



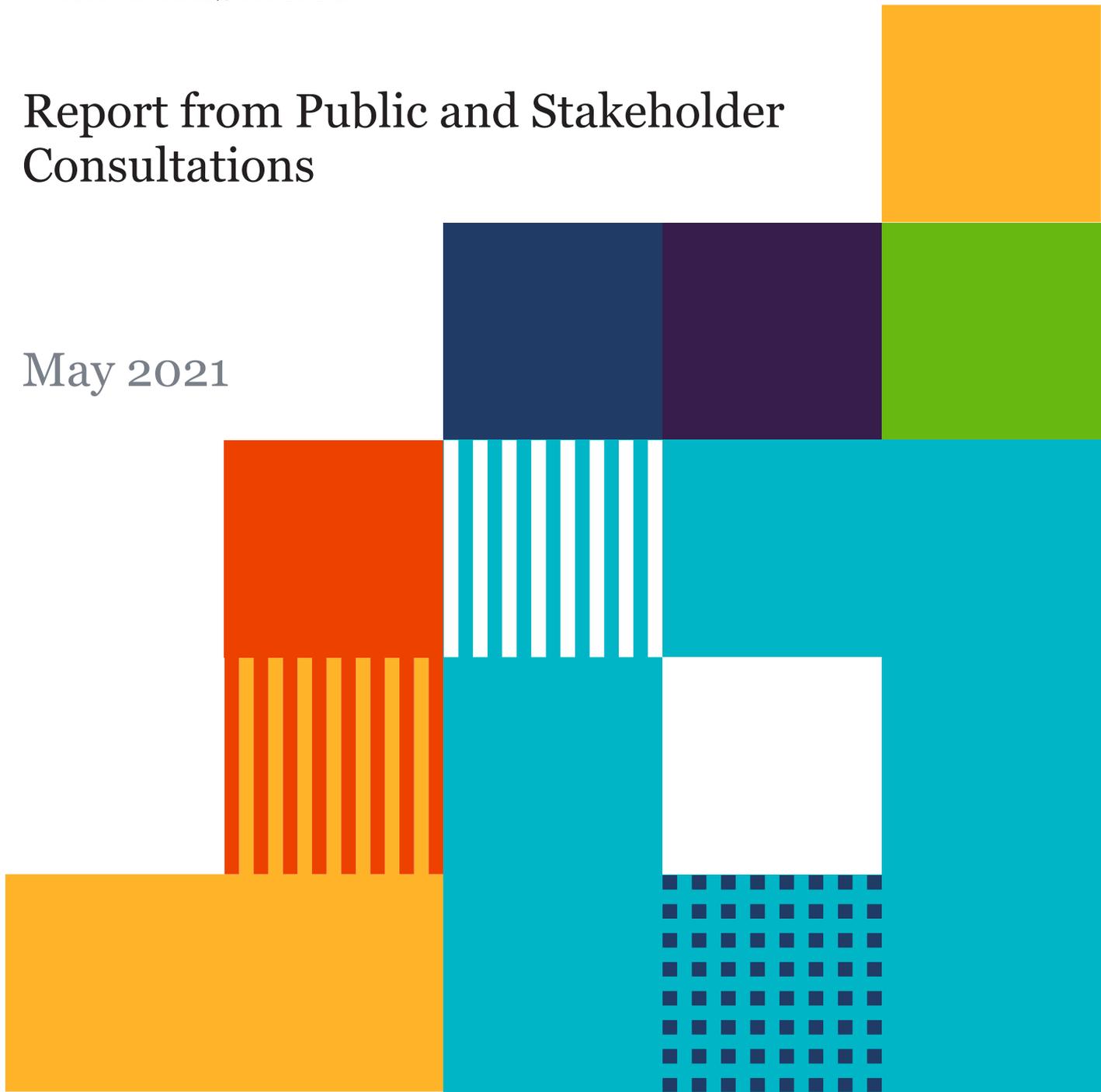
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Ireland's Draft State Report under the United Nations Convention on the Rights of Persons with Disabilities

Report from Public and Stakeholder Consultations

May 2021



INTRODUCTION

Stakeholder consultation sessions on Ireland's Initial State report under the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) took place over a period of three days in late March/early April 2021. Registration opened in mid-March on a first-come, first-serve basis, with a maximum of 100 places for each day.

Stakeholders attending included advocacy organisations, people with disabilities, services and other government departments.

Nine breakout sessions were run over three days and were organised on thematic basis based on the Initial State Report. The Minister of State with Responsibility for Disability, Ms Anne Rabbitte T.D., gave an introduction each day and representatives from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) provided a short briefing for individual sessions.

Breakout sessions were facilitated by CES and notes taken from each session. These were combined for this report and summarise feedback, recommendations and clarifications on the report. Points are broadly organised in terms of the number of times they were raised.

In this report, the language of the UN Convention is generally used, i.e., 'people with disabilities'. We recognise and acknowledge the use of different language, e.g., disabled people, and this difference in language may be reflected within the report.

CES would like to thank everyone who participated in the sessions and who shared their experiences and feedback openly and honestly.

GENERAL FEEDBACK

While sessions were organised thematically around specific topics, attendees did provide general feedback on the disability sector and the Draft State Report. These are summarised below.

- The **impact of Covid-19** on disability policy and services came up in a number of sessions. The feedback was that the pandemic has exacerbated existing challenges, such as long waiting lists for services, transport difficulties, and challenges accessing or retaining employment. A number of new issues related to the pandemic were reported, including problems with the vaccination rollout for children with disabilities, services and schools being suspended and personal assistants not being allowed to attend medical appointments. There was a call for people with disabilities to be included in pandemic protocols and to provide statistics on Covid-19 illness and deaths for people with disabilities.
- A sense that the Irish disability sector is **'policy rich but implementation poor'**. Participants expressed frustration around the delays and issues implementing policies, as well as an inconsistency in policy implementation across the public and private sectors. The number of opt-out clauses in disability policies was considered an issue along with the accountability and monitoring of policy objectives. Some reported feeling that policies do not reflect or cater to the lived experiences of people with disabilities.
- The **need for a centralised, joined-up approach** to disability care was raised in a number of sessions with attendees finding the current system to be overly fragmented and siloed. The number of different statutory, charity and private agencies involved in disability care was considered a risk, and there was a recommendation to better connect disability services and supports across health, education, housing, gender and psychology services. It was also recommended that Government focus on implementing recommendations from completed reviews rather than commissioning new research into the same topics.
- **Feedback on the Draft State Report varied** across the sessions. Some attendees felt it to reflect State aspirations rather than reality and progress on the ground.
- Some discussions raised the **engagement of people with disabilities in policy and decision-making**. There was a sense that consultations were run more as a tick-box exercise, and attendees reported feeling that their voices or representations were not taken on board during policy design.
- **Lack of funding and resourcing for the disability sector** was another common issue, as was the frustration around funding being channelled into services run and staffed by people without disabilities. The impact of underfunding on the human rights of people with disabilities was discussed and there was a desire to see more long-term, strategic planning across the sector.
- The benefits and need for **universal design** was noted, particularly for psychosocial or sensory disabilities.
- Attendees felt **greater attention to intellectual and 'hidden' psychosocial or sensory disabilities** was needed in the report and sector more broadly.
- There was a desire to see Ireland move towards a **culture of acceptance** for people with disabilities. There were many reports of continued bullying, discrimination and ignorance in society.

- Attendees reported a need for **better data on disability issues** and recommended Government review and make use of data already collected in the sector. The importance of collecting disaggregated disability data was noted.
- **Frustration with medical models** and language was raised in many sessions, with attendees favouring social, person-centred and community models of care.
- There was mixed feedback on the terminology used in the Draft State Report, with some preferring 'disabled people' and others 'people with disabilities'.
- Concerns were raised around the **safety and security of data** for children with disabilities.
- Some attendees were dissatisfied with the consultation process, and the short notice given for registration, accessibility of the technical platform use and low attendance numbers in some sessions. Concerns were also raised around the poor representation from the deaf community and a question of whether appropriate contact had been made with this group.

LIVING INDEPENDENTLY

The first session dealt with Ireland's progress in the area of independent living (Articles 9, 19 and 20 of the CRPD). Areas for discussion included housing adaptations, living in the community, accessibility, community services and personal mobility.

Feedback from the sessions centred around the following issues:

- **Inaccessible disability systems and services**, including geographically isolated services; inaccessible or difficult-to-complete Government forms; limited options for assistance with applications; and the lack of a centralised system for disability grants. Additional supports were recommended in these areas.
- **Unequal access to independent living supports, services and grants.** Regional and urban/rural differences in funding and provision were noted, as were barriers related to citizenship and immigration status.
- **Perceived lack of choice regarding where to live** caused by a lack of accessible social housing, insufficient funding for housing adaptation, and unaffordable private housing options. The length of waiting lists for social housing in certain areas was noted as a particular concern.
- **Inaccessible buildings.** Attendees reported issues with the wheelchair accessibility of building entrances, toilets and lifts, and with the availability of ramps. The lack of floor markings was noted as an issue for people with intellectual disabilities, and there was a desire to see more braille signage, signage at appropriate heights, and audio announcement options for visually impaired people. The positive impact of building regulations and requirements on the accessibility of newer buildings was acknowledged.
- **Dissatisfaction with projects and supports in the area of independent living.** The progress made in this area was acknowledged and those with lived experience reported the benefits of independent community living. Concerns were raised around the limited supports available to those transitioning out of residential services, which may prevent individuals

moving to or remaining in independent living. The risk of creating isolated institutions in the community was also noted.

- **Inaccessible outdoor spaces and footpaths.** Attendees noted the progress made in this area but reported issues with cycle lanes and private bins/café boards/outdoor dining facilities blocking footpaths for wheelchair users and visually impaired people. Recommendations included more coloured markings to distinguish kerbs from cycle lanes and roads, as well as penalties for organisations who block paths or disabled parking spaces.
- The following points were also raised:
 - Dissatisfaction with the supports available and progress made on **personal budgets**;
 - A desire for more **funding for personal assistants** and **mobility aids and supports**
 - The inaccessibility of **assistive technology** for older adults;
 - The need for **wraparound/holistic supports** across the lifespan and the continuation of disability supports for over-65s;
 - A recommendation to automatically register people with disabilities for social housing when they turn 18; and
 - A recommendation to provide **access officers** in public places to support people with disabilities prior to and during visits.

The following edits to the Draft State Report were recommended:

- An explanation for delays in the Assessment of Need (AoN) and child therapy services in paragraph 244;
- A suggestion to rephrase the number moved out of institutions as number moved out of institutions and into community living (so number of deaths etc. are not included).

HEALTH

This session focused on developments made in respect of Articles 25 and 26 of the Convention. Areas for discussion included early detection and assessment; accessing general health services on an equal basis; accessing adequate specialist health services; access to adequate mental health services; and discrimination in the area of health insurance.

Attendees provided the following feedback on these issues:

- **Difficulties accessing health services and supports.** Long and poorly monitored waiting lists were a significant issue for attendees, particularly in early intervention, rehabilitation and mental health services. Attendees requested more consistent access to State rehabilitation services for people with disabilities, and to a broader range of therapists, including occupational and speech & language. There was a desire for more innovation and Centres of Excellence across the State and for better training around disability issues across the health sector, including on the HSE consent policy. The progress made in recent years and the positive impact of the National Rehabilitation Hospital was noted.
- **Underfunded and under-resourced mental health services** for people with disabilities. The availability and accessibility of services is reported to vary across the country, with some areas forced to rely on private or charity services. Attendees noted the importance of training for practitioners on the mental health needs of people with disabilities, and for information to be communicated clearly and accessibly to people with intellectual disabilities. Gaps in CAMHS services for young people with autism were discussed. Some attendees reported positive experiences with charity, primary care and GP services on mental health issues.

- **Dissatisfaction with early intervention services.** Concerns were raised regarding the long wait times for early intervention services and assessments of need. The negative impact of wait times on the child's developmental milestones, educational outcomes and broader family wellbeing was discussed. The move towards community-based services and local disability networks was felt to be positive.
- **Recommendation to move away from medical models and language** and towards a social and community-based approach. Examples given included the 'Open Dialogue' service in Cork and medication-free wards for psychosis.
- **Perception of fragmented care or siloed services.** Attendees reported confusion around how or where to access some forms of care, as well as a lack of clarity around who is responsible. Concerns were raised around the lack of communication between services/Government Departments, with forms or medical histories not following the person across services, addresses, etc. Attendees also reported frustration around having to 'reaffirm' their disability every 2 years and with the lack of joined-up, lifelong supports. There was a desire to see more compassionate, caring and person-centred care and to convene expert panels for transforming services.
- **Issues with employment and healthcare.** Feedback on the existing aids, adaptability and employee/employer grants was positive, though attendees felt more work was needed to improve accessibility and awareness of grants. There was a desire to see workplace safety legislation better protect the individual, and for people with disabilities to retain their medical or travel cards when in employment.
- **Inaccessible health screening services, buildings and equipment.** The prohibitive cost of private assessments and screenings was raised as an issue, as were gaps in screening services for people with disabilities. An example given was the lack of routine dementia screenings for people with Down Syndrome despite an increased likelihood in this group.

Other points raised in these sessions included:

- Concerns about '**diagnostic overshadowing**', or mental health diagnoses negatively influencing other aspects of care;
- Issue of patients with disabilities being discharged to **nursing homes or facilities without rehabilitation services**, leading to gaps in provision or additional costs for families and carers;
- Lack of clarity around how **missed appointments** are handled in healthcare services and whether they are reallocated or followed up on;
- Underfunding of **fertility services** for people with disabilities;
- The need for an **intercultural health strategy** for new and disadvantaged communities;
- Reports of doctors and practitioners **not sharing medical information** with patients or other services, and a recommendation to provide information in accessible, easy-read formats as well as companions or advocates where needed;
- Concerns that requirements for completed assessments of need and private health insurance are **preventing international students with disabilities studying in Ireland**;
- The **intersection of disability and aging policy** and the loss of some disability supports for over-65s;
- **Positive feedback on support provided by charities and local community groups**, with a recommendation to improve referral pathways between them and State services;

- The need for services to be more sensitive to **'information overload' after a diagnosis**, and a recommendation to space out information over follow-up or check-in appointments;
- The **unsuitability of hospitals for people with high support needs** and the lack of provision for parents to support them overnight;
- **Dissatisfaction with Sláintecare and the reliance on private providers** for disability healthcare;
- Concerns that Government are sourcing **cheaper versions of drugs** with more negative side effects;
- A desire to examine the **roles and rights of carers** and consult them in disability policy and decision making.

POLITICAL AND CULTURAL RIGHTS

This session was relevant to Articles 29 and 30 of the CRPD and focused on issues such as voting; involvement in politics; involvement in policy and legislative processes; participation and inclusion in the Arts; cultural and social life; and sports participation, tourism and leisure.

Attendees provided the following feedback and suggestions on this topic:

- **Barriers to voting**, including psychosocial or information barriers; the inconsistency of pictures and plain English on voting forms; the inaccessibility of some polling stations and the lack of financial/practical assistance to travel to alternatives; the need for additional measures and legislation to ensure privacy for visually impaired people; the fact that long-term residents of hospitals cannot vote; and the difficulty accessing the postal voting option, which requires sign off by a medical practitioner. Additional supports were requested in these areas and there was a recommendation to widen access to mail-in voting.
- **Barriers to participation in political life.** These included insufficient supports for people with disabilities trying to enter politics; the inaccessibility of political buildings and meeting places; a feeling that politics and the law is intolerant of lived experience or other formats of expression (e.g. by those with mental illness); the lack of easy-read versions of Government policy documents; employment barriers, such as deterrents around assistance payments; the lack of role models for people with disabilities in politics; the tendency for people with disabilities to run as independents rather than with a political party; issues with personal assistants not being allowed to canvas on someone's behalf; and the lack of understanding and acceptance of people with disabilities more generally. There were recommendations to increase the participation goal for people with disabilities in politics from 3%; raise awareness; and improve the supports available for people with disabilities.
- **Underrepresentation of people with lived experience in political and decision-making roles.** This was felt to be true for many minority groups and not just those with disabilities. There was a desire for politicians and parties to more meaningfully engage with a broader range of groups and ensure policy information is communicated to them in an appropriate way.
- **Barriers to participating in sport** were discussed in a number of sessions, including a feeling that sporting culture was elitist and inaccessible to those with additional needs; a tendency for grants to be awarded to organisations rather than individuals; the lack of services and facilities in rural locations; inaccessible gyms and training centres; and low visibility of people with disabilities and disability initiatives in sport. There were recommendations to develop grants specifically for sporting or gym equipment as well as gyms exclusively for

people with disabilities; to develop more online sporting activities; and also to raise awareness of the supports available. Progress in the area was acknowledged, including an increase in accessible gyms and investment in rural areas, and the provision of sports inclusion officers and occupational therapists. Universities were also credited for encouraging people with disabilities to pursue a career in sport.

- **Barriers to participating in cultural life and the Arts.** The lack of economic agency and equity for people with disabilities was a particular issue, as was the prohibitive cost of arts equipment/materials and funding that focuses on individual artists rather than community arts. The lack of supports for people with disabilities attending or organising cultural events was also discussed, including the cost and availability of ISL interpreters or inconsistent provision of audio/visual technology.

Other points raised which related to this theme included:

- Positive feedback on the **Heritage in Schools Programme**;
- A recommendation to **improve access to natural environments** such as beaches and outdoor spaces;
- The knock-on effects of accessibility issues for **tourism**;
- A recommendation that more local authorities adopt **NDA checklists**;
- Issues regarding the **lack of data** on voting rates and barriers for people with disabilities;
- A recommendation to change language in legislation to 'impairment' rather than 'physical disability'.

The following edits to the Draft State Report were recommended:

- Include a summary of the work and sporting initiatives carried out by Cara;
- Celebrate achievements of Sports Ireland on mixed ability rugby;
- Make reference to the 32 national governing bodies.

TRANSPORT

Article 9 of the Convention deals with transport. Areas for discussion included transport in cities; transport in towns and rural areas; and schemes and supports.

The following issues were raised by attendees in these sessions:

- **Accessibility issues on public transport.** Some services require 24/48 notice of travel for wheelchair users which prevents people from engaging in spontaneous social or cultural activities. Participants raised difficulties pre-booking tickets with a free travel pass. Issues with broken lifts, lack of wheelchair access or ramps, inaccessible bus stops and waiting areas were raised, along with the lack of space for wheelchairs, particularly on bus services. Audio announcements, intercoms, signage and real time updates are not used consistently and are essential for a wide range of disabilities. Changing services during journeys and navigating the gap between train and platform makes public transport challenging. Some progress was noted in relation to the accessibility of buses, in particular through Bus Connects. Participants noted the importance of yellow coloured bus stops for visually impaired people and criticized any proposals to change the colour scheme. There was a need to consult people with disabilities to make transport more accessible.
- **The urban rural divide.** While the progress on urban transport networks was acknowledged, a number of issues were raised for rural areas. Participants noted the general lack of rural transport services, such as poor connectivity between towns and villages, higher costs, poor quality of rural roads and limited availability of taxis in some areas. Participants proposed a

number of incentives which could improve rural transport infrastructure, e.g., incentivising accessible taxis, personal car grants, and additional personal assistant hours to support transport needs. A national review of the number and availability of accessible buses was recommended.

- **Travel grants and schemes** were generally felt to be working well, though attendees recommended these schemes be available to anyone with a disability, regardless of income, level of employment, citizenship or completed AoN. Awareness of schemes was felt to be low in the autism community. There were recommendations to include taxis in free travel schemes, particularly for rural areas, and to allow more than 1 person accompany when needed. There was dissatisfaction around the cancellation of the mobility allowance and motorised transport grants and the lack of replacements. Feedback around the possibility of a 'Just a Minute' (JAM) card in Ireland was mixed.
- **The transport needs of people with 'hidden' disabilities** such as deafness, sensory disabilities or psychosocial difficulties. There was a desire to see more attention paid to the sensory environment of stations, particularly during rush hour, and to consider providing quiet spaces/carriages in stations, buses and trains. The benefits of a universal design and human rights-based approach to transport needs were noted.
- **The safety of footpaths for wheelchair users and visually impaired people.** This included concerns around sharing footpaths with cycle lanes, café boards and cars blocking paths, and footpaths being too high in some areas. The advance of electric cars was also raised as a concern, as these can be harder to see or hear.

Other issues raised in relation to transport were:

- The cost and accessibility of **vehicle adaptations** and the need for grants up front rather than reimbursing costs;
- **Challenges using taxis**, e.g. the lack of accessible taxis, refusal of some drivers to take passengers with disabilities, and challenges booking accessible taxis for long journeys;
- **Transport to schools** and recommendations to no longer separate children with and without disabilities on school buses, allow any individual with garda vetting to provide independent transport services (rather than just taxis), and minimise the frequency of driver changes as this can cause upset to children with autism;
- Disappointment with the **tendering process and privatisation of transport services**, and reports that private services are less accessible and accountable than those run by the State;
- The need to reduce **stigma and lack of awareness** on public transport by improving staff training around disability issues, running priority boarding announcements for people with disabilities, and reviewing disability communications and messaging across the transport system;
- **Lack of safety on public transport** and recommendations to increase policing and security at stations at night and to improve handling of complaints by people with disabilities;
- **Issues related to parking**, including the high cost and burden of manual refilling for people with physical disabilities;
- **Dissatisfaction with the National Development Plan** and its accountability structures, and a sense the plan does not address or centre the needs of people with disabilities;
- A perception there is a **lack of political will** to improve transport services for people with disabilities, and the potential solutions offered by international transport policies and climate change policy;

- Positive feedback was given for **public transport accessibility managers** though there was a recommendation that these positions be filled by people with disabilities;
- **Inaccessibility of road crossings** as the time allowed to cross is too short.

The following edits were recommended to the report:

- Ensure equal focus on rural and urban transport services;
- Make reference to vehicle adaptation grants;
- Provide data on numbers availing of free travel scheme;
- Provide detail on developments related to disability awareness and training of transport staff;
- Provide explanations for accessibility issues and outages across services and stations.

LAW, JUSTICE, LIBERTY AND FREEDOM

This session examined progress made in respect of Articles 12-18. Areas for discussion included: equal recognition before the law; engaging with the legal system; measures to ensure the liberty of individuals; and safeguarding and monitoring.

Attendees provided the following feedback on these topics:

- **Difficulties engaging with the justice system.** The general view from participants was that the justice system is not person-centred and does not adequately cater to the needs of people with disabilities. Participants cited experiences accessing courts and poor awareness of access, psychosocial and sensory needs in justice settings. The lack of independent advocacy services was raised, along with poor legal advice for older people with disabilities. There were examples of discrimination within the justice system experienced by people with mental health or psychosocial diagnoses, intellectual disabilities or autism which affected their access to legal advice. The improved accessibility of the jury service for deaf people was welcomed, though it was felt this should be extended to visually impaired people. Participants recommended the provision of training in disability issues for those working within the justice system.
- **Insufficient application of safeguarding policy.** While progress in this area was acknowledged, attendees expressed dissatisfaction with how safeguarding legislation and regulations are implemented, noting inconsistencies in how/where they apply. Some felt the legislation did not go far enough to protect people with disabilities and that abuse and neglect was still happening across the country. There were recommendations to extend safeguarding inspections and regulations to family homes, progress safeguarding legislation for vulnerable adults, and strengthen the legal powers of safeguarding teams within organisations.
- **Frustration with delays in policy implementation.** Delays in the implementation of the Assisted Decision Making Act (ADMA) were a particular issue for attendees as it relates to liberty and human rights of people with disabilities. While participants acknowledged the time required to implement some aspects of the Act there was a recommendation to act where possible now (e.g. paragraphs 3 and 8 of the ADMA). The need to respect advanced healthcare directives was noted, along with the HSE consent policy.
- **Liberty and human rights of people with disabilities.** Attendees raised concerns around the system for involuntary detention, feeling that the procedure and frequent Gardai involvement may stigmatise and humiliate people with disabilities. Concerns were also raised around the misuse or overuse of physical restraint across social services, as well as the lack of dignity in ward admission protocols (e.g., having your clothes taken from you).

The lack of choice around where people with disabilities can live was considered a human rights issue, particularly for those in institutions, nursing homes or in the care of family members or parents. Other issues raised included barriers to voting and the feeling that the Court Wardship system removes the voices and rights of people with disabilities. It was recommended to include people with lived experience in decision-making roles, and particularly on admission tribunals.

- **Lack of legal avenues for complaint or redress within Ireland.** Attendees generally supported the ratification of the Optional Protocol, and wanted Ireland to ratify it as soon as possible, but concerns were raised around the caveat to first exhaust all internal avenues, as these may not be obvious or accessible to people wishing to make a complaint. There was a recommendation to develop internal avenues so the Optional Protocol is not the only option.

Other feedback raised in the sessions included:

- A recommendation that disability law allow for **class action lawsuits against the State**, as this would remove some economic barriers to taking legal action;
- Positive feedback for the **Progressing Disability Services for Children** initiative and a desire to see it better funded and resourced;
- A recommendation to review **systemic causes of ableism** across the State;
- A desire to **move away from the medical model** and towards a broader range of supports and services;
- Concern that the current system is too **risk-averse** for people with disabilities;
- A desire to replace the adversarial justice system with a **human rights based approach**;
- Concerns that the Guardians Ad Litem service does not always represent the person with disabilities;
- Issues related to the **outsourcing of disability care to charities** who can refuse access more easily than State services;
- A recommendation to develop 'Garda vetting passports' for practitioners to minimise paperwork and delays when moving services.

The following edits were recommended to the report:

- Expand on the activities and advancements made to improve access to the justice system for people with disabilities (paragraph 157).

CHILDREN WITH DISABILITIES

This session dealt with Article 7. Areas for discussion included ensuring best interests; ensuring children's views are heard; and the lives of children and young people with disabilities in Ireland.

Attendees provided the following feedback:

- **Challenges accessing services for children with disabilities.** This included reports of challenging interactions with State services; a lack of services for 6-14 year olds; delays of up to 5 years to access AoN and early intervention services and the knock-on effects for developmental milestones and wellbeing; and inequality of access to services based on location, income and complex circumstances or needs. The benefits of regular check-ups within disability services was noted.
- **Integrated vs separate schooling.** Feedback on this issue was mixed, with some feeling that supports should be as integrated as possible within mainstream schools and others

advocating for special classes and schools. Some had a preference for choice between personal tutors, mainstream schools and special provisions.

- **Services for children with disabilities can be siloed and disconnected.** Participants expressed a need for a centralised agency with responsibility for oversight. There was a feeling that the responsibility for care management falls entirely on the parents or guardians.
- **Access or attending school.** Issues raised included a lack of appropriate placements or places within special needs classes; insufficient training for teachers and frequent staff turnover; low staff wages; inaccessible buildings; a lack of Special Needs Assistants and under-resourcing of NEPS.
- **The need for training and awareness raising** across the child disability sector and particularly in mainstream education.
- **A recommendation to engage children with disabilities and their parents/carers** on disability programmes and policy, and ensure they are consulted on their child's diagnosis and related documents (e.g. AoNs, individual education plans).

The following points were also raised

- A desire to see **Centres of Excellence** in every county;
- A need for **better supports for parents and families** of children with disabilities, including financial support, social workers to relieve care management responsibilities and access to better legal representation and advocacy services;
- A recommendation for **State funding of essential recreation activities** as these are currently only available through private classes or groups;
- Frustrations with **delays and issues in implementing policy**;
- The need for **better supports as children with disabilities transition to adulthood**, and concerns about the low numbers entering the workforce or living independently;
- A request for more funding, support and research into **foster children with disabilities**;
- **Issues with accessing grants**, including domiciliary and disability allowances;
- A desire to see State services better cater to **intersecting vulnerabilities** (e.g. mental health and disability);
- Positive feedback was given to **CRC services** and to the missions of the **AIM, PDS and CAMHS** programmes, though concerns were raised around equality of access;
- A recommendation for sports funding to be contingent on plans to include children with disabilities;
- A recommendation to increase awareness of disability grants and schemes for mainstream schools.

The following edits were recommended for the report:

- Provide an explanation for why disability support hours are reduced at the age of 5, and the procedural safeguards in place here;
- Highlight the interdependency of services and the different charity, statutory and private agencies involved in child disability care.

WORK, EMPLOYMENT AND STANDARD OF LIVING

This session dealt with Articles 26-28. This discussion focused on protections in place to avoid discrimination; vocational training; promoting employment of people with disabilities; public

sector/private sector/self-employment; reasonable accommodations in the workplace; workplace habilitation and rehabilitation; and social protections.

The following feedback was provided on these topics:

- **Employment grants and schemes.** Feedback on the available schemes was generally positive although awareness and accessibility of grants was felt to be poor. Concerns were raised around the loss of access to State support when in employment, and there was a sense that the 'Make Work Pay' scheme did not go far enough to prevent this. Recommendations were to ensure supports are not lost when in employment and to consider extending existing travel or personal support provisions to the workplace rather than relying solely on adaptability grants. It was felt that personal injury welfare grants should cover psychosocial as well as physical injuries, and that grants to employers should not require a minimum number of employees with a disability.
- **Reasonable accommodations and protections.** Attendees raised a number of issues with the current processes, including a lack of clarity around the terms 'reasonable protections' and 'flexible working' in the legislation, and concerns that employers can too easily opt out for cost reasons. There were reports of being denied jobs due to unsuitable work environments, as well as long wait times for workplace equipment and supports. Situations were felt to be better for people with acquired rather than long-term disabilities, low-impact needs, and in organisations employing others with disabilities. It was recommended that the State fund employment coordinators to oversee accessibility standards and design, and that designated funding be provided to employers for sensory or physical adaptation. It was also recommended to include remote working in the reasonable accommodation strategy and to allow employees use equipment from home/previous jobs.
- **The need for more advocacy services,** including one-to-one employment support, job coaching and assistance when making complaints or taking legal cases against employers/the State. Existing advocacy services such as FLAC, citizens information and the National Advocacy Service were found to provide some support but this did not go far enough, leading to an overreliance on families or carers. There was a recommendation that specialist services be provided for people with disabilities seeking employment, for example within Intreo offices or services that connect the HSE and Department of Social Protection.
- **Barriers to employment** were discussed and were wide ranging. Access to transport, accessibility of buildings, attitudes in the workplace or from employers, the need for support and flexibility and in general limited opportunities for employment all make accessing employment challenging. Barriers to employment were less in larger organisations, public sector organisations and those with a history of employing people with disabilities.
- **Challenges progressing in employment.** Attendees reported instances of being stuck in low-paid, vocational and junior roles, and difficulties progressing out of training/entry-level programmes. A low minimum wage was felt to compound this issue and disproportionately affect people with disabilities.
- **Examples of stigma and harassment in the workplace** were reported, particularly in relation to mental health or psychosocial disabilities. Attendees felt this was a common barrier to accessing and retaining employment, and that some employers do not value people with disabilities. There was a lack of clarity and confidence about reporting abuse and harassment.

- **The benefits of employment for people with disabilities** were acknowledged, for both the individual and organisation/culture at large. Attendees expressed the enjoyment and sense of autonomy gained from working, as well as the desire to contribute to society.
- **Dissatisfaction with Government progress and efforts around inclusion.** There was a view that things are not improving and that the strategies listed in the report have not had sufficient impact. Under-resourcing and disability funding cuts were raised as contributing factors. There was a recommendation to look at and implement findings from completed reviews, particularly on the cost of living and disability payments.
- **The need for better disability training and supports** in the workplace. There was a recommendation to increase education and awareness of mental health challenges and neurodiversity, as well as equality acts and positive action. The 'Fitness to Work' approach was found to be inappropriate and additional training was recommended for occupational health teams. There were also suggestions for designated training funding for disability issues, and potentially for a watchdog for disability awareness and issues.
- **Employment initiatives and targets** were found to be working well, though some felt they contributed to stigma and did not always lead to meaningful employment. CE schemes and 'Shadow programmes' in particular were criticised. There was a suggestion to base targets around the type of need (e.g., wheelchair use) rather than disability, as employers may seek to fill targets with 'lower-impact' disabilities. Other recommendations were to join up existing schemes and short-term pilots and develop better strategies for the longer term, and to consider mentorship programmes similar to the 'Open Doors' programme in the UK.

Other issues and recommendations raised included:

- **Difficulties accessing and engaging in colleges and training courses**, due to lack of supports and limited opportunities for work experience
- The **importance of role models** in the workplace for both visible and 'hidden' disabilities;
- **Some dissatisfaction with the work, reports and monitoring role of the National Disability Authority**, specifically regarding report delays and the lack of people with disabilities on the board;
- **Difficulties making complaints** of workplace issues or discrimination, and a sense that the Workplace Relations Commission and IHREC do not properly accommodate those with additional needs;
- **Low employment rates for people with autism (<20%)** and the importance of employment to wellbeing and mental health in this group;
- A suggestion to **pay people with disabilities who participate in Government consultations** and feedback exercises, without affecting disability payments.

The following edits were suggested for the report:

- Review language related to Article 27 of the UNCRPD, as there was a sense this focused too heavily on what people with disabilities can't do rather than what they can do;
- Amend references to protection mechanisms in the workplace, which are insufficient and based on a medical model;
- Make better reference to stigma and issues experienced by people with disabilities in the workplace.

EDUCATION

This Education session focused on Article 24. Areas for discussion included early education; mainstream primary and secondary education; special schools and special classes in mainstream schools; and further and tertiary education.

The following feedback was provided in these sessions:

- **Difficulties accessing special education.** Participants spoke about the lack of access to special classes which often required children to travel. Difficulties were experienced in accessing information and supports and communication with parents was felt to be poor. There was a recommendation to improve support at educational transition stages and to ensure schools and colleges cater to a broad range of disabilities, including psychological diagnoses.
- **The need for equality of access to education** and the human and constitutional rights of children with disabilities. The State should develop incentives for schools to adapt and cater for children with disabilities, and enforce the requirement of the 2018 Education Act to have special classes. Attendees also recommended an awareness-raising campaign to target public attitudes and promote the social model of disability.
- **The debate around integrated or separate education.** As in the 'Children with Disabilities' sessions, preferences varied for special classes/schools and integrated education in mainstream schools. The reported benefits of integrated education included peer mixing, the opportunity to break down stereotypes and to ensure equality of access to education and social/emotional/career guidance. The benefits of special schools were tailored supports, smaller class sizes and specialist staff.
- **There were differences in supports provided at primary and secondary level.** Attendees raised issues with second level supports, noting a lack of provision for visually impaired people and insufficient focus on career preparation and life skills for children with disabilities.
- **The appropriateness of the New Brunswick system.** Concerns were raised around the evidence base and suitability of this approach within the Irish system. There was some positive feedback regarding aspects of the EPSEN Act but attendees were dissatisfied with the opt-out clause for schools who cannot provide special education.
- **Supports in tertiary education.** Supports in third level were felt to be working well though the barriers to entering university were noted. There was a desire to see more standardised supports across disciplines and universities, and to ensure social and transport supports are as accessible as financial/technical assistance. The inability to access SUSI grants for part-time courses was considered a barrier to low-income groups and there were reports of students losing disability supports when in receipt of education grants. Attendees felt awareness of grants could be improved.
- **Insufficient supports for vocational training.** The view was that the current system prioritises progression up QQI levels and does not adequately support vocational courses. Barriers to accessing vocational courses were discussed, including the requirement to have a Leaving Certificate and the absence of Level 3 and 4 courses for those transitioning from special schools. Positive feedback was given for adult education courses.

- **Difficulties accessing early intervention and assessment of need services** were noted, with attendees noting the negative impact of delays on developmental milestones, wellbeing and abilities to access appropriate schools.
- **A need for better awareness and supports in mainstream education.** The lack of training and information for teachers was noted as an issue and there was a desire to see mandatory CPD and more funding/resourcing for disability training.
- **The language used in education** was discussed, with some feeling that 'special needs' terminology 'otherises' children with disabilities and ignores the common needs of all children to be loved and to contribute to society. Defining inclusion as 'acceptance of differences' runs the risk of defining children with disabilities in terms of deficits. The conflation of inclusion and integration terminology was noted.
- **Dissatisfaction with the new resource allocation model.** While the move away from diagnostic requirements was considered positive, the continued need for a report was felt to be an issue and there were concerns this model negatively impacts on those with transitional disabilities.

Additional issues raised in these sessions were:

- A need for **integrated education curriculums** that involve the child and parent, and which are legally protected;
- **Positive feedback on early education systems** and particularly the ECCE model, though choice is limited in some areas. There was a desire to see the same child-centred, individualised supports from this scheme applied across the education system.
- **Dissatisfaction with data collecting and monitoring systems** for special education, including the effectiveness of special needs assistants;
- Frustrations around schools refusing entry to children with disabilities and concerns around the **loss of the right to appeal** under the new system. Attendees reported making representations to Government in advance of this change but these were ignored;
- **Insufficient supports and accommodations for people with sensory disabilities**, particularly in mainstream schools and universities;
- **Guidelines were recommended for restraint and exclusion protocols** as there are concerns around illegal or unethical practices in schools.

The following changes/clarifications were highlighted in the State Report:

- Clarify data source for 53% increase in higher education attendance for people with disabilities as this contradicts figures in the Higher Education Report;
- Provide an explanation for why school hours have been reduced for children with disabilities;
- Clarify if and when the Disability Act is due for update or review.

WOMEN WITH DISABILITIES

This session dealt with Article 6 of the UNCRPD. Areas for discussion included policy initiatives to ensure women with disabilities enjoy equal rights; initiatives around empowering women with disabilities; and the lives of women with disabilities in Ireland.

The following feedback was recorded in these sessions:

- **Access to healthcare services and negative experiences.** Issues raised included inaccessible information, services and settings (particularly cervical and breast cancer screenings). There were difficulties accessing sexual health care. There is a need to recognise the gender dimension and connection between health and disability services and ensure that women with disabilities are involved in consultation, policy and decision making at early stages.
- **Insufficient recognition and support from the State for women with disabilities.** Attendees felt there was a lack of knowledge around the ways gender and disability intersect, and recommended more designated services and supports for women with disabilities across the board (e.g., in health, housing, employment, recreation, etc.). There was also a desire to see targeted supports for women with disabilities experiencing sexual or domestic violence.
- **The particular barriers faced by women with disabilities accessing employment** were discussed, including their progression into paid or senior roles and a lack of positive role models. Workplaces were felt to be particularly poor at catering to psychosocial and mental health issues, which disproportionately affect women.
- **The need for research and data collection on women with disabilities,** and particularly on the prevalence of sexual and gender-based violence and sexual harassment of women as inpatients.
- **Gender bias in psychosocial diagnosis and treatment.** Attendees felt there can be gender biases in the diagnosis of mental health, personality and psychosocial disorders, with more women diagnoses than men. As a result, women experience higher rates of forced treatment and ECT. The importance of consent and the Assisted Decision-Making Act was discussed.
- **Insufficient knowledge of visible/invisible disabilities among healthcare professionals.** Training should be provided on the interplay between health, gender and disability with input from women with disabilities.
- **Frustration around paternalistic and medical models in healthcare.** There was a sense that the current approach and legislation is too medical, despite a commitment to a social model. More funding was recommended for non-medical interventions in healthcare.
- **Safety issues** were discussed, with attendees noting the additional risks faced by women and members of the LGBTQIA community with disabilities. Awareness raising and societal interventions were recommended.

Other feedback provided in these sessions included:

- Issues facing women with disabilities need to **involve a broader range of sectors outside of health**;
- **Barriers to accessing the justice system** and the lack of appropriate advocacy services and supports for women with disabilities;
- The need for a **coordinated approach to cultural change** with concrete interventions and monitoring procedures. These efforts should be led by women with disabilities who are paid for their time, and informed by lived experience;
- A desire for **better communication around Government taskforces and committees**;
- **Positive feedback for the appointment of Minister Rabbitte** and a desire to see her follow up on commitment to engage with disabled women;
- **Positive feedback on the equality budgeting** and what this could mean for women with disabilities;
- Discrimination experienced by women with disabilities interested in **fostering or adoption**.

It was recommended that the Draft State Report provide more detail on the specific barriers and issues facing women with disabilities.