mortality rate of persons with disabilities compared to persons without disabilities (Process): 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).¹⁰⁴ The rate for persons without a disability was lower at 302 per 100,000 people (268 for females and 329 for males) (see Figure 6 below). 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.

¹⁰³ NDA. *Reasonable Accommodations: Obstacles and Opportunities to the Employment of Persons with a Disability*. 2019. <http://nda.ie/File-upload/Reasonable-Accommodation-Obstacles-and-Opportunities-to-the-Employment-of-Persons-with-Disabilities-pdf.pdf>

¹⁰⁴ CSO. *Mortality Differentials in Ireland 2016-2017*. 2019. <https://www.cso.ie/en/releasesandpublications/in/mdi/mortalitydifferentialsinireland2016-2017/>

However, the standardised mortality rate for:

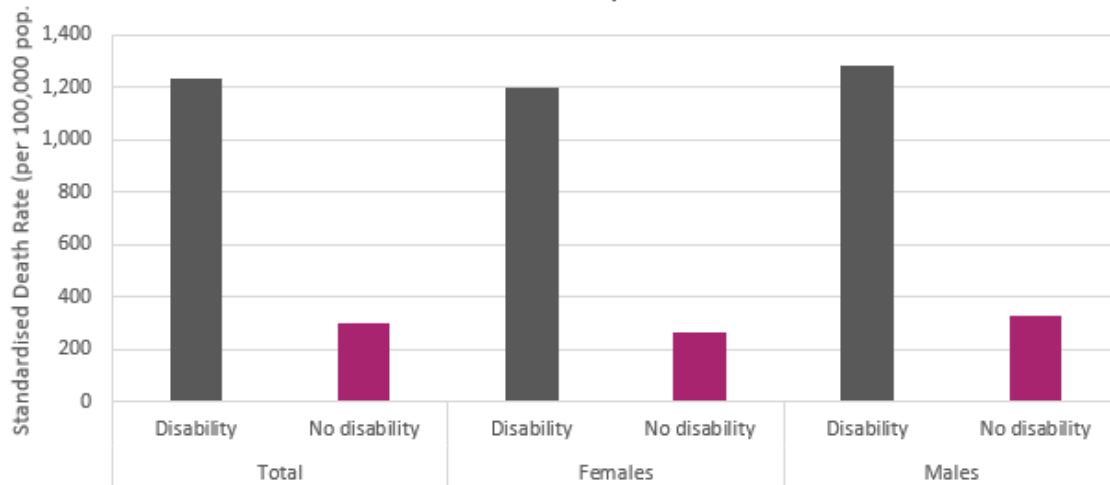
- persons with disabilities was 4.1 times higher than that of persons without disabilities,
- females with a disability was 4.5 times higher than that of females without a disability, and
- males with a disability was 3.9 times higher than that of males without a disability.

An 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.

This analysis probably raises more questions than it answers and the NDA plans to look at this in more detail. Due to some changes in methodology these data are not directly comparable to a similar analysis conducted after the last census in 2006-2007.¹⁰⁵

¹⁰⁵ 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.

Figure 6. Standardised Death Rates 2016-2017 by Sex and Disability



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 with regards to how they reported their general health in census 2016 (Figure 7).¹⁰⁶ Almost every person (92.7%) without a disability reported their health as being good or very good. This compares 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. While it will never be possible to close this gap completely, the NDA believes it is possible to narrow the gap through the promotion of health and wellbeing throughout the life course and through improvements in health services and other public services including transport for persons with a disability.

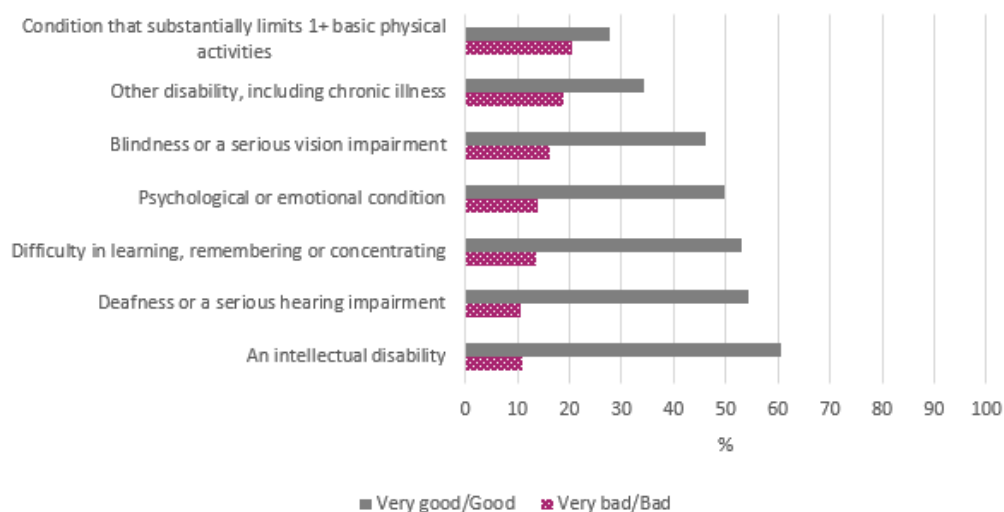
¹⁰⁶ E9078 CSO. Table E9019 Census 2016 Statbank.
https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%20-%20Health%20Disability%20and%20Carers/Profile%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%20-%20Health%20Disability%20and%20Carers&Planguage=0

Figure 7. General health of people with and without disabilities in 2016



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 activity and people with other disabilities including chronic illness were more likely to report having bad or very bad health (Figure 8).¹⁰⁷ People with intellectual disabilities were least likely to report bad or very bad health.

Figure 8. General health of people according to type of disability in 2016



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

¹⁰⁷ CSO. Table E9019 Census 2016 Statbank. [https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%20-%20Health%20Disability%20and%20Carers/Profile%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%20-%20Health%20Disability%20and%20Carers&Planguage=0](https://statbank.cso.ie/px/pxeirestat/Database/eirestat/Profile%20-%20Health%20Disability%20and%20Carers/Profile%20-%20Health%20Disability%20and%20Carers_statbank.asp?SP=Profile%20-%20Health%20Disability%20and%20Carers&Planguage=0)

21% of persons without disabilities.¹⁰⁸ These figures will be updated later in 2020 when the next Irish Health Survey is published. It will be important to disaggregate this finding by type of disability and exclude those with a mental health related disability only to see if this difference persists. The NDA's 2017 National Survey of Public Attitudes to Disability in Ireland found that people with a disability had a statistically significantly lower mean satisfaction with life score (7.3) and a lower mean happiness score (7.4) compared to people without disabilities (8.0 and 8.2 respectively)¹⁰⁹.

Indicator 5.1d. Rates of health screening in persons with a disability compared to persons without a disability (Process): In 2015 the 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 (Figure 9).¹¹⁰ Corresponding figures for cervical smear were 20% versus 21% and for blood pressure was 85% versus 60%. These figures will be updated later in 2020 when the next Irish Health Survey is published. However, although persons with disabilities may attend health screening services to a greater extent than their non-disabled counterparts, this does not necessarily translate into better health outcomes. For example, the 2018 Positive Ageing Indicators report¹¹¹ shows older people with intellectual disabilities had worse health than older people without a disability, with 65% of people aged over 55 having a chronic disease compared to 79% of people with an intellectual disability aged over 40. More people with an intellectual disability (72%) aged over 40 were taking five or more medications compared to 32% of people without an intellectual disability aged over 55. This may be a result of the higher health needs of those with an intellectual disability or communications challenges in the relationship between healthcare provider and the individual, and NDA advises that this area would require further work and examination.

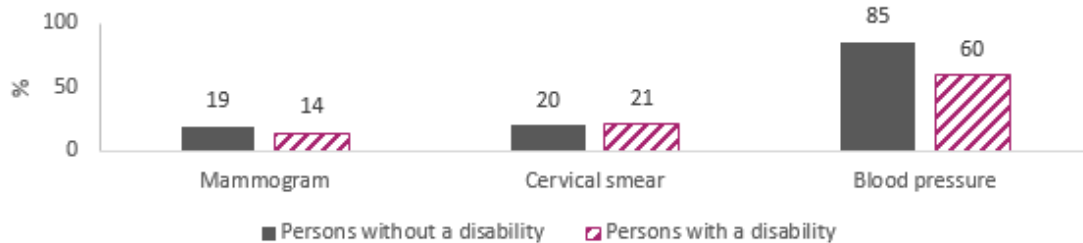
¹⁰⁸ CSO. Table IH039 Irish Health Survey.
<https://www.cso.ie/en/statistics/health/irishhealthsurvey/>

¹⁰⁹ Satisfaction scale where 1 means very dissatisfied and 10 means very satisfied, happiness scale where 1 means very unhappy and 10 means very happy. NDA. *National Survey of Public Attitudes to Disability in Ireland*. 2017. <http://nda.ie/publications/attitudes/public-attitudes-to-disability-in-ireland-surveys/public-attitudes-to-disability-in-ireland-survey-2017.html>

¹¹⁰ CSO. Table IH061 Irish Health Survey.
<https://www.cso.ie/en/statistics/health/irishhealthsurvey/>

¹¹¹ Healthy and Positive Ageing Initiative. *Positive Ageing Indicators 2018*. 2018
<https://assets.gov.ie/9673/f528d4c3856044e9a2b5545230e77a04.pdf>

Figure 9. Health screening in those with and without disabilities 2015



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. According to the Irish Sports Monitor, the proportion of persons with disabilities who engage regularly in sports increased from 28.7% in 2015¹¹² to 29.5% in 2017¹¹³ and to 33% (mid-year figure) in 2019¹¹⁴. This compares to 43.1%, 46.6% and 46% respectively for persons without a disability. It is positive to see this increase. Actions in the strategy relating to the Universal Design of sporting facilities and increasing disability awareness and competency in sporting organisations should lead to further increases in this figure. 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.¹¹⁴

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

¹¹² Sport Ireland. *Irish Sports Monitor. Annual Report 2015*. 2016. <https://www.sportireland.ie/sites/default/files/2019-11/irish-sports-monitor-annual-report-2015-1.pdf>

¹¹³ Sport Ireland. *Irish Sports Monitor 2019. Mid-Year Report*. 2019. https://www.sportireland.ie/sites/default/files/2019-11/ism-2019-mid-year-report-final_0.pdf

¹¹⁴ Sport Ireland. *Sport Ireland Policy on Women in Sport*. 2019. https://www.sportireland.ie/sites/default/files/2019-11/wis_policy.pdf

participants with an intellectual disability in 2017¹¹⁵. Rates of overweight/obesity may be useful as a proxy for physical activity.

Indicator 5. If. Number of young people (<18) admitted to adult HSE mental health inpatient units (Process): The number of young people (<18 years) admitted to adult HSE mental health inpatient units increased from 67 in 2016¹¹⁶ to 84 in 2018.¹¹⁷ As stated in the 2018 MHC annual report ‘Children and young people should not be admitted to adult units except in exceptional circumstances’.¹¹⁸ Admissions of children to adult psychiatric units are usually due to an immediate risk to the young person or a lack of beds in Child and Adolescent Mental Health Services (CAMHS). This demonstrates the unmet need for mental health inpatient units / beds for adolescents and NDA emphasises the importance of addressing this so that no young person is admitted to an adult psychiatric unit. Improvements in the overall CAMHS service in terms of reducing waiting lists may also impact on the need for in-patient admission.

Indicator 5. Ig. 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.

¹¹⁵ Healthy and Positive Ageing Initiative. *Positive Ageing Indicators 2018*. 2018
<https://assets.gov.ie/9673/f528d4c3856044e9a2b5545230e77a04.pdf>

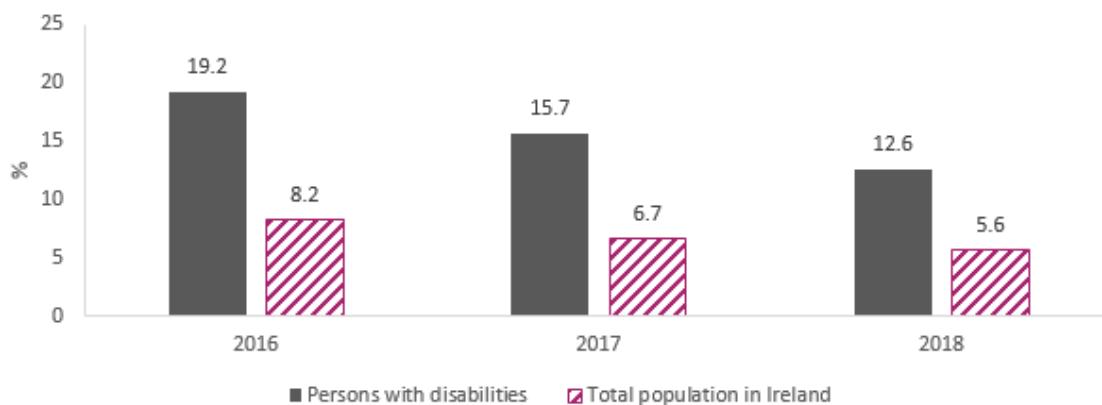
¹¹⁶ Antoinette Daly and Sarah Craig. *HRB Statistics Series 35. Activities of Irish Psychiatric Units and Hospitals 2016 Main Findings*. 2017.
https://www.hrb.ie/fileadmin/2_Plugin_related_files/Publications/2017_and_earlier_Pubs/NPIRS/Activities_of_Irish_Psychiatric_Units_and_Hospitals_2016.pdf

¹¹⁷ Antoinette Daly and Sarah Craig. *HRB Statistics Series 39. Activities of Irish Psychiatric Units and Hospitals 2018 Main Findings*. 2019.
https://www.hrb.ie/fileadmin/2_Plugin_related_files/Publications/2019_Publication_files/2019_HIE/NPIRS/Activities_of_Irish_Psychiatric_Units_and_Hospitals_2018_-_Main_Findings.pdf

¹¹⁸ MHC. *Mental Health Commission. Annual Report 2018. Including Report of the Inspector of Mental Health Services*. 2019. https://www.mhcirl.ie/File/2018_AR_Incl_OIMS.pdf

The percentage of persons with disabilities who are consistently poor has decreased steadily from 19.2% in 2016 to 12.6% in 2018.^{119 120} This drop has mirrored a decrease in the national percentages (see Figure 10) which includes everyone in the population regardless of disability status. While the gap between the consistent poverty rate in the national population and that of persons with disabilities is narrowing it is still more than double the national average. 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.

Figure 10. Percentage of persons with disabilities and total population in consistent poverty 2016-2018



In January 2020 the Government launched a Roadmap for Social Inclusion¹²¹ 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

¹¹⁹ Department of Employment Affairs and Social Protection. Social Inclusion Monitor. <https://www.gov.ie/en/collection/156b21-social-inclusion-monitor/>

¹²⁰ 2018 figures received directly from CSO.

¹²¹ Government of Ireland. *The Roadmap for Social Inclusion 2020-2025. Ambitions, Goals and Commitments*. 2020. <https://www.gov.ie/pdf/?file=https://assets.gov.ie/46558/5cea3d74aa934fe780cc521ddbe477a7.pdf#page=1>

the year 2025 and to no more than 22.7% by 2030 (i.e. to become a top 5 country in the EU rankings) The DEASP have also commissioned a Cost of Disability Study to examine the additional costs of disability, an issue that is regularly highlighted by disability organisations.

Theme 6: Person-centred disability services

This theme commits to supporting persons with disabilities to live a fulfilled life and enable them to participate fully in the activities of their communities. There are 13 indicators for this theme including one structural indicator, one outcome indicator and 11 process indicators. This theme is concerned with persons with disabilities can live a life of their own choosing, achieve maximum independence, and be active citizens. This will include the choice and control over the support they receive. Children and adults with disabilities would therefore have timely access to assessment and early intervention, and the therapy, rehabilitation or mental health services they require. It would also be evident by disability services and supports being delivered through a person centred approach and to high quality standards. Persons with disabilities should be involved in the planning, design and evaluation of disability services.

Since 2016, the NDA has been undertaking a body of work engaging with the HSE to guide on progressing person-centred services and supports. This work included the development of an outcomes framework¹²², person-centred planning framework¹²³ and a quality framework. The outcomes framework is already being used by some services and the HSE have engaged in a series of demonstration projects on person-centre planning. The HSE also hope to progress the quality framework shortly.

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. The findings from HIQA's 2019 inspection of designated centres for people with disabilities show that there have been improvements in a number of key areas. These include how residents who had moved to the community had developed independent living skills or were being supported to engage in important everyday tasks such as cooking, cleaning and

¹²² NDA. *NDA Paper on Outcomes for Disability Services*. 2016. <http://nda.ie/nda-files/NDA-Paper-on-Outcomes-for-Disability-Services-May-20161.pdf>

¹²³ HSE. *A National Framework for Person-Centred Planning in Services for Persons with a Disability*. 2018. <https://www.hse.ie/eng/services/list/4/disability/newdirections/a%20national%20framework%20for%20person-centred%20planning%20in%20services%20for%20persons%20with%20a%20disability.pdf>

laundry and were involved in their local communities¹²⁴ However, they also found that people who live in congregated setting continue to experience poorer quality services and fewer opportunities to exert their rights and choices compared to the sector as a whole. Preliminary findings from an NDA study looking at deinstitutionalisation suggest that while some institutional practices can persist in community-based residential settings, positive outcomes do in general flow from moving to the community. This report will be published later in 2020. Information from the IDS TILDA also provide evidence of improvements resulting from community living.¹²⁵ They found that those living in community settings had higher levels of ability in activities for daily living than those in residential settings. While this may be a function of those who are more able being transitioned to the community, it could also be that those in residential settings are not being afforded the opportunities to develop these skills as those in the community.

Indicator 6.1b. Adoption of person-centred practice among disability service providers (Process): A demonstration project¹²⁶ for the HSE’s Person-Centred Planning Framework¹²⁷ is underway in five disability organisations. The HSE will produce a report on the demonstration projects, which should provide insight into how the learning from the projects will inform the wider roll out of the framework throughout the sector.

The HSE appoints a Confidential Recipient who is independent of the HSE, and their role is to act as a voice for vulnerable older people and people with a disability. In the 2018 report of the Confidential Recipient¹²⁸ it was noted that a

¹²⁴ HIQA. *HIQA News. Issue 35. February 2020. The Experiences of People with Disabilities in Congregated Settings. 2020.* <https://www.hiqanews.com/the-experiences-of-people-with-disabilities-in-congregated-settings/>

¹²⁵ Eilish King Theresa Okodogbe, et al., Activities of Daily Living and Transition to Community Living for Adults with Intellectual Disabilities, *Scandinavian Journal of Occupational Therapy*, DOI: 10.1080/11038128.2016.1227369 <https://www.tcd.ie/swsp/assets/pdf/King%20et%20al.%202016.pdf>

¹²⁶ HSE. Person-Centred Planning Framework Demonstration Project. <https://www.hse.ie/eng/services/list/4/disability/newdirections/person-centred-planning-framework-demonstration-project.html>

¹²⁷ HSE. *A National Framework for Person-Centred Planning in Services for Persons with a Disability. 2017.* <https://www.hse.ie/eng/services/list/4/disability/newdirections/a%20national%20framework%20for%20person-centred%20planning%20in%20services%20for%20persons%20with%20a%20disability.pdf>

¹²⁸ HSE. *Confidential Recipient. Annual Report 2018. 2019.* <https://www.hse.ie/eng/services/publications/disability/confidential-recipient-annual-report-2018.pdf>

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): In 2019 HIQA published a review of five years of regulation in designated centres for persons with a disability.¹²⁹ Under the heading of “social care needs”, the 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 includes compliance with preparation of personal plans, increased from 38% in 2013-14 to 51% in 2017-18. While this is a very positive development, 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. The NDA would expect that in conjunction with the activities around piloting and eventual roll out of the HSE’s Person-Centred Planning Framework compliance with this regulation will continue to improve.

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 suffering from mental illness or disorder must be registered by the MHC. In 2018 there were 64 approved centres and 2,770 in-patient beds¹³⁰ (this excludes the 24 hour supervised mental health residences which are not regulated). 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 from 38% in 2016 to 59% in 2018. While this is a positive development there are still a significant number of persons for whom individual care planning is insufficient. The Inspector notes a general improvement in compliance with regulations, so it is anticipated that this improvement in individual care planning will continue. However, the NDA advises more emphasis in this area to ensure people’s care is optimised.

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

¹²⁹ HIQA. *Five Years of Regulation in Designated Centres for People with a Disability*. 2019.

<https://www.hiqa.ie/sites/default/files/2019-08/HIQA-DCD-5-Year-Regulation-Report-2019.pdf>

¹³⁰ MHC. *Mental Health Commission. Annual Report 2018. Including Report of the Inspector of Mental Health Services*. 2019. https://www.mhcirl.ie/File/2018_AR_Incl_OIMS.pdf

budgets is ongoing with an evaluation planned. Therefore, there are no data currently available for this indicator. However, the HSE commissioned a demonstration phase in 2019 with 116 eligible participants to be brought on board in Q1 2020.

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 is to decide what health and education needs arise from a child's disability and what services they require to meet those needs. The timely completion of assessments of need for children has decreased from 25.8% in Q2 2017¹³¹ to 8.5% in Q2 2019.¹³² At both of these time points there was significant variation in timely completion of assessments of need across CHOs, and in both 2017 and 2019 the same CHO areas had the lowest rates of timely completion.

A new Standard Operating Procedure for the Assessment of Need process was introduced nationally in January 2020, the aim of which is to ensure a more consistent approach to applications for assessments across the various CHOs. This development in conjunction with the planned increase in the number of Children's Disability Network Teams (see indicator 6.2b below) and 100 additional therapy posts approved in Budget 2019, which the HSE have indicated will be filled by end 2020, should help to reduce the time taken for assessments of need.

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

The Progressing Disability Services for Children and Young People Programme was launched in 2011 and is a national process to re-organise children's disability services. As part of this, multi-disciplinary teams called Children's Disability Network Teams will be formed which will 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. There has been no progress on increasing the number of existing Children's

¹³¹ HSE. *Performance Report. April - June 2017. Quarterly Report. 2017.*

<https://www.hse.ie/eng/services/publications/performance-reports/april-to-june-2017-quarterly-report.pdf>

¹³² HSE. *Performance Report. April - June 2019. Quarterly Report. 2019.*

<https://www.hse.ie/eng/services/publications/performance-reports/april-to-june-quarterly-report-2019.pdf>

Disability Network Teams which has remained at 56 since 2016¹³³ ¹³⁴, compared to an overall target of 138 teams.

However, although no new teams have been formed the HSE have been working to address industrial relations issues to help pave the way for new teams to be developed. It is understood that the HSE aim is to ensure that all Children's Disability Network Teams would have managers in place by Quarter 4 2020. A programme of Team Development training has been developed by the HSE to support the new managers coming into post and they anticipate that by 2021 there will be significant progress in this area.

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 percentage of children and adolescents waiting more than 12 months for mental health services has decreased from 12.1% in Q2 2017¹³⁵ to 10.9% in Q2 2019.¹³⁶ The percentage of children and adolescents who were waiting more than 12 weeks was 60.3% in Q2 2017 compared to 35.1% in Q2 2019¹³⁷. While these improvements are welcomed, these waiting times are significant and further improvements are required. The NDA notes that there are also variations by CHO in waiting times.

Indicator 6.2d. Percentage of adults offered an appointment and seen within 12 weeks by adult mental health services (Process): The percentage of adults offered an appointment and seen within 12 weeks by adult mental health services decreased marginally from 73.8% in 2016 to 72.7% in 2018. It is hoped that this percentage will increase at least to the HSE's target of 75% in the near future. The NDA also advises that the target is incrementally increased once met to ensure continuous improvement and review.

¹³³ HSE. *Performance Report. April - June 2017. Quarterly Report. 2017.*

<https://www.hse.ie/eng/services/publications/performance-reports/april-to-june-2017-quarterly-report.pdf>

¹³⁴ HSE. *Performance Report. April - June 2019. Quarterly Report. 2019.*

<https://www.hse.ie/eng/services/publications/performance-reports/april-to-june-quarterly-report-2019.pdf>

¹³⁵ HSE. *Performance Report. April - June 2017. Quarterly Report. 2017.*

<https://www.hse.ie/eng/services/publications/performance-reports/april-to-june-2017-quarterly-report.pdf>

¹³⁶ HSE. *Performance Report. April - June 2019. Quarterly Report. 2019.*

<https://www.hse.ie/eng/services/publications/performance-reports/april-to-june-quarterly-report-2019.pdf>

¹³⁷ Indicators reported slightly differently by HSE across the two periods in their quarterly reports.

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 on the waiting list. Therefore the numbers presented here come from various sources including newspapers and parliamentary question and therefore may not be entirely reliable. However, the number of people awaiting admission appears to be increasing with 151, 209 (or 226 also reported) and 283 waiting in 2016¹³⁸, 2017¹³⁹, and 2018,¹⁴⁰ respectively. In 2018, patients waited on average 140 days for admission (the target is less than 90 days).¹⁴¹ A new hospital to replace the old one is near completion and due to open this year. This will increase capacity by 10% to 120 beds but it is likely that there will continue to be waiting lists⁵⁵. It is known that the effectiveness of rehabilitation can be enhanced with early intervention so minimising waiting lists is important, particularly so that people who acquire a disability are not inappropriately placed in nursing homes or other facilities.

Indicator 6.3a. Percentage of disability services complying with HIQA regulations (Process): The percentage of disability services complying with HIQA regulations increased from 78.4% in Q2 2017¹⁴² to 88.9% in Q2 2019.¹⁴³ A 2019 HIQA review of the first five years of regulation of disability services indicates that overall compliance has gradually improved year-on-year.¹⁴⁴ This is a very positive development as some service providers have reported receiving no additional budget to fund improvements necessary to meet regulations. HIQA have indicated that the Department of Health should review the regulatory

¹³⁸ Maeve Sheehan. *Hike in Waiting List for Rehab Beds as Patients Suffer*. 2018. <https://www.independent.ie/irish-news/health/hike-in-waiting-list-for-rehab-beds-as-patients-suffer-36590477.html>

¹³⁹ Seanad Deb. 23 May 2017, vol 252, no 1. <https://www.oireachtas.ie/en/debates/debate/seanad/2017-05-23/10/?highlight%5B0%5D=national&highlight%5B1%5D=rehabilitation&highlight%5B2%5D=hospital>

¹⁴⁰ Seanad Deb. 23 May 2018, vol 258, no 5 <https://www.oireachtas.ie/en/debates/debate/seanad/2018-05-23/12/>

¹⁴¹ NRH. *National Rehabilitation Hospital Annual Report 2018*. 2019. <http://www.nrh.ie/wp-content/uploads/2019/05/2018-NRH-Annual-Report.pdf>

¹⁴² HSE. *Performance Report. April - June 2017. Quarterly Report*. 2017. <https://www.hse.ie/eng/services/publications/performance-reports/april-to-june-2017-quarterly-report.pdf>

¹⁴³ HSE. *Performance Report. April - June 2019. Quarterly Report*. 2019. <https://www.hse.ie/eng/services/publications/performance-reports/april-to-june-quarterly-report-2019.pdf>

¹⁴⁴ HIQA. *Five Years of Regulation in Designated Centres for People with a Disability*. 2019. <https://www.hiqa.ie/sites/default/files/2019-08/HIQA-DCD-5-Year-Regulation-Report-2019.pdf>

framework for disability services in light of the Assisted Decision-Making (Capacity) Act, ongoing work on Deprivation of Liberty legislation and ratification of the UNCRPD. This has been included as a new action in the revised NDIS and the NDA advises that this area receives immediate focus.

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 2018.¹⁴⁵ ¹⁴⁶For example, the percentage complying with rules increased from 37% to 47% (note some figures are averages provided by the MHC). Although this demonstrates an improvement, still fewer than half the centres are compliant which the NDA notes with concern. The inspector noted some specific areas of concern some of which are basic issues such as privacy, cleanliness, and receiving physician check-ups. The inspector also noted that there was no justification for the low levels of compliance in many areas. The Commission took 44 enforcement actions relating to 23 approved centres in 2018. This compares to 50 enforcement actions taken in 22 approved centres in 2016. The inspector also attached new registration conditions to five centres. These actions should over time increase compliance.

Indicator 6.3c. Evidence of a continuous quality improvement process in New Directions Services self-assessment process (Process): There is a draft HSE report on the self-assessment by service providers around theme one of the New Directions Interim Standards on Individualised Services and Supports. This process will provide an important source of data to monitor the quality of New Directions services and their continuous quality improvement process.

Theme 7: Living in the Community

This theme is committed 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. One of the goals of this theme is that new homes are designed to UD standards and can be readily adapted to people's changing

¹⁴⁵ MHC. *Mental Health Commission. Annual Report 2016. Including Report of the Inspector of Mental Health Services.* 2017. https://www.mhcirl.ie/File/2016_AR_Incl_OIMS.pdf

¹⁴⁶ MHC. *Mental Health Commission. Annual Report 2018. Including Report of the Inspector of Mental Health Services.* 2019. https://www.mhcirl.ie/File/2018_AR_Incl_OIMS.pdf

needs. The recently published Roadmap to Social Inclusion has the goal to 'Improve social inclusion of people with disabilities by reducing poverty rates, improving employment outcomes and delivering better services'.¹⁴⁷ The roadmap also talks about changing the narrative-from *disability* to *ability* which the NDA welcomes.

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): 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.¹⁴⁸ Although this relates to people with physical, sensory and intellectual disabilities as noted previously, this does not necessarily apply to mental health institutions and more research is required around optimal numbers in this instance.

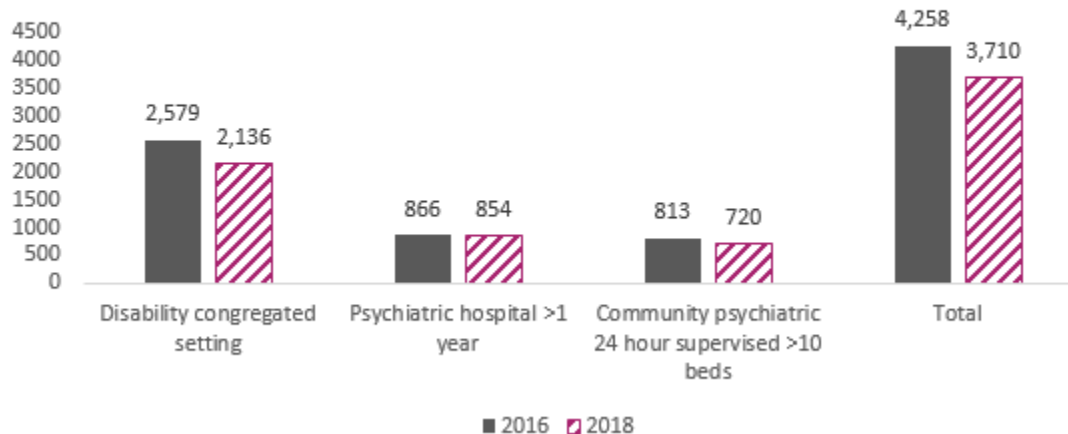
However, for the purposes of getting estimates of the total number of people with a disability and or a mental health difficulty this definition was applied to 24-hour supervised mental health residences to approximate of the number of people living in congregated settings. Also included was the number of people resident in psychiatric hospitals for more than one year. This analysis, shown in Figure 11, shows that there was a decrease in the number of people with disabilities and/or mental health difficulties living in congregated settings or as

¹⁴⁷ Government of Ireland. *The Roadmap for Social Inclusion 2020-2025. Ambitions, Goals and Commitments*. 2020.
<https://www.gov.ie/pdf/?file=https://assets.gov.ie/46558/5cea3d74aa934fe780cc521ddbe477a7.pdf#page=1>

¹⁴⁸ HSE. *Time to Move on from Congregated Settings: A Strategy for Community Inclusion*. 2011.
<https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf>

long stay patients in inpatient psychiatric facilities or community residences with greater than 10 people from 4,258 in 2016^{149 150 151} to 3,710 in 2018.^{152 153 154}

Figure 11: Number of people living in disability and psychiatric related congregated settings 2016 and 2018



The Time to Move On report recommends that where people choose home-sharing with other people with a disability that the home-sharing arrangement should be confined to no more than four people in total. This applies to people

¹⁴⁹ HSE. *Progress Report on the Implementation of Time to Move On From Congregated Settings: A Strategy for Community Inclusion. Annual Report 2016.* 2016. <https://www.hse.ie/eng/services/publications/disability/progress-report-on-the-implementation-of-time-to-move-on-from-congregated-settings-a-strategy-for-community-inclusion-annual-report-2016.pdf>

¹⁵⁰ HRB. *Irish Psychiatric Units and Census 2016 Main Findings.* 2016. https://www.hrb.ie/fileadmin/publications_files/Irish_Psychiatric_Units_and_Hospitals_Census_2016_Main_Findings.pdf

¹⁵¹ MHC. *Mental Health Commission. Annual Report 2016. Including Report of the Inspector of Mental Health Services.* 2017. https://www.mhcirl.ie/File/2016_AR_Incl_OIMS.pdf

¹⁵² HSE. *Progress Report on the Implementation of Time to Move On From Congregated Settings: A Strategy for Community Inclusion. Annual Report 2018.* 2018. <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-annual-progress-report-2018.pdf>

¹⁵³ Antoinette Daly and Sarah Craig. *HRB Statistics Series 40. Irish Psychiatric Units and Hospitals Census 2019 Main Findings.* 2019. https://www.hrb.ie/fileadmin/2_Plugin_related_files/Publications/2019_Publication_files/2019_HIENPIRS/Census/Irish_Psychiatric_In-patient_Census_2019_Main_Findings.pdf

¹⁵⁴ MHC. *Mental Health Commission. Annual Report 2018. Including Report of the Inspector of Mental Health Services.* 2019. https://www.mhcirl.ie/File/2018_AR_Incl_OIMS.pdf

with intellectual, physical and sensory disabilities but does not include people with mental health difficulties. Figures are not available to the NDA on the numbers of people with disabilities living in homes with between 5 and 9 people.

More detailed information on decongregation for people with intellectual, physical or sensory disabilities can be found under indicator 7.1b below. Notably, transitions out of congregated settings have been slow and we note with concern the high number of deaths relative to transitions each year. An acceleration of progress would give older persons with disabilities a chance of community living and a better quality of life before their death.

In a case study report in 2019 on deinstitutionalisation in Ireland by the European Union Agency for Fundamental Rights¹⁵⁵ the authors found that despite the drivers for deinstitutionalisation in the 2011 policy 'Time to Move on from Congregated Settings', it took the establishment of HIQA and damning public reports on life in institutions to provide momentum to the decongregation process. The NDA would like to see accelerated transitions to the community and, as outlined in 7.1b below, proposes that a policy to close all admissions to congregated settings for persons with disabilities falling under the Transforming Lives policy be considered to reduce new admissions or readmissions which can currently arise in crisis situations. The NDA again notes the discrepancies between unit size and decongregation policies in the Time to Move on Policy and Mental Health's Vision for Change¹⁵⁶ and advises that more research be conducted to see if the evidence based numbers used in Time to Move On are valid for mental health units.

Indicator 7.1b. Number of people leaving congregated settings to live self-directed lives within the community (Outcome): (Note this indicator is the same as 1.2b) 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.¹⁵⁷ The number of people leaving congregated settings to live self-directed lives in the community has increased. In

¹⁵⁵ Hannah Grene Stephen O'Hare et al., *From Institutions to Community Living: Drivers and Barriers of Deinstitutionalisation. Case Study Report: Ireland 2018*. 2019. European Union Agency for Fundamental Rights. https://fra.europa.eu/sites/default/files/fra_uploads/ireland-independent-living-case-study-report_en.pdf

¹⁵⁶ Government of Ireland. *A Vision for Change. Report of the Expert Group on Mental Health Policy*. Dublin: The Stationary Office. 2006. <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

¹⁵⁷ HSE. *Time to Move on from Congregated Settings: A Strategy for Community Inclusion*. 2011. <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf>

2016, 74 individuals¹⁵⁸ transitioned out of congregated settings to live in the community, a figure which represented 2.7% of all individuals in congregated settings. In 2018, 165 individuals¹⁵⁹ transitioned which represented 7.1% per cent of all individuals in congregated settings, and HSE's target for transitions (170 individuals) was almost met. However, it should be noted that during 2018, 94 residents died before they could transition to the community and 33 people were admitted or re-admitted to a congregated setting. At the end of 2018, 2,136 people remained in congregated settings. The pace of change is slow, the targets are low and it has been acknowledged that the original target of all 4,099 people being moved out by 2021 will not be met at the current pace. The NDA advises a continued focus on decongregation and notes with concern that the original target will not be met.

Reasons for delays include difficulties in acquiring suitable houses due to limited availability and issues of affordability and challenges in securing revenue to ensure transitions are person-centred. Preliminary findings from NDA research to evaluate the costs and benefits of new models of service suggest that, while some institutional practices can persist in community-based residential settings, positive outcomes for residents do in general flow from moving to the community. The NDA looks forward to seeing continued and accelerated progress with regard to this indicator. In addition, the NDA proposes that a policy to close all admissions to congregated settings for persons with disabilities falling under the Transforming Lives policy be considered to reduce new/re admissions which can currently arise in crisis situations.

Indicator 7.1c. Number of people living in 24-hour supervised mental health residences and the percentage of residences with > 10 beds

(Process): (Note this indicator is the same as 1.2c) 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 residences¹⁶⁰ and in 2018 this decreased to 1,200

¹⁵⁸ HSE. *Progress Report on the Implementation of Time to Move On From Congregated Settings: A Strategy for Community Inclusion. Annual Report 2016.* 2016. <https://www.hse.ie/eng/services/publications/disability/progress-report-on-the-implementation-of-time-to-move-on-from-congregated-settings-a-strategy-for-community-inclusion-annual-report-2016.pdf>

¹⁵⁹ HSE. *Progress Report on the Implementation of Time to Move On From Congregated Settings: A Strategy for Community Inclusion. Annual Report 2018.* 2018. <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-annual-progress-report-2018.pdf>

¹⁶⁰ MHC. *Mental Health Commission. Annual Report 2016. Including Report of the Inspector of Mental Health Services.* 2017. https://www.mhcirl.ie/File/2016_AR_Incl_OIMS.pdf

people living in 118 residences (estimate from the MHC)¹⁶¹. However, the proportion of residences with 10 beds or more remains largely unchanged. In 2016, 46% of 122 residences were reported to have at least 10 beds. In 2018 43% of 54 residences that were inspected had 10 or more beds.

The NDA notes that there is a discrepancy between the 10 or less bed units recommended by the 2006 'A Vision For Change'¹⁶² document and the four or less bed units recommended by the 2011 Transforming Lives Policy 'Time to Move on from Congregated Settings'¹⁶³. Both are HSE documents. The four or less bed units came from NDA research that looked specifically at disability (physical, sensory and intellectual) and not mental health. We advise that research is conducted on the optimal unit size for mental health units to ensure an appropriate approach while recognising choice of individuals. Progress on giving people their own room is reported as being slow.

A key underlying contextual factor here is that the 24-hour supervised mental health residences are not regulated. Regulation would allow the MHC to enforce changes where deficits and risks are found, protect the human rights of people living in these residences and help mental health services to provide care and treatment in accordance with best practice standards. We echo the concerns of the Inspector of Mental Health Services who stated in 2019 'This is a serious deficiency, leading to the risk of abuse and substandard living conditions and treatment.'¹⁶⁴ The NDA advises that these deficiencies in regulation and size of unit are addressed and suggests the NDIS Steering Group give a focus to mental health accommodation and institutionalisation issues at future meetings. We also know that in 2016 there were 863 people resident for over a year in a psychiatric unit or psychiatric hospital¹⁶⁵ and the NDA advises that

¹⁶¹ MHC. *Mental Health Commission. Annual Report 2018. Including Report of the Inspector of Mental Health Services.* 2019. https://www.mhcirl.ie/File/2018_AR_Incl_OIMS.pdf

¹⁶² Government of Ireland. *A Vision for Change. Report of the Expert Group on Mental Health Policy.* Dublin: The Stationary Office. 2006. <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf>

¹⁶³ HSE. *Time to Move on from Congregated Settings: A Strategy for Community Inclusion.* 2011. <https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/time-to-move-on-from-congregated-settings-%E2%80%93-a-strategy-for-community-inclusion.pdf>

¹⁶⁴ MHC. *2018 Inspection of 24-hour Supervised Residences for People with Mental Illness.* 2019. <https://www.mhcirl.ie/File/2018ResidencesReport.pdf>

¹⁶⁵ Antoinette Daly and Sarah Craig. *HRB Statistics Series 40. Irish Psychiatric Units and Hospitals Census 2019 Main Findings.* 2019. https://www.hrb.ie/fileadmin/2_Plugin_related_files/Publications/2019_Publication_files/2019_HI_E/NPIRS/Census/Irish_Psychiatric_In-patient_Census_2019_Main_Findings.pdf

research be conducted on the appropriateness of alternatives for this group.

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):

The proportion of people whose main need for social housing support is related to their disability has increased from 6.3% in 2016¹⁶⁶ to 7.8% in 2019.¹⁶⁷ In 2019 there were 5,319 people registered as needing social housing support relating to their disability out of a total waiting list of 68,693. This increase, although minor, may be due to a number of factors. There has been a move by some residential disability services to put residents on the housing list as part of the decongregation process. The worsening housing crisis over the past number of years may also have influenced this increase, with persons with disabilities more likely to be poorer and less likely to be working than the rest of the population and therefore may find access to housing more difficult. The 2016 census found that the proportion of persons with a disability among the homeless population, at 27.1%, was higher than for the general population at 13.5%.¹⁶⁸ While we note this with concern, the NDA welcomes continuing collaborations on housing including the Department of Housing Planning and Local Government working in conjunction with the HSE as part of the Implementation Monitoring Group of the National Housing Strategy for Persons with a Disability.¹⁶⁹

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 2017.¹⁷⁰ 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

¹⁶⁶ Housing Agency. *Summary of Social Housing Assessments 2017. Key Findings 2017*. 2017.

<http://www.housingagency.ie/sites/default/files/publications/27.%20SHA-Summary-December-2017.pdf>

¹⁶⁷ Housing Agency. *Summary of Social Housing Assessments 2019. Key Findings 2019*. 2019.

https://www.housing.gov.ie/sites/default/files/publications/files/sha_summary_2019_dec_2019_web_1.pdf

¹⁶⁸ CSO. *Press Statement Census 2016 Results Profile 5 - Homeless Persons in Ireland*. 2017.

<https://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/presstatementcensus2016resultsprofile5-homelesspersonsinireland/>

¹⁶⁹ Department of the Environment Community and Local Government. *National Housing Strategy for People with a Disability 2011 – 2016*. 2011.

<https://www.housing.gov.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload%2C28016%2Cen.pdf>

¹⁷⁰ NDA. *National Survey of Public Attitudes to Disability in Ireland*. 2017.

<http://nda.ie/publications/attitudes/public-attitudes-to-disability-in-ireland-surveys/public-attitudes-to-disability-in-ireland-survey-2017.html>

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. This survey will be repeated in 2022. While these are already high scores, an increase may still be possible, particularly for people with mental health difficulties.

Various campaigns and initiatives such as IHREC's 2019 'All Human All Equal' campaign¹⁷¹ may influence attitudes and lead to increased scores in the next survey. Attitudes are linked with discrimination so any improvements in attitudes are likely to be reflected in rates of discrimination. Increasing the number of persons with disabilities in employment will also impact on attitudes as research has consistently shown that there is a relationship between attitudes and personal experience of disability and that contact in a context of equality like in the workplace is particularly important. The NDA welcomes the inclusion of a new action in the revised NDIS that commits to developing programmes to promote awareness within the general public of the lived experience of, and to support more positive attitudes towards, people with disabilities.

Indicator 7. If. Percentage of persons with a disability compared to those without a disability who are members of a social group or club (Process): This indicator attempts to measure social inclusion of persons with disabilities compared to persons without disabilities. The 2018 Positive Ageing Indicators report finds that 96% of people with an intellectual disability (aged 48+) compared to 52% of people without an intellectual disability (aged 56+) engaged in at least one social leisure activity on a weekly basis.¹⁷² We know that the intellectual disability sector organises many social events for their service users some of which are within the service rather than in the mainstream community. As the Positive Ageing Indicators report does not differentiate it is difficult to know whether this indicator is showing more social isolation among people without an intellectual disability. The report also includes an indicator on loneliness with 8.2% of people with an intellectual disability (aged 50+) reporting being lonely compared with 5.4% of persons without a disability (aged 50+).

The NDA's 5 yearly Public Attitudes to Disability Survey¹⁷³, last conducted in 2017, used the Lubben Social Network Scale-6 to measure the size of respondents' social networks in terms of their contact with friends and relatives.

¹⁷¹ IHREC. All Human All Equal. <https://www.ihrec.ie/allhumanallequal/>

¹⁷² Healthy and Positive Ageing Initiative. *Positive Ageing Indicators 2018*. 2018 <https://assets.gov.ie/9673/f528d4c3856044e9a2b5545230e77a04.pdf>

¹⁷³ NDA. *National Survey of Public Attitudes to Disability in Ireland*. 2017. <http://nda.ie/publications/attitudes/public-attitudes-to-disability-in-ireland-surveys/public-attitudes-to-disability-in-ireland-survey-2017.html>

It found a statistically significant difference between the 32% of persons with a disability who were at risk of being socially isolated compared to the 22% of persons without a disability. With regard to having a hobby or pastime there was also a statistically significant difference between the two groups, with 67% of persons with a disability having a hobby or pastime compared with 82% of persons without a disability.

Indicator 7.2a: Evidence that houses, including social houses, are being built incorporating Universal Design Principles (Process): NDA's Centre for Excellence in Universal Design has developed design guidance to achieve UD in the building of social housing and 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 the use of UD in housing we know from our interactions with Local Government that a UD approach has been recognised and adopted in a number of Local Authorities across the country.¹⁷⁴ This includes a number of County Councils (for example, Wexford, Fingal, Louth and Westmeath) who are leading the way either including targets for UD build housing, promoting UD as best practice or incorporating UD into their previous and/or current development plans. A number of housing projects have adopted a UD approach, including Colivet Court, Limerick by ABK Architects/Clancy Construction in 2014, Broome Lodge, Dublin by COADY Architects/Clúid Housing in 2017, as well as Ava Housing since 2017.

Although it is not mandatory to adopt a UD approach to planning, design and construction, the success of some of the examples outlined above sets a good example for other Local Authorities to follow. NDA advises that there should be scope for all the other Local Authorities to consider adopting the objective. 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.

Theme 8: Transport and Access to Places

This theme is committed to improving the accessibility and availability of public transport for persons with disabilities. There are three indicators associated with this theme all of which are process indicators. The aims of this theme are that persons with disabilities should be able to get to and from their chosen destination independently (without driving a car) in transport that is accessible to them. This should apply to both urban and rural areas. Persons with disabilities should also be able to access buildings and their facilities on

¹⁷⁴ NDA. 2020. *Good Practice in Universal Design: Ireland*. Unpublished paper.

the same basis as everyone else. Planning and design of public buildings and public spaces needs to be informed by engagement with persons with disabilities and other users across the spectrum of age, size, ability and disability.

Indicator 8.1a Improvement of public transport accessibility: There have been a number of improvements in public transport accessibility including:

- In 2019, the Just a Minute (JAM) Card was launched to enable people with a communication barrier, including for example, a learning difficulty or autism, to tell others that they need may need a little extra time in what they're doing. This could include when using public transport or in any customer facing context. NTA, Dublin Bus, Go Ahead, Irish Rail, Transdev (LUAS), Bus Éireann and Local Link will be JAM Card friendly.¹⁷⁵
- The DART pilot project was introduced in 2018 and has now been completed resulting in the reduction in advance notice from 24 hours to 4 hours. In addition, this reduced notice period has been extended to the commuter routes in the Greater Dublin Area and Cork commuter routes.¹⁷⁶
- In around 2019, Irish Rail began rolling out Customer Service Officers on all Inter-city routes throughout the country. This will eliminate advance notice requirement on such services. Forty-three out of the 115 required Officers are in place, more staff are being trained and recruitment campaign is planned for early 2020.¹⁷⁷ The NDA has advised the NTA and Irish Rail that they need to monitor the effectiveness of this Customer Service Officer service.
- The National Transport Authority (NTA) reported that in 2020, it will roll out bus poles throughout the country that will have yellow carousels and flags at the top of each poles.¹⁷⁸ These poles will therefore be more visible and more recognisable to persons with sight loss, persons with intellectual

¹⁷⁵ Department of Tourism, Transport and Sport. *2019 Work Programme (Q3 and Q4 Updates)*. 2019.

file:///H:/Downloads/49487_6cd114e89ce3473a97d9678a7a5bbb49.pdf

¹⁷⁶ Department of Tourism, Transport and Sport. *2019 Work Programme (Q3 and Q4 Updates)*. 2019.

file:///H:/Downloads/49487_6cd114e89ce3473a97d9678a7a5bbb49.pdf

¹⁷⁷ Department of Tourism, Transport and Sport. *2019 Work Programme (Q3 and Q4 Updates)*. 2019.

file:///H:/Downloads/49487_6cd114e89ce3473a97d9678a7a5bbb49.pdf

¹⁷⁸ Department of Tourism, Transport and Sport. *17th Meeting of the Accessibility Consultative Committee (ACC)*. 2019. <https://assets.gov.ie/42246/67c484f2d912437fbd6dc87f3c20e7b9.pdf>

- disabilities, and persons with autism spectrum disorder, older people, visitors and tourists. The NTA is engaging with a number of organisations in this regard. The NDA welcomes the above developments, as we have 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 have been completed in Cavan, Monaghan and Drogheda stations in 2019 with works in Ballyshannon and Sligo stations underway and a number of tenders for other towns and cities underway.¹⁷⁹
 - In 2019, Irish Rail began user testing a DART Disability App¹⁸⁰ to help persons with disabilities pre-book assistance and to manage their journey. A new pilot application to assist customers arriving in major train stations was also being developed which will be live in early 2020. The NDA has provided Irish Rail and the NTA with guidance and advice that will help them to ensure that these apps are universally designed.
 - It has been recently highlighted that many lifts on the rail and DART network are out of service for long periods of time. Irish Rail plans to replace and upgrade lifts at all Dart and commuter rail stations over the next five years.¹⁸¹
 - Persons with disabilities in urban and rural areas have stated that they have issues with booking wheelchair accessible taxis and taxis not showing up despite booking in advance. The NTA provides a grant for wheelchair accessible vehicles. The number of wheelchair accessible taxis in Ireland has increased from 2,220 wheelchair accessible vehicles (taxis and hackneys) in 2018¹⁸² to 3,100 in 2020 (February).¹⁸³ This corresponds to an increase in the overall fleet that is wheelchair accessible from 10% to 14.3%. The NTA has published a register of wheelchair accessible vehicles in every county with the drivers' phone number and email address on the

¹⁷⁹ Department of Tourism, Transport and Sport. *2019 Work Programme (Q3 and Q4 Updates)*. 2019.

file:///H:/Downloads/49487_6cd114e89ce3473a97d9678a7a5bbb49.pdf

¹⁸⁰ Irish Rail. Passenger Assistance Prototype App. <https://www.irishrail.ie/travel-information/accessibility-onboard-trains/access-dart-app>

¹⁸¹ Cónal Thomas. *Irish Rail Says it Plans to Replace and Upgrade all its Lifts over the Next Five Years*. 2020. <https://www.thejournal.ie/irish-rail-lift-upgrades-4996425-Feb2020/>

¹⁸² NTA. *Taxi Statistics 2018*. 2019. https://www.nationaltransport.ie/wp-content/uploads/2019/10/Taxi_Statistics_Bulletin_2018.pdf

¹⁸³ National Transport Authority. Vehicle licences by category website. <https://www.nationaltransport.ie/taxi/publications-and-regulations/statistics-and-legislation/vehicle-licences-county-and-category-31st-january-2019/>.

Transport for Ireland’s website.¹⁸⁴ A comparison of the number of wheelchair accessible vehicles and the population of persons with a disability in each county (based on census 2016) shows notable diversity across the country. The number of persons with disabilities to the number of accessible taxis/hackneys ranges from 86 in Dublin to 1,685 persons with disabilities for every accessible taxi/hackney in Tipperary. When restricted to persons with disabilities who have a condition that substantially limits one or more basic physical activities, the ratio ranges from 33 in Dublin to 741 in Tipperary (Table 4). Clearly, not all persons with a disability require wheelchair accessible taxis but this analysis gives some indication of the inequity in taxi distribution. The NDA would like to see a continued increase in numbers of wheelchair accessible vehicles, a more equitable distribution across the country, and increased performance by taxi services showing improved access by customers with disabilities.

Table 4: The ratio of the number of persons with a condition that substantially limits one or more basic activities to number of wheelchair accessible taxis in their county, 2020

County	Ratio of persons with a limiting condition to number of wheelchair accessible taxis
Tipperary	741
Clare	363
Wexford	359
Mayo	299
Kerry	256
Donegal	223
Sligo	210

¹⁸⁴ Transport for Ireland. Wheelchair Accessible Vehicle (WAV) Register. <https://www.transportforireland.ie/getting-around/by-taxi/wheelchair-accessible-vehicle-wav-register/>

County	Ratio of persons with a limiting condition to number of wheelchair accessible taxis
Longford	185
Offaly	176
Wicklow	164
Limerick	163
Louth	153
Cork	150
Waterford	144
Cavan	140
Meath	137
Monaghan	137
Kilkenny	136
Kildare	134
Roscommon	132
Westmeath	112
Leitrim	102
Laois	99
Carlow	90
Ireland	78
Galway	63
Dublin	33

Indicator 8.1b Percentage of bus stops that are accessible according to a Universal Design Audit Tool: There are currently 12,000 bus stops throughout the country. In 2018, the NTA conducted an accessibility audit of bus stops serviced by high floor coaches in towns with a population of over 5,000.¹⁸⁵ This audit identified 43 towns requiring accessibility enhancements to accommodate 2 stops (one in each direction). The NTA estimates that work on these projects will be completed by the end of 2021 subject to funding.

The NDA will be discussing with the NTA the most effective approach for improving the accessibility of the remaining 11,917 bus stops across the country. The NDA welcomes the fact that work has been progressed on increasing the number of wheelchair accessible bus stops but advises the NTA that these stops will need to be user tested by persons with different disabilities to ensure they are easy for a diverse range of users to access. The NDA also suggests that the NTA and /or the Local Authorities should monitor these bus stops on an annual basis to ensure they are maintained and still accessible.

Indicator 8.2a. Level of accessibility of public buildings: (Note this indicator is the same as 1.5b) 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'.¹⁸⁶ This review was carried out under Action 26 of the National Disability Inclusion Strategy. 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. The review found that currently, there appears to be 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. There was a general consensus among the public bodies interviewed, as part of the review, that the 2022 deadline would be very challenging to achieve. It should be noted that only a small number of public bodies participated in the review.

The review recommends that public bodies should prioritise buildings that are open to the public for improvement and take a targeted approach to carrying out

¹⁸⁵ Department of Tourism, Transport and Sport. *2019 Work Programme (Q3 and Q4 Updates)*. 2019.

file:///H:/Downloads/49487_6cd114e89ce3473a97d9678a7a5bbb49.pdf

¹⁸⁶ NDA & OPW. *An Operational Review of the Effectiveness of Section 25 of the Disability Act*. 2019. <http://nda.ie/Publications/Environment-Housing/Environment-Publications/Operational-Review-of-the-Effectiveness-of-Section-25-of-the-Disability-Act-20051.pdf>

access audits and improvement works, based on a building's use and existing levels of accessibility. It also states that embedding and integrating Universal Design principles and accessibility into building design, alterations, leasing, management and maintenance processes is central to achieving compliance with Section 25 of the Disability Act.

Action 25 of the National Disability Inclusion Strategy states that the OPW, and all departments and public bodies will bring all public sector buildings into compliance with the revised (2010) Part M accessibility standards by 2022. This will require each Department and body to identify what works are required and to have an action plan with specific timeframes to progress compliance and budget for same. The NDA will continue to engage with the OPW and others with a view to establishing mechanisms to monitor progress.

Conclusions and Recommendations

This review of NDIS indicators has shown areas of progress in reaching the aims of the NDIS strategy and areas in need of improvement. The ratification of the UNCRPD was an important milestone in the life time of this strategy and the commitment to develop a fuller national action plan and action plans by each department and body is important to supporting more detailed indicators, and supporting enhanced data sources. The Irish Sign Language Act is one piece of recent legislation that will impact the lives of the deaf community. While this is welcomed by the NDA we are concerned that there is a lack of awareness in the public sector around their obligations to comply with this legislation. There are some key pieces of legislation that are outstanding and advancing them in the remaining years of the strategy is crucial. These include Deprivation of Liberty legislation, fully commencing the Assisted Decision Making (Capacity) Act, which would then allow full operation of the Decision Support Service, and reform of Mental Health Legislation.

The indicators in this report, while limited, have again highlighted the gap between people with and without a disability in terms of lower levels of employment, education and self-reported health, and higher standardized mortality rates, rates of poverty and experiences of discrimination for persons with disabilities. While there are improvements in some areas, for example, a reduction the consistent poverty rate over time, this reduction has been found for both people with and without disabilities and therefore the gap between the two groups persists. The indicators also highlighted that access to services for people with disabilities has not adequately progressed, nor is there clear information of a planned approach for improvements by all bodies. Many children under 18 years of age are still being admitted to adult psychiatric units. The

timely completion of Assessment of Needs for children was very poor, many children requiring CAMHS wait more than three months for an appointment, and the availability of these services is not equitable across the country, differing widely across CHO areas. However, the Access and Inclusion Model for pre-school children has been a success story with an evaluation showing positive impacts for children.

The indicators highlighted the slow pace of decongregation, a HSE policy since 2011. They also highlighted discrepancies between HSE policies for residential disability services (for persons with intellectual, physical and sensory disabilities) and residential services for people with mental health difficulties for which more research is required. Lack of regulation of 24-hour community psychiatric residences is also of concern.

While there are still issues in relation to accessing transport there have been a number of improvements such as shorter notice periods for using rail services, improvements in accessibility of stations and bus stops and the introduction of Customer Services Officers. The NDA are working on a set of indicators specifically to monitor the transport sector. A number of pilot or demonstration projects are underway examining personalised budgets and implementation of the person-centred framework. It is important that once the demonstration projects are completed, roll out commences as soon as possible following the relevant programme modifications.

A key weakness in this indicator report is that for most indicators there are no targets in the current strategy against which to measure any incremental changes. There were also some indicators for which there were little or no data available. For the next NDIS indicator report which will be developed at the end of the strategy, data from census 2021 should be available which will fill some of these gaps. The NDA will continue to work with relevant government departments and agencies to make every effort to fill the other gaps.

Issues raised in this report on any activities in the NDIS which are not progressing as expected will be explored in more depth in the NDA's annual independent assessment. This mid-term indicator report should be considered a complement to that annual report.

Recommendations:

Based on the findings of this review and focusing on the data rather than the substantive issues which are covered in the NDA's independent assessment the NDA offers advice in a number of areas below. These are presented under the heading of the responsible department or agency.

All Government Departments and Agencies/ NDIS Steering Group

- Use the revised NDIS and the findings of this report to help inform an over-arching UNCRPD implementation plan that includes SMART indicators with targets.
- Where departmental disability action plans are developed under an over-arching UNCRPD implementation plan the actions and indicators should be developed in tandem.
- All public bodies need to make themselves aware of their obligations under the EU Web Accessibility Directive, and commence measures to achieve compliance. Reports on this compliance will be used in future indicator reports.
- All public bodies need to make themselves aware of their obligations under the ISL Act 2017 and commence measure to achieve compliance. Reports on this compliance will be used in future indicator reports.
- Implement the recommendations set out in the Operational Review of Section 25 of the Disability Act which relates to accessibility of public sector buildings taking a Universal Design approach. Reports on this compliance will be used in future indicator reports.

HSE

- Avoid static targets in KPIs and review regularly, particularly upwards once a target is met.

Department of Communications, Climate Action and Environment

- Transpose the EU Web Accessibility Directive and set up a monitoring body. The monitoring body will be used as a source of data for the next indicators report.

NDA

- Develop a list of data sources where there are gaps in data collected, for example, some databases do not collect data by gender or disability. Continue to work with the collecting organisations to see if these gaps can be addressed.

Next steps

This report is available to the NDIS Steering Group to guide considerations and will be published at a later date. The suite of indicators will be revised in light of the mid-term review and forthcoming UNCRPD national implementation plan. The NDA will continue to work to build access to more data sources:

It is recognised that a survey with persons with disabilities would supplement this information, particularly in relation to gaps in sources of information e.g. accessibility of buildings and services. Such a survey could be undertaken at relevant intervals to measure change. The NDA has also advised that the CSO conduct a large-scale national disability survey to maximise input from those with disabilities.