



**The Disability Participation and Consultation
Network's Response to the State's Draft
Report on the United Nations Convention on
the Rights of Persons with Disabilities**

April 2021

This submission was commissioned by Inclusion Ireland on behalf of the Disability Participation and Consultation Network (DPCN). Inclusion Ireland is the organising member of the DPCN. There are four grant-funded members; AsIAM, the Disability Federation of Ireland, Mental Health Reform, and the DPO Coalition - A Coalition of National Organisations of Disabled Persons. Individuals and other disability organisations are part of a wider group of non-funded members.

This submission reflects the commentary from a series of consultation meetings, organised by the DPCN. The consultation notes were analysed by ACE Communication Ireland. This submission was prepared by ACE Communication in collaboration with members of the Interim Steering Group of the DPCN.

The views contained in Appendix 2 of this submission are those of participants at the consultation meetings and may not reflect the views of all DPCN members.

April 2021

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Glossary of terms

- **Changing Places:** This is a campaign for toilet facilities that provide extra equipment like a hoist and an adult sized changing bench.
- **Disabled Person's Organisation (DPO):** This is an organisation led, governed, and managed by persons with disabilities. The members are persons with disabilities themselves.
- **Part M Building Regulations:** This deals with the access to and use of buildings; buildings and the facilities in them must be designed in a way that enables all people to use them.
- **Personalised Budget:** This is an amount of money that a person with a disability may get from the HSE. They can use this money to pay for their own services and supports, instead of having their needs met directly for them by the HSE and HSE funded service providers.
- **Progressing Disability Services:** This is a national programme to reorganise children's disability services. It aims to make services equitable and consistent for all.
- **Public Sector Duty:** This is a law in Ireland that says that all public bodies have responsibility to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users, and everyone affected by their policies and plans.
- **State's Draft Report:** The State has to submit a report to a UN committee to outline the progress made in implementing the Convention. The State's Draft Report is the first version of this report. The State invited individuals and groups to comment on the Draft Report.
- **The Assisted Decision Making (Capacity) Act 2015:** This is a law about supporting decision-making and maximising a person's capacity to make decisions. It was signed into law in December 2015.
- **The CRPD Committee:** The Committee on the Rights of Persons with Disabilities (CRPD) is the body of independent experts which monitors implementation of the Convention by the States Parties. All States are obliged to submit regular reports to the Committee on how the rights are being implemented.
- **The Disability Participation and Consultation Network (DPCN):** This Network was initiated in December 2020 to make sure that persons with disabilities have a say in the development of legislation and policies.

- **The EPSEN Act 2004:** This is a law about the education of children with special educational needs. It says that children with special educational needs should be educated, wherever possible, in an inclusive environment. Children with special educational needs should have the same rights to education as other children.
- **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD):** This is an international agreement to protect the rights of persons with disabilities. The Irish Government signed the Convention in 2007. In 2018, the Convention was ratified in Ireland.
- **Universal Design:** This means designing a building, service, product, or information so that it can be accessed, understood, and used by all people, regardless of their age, size, or disability.

DPCN Submission

Introduction

The Disability Participation and Consultation Network (DPCN) was recently established in December 2020 to ensure that persons with disabilities are actively engaged and directly consulted in the development of legislation and policies. The DPCN was initiated and is being funded by the Department of Children, Equality, Disability, Integration and Youth. It is in the early stages of being established and Network structures have yet to be developed.

The first task of the DPCN is to respond to the State's Draft Report on the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

This submission reflects the views expressed during an online consultation organised by the DPCN. Overall, there was strong support for the consultation process and participants engaged enthusiastically, expressing a broad range of opinions and ideas. The consultation focused on 12 articles. Appendix 1 of this submission provides detail on the consultation process. Appendix 2 outlines the discussion on each article.

There was some confusion about the role of the DPCN and persons with disabilities in the development of the State's Draft Report and in the process for responding to it. As the DPCN was very recently established, it had little time to get off the ground before this consultation and submission had to be undertaken. This is the first time some participants had been involved in such a process and it was a valuable learning experience. However, the confusion highlights the need for more information and awareness-raising on human rights conventions and how States report on implementation.

Comments on the content of the State's Draft Report

- The State's Draft Report is weak and does not accurately reflect the reality for persons with disabilities in Ireland. It does not adequately address many of the key issues for persons with disabilities or acknowledge the failings of the State in relation to these.
- The State's Draft Report does not cover the barriers and obstacles that persons with disabilities encounter in their everyday lives and their interactions with the State.
- There is a lack of data around persons with disabilities, which hinders both advocacy and policy-making.
- The State's Draft Report lists developments and actions which have not actually happened or been fully enacted.

- While the State's Draft Report provides an impressive list of programmes, policies, and strategies, it does not discuss the implementation of these, the problems they have encountered, or how successful they have been.
- The State's Draft Report lacks concrete targets, timelines, measurable actions, or outcomes.
- The State's Draft Report focuses too much on the future and on what may be achieved down the road.
- It reinforces the notion of persons with disabilities as receivers of care, rather than contributors to society.

Urgent actions required

Persons with disabilities and Disabled Person's Organisations (DPOs) are the heart of the Convention. This is not reflected in the State's Draft Report. A differentiation must be made between DPOs and non-DPOs. DPOs must be recognised and prioritised. The State must commit to the adequate funding of DPOs to support the participation and representation of persons with disabilities.

There was broad agreement that Ireland has developed a number of laws, policies and strategies that could have a positive impact on the lives of persons with disabilities. However, the State's Draft Report fails to address key concerns in relation to implementation, transparency, and accountability.

Persons with disabilities requested to be involved in the design and management of consultation processes going forward and in the writing of responses and submissions, so their true experiences are captured and fully appreciated.

Equality

Persons with disabilities report that they experience barriers in many different aspects of their lives. They feel there is a constant need to fight for equal treatment. The comments below arose primarily as part of the discussions on CRPD Articles 6, 7, 12, 13 and 19.

- The State's Draft Report does not clearly identify the actions the Government is undertaking to promote equality.
- The State's Draft Report does not reflect the lack of choice that persons with disabilities have in the services and supports they receive. It does not acknowledge the lack of equity in how resources are organised and distributed, for example, across geographic regions and disability types.

- The State's Draft Report fails to highlight the delays that children with disabilities and their families experience in accessing time critical medical or therapy services such as ENT, MRIs, surgeries, psychological supports, speech and language therapy, occupational therapy. Some participants in the consultation reported waiting times of up to four years. The State's Draft Report does not acknowledge that this lack of access means that children can have enduring needs into adulthood and less opportunities in life.
- The State's Draft Report does not reflect gaps in training for staff in mainstream public and community services so they can understand and respond to the needs of persons with disabilities. It does not say how it will ensure that the Public Sector Duty is implemented so staff are aware of their obligations to treat people equally.
- The State's Draft Report does not say how the State will collect more comprehensive data on persons with disabilities to accurately plan for future needs.
- The State's Draft Report does not commit to the provision of information and education for persons with disabilities around rights, the law, and access to justice.
- The State's Draft Report does not highlight the very low numbers of people currently in receipt of a Personalised Budget. It does not propose a wider implementation of Personalised Budgets to ensure access for as many people as possible.
- The State's Draft Report fails to recognise that persons with disabilities were more significantly impacted than others during the Covid-19 pandemic. It does not prioritise the resumption of day and other support services, or the provision of clear timelines in relation to access to these vital services.

Respected as experts with experience

Persons with disabilities must be recognised as experts with living experience of disability. The comments below arose primarily as part of the discussions on CRPD Articles 6, 9, 12, 25 and 29.

- The State's Draft Report does not reflect the delays in fully enacting The Assisted Decision Making (Capacity) Act 2015. It does not communicate clearly how progress will be made going forward.
- The State's Draft Report does not commit to adequate funding for the Decision Support Service, or to starting the operation of the service as soon as possible. The proposed date for commencement is 2022.
- The State's Draft Report does not reflect the need for health and social services to be person-centred rather than system-centred.

This would give people back control and the freedom to make their own decisions.

- The State's Draft Report does not prioritise the need for persons with disabilities to be represented on patient advocacy groups, steering groups, forums, and decision-making bodies, so their living experience can be heard. The State's Draft Report does not recognise the frustration expressed by participants about being on consultative committees but having little impact or influence on decision-making processes.
- The State's Draft Report does not emphasise the need for all complaints systems to be user friendly and accessible.

The cost of living with a disability

Financial pressures are a barrier to persons with disabilities participating fully in society. National and international evidence highlights the additional costs of living with a disability. The comments below arose primarily as part of the discussions on CRPD Articles 6, 7, 19, 25, 27 and 28.

- The State's Draft Report does not reflect the additional personal and social costs of living with a disability. It does not acknowledge the fact that persons with disabilities are being pushed into poverty.
- The State's Draft Report fails to highlight that the Standard Disability Allowance payment, and other disability related welfare payments, are inadequate to meet basic needs and support independent living. Participants suggested that the Disability Allowance should be brought up to the level of the Pandemic Unemployment Payment.
- The State's Draft Report does not recognise the impact of disability on the family unit:
 - Families of children with disabilities can have a lower income because of the cost of living with a disability
 - One or more family members may be required to give up their job, change their job, or change their working hours in order to provide long-term care to a person with a disability.
- Persons with disabilities often have to pay for private health insurance or pay privately for therapies, treatments, medical equipment, aids and appliances, and personal assistance hours. The State's Draft Report does not acknowledge the additional financial pressure this puts on individuals and families.
- The State's Draft Report does not identify the need to simplify the process of applying for financial supports. This would reduce the administrative burden on persons with disabilities and their families.

- The State's Draft Report does not recognise that the current system of means testing for certain benefits needs to change; means tests should disregard any income used to cover costs associated with having a disability.
- The State's Draft Report does not commit to changing the system for medical cards. Participants said that all persons with a disability should automatically get a medical card. It should not have to be renewed every year.
- The State's Draft Report does not concede that grants and allowances are not keeping pace with increasing costs, and there are often shortfalls. This excludes people from availing of them. Grants and allowances should provide enough financial support for persons with disabilities to live an independent life.

Accessibility and mobility

Inaccessible environments cause stress, anxiety, vulnerability, embarrassment, isolation, and segregation for persons with disabilities. Lack of access impacts many aspects of life including education, employment, leisure, and social activities. The comments below arose primarily as part of the discussions on CRPD Articles 9, 19, 20 and 27.

- The State's Draft Report does not reflect the lack of consistency in the implementation of Universal Design. It does not say how laws and policies will ensure that spaces, places, services, and information are designed with accessibility in mind from the outset. The State's Draft Report is not clear on enforcement mechanisms and statutory powers in relation to accessible environments and information. Participants emphasised the need for accountability and transparency nationally and locally, and sanctions for those that break the law.
- The State's Draft Report fails to highlight the fact that many public buildings are not fully accessible. This includes government buildings, public services, college buildings, healthcare settings, and leisure facilities.
- The State's Draft Report does not recognise that Part M of the building regulations is inadequate and needs to be revised.
- The State's Draft Report does not mention the lack of accessible toilets and, in particular, Changing Places facilities in most towns and cities. It does not commit to supporting initiatives such as 'Changing Places' which provides additional equipment such as a hoist and an adult sized changing bench.
- The State's Draft Report lacks detail on how public transport and infrastructure will be reviewed to ensure full accessibility in both urban and rural locations.

- The State's Draft Report does not explain how the role of Access Officers will be monitored and co-ordinated. It does not say how Access Officers will be trained to support persons with a range of different disabilities.
- The State's Draft Report does not commit to a single transport information website that is developed according to Universal Design principles.
- The State's Draft Report does not say how regulations in relation to the size of accessible parking spaces will be enforced.
- The State's Draft Report does not commit to ensuring that all public information is provided in a range of different accessible formats.
- The State's Draft Report does not emphasise the need for all public service websites to comply with the standards for web accessibility (W3C). It does not say if and how assistive technologies will be used to support access to public websites.

Education

The comments below arose primarily as part of the discussions on CRPD Article 24.

- The State's Draft Report is not clear on how the education system can be more inclusive.
- The State's Draft Report does not acknowledge the need to review the Education for Persons with Special Education Needs Act, 2004 (EPSEN), or to propose a plan for its consistent implementation nationally.
- Children with disabilities must have the chance to go to mainstream school if they wish. The State's Draft Report does not explain how the policies of schools will be monitored to ensure that primary and secondary schools cannot refuse to enrol a child with a disability.
- The State's Draft Report does not address the issues with Progressing Disability Services. The rollout varies from one geographic region to another. Some areas are very understaffed; there is no commitment to the establishment of full Multi-Disciplinary Teams in all regions.
- The State's Draft Report does not identify the low numbers of adults with disabilities at third level. It does not promote the need for creative thinking and engagement to facilitate those with disabilities to be part of this community. It does not address the limited number of modules available to adults with disabilities at third level.
- The State's Draft Report fails to acknowledge the existing gaps in career guidance supports for teenagers and adults with disabilities. It does not provide data on the supports currently available in

schools and third level institutions. The absence of these supports reflects the low expectations of young persons with disabilities.

- The State's Draft Report does not commit to the provision of increased mental health supports in the third level system.

Employment

The comments below arose primarily as part of the discussions on CRPD Articles 6, 19, 27 and 28.

- The State's Draft Report does not analyse how essential policies link together to ensure that persons with disabilities can maximise their employment opportunities, for example, accessibility, personal assistance, transport, social protection, education, and employment.
- The State's Draft Report does not address the poverty trap that persons with disabilities face when they try to take up employment. It does not acknowledge the need for a review of the rules in relation to work and social welfare payments. Persons with disabilities should not be financially punished if they take up work.
- The State's Draft Report must emphasise the importance of all workers being paid at least the minimum wage. Persons with disabilities should not be expected to work voluntarily, in a 'work experience' capacity, or on CE schemes on an ongoing basis.
- The State's Draft Report should highlight the positive impact a person with a disability can have in the workplace and promote the provision of reasonable accommodations.
- The State's Draft Report does not acknowledge the need for more investment in employment services for persons with disabilities.
- The State's Draft Report does not encourage the Government to increase the percentage of public sector jobs which are allocated to persons with disabilities. There should be more roles for persons with disabilities in the civil service, state agencies, public sector organisations and local authorities.

Health and wellbeing

The comments below arose primarily as part of the discussions on CRPD Articles 6, 20 and 25.

- The State's Draft Report does not acknowledge the extremely long waiting times for treatments and services, in particular, waiting times for Physiotherapy, Psychology and Occupational Therapy.
- The State's Draft Report fails to highlight the difficulties that persons with disabilities can experience when they try to get an appointment with a GP. There are no GPs in some areas and

persons with disabilities may need to travel long distances to access a service.

- The State's Draft Report does not recognise the need for increased spending on mental health so a wider range of supports and therapies can be offered. Treatments need to be extended beyond medication, and should include, for example, counselling, occupational therapy, or music therapy.
- The State's Draft Report does not reflect the challenges that persons with disabilities can face when trying to access mainstream health services.
- The State's Draft Report does not acknowledge the lack of accessible and Easy to Read information in many healthcare settings.

Independence and community living

To live independently, persons with disabilities need accessible environments and information, adequate assistance hours, appropriate housing, and transport. The comments below arose primarily as part of the discussions on CRPD Articles 9, 19, 20 and 28.

- The State's Draft Report does not reflect the difficulties that persons with disabilities have in accessing suitable housing in the community. Creative models of housing are needed that can respond to individual needs.
- The State's Draft Report fails to recognise the lack of inter-agency working in the provision of housing. This means a persons with a disability may get a house but not the supports they need to live there.
- The State's Draft Report does not prioritise the development of a Housing and Disability Strategy. There should be a recommendation that local authorities have an allocation of social housing for persons with disabilities.
- The State's Draft Report does not identify the policy gap in addressing the needs of persons with disabilities living at home and depending on their families.
- The State's Draft Report does not reflect the need for advocacy services to support persons with disabilities to live independent lives and make their own decisions.
- The State's Draft Report does not recognise that Personal Assistance (PA) hours are inadequately funded. The importance of assistance hours to independent living must be recognised. There should be transparent criteria, assessment guidelines, and allocation procedure for PA services. There is an absence of

statistics in the State's Draft Report in relation to the provision of PA supports.

- The State's Draft Report does not highlight the need for more home help services.
- The State's Draft Report does not acknowledge the very limited access to 'out of hours' services.
- The State's Draft Report does not recognise the lack of safe, accessible community facilities to support the needs and interests of persons with different disabilities, for example, accessible parks and playgrounds, dog free parks, allotments, accessible parking spaces, accessible bathrooms and changing facilities.

Taking part in political and public life

The comments below arose primarily as part of the discussions on CRPD Article 29.

- The State's Draft Report fails to recognise the need to support persons with disabilities to stand for election. It lacks detail on models and policies to facilitate this. For example, a fund to help with campaign costs, or the provisions of reasonable accommodations.
- The State's Draft Report does not emphasise the importance of political parties providing campaign materials in accessible formats so persons with disabilities can make an informed choice when voting.
- The State's Draft Report should say how the Government will be proactive in encouraging persons with disabilities to vote. There should be information and education on the voting process. Accessibility supports for voting should be in place across the country.

Appendix One

Introduction and Background Information

The Disability Participation and Consultation Network

The Disability Participation and Consultation Network (DPCN) was recently established to ensure that persons with disabilities are actively engaged and directly consulted in the development of legislation and policies. This is in line with the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Inclusion Ireland is the organising member of the DPCN. There are four grant-funded members; AsIAM, the Disability Federation of Ireland, Mental Health Reform, and the DPO Coalition - A Coalition of National Organisations of Disabled Persons¹. Individuals and other disability organisations are part of a wider group of non-funded members.

Language use

The term 'persons with disabilities' is used in this submission. It is important to note that persons with disabilities identify in different ways. Some prefer person first language whilst others identify according to disability.

It was suggested during the consultation that the term 'living experience' is used in this submission in preference to 'lived experience'.

The development of the State's Draft Report

During the consultations there was some confusion regarding the reporting process to the UN CRPD Committee. Some participants were critical they were not consulted when the Government was drawing up the State's Draft Report. However, it is the State's responsibility to first produce a draft report and then put it out for consultation to the public.

There was also some criticism of the DPCN consultation process in terms of the short timeframe, reduced opportunity to discuss, debate and analyse issues. Some participants were also critical of not being given an opportunity to comment on the DPCN report before being submitted to the Department of Children, Equality, Disability, Integration and Youth.

¹ DPO Coalition members include AsIAM, Disabled Women Ireland, Independent Living Movement of Ireland, Irish Deaf Society, National Platform of Self Advocates and Voice of Vision Impairment.

The Consultation

The Disability Participation and Consultation Network (DPCN) led a consultation on the State's Draft Report in March 2021. The consultation focused on twelve articles from the UNCRPD, articles concerned with the everyday reality of people's lives:

- Article 6 - Women with disabilities
- Article 7 - Children with disabilities
- Article 9 - Accessibility
- Article 12 - Equal before the law
- Article 13 - Access to justice
- Article 19 - Living independently and being part of the community
- Article 20 - Mobility
- Article 24 - Education
- Article 25 - Health
- Article 27 - Work and employment
- Article 28 - Adequate standard of living and social protection
- Article 29 - Participation in political and public life

The consultation was conducted online and comprised of six sessions – each one exploring two articles from the UNCRPD. There were a number of breakout rooms for each session. Each room had a facilitator and notetaker. Accessible presentations were provided for each session, and accommodations were in place to support participants.

Participants

The consultations were open only to the membership of the DPCN. Approximately 30 people, individuals, and representatives of organisations, participated in each session with 190 attending across all six sessions. Some participated in one session only, whilst others engaged in multiple sessions. In total, 80 different individuals and organisations gave their views on the State's Draft Report. Over half of those participating were persons with disabilities. Other participants included parents and family members, representatives of organisations supporting persons with disabilities, staff members from service provider organisations, and community members.

Children with disabilities were not included in the consultation process since disabled children or children's organisations are not members of the DPCN. However, a consultation session focused on the rights of children with disabilities.

Data Analysis

Summary notes were provided to Ace Communication from each consultation session for analysis.

In addition, two organisations that are DPCN members, Disability Federation of Ireland (DFI) and Mental Health Reform (MHR), submitted written reports following their own consultation processes. DFI held a public webinar on the process of civil society's involvement in the State's Draft Report. They then delivered 3 round tables for persons with disabilities, addressing access to the physical environment, access to services, and participation in political and public life. MHR held two online consultations; one focused on the topics of work, education, and government supports, whilst the other looked at health, awareness raising and mental health, and access to justice and equal recognition before the law. The findings from these were merged with the analysis from the DPCN consultation. All the material generated was analysed and used to compile this submission.

Appendix 2

This appendix outlines in more detail the issues raised in breakout rooms on each of the 12 CRPD articles.

Section 1: Article 6 Women with Disabilities

The living experience of disability

- Women with disabilities experience barriers in many different aspects of their life, for example, employment, retirement, and healthcare.
- Financial pressures, as a result of low income, are a barrier to women with disabilities participating fully in society.
- There are limited employment options available to women with disabilities.
- The rules around the Disability Allowance make it difficult to take up employment or participate in CE schemes.
- The means test for certain entitlements is not helpful to women with disabilities.
- It is difficult for women with disabilities to get their voice heard and be believed.
- There is limited access to politics for persons with disabilities but particularly for women with disabilities.
- Women with disabilities have to fight to be respected as experts on themselves and their lives.
- Women with disabilities can feel dismissed by medical and other healthcare staff, for example, when doctors talk to family members and not to the woman herself.
- The health needs and preferences of women with disabilities can be ignored or rejected.

A summary of the urgent issues identified in relation to Article 6

- Women, including women with disabilities, should make decisions about the things that affect their lives.
- Women with disabilities need better access to information on their rights, for example, legal rights, reproductive rights, maternity rights.
- The medical model needs to be challenged in hospitals and at local government level. Women should be facilitated to make their own decisions about their body and their health.

- Women with disabilities need more accessible information on women's healthcare, for example, information on the menopause or fertility treatment, access to sign language interpreters for healthcare appointments, access to Easy to Read information on medical conditions and treatments.
- Staff in mainstream public services, such as health, need specific training so they can understand and respond to the needs of women with disabilities.
- The National Strategy for Women and Girls 2017 to 2020 highlights a lack of research on women with disabilities in Ireland. More information on the implementation of this Strategy is required.
- Better supports are required for women with disabilities that experience domestic violence. This includes support from the Gardaí, access to a Social Worker, and access to the courts.
- The motorized transport grant and the mobility allowance should be reinstated as these support women's independence and autonomy.

Section 2: Article 7 Children with Disabilities

The living experience of disability

- Children with disabilities still experience segregation in many aspects of their life.
- Not all children with disabilities have access to the services and supports they need. Families do not have timely access to time critical medical or therapy services such as ENT, MRIs, surgeries, psychological supports, speech and language therapy, occupational therapy. This means children can have enduring needs into adulthood.
- There is still a lack of equity in how services are organised and delivered to children with disabilities. For example, Progressing Disability Services, Early Intervention services and Assessment of Need are not working well in all parts of the country. In some areas, children are referred but wait far too long for appointments. Waiting times are reported of up to four years.
- Parents often have to pay for private therapy and educational services.
- Medical and other specialist appointments are often in Dublin. This puts pressure on families with implications for travel and cost.
- The families of children with disabilities can have a lower income because of the cost of living with a disability. This is not recognised.
- The Access and Inclusion Model (AIM) looks great on paper but there are significant problems in reality including long delays, too

much paperwork, and difficulties recruiting the right staff. AIM is a model of supports designed to ensure that children with disabilities can access the Early Childhood Care and Education Programme.

- Some children with disabilities have negative experiences at school with both teachers and peers. There can be a lack of understanding of their disability and in turn their support needs. They can feel isolated and lonely.
- Children with disabilities and their families are not getting the supports they need during the Covid-19 pandemic. Key therapy staff were moved to contact tracing positions during the pandemic which was very frustrating for those on waiting lists.
- Online learning during the Covid-19 pandemic is very difficult for children and young adults with disabilities.

A summary of the urgent issues identified in relation to Article 7

- The care provided to children with disabilities needs to be more co-ordinated. Doctors, specialists, multi-disciplinary teams, childcare, and education staff should work together to assist the family to get the right supports for their child.
- Progressing Disability Services is not addressing the key issues for children and their families. There is concern that it may take more clinicians from certain groups of children, for example, special schools. The rollout varies from one county or geographic region to another. Some areas are very understaffed. Full Multi-Disciplinary Teams are required in all regions as soon as possible.
- Staff education and training in childcare, early education, and school settings is very important. There should be specific training to support children with different disabilities.
- Early intervention should be available for all children with disabilities; this might take pressure off the system down the line.
- The educational supports available to children with disabilities in state funded schools should also be made available to those who are home schooled or availing of alternative schooling.
- A policy to limit the time children are on a school bus is waived for children with disabilities. This should be looked at.
- There is a need for disability and equality training in all primary and secondary schools.
- Teenagers and young adults with disabilities need education on relationships, sexuality, and on managing their health and hygiene.
- Medical professionals should engage with teenagers with disabilities and communicate with them and not only to their families.

- In special schools there may be higher levels of bereavement. More bereavement supports and therapies should be available to the children in these settings so they can cope with loss.

Section 3: Article 9 Accessibility

The living experience of disability

- There is a lack of meaningful consultation and engagement with persons with disabilities around accessibility. There is a sense that we keep having the same disagreements with little progress.
- Access for all does not always promote accessibility for persons with disabilities. There may be competing needs and priority may be given to others, for example, cyclists in transport plans.
- Not all public buildings are fully accessible, even relatively modern buildings. This includes colleges, university buildings, government buildings, public services, and healthcare facilities. Historic or listed buildings can be very difficult to access; sometimes they cannot be changed because they are protected.
- Toilets for persons with disabilities can be extremely poor. There are not enough accessible toilets, and there can be issues when they are available, for example, insufficient turning space for wheelchairs. There are no Changing Places toilet facilities in many towns which means that persons with disabilities have to limit the time they spend away from home or a day centre.
- There have been a number of positive changes with public transport, such as changes to the DART and rail services. However, there are still many issues. Examples include:
 - A huge shortage of wheelchair accessible taxis.
 - Ramps in some taxis which are unsteady and dangerous.
 - Some accessible taxi vehicles that are not fit for purpose.
 - Two large wheelchairs cannot access one bus, so it is not possible for two wheelchair users to travel together.
 - The position of the accessible seat on buses means you sit with your back to the driver. This can cause motion sickness.
 - Ramps on some buses are not easy to use.
 - Some bus stops are close to or cross a cycle track which presents particular dangers for persons with disabilities.
 - Wheelchair users have to give advance notice for rail and DART services and have to pre-book a seat on a train.
 - Inadequate ramps at stations means wheelchair users can get stuck.

- Lifts at rail and DART stations are regularly out of order.
- There is a significant urban/rural divide with more problems with public transport in rural areas. Examples include a shortage of accessible public transport vehicles, limited services in certain regions, restricted timetables, distance to and location of bus stops.
- Persons with visual impairments experience additional difficulties using public transport.
- There are a number of apps available that could support accessibility. Some of these work well but others are too difficult for some persons with disabilities to use.
- Public services and government departments do not provide enough accessible information. Accessible information is a reasonable accommodation, but accommodations and other simple practical steps are not being implemented to support accessibility.
- Persons with sensory difficulties can be overlooked in the provision of accessible information.
- The role of Access Officer is not supporting the delivery of accessibility. The role is often an add on to other responsibilities and the Officers do not have decision making powers.

A summary of the urgent issues identified in relation to Article 9

- Universal Design offers solutions to many of the accessibility issues raised. However, the implementation of Universal Design is not consistent. This needs to be addressed urgently.
- Laws and policies must ensure that spaces, places, services, and information are designed with accessibility in mind from the outset rather than changing and retrofitting later.
- Existing laws and policies need to be updated and implemented. There needs to be clear enforcement mechanisms and statutory powers in relation to accessible environments and information. There needs to be accountability and transparency nationally and locally. There should be sanctions for those that break the law.
- Access Officer posts should be full-time, and their role should be monitored and co-ordinated. Access Officers should be trained to provide the supports that persons with a range of different disabilities need.
- Full accessibility in public buildings is needed so that it supports full inclusion and participation by persons with a disability. Part M of the building regulations is not sufficient and needs to be revised.

- Accessible toilets should be in every building. Changing Places toilet facilities should be rolled out nationally to ensure such facilities are located in buildings open to the public and in all towns.
- Public transport and infrastructure should be reviewed to ensure full accessibility in both urban and rural locations.
- We need a single transport information website that is easy to access. It should be developed according to Universal Design principles and should provide information on all forms of transport.
- There should be consultation with persons with disabilities on accessibility features such as colour contrast. These simple changes can make a significant difference in terms of accessibility, for example, the colour of buses, the design of bus stops.
- The Passenger/Travel Assistance Scheme, that works very well in Dublin, should be expanded and rolled out across the country. This is a scheme run by Dublin Bus to support persons with disabilities to use public transport on their own.
- Just a minute (JAM) cards and other similar initiatives should be promoted as these are very helpful. JAM Cards allow persons with disabilities to tell others they need 'Just A Minute' discreetly and easily.
- The regulations in relation to the size of accessible parking spaces should be enforced. Some parking spaces are too small or in unsafe locations, such as near cycle lanes.
- The Government should comply with the standards for web accessibility (W3C) on its public service websites. Information should be accessible to persons with different disabilities – visual, hearing, intellectual.
- Public information should be provided in a range of different accessible formats. Assistive technologies should be used to support access to public websites.

Section 4: Article 12 Equal before the law

The living experience of disability

- Persons with disabilities have little choice in the services and supports they receive. There is an unequal distribution of resources, for example, across geographic regions and disability types.
- There has been little change on the ground since the Assisted Decision Making (Capacity) Act 2015 was passed.
- Personal budgets can help individuals with a disability to make decisions about their supports and to have autonomy. Only a very small number of people have personal budgets at the present time.

- There is a constant need to fight and argue for equal treatment in health services. For example, some healthcare professionals talk to family members and assume the person with a disability cannot understand information or make a decision for themselves.
- The Mental Health Act 2001 was reviewed, and recommendations made. To date, progress has been slow and frustrating.
- There is a constant need to fight and argue for equal treatment in retail and financial services. Persons with disabilities report difficulties accessing ATMs, bank cards, and internet banking services. There are issues for some persons with disabilities in opening their own bank account and managing their own finances.

A summary of the urgent issues identified in relation to Article 12

- The Assisted Decision Making (Capacity) Act 2015 needs to be fully enacted. The Government needs to explain the delays and communicate clearly how progress will be made going forward.
- The law needs to be supported by practical policies which are implemented and monitored.
- The Decision Support Service needs to start operating as soon as possible.
- There should be wider implementation of Personalised Budgets to ensure access for as many people as possible.
- The State must be more proactive and comprehensive in communicating how it is addressing equality issues for persons with disabilities. Assistance services, such as the Assisted Decision Making (Capacity) Act, need to be promoted to all persons with disabilities.
- Practical supports need to be provided by all banks and financial institutions to assist persons with disabilities to set up accounts, use bank cards, use an ATM, and use online banking services. The laws on accessibility should be monitored and enforced.

Section 5: Article 13 Access to Justice

The living experience of disability

- Persons with disabilities may not know where to turn if they need to use the justice system. The system is complicated to understand and engage with.
- Some persons with disabilities are not aware of their legal rights.
- There are financial barriers to accessing justice – this is particularly pertinent for those with disabilities. The cost of solicitors is prohibitive. The financial risks have discouraged persons with

disabilities from taking legal cases that could set a precedent and bring positive changes for other persons with disabilities.

- It can be particularly difficult for those with intellectual disabilities or mental health difficulties to engage with the justice system. They may not be seen as a credible plaintiff, witness, or victim and may find it hard to obtain representation.
- Solicitors can be reluctant to take cases against state bodies, for example, HSE, TUSLA.
- Some court buildings around Ireland are not accessible - many are older buildings which are not wheelchair accessible.
- Some court services are making changes to better accommodate persons with disabilities, for example, quiet rooms.
- Persons with intellectual disabilities cannot sit on juries.
- Double discrimination can be experienced if the person is part of an ethnic minority group and has a disability.
- This National Advocacy Service is underfunded – this means they have to prioritise just the most urgent cases. This affects the ability of many to access justice.

A summary of the urgent issues identified in relation to Article 13

- The State should provide more information and education for persons with disabilities around their rights, the law, and access to justice.
- The lack of funding for the Decision Support Service, and failure to fully enact the Assisted Decision Making Act is a major barrier to persons with disabilities exercising their legal rights.
- There is a need for a specific service for persons with disabilities to provide legal representation and advice in relation to rights and entitlements. Persons with disabilities should know that this service is on their side.
- It is important that persons with disabilities can access education and career pathways so they can work in the justice system. The cost of training may be prohibitive for some people. There should be actions to address this and to ensure that persons with disabilities can be represented by others with living experience of disability and an understanding of the challenges.
- The Public Sector Duty needs to be implemented; staff in services should be aware of their obligations to treat people equally.

Section 6: Article 19 Living independently and being part of the community

The living experience of disability

- The urgent supported housing needs of persons with disabilities have received virtually no attention. There are long waiting lists for housing.
- Persons with disabilities experience discrimination when it comes to housing and other community supports. This is particularly relevant where people have a social care support requirement.
- Persons with disabilities have difficulty accessing suitable housing in the community. There is a lack of joined up thinking in the provision of accommodation and support, with limited options for housing and few individualised support models.
- Some people would like to live in a residential setting, others would prefer to have their own home. Some residential houses still have institutional practices in the community, for example, excessive rules or group-centred thinking.
- Some housing offered to persons with disabilities is not fit for purpose. Part M building regulations are not always implemented.
- The Government has only allocated funding for emergency residential places. There is a long waiting list for residential places.
- The lack of appropriate and affordable housing means that young adults with disabilities often live at home with their families and rely on their support at times in their lives when their non-disabled peers enjoy independence. Families experience additional stress as the main source of support for their family member with a disability. These family members may be elderly or ill.
- Some participants felt the Government has implemented decongregation too quickly. This means that people are not getting enough choice about where and with whom they live. Some individuals may not want to move out of a familiar setting. Other participants believe progress on decongregation is too slow and the numbers moving to the community are too low. There is agreement that not everybody wants the same thing. The voice of persons with disabilities still living in institutional settings needs to be heard. It was suggested that their experiences should be included in this report.
- A lack of data on the needs of persons with disabilities impacts on future planning for housing and other essential supports.
- Housing and Adaptation Grants are not fit for purpose. The means test poses a significant barrier for many as it is based on the total household income and not the income of the person with a

disability. The application process is onerous. The grant amount has not increased for years so has not kept pace with increasing costs.

- Personal Assistance (PA) are extremely limited and inadequate to support most persons with disabilities to live an independent life in the community. Availability varies from one geographic area to another. If a person moves into a house of their own without the right supports, their experience of independent living may be negative.
- Home help hours are inadequate to meet needs.
- If you are over 65 and you acquire a disability there is no service available to you.
- It is anticipated that New Directions will bring positive changes for persons with disabilities. However, a large cohort of people are not included in New Directions. New Directions is the HSE's approach to supporting adults with disabilities who use day services in Ireland.
- Personalised budgets are not being rolled out fast enough. There have been huge delays in implementation. The application process is difficult to access and does not support the choice and independence of the person. Applicants need more support with the paperwork and faster response times to applications. Persons with disabilities are reliant on their service provider to release funding which is a big barrier. The HSE and service providers still hold too much control.

A summary of the urgent issues identified in relation to Article 19

- The State's Draft Report needs to include more specific data, such as the number of people waiting for accessible housing, the number of people waiting for PA and home help supports, the number waiting to move from congregated settings.
- Every person should have the option of a rights-based Assessment of Need.
- We need creative models of housing that can respond to the individual needs of persons with disabilities. The Government should ensure an adequate supply of housing for persons with disabilities and eliminate the risk of homelessness.
- Government departments must work together to deliver on housing strategies. Implementation and slow progress are key issues here.
- There should be a specific requirement for local authorities to have an allocation of social housing for persons with disabilities.
- There should be a specific policy to address the needs of persons with disabilities living at home and depending on their families.

- There must be enforcement of law and policy to ensure housing is wheelchair accessible.
- The means test and application process for housing adaptation grants should be reviewed. Grant amounts need to be reviewed to ensure they are sufficient to adapt a house and make it accessible.
- PA hours must be adequately funded. The importance of assistance hours to independent living needs to be recognised. PA services should be demand led not resource led.
- There needs to be transparent criteria, assessment guidelines and allocation procedure around Personal Assistance Services.
- Home help hours must be adequately funded.
- Clear information is needed on the number of people still living in institutions. We must ensure these people get information about their rights and receive adequate supports if they move to a new setting. Funding should be available to progress moves to community living.
- Persons with disabilities must be represented on housing steering groups, housing forums, and decision-making bodies so their lived experience can be heard.
- There should be a simplified, transparent system for Personalised Budgets. Interested individuals should be supported through the application process. There needs to be more information on the demonstration projects. The Government must remove the service provider veto on the allocation of funding to the person.

Section 7: Article 20 Mobility

The living experience of disability

- Participants praised significant progress in mobility and accessibility over the last 20 years.
- There are long waiting times (years rather than months) for therapy supports such as Physiotherapy and Occupational Therapy. There are also long waiting times for mobility aids and supports.
- There is a lot of red tape and administrative burdens when applying for mobility supports.
- Using a wheelchair in the city centres is very difficult.
- The footpaths in some towns and cities are too narrow for wheelchairs. Paths are not adequately maintained.
- People park on footpaths blocking access for wheelchairs and creating difficulties for persons with a visual impairment.

- The 'Make Way Day' campaign and the Garda programme Operation Enable are very positive. 'Make Way Day' is a campaign that brings the disability and wider community together to consider the needs of people with disabilities in the public spaces we all share. Operation Enable is a multi-agency initiative to remind motorists of the need to respect the Disabled Parking Bays and to remind Disabled Parking Permit holders of the need to respect the conditions attached to the permits.
- There are not enough disabled parking spaces. These spaces are often taken up by abled-bodied people. Enforcement is weak with management reluctant to tackle illegal parking.

A summary of the urgent issues identified in relation to Article 20

- There is an urgent need for capacity building and training for many accessibility and mobility tools. Assistance stops once you are given a grant or provided with equipment. Ongoing supports are often required.
- There should be a 'one-stop-shop' for information on the grants and supports available for mobility.
- The primary medical certificate needs to be reviewed and updated.
- There should be a grant to support family carers to purchase a car.
- Persons with disabilities should be involved in town planning at council level so they can promote Universal Design.
- The 'Make Way Day' campaign should be ongoing.
- Disabled parking bays are often not wide or long enough. There is not sufficient space on the drive or passenger side.
- Access Officers should do an audit of disabled parking spaces. Fines for illegal parking in these spaces should be increased. Management options should be explored such as the flashing light system - this is activated by a card and goes off after card is removed when person leaves the space.
- Tax relief for guide dogs should be extended to other animals for other different disabilities.
- Computers and internet should be considered an essential utility.

Section 8: Article 24 Education

The living experience of disability

- Persons with disabilities do not feel they have equal access to education.
- Children with disabilities have been refused entry to a school if the school feels they cannot facilitate their needs. Some schools have

policies that omit children with disabilities. Even if the policy seems inclusive, the practice can be different.

- The EPSEN Act 2004 has not been implemented.
- Assessment of need is a barrier to accessing important supports.
- Mainstream schools struggle to find the resources to support children with disabilities. Schools trying to be inclusive are let down by under-resourcing. Parents and schools have to fight constantly for resources which is an additional burden.
- Class sizes are too big. This impacts on the learning of all children, but particularly those with disabilities and other support needs. Many children are falling behind.
- Children with disabilities in special schools may not get the opportunity to do state exams such as the Leaving Certificate. This restricts their opportunities after school.
- Deafblind children often do not get the communicative support they need. Their communication needs are different from other children and it is not considered.
- The educational needs of deaf children have not been addressed. Reports and policies have not been translated into action. For example, there is no funding in the Early Childhood Care and Education programme to be taught or supported through Irish Sign Language (ISL).
- There is a lack of knowledge and skills in the education sector in relation to Praeder-Willi syndrome.
- Many children and adults with intellectual disabilities are not taught the social and life skills they need to live independently.
- There is a lack of transitional supports from primary education to post primary to adult services.
- New Directions has been positive in adult day services and has brought a new focus on education and employment.
- The options for adults with disabilities when they leave school are limited.
- There are financial challenges which make it difficult for persons with disabilities to access third level education. Many students with disabilities are reliant on their parents for support. Grants are inadequate to cover all the costs the student faces.
- Persons with intellectual disabilities are under-represented in universities and colleges in Ireland. There are a number of segregated programmes, but persons with intellectual disabilities may want to participate in regular programmes.

- Some participants report positive experiences with third level colleges. Others found it difficult to get the accommodations they needed to participate in third level education. For example, PA hours, notetaker, individual tuition time, accessible books, grants, part-time courses, distance learning.
- The buildings in colleges and universities are not always accessible. It can be difficult to get across campus, into lecture halls and classrooms, and into social spaces. Fire evacuation procedures can be unsafe. Inaccessible environments put additional pressures on students, for example, by causing delays and making them late for classes.
- Fitness to study policies at third level are considered by some participants to be discriminatory.
- There are mixed experiences of support from Disability Officers.
- Some persons with disabilities feel stuck in a cycle of education. This is because there are no employment opportunities available to them when they graduate.

A summary of the urgent issues identified in relation to Article 24

- There should be a clear focus in the State's Draft Report on how the education system can be more inclusive.
- The EPSEN Act needs to be reviewed and updated. Following this, there should be a plan for consistent implementation nationally.
- The State's Draft Report fails to address the needs of children with Autism, children with speech, language and communication impairment, deaf children, deaf-blind children, and children with less visible or rare disabilities. There should be specific paragraphs in the report to detail their needs and the actions that will be taken to support them.
- Children with disabilities must have the chance to go to mainstream school if they wish. The policies of schools should be monitored to ensure that primary and secondary schools cannot refuse to enrol a child with a disability.
- There should be more language unit places for children with speech, language and communication impairments.
- School Principals need training in specific disabilities, such as Autism, so they better understand the needs of these pupils.
- Teachers and SNAs should be given the resources and training they need to support a child with a disability in their class. This training should be given before the child starts in the class. Days away from the class for training are disruptive to the child.

- Parents, Principals and SENOs should work together to get the right resources for the child.
- Schools should be able to access behavioural supports for a child. This should ensure they can understand the function of the child's behaviour and the most appropriate ways to manage it. Schools need to look at the strengths of students rather than the weaknesses. Expulsion policies for children with Autism and other disabilities are reprehensible.
- There should be subsidised public transport to bring children to school.
- The Transition Year and Leaving Certificate Applied programmes should be adapted to suit students with disabilities.
- Adults with disabilities should be fully welcomed at third level. There should be creative thinking and engagement to facilitate those with disabilities to be part of this community. Attitudes and prejudices need to change.
- There should be more access to career guidance for adults with disabilities. Presently, there is an assumption that many people will go on to a day service.
- There needs to be more individualisation in programmes at third level.
- Disability officers need more education on the different types of disability and the supports required. Disability officers should be persons with lived experience of disability. They should support students with disabilities to advocate for their rights and to identify the supports they need to be successful.
- It should be possible for supports to follow the person from post-primary school to third level, for example, Teacher for the Deaf.
- There should be more mental health supports in the third level system. Students with mental health difficulties may not be able to afford to pay for private counselling and other treatments.

Section 9: Article 25 Health

The living experience of disability

- Some persons with disabilities do not feel in control of their own health. Persons with disabilities can be dismissed by healthcare staff and considered to lack capacity. Professionals may talk to family or staff members rather than engage with the person themselves.
- Some medical professionals are unsure how to deal with persons with intellectual disabilities.

- There has been an improvement in the provision of accessible and Easy to Read health information.
- The waiting times for treatments and services are too long. There are concerns about waiting lists post Covid. In particular, waiting times for Physiotherapy, Psychology and Occupational Therapy were highlighted.
- The care received is not always of good quality. There is a 'geographic lottery' of service availability. Primary Care and community supports are not universally available.
- There is a lack of out of hours support.
- There is a chronic lack of home help and Personal Assistance (PA) supports. A lack of home help and PA hours means that some individuals with disabilities have to move to a nursing home. The lack of choice and flexibility in home help hours means that some individuals are being forced to bed at 8pm, because that is when their home help worker finishes work.
- It can be difficult to get appointments with a GP. There are no GPs in some areas and persons with disabilities may need to travel long distances to access a service.
- Mental health services, including private services, have long waiting lists. Persons with mental health difficulties cannot access services when they need them.
- The Government needs to work to remove the stigma of mental health difficulties.
- Healthcare buildings are not always physically accessible, for example, GP surgeries and Primary Care centres. The buildings may be old and lifts can be out of order. Some are in locations that are difficult to get to. Parking can also be a problem.
- Reasonable accommodations are not always made to support persons with disabilities, for example, longer appointment times or specialist support staff.
- Some healthcare services offer good quality supports for persons with disabilities, such as a dedicated outreach nurse.
- Persons with disabilities often have to pay privately for therapies, treatments, and medical equipment. This places a significant financial burden on individuals and families.
- Persons with disabilities do not always get the aids and appliances they need to be as independent as they can be.
- The suspension of the primary medical cert left people in limbo during the height of Covid.

A summary of the urgent issues identified in relation to Article 25

- Health services should be person-centred rather than system-centred. This would give people back control and the freedom to make their own decisions.
- All frontline staff in health services should complete disability awareness training.
- Medical and social supports should be distinguished.
- There needs to be a right to a diagnosis, having a diagnosis often makes positive changes in people's lives.
- The mental health budget needs to be increased so a wider range of centres, supports and therapies can be offered. Treatments need to be extended beyond medication and should include for example, counselling, occupational therapy, or music therapy. Services need to be provided in the community, local to the person where possible. The over-reliance on GPs for mental health supports needs to be reduced. Multi-disciplinary supports are required, along with doctors who are specialised in mental health.
- There needs to be more mental health services that can respond to the needs of deaf persons. There should be access to interpreters for health appointments and the provision of accessible information.
- Anyone with a long-term medical condition should automatically get a medical card. If you are receiving a health/invalidity payment, you should keep the medical card for the duration of the payment.
- It should be possible to avail of aids and appliances without a medical card or long term illness card. Not everyone with a disability has these cards.
- The provision of accessible and Easy to Read information needs to be extended to a broader range of healthcare settings.
- There are care pathways for Autism. These should be developed for other disability types too, for example, intellectual disabilities.
- There should be more rehabilitation services outside of the main urban centres.
- There should be more support for persons with disabilities to have dental and orthodontic treatment.
- More patient advocacy groups are required to voice the health issues faced by persons with disabilities, and lobby for change.

Section 10: Article 27 Work and Employment

The living experience of disability

- Persons with disabilities report that it is difficult to find and take up employment. They face more barriers than others when it comes to work.
- There are voluntary roles for persons with disabilities, but few paid employment opportunities.
- There can be a reluctance amongst employers to hire persons with a disability.
- There is no enforcement of equal opportunity.
- Reasonable accommodations are not always put in place, for example, appropriate seating and desks, accessible bathrooms, rest rooms, assistive technologies.
- There can be health and safety issues for persons with disabilities in the workplace, for example, unsafe fire evacuation procedures.
- Many persons with visual impairment do not get access to the technology they need at the workplace.
- Employers are not always aware of the financial supports available to them to put accommodations in place.
- Some employers have low expectations of employees with a disability and give them basic work rather than challenging tasks.
- Persons with disabilities may be unable to take up employment opportunities because of the risk of losing allowances and benefits. The time and money it takes to stay in employment for a person with a disability is not accounted for. Some feel there is little or no benefit to employment due to the loss of supports.
- You cannot work if you are in receipt of an invalidity pension.
- If you take up a job and it does not work out, there can be long wait times to reacquire supports. This is a deterrent to taking a job.
- The Ability Programme is a great success. It is unfair that you must be under 30 years of age to access it. The Ability Programme provides funding to local, regional, and national projects that focus on bringing young persons with disabilities between the ages of 15 and 29 closer to the labour market.
- Staff in disability services do not necessarily have skills to develop career paths and opportunities for persons with disabilities.
- Job coaches and employment services make a positive difference to persons with disabilities accessing and retaining jobs.

- Persons with intellectual disabilities, autism and mental health difficulties report feeling unsure if they should disclose their disability when they apply for a job. They have concerns about stigma and discrimination.
- The lack of accessible transport in rural Ireland is a significant barrier to employment for persons with disabilities.
- Workplaces are not always accessible to persons with disabilities. Lack of accessible toilets is one significant issue.
- Mainstream state employment support agencies, such as SOLAS, are not always equipped to support persons with disabilities.
- Some persons with disabilities report being bullied at work.
- Carers often have to give up a job to look after a family member with a disability.
- Unions and solicitors can be reluctant to take employment cases for persons with a disability.

A summary of the urgent issues identified in relation to Article 27

- The statement in the State's Draft Report, point 365, must be changed. This says that discrimination against persons with disabilities is allowed for Garda, Nursing posts etc. This statement is offensive and should be dropped from the report. The Government should not condone clear discrimination in job advertisements.
- Employment should be meaningful and sustainable.
- All workers must be paid at least the minimum wage. Persons with disabilities should not be expected to work voluntarily, in a 'work experience' capacity, or on CE schemes on an ongoing basis.
- Essential policies need to link together to ensure that persons with disabilities can maximise their employment opportunities, for example, accessibility, personal assistance, transport, social protection, education, and employment.
- Policies around returning to work after acquiring a disability need to be revised and updated.
- Staff at the Department of Social Protection should be adequately trained to work with persons with disabilities. Any courses they offer should be accessible to all.
- More investment is needed in employment services for persons with disabilities.
- Disability service providers and persons with disabilities need to link with the business community and entrepreneurs to explore employment opportunities for persons with disabilities.

- Employers should establish a committee or discussion forum so employees can input directly on work policy. Employees with disabilities should be part of these groups.
- Employers need to be educated on the positive impact a person with a disability can have. They need to see ability not disability.
- Employers need to be aware of hidden disabilities.
- The State should lead by example and the Government should increase the percentage of public sector jobs which are allocated to persons with disabilities. There should be more roles for persons with disabilities in the civil service, state agencies, public sector organisations and local authorities.
- Restrictions of working hours need to be examined.
- There needs to be a review of the rules in relation to work and the invalidity pension.
- The Government should commit to long-term funding for the Ability Programme. This would enable current programmes to continue and new programmes to be established.
- There needs to be a long-term plan to address unemployment after Covid 19. Persons with disabilities need clarity that they will be supported to return to the workplace.
- The Covid pandemic has shown that flexible working arrangements, telework and working from home is possible. We need to keep these options open to people going forward.
- Employment supports and opportunities for carers should be explored.
- More information needs to be given on the WAM programme and other similar initiatives so we can ascertain the outcomes of these programmes. The WAM Programme offers graduates with disabilities the chance to undertake a minimum 6 month, paid, mentored work placements with high profile Irish employers.

Section 11: Article 28 Adequate standard of living and social protection

The living experience of disability

- Persons with disabilities feel caught in a poverty trap.
- The Disability Allowance is not enough to live independently on and does not take into account the cost of living with a disability.
- The current system of means testing for certain benefits does not work for persons with disabilities. The system assesses income but

does not take into account expenditure and persons with disabilities have greater personal expenditure compared to others.

- It is demeaning to have to reapply every year for certain benefits.
- The current system means that those with a job may lose benefits and end up with less income.
- Losing your medical card if you take up work is a major worry for many persons with disabilities.
- There is not enough financial assistance with housing. Rents are extremely high in cities like Dublin.
- The 'dual income trap' is a barrier for families with a child with a disability. It is difficult for most single income households to afford a house. This is a particular issue for families who have a stay-at-home carer.
- The grants that are available do not provide enough financial support for persons with disabilities to live an independent life. There is almost always a shortfall with grants, this excludes people from availing of the grant.
- Persons with disabilities feel obliged to take out health insurance which places an additional financial burden on them.
- Some participants expressed concern that social welfare payments would be reduced in the future to mitigate against Covid 19 debts.

A summary of the urgent issues raised in relation to Article 28

- The welfare system must ensure that all citizens have their basic needs met. There needs to be some flexibility in how the rules are applied so persons with disabilities are not discriminated against.
- The current welfare system should be replaced with a universal basic income system.
- The Disability Allowance should not be means tested.
- Means tests should be adapted and should disregard any income that is used to cover costs associated with having a disability.
- Persons with disabilities should not be punished financially if they take up work.
- We need to proactively explore ways to support persons with disabilities to work or take on extra hours, and to keep their medical card.
- There should be accessible information on allowances, entitlements, and grants.

- There should be dedicated people in the Department of Social Protection to advise and support persons with disabilities in their enquiries.
- A person with a disability should automatically get a medical card. It should not have to be renewed every year.

Section 12: Article 29 Participation in political and public life

The living experience of disability

- The state does not do enough to support the participation of persons with disabilities in public life.
- There is a lack of Disabled People's Organisations in Ireland. The majority of supports are provided by non-disabled professionals.
- DPOs are poorly funded. Some groups are funded by members themselves, out of their social welfare payments.
- Persons with disabilities encounter numerous barriers when they try to get involved in politics. There can be a lack of support from political parties and the electoral structure.
- There are very few persons with disabilities as elected representatives in the Dáil. It is important to have persons with living experience of disability in the political system.
- Persons with disabilities may not have the financial means to stand for election.
- A course called 'My Opinion, My Vote' developed by Down Syndrome Ireland is being delivered in some areas. It teaches participants about all aspects of political decision-making.
- Voting is much more difficult for persons with disabilities than the State's Draft Report suggests. Reported issues include:
 - Difficulties registering to vote
 - Inaccessible polling stations
 - Inaccessible voting booths
 - Lack of privacy to vote
 - Returning officers not having the knowledge and skills to assist persons with disabilities
 - Need to re-register for postal vote every year
 - Lack of disabled parking spaces at polling stations.

A summary of the urgent issues identified in relation to Article 29

- Persons with disabilities need to be more involved at all levels of public life, local and national.
- DPOs should be adequately funded to support the participation and representation of persons with disabilities.
- The Government should do more to combat stereotypes and stigmas around disability.
- The State should support people with disabilities to stand for elections. There should be a fund to help with campaign costs.
- The Government needs to be proactive in encouraging persons with disabilities to vote. There should be information and education on the voting process. Data needs to be gathered in relation to the number of persons with disabilities that vote. Reasons for not voting should be explored and a response plan developed.
- There is a study underway in Trinity College Dublin exploring access barriers to voting. The findings of this study should be reported to Government.
- Accessibility supports for voting should be in place across the country. A clearer and less burdensome system for postal votes should be established. The option of mobile voting stations which come to your home should be explored.
- The 'My Opinion My Vote' module should be more widely available. Funding should be provided for the delivery of this programme
- The Minister for Disability should be someone with lived experience of disability.

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