

RehabGroup

Investing in People, Changing Perspectives

FROM COMMITMENT TO DELIVERY

TIME FOR A DISABILITY BUDGET

PRE-BUDGET SUBMISSION

2026



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August 2025

The Rehab Group

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Foreword

Barry McGinn, CEO Rehab

Rehab believes that people with disabilities should live self-determined, independent lives. The people who use Rehab Group's services are our most important stakeholders. Our overall aim is to ensure their voices are heard both internally and externally.

Over the past year, we have campaigned with the people who use our services to ensure that the rights of people with disabilities are at the heart of public policy. We organised a Voter Education Programme and several election hustings across the country to give voice to people with lived experience of disability, and to facilitate them to bring their issues to the political parties and candidates seeking election in the European, Local and General Elections in 2024. Following the election we campaigned to ensure that commitments made in the course of the election were reflected in the Programme for Government.

Disabled people are marginalised by financial, physical, and societal constraints that reinforce our unequal society. Ireland still has some way to go to meet the needs and rights of disabled people as outlined in the United Nations Convention on the Rights of Persons with a Disability. Independent living is out of the reach of so many people who aspire to find their own accommodation. Employment of people with disabilities in Ireland is still at a rate that is amongst the lowest in Europe. Disabled people, especially those in rural areas, struggle to access viable and truly accessible transport. Hidden healthcare costs eat into whatever small disposable income they may have.

At the same time, the organisations that provide care and services to people with disabilities, such as Rehab Group, are struggling to cope with increasing costs and rising inflation, staff recruitment and retention issues and an overall lack of investment in our services.

In this pre-budget submission, we highlight the concerns of the people who use our services and their priorities for Budget 2026. We also set out here the funding challenges Rehab Group faces as one of the largest disability service providers in the country and call for urgent action to address these.

The Programme for Government – *Securing Ireland's Future* contains many important and welcome commitments to people with disabilities and the organisations that provide services to them. Budget 2026 is the first opportunity the new Government will have to start delivering on those commitments. This must be the year that disability issues are progressed through a Disability Budget.

Barry McGinn
CEO
Rehab Group



Introduction

Rehab Group is an independent voluntary organisation that has supported adults and children with disabilities for more than 75 years. As a campaigning and advocacy body, we represent the voices of the 12,500 individuals who currently access our services, as well as their families.

Our mission is to empower those we support to live more independent lives and to participate fully and meaningfully in their communities. We achieve this through the delivery of high-quality, flexible, and sustainable services in care, learning and education, training, and employment.

We are a rights-based, inclusion-focused organisation, operating through three key divisions: RehabCare, National Learning Network, and Employability and Social Enterprise.

In preparing this submission, Rehab Group conducted more than fifty in-depth focus groups in April and May of this year, engaging nearly 600 service users from across the country. To complement these insights, we also surveyed over 100 frontline staff members, including Care Workers, Instructors, Psychologists, Rehabilitation Officers, Supervisors, and Managers.

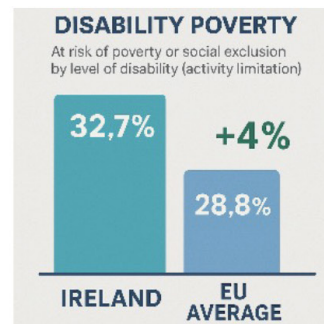
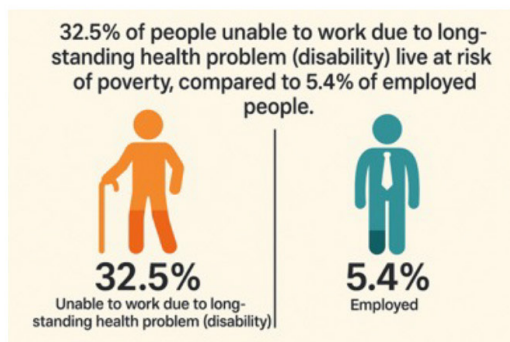
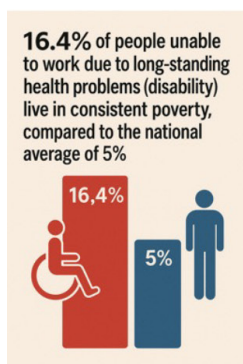
Unfortunately, many of the issues highlighted in last year's submission have worsened. Participants in this year's focus groups reported feeling more marginalised and isolated, citing increasing challenges related to housing, mental health, medical and dental costs, and transport.

This document presents the lived experiences and recommendations of our service users, alongside an overview of the ongoing challenges Rehab Group faces as one of Ireland's largest providers of disability services.

It is our hope that the first Budget of the new Government will deliver on the commitments in the Programme for Government 2025 - *Securing Ireland's Future*, to prioritise the needs of people with disabilities and the organisations that work with them.

1. Address the Cost of Disability

UNCRPD Article 28 – Adequate Standard of Living and Social Protection: States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions:



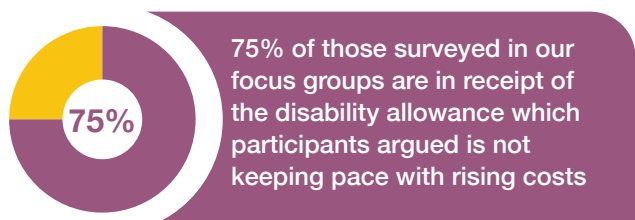
People with disabilities in Ireland are substantially more at risk of poverty and deprivation than those without disabilities.

- Ireland ranks 20th in the EU for disability poverty (32.7%), with an “at risk of poverty or social exclusion by level of disability (activity limitation)” rate 4% above the EU average (28.8%)
- One in six persons unable to work due to long-standing health problems are living in consistent poverty
- 16.4% of people unable to work due to long-standing health problems (disability) live in consistent poverty, compared to the national average of 5%.
- 32.5% of people unable to work due to long-standing health problem (disability) live at risk of poverty, compared to 5.4% of employed people.

The cost of disability is estimated to be between €488 and €555 per week. Additional costs include transport, communications, equipment, disability aids, assistive technology, medical care, and personal care.

The 2025 Programme for Government, *Our Shared Future*, has made a specific commitment to “Introduce a permanent Annual Cost of Disability Support Payment with a view to incrementally increasing this payment.”

The responses gathered in our Focus Groups from the people who use our services under this theme highlight a diverse range of financial difficulties based on their living arrangements (living independently or living at home with family) and support systems (welfare payments and family supports). Most participants reported tight weekly budgets and having to be frugal, avoiding unnecessary spending, shopping carefully across multiple outlets to manage costs.



A common theme was the rising cost of living, in particular the rising cost of food

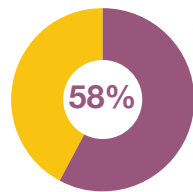
“I can pay my rent but my food shopping has to be minimum. If I have an emergency I am in trouble.”

“The price of everything has gone up. It’s getting harder. The €12 increase in last year’s Budget just wasn’t enough.”

Our adult service users report being unable to survive independently without financial support from family, being dependent on food banks to meet food bills or being unable to cope with exceptionally high energy costs. During our Focus Groups they highlighted the difficulties they face to ensure they can afford even necessities having to make difficult choices in prioritising their needs. Family support covered essentials like heating and eating. One service user described how her brother was “very good to her”, paying for her turf. While another relied on support for food:

“My family buy my clothes; I wouldn’t have enough money to cover that cost.”

“I have enough to buy the essentials but if an emergency comes up, I have nothing. I use the Deposit Return Scheme to make extra money and save. There is nothing left after the essentials are paid.”



58% of participants admitted they relied heavily on the support of family to make ends meet.

People with disabilities and households with disabilities are also more at risk of energy poverty. Responses to our focus groups and staff survey indicate that people in our services are often going without heating due to cost. Electricity and fuel were particularly evident as an increasing expense. A number of participants called for an extension to the Fuel Allowance.

“Winter months are hard and expensive; our house is old and it’s very hard to heat or afford to heat some days we have to go without and just light the fire in the sitting room only.”

Other increasing and significant costs that came up in this year’s focus groups but were not referenced last year include pet care and food, gym membership, driving lessons, home improvements etc. These are essential costs that contribute to the mental well-being and independence of the participants. 39% of participants described social isolation and reduced quality of life, avoiding small luxuries or social activities to stay within budget.

One participant talked about their embarrassment at not being able to manage their budget: “I am delighted when my sister asks me to dinner in her house twice a week so it’s two less meals for me to think about, I know that sounds pathetic.” Another highlighted the stark isolating effect of the cost of living combined with the cost of disability “I close the door on a Friday and don’t open it again until the Monday.”



COST OF DISABILITY OUR KEY ASKS:

- Establish a Cost of Disability payment of a minimum of €55 per week and increase Disability Allowance/core social welfare rates to a minimum of €318 per week.
- Address energy poverty by maintaining fuel allowance through summer months and expand eligibility for people with disabilities.
- Create a discount scheme for access to cultural and leisure activities for disabled people.

2. Provide Housing and Supports for Independent Living

UNCRPD Article 19 - Living independently and being included in the community: States Parties to the present Convention recognise the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.

Living independently is a crucial goal of many of our students and service users. However, 59% of participants felt it is almost impossible for both financial and practical reasons.

Young adults with disabilities are more likely to live with their parents. Moreover, 13.1% of adults over 25 who still live at home, have a disability.

The inflated cost of housing was repeatedly mentioned as a significant barrier. Multiple participants said that the disability allowance (DA) is insufficient to cover basic living expenses such as food, bills, and rent: “If you were living on your own, I don’t think that DA is nearly enough to help you cover everything. Like you can’t even cover rent.” Rural isolation and a lack of emergency supports, like having to self-fund a personal panic button, add further challenges.

Some participants felt they could not live independently simply because they wouldn’t have the financial means to do so: “I don’t have enough money to live independently. Rent prices are too high. I would need a job first.”

Respondents in our focus groups who are seeking private-rented accommodation face enormous additional challenges. Most rental properties are unsuitable for people with disabilities and cannot be easily adapted. With rental costs escalating many find themselves unable to sustain living independently.

“When I was renting it was very expensive and so my family would help me with paying my rent. I have had to move back home now because I couldn’t afford to keep paying the high rent.”

Access to assisted and independent living is declining as a result of the housing crisis. People with disabilities also spend longer on social housing waiting lists than non-disabled people. The people in our service looking to go on the housing list report enormous difficulties trying to navigate the bureaucracy. They express frustration with long waiting lists for social housing as many have been on the housing list since a young age with no progress:

“It takes 10 years to get a council house. I have been on the social housing list for 6 years.”

The process of applying to go on a local authority housing list or for the Housing Assistance Programme (HAP) is challenging for people with disabilities as they try to negotiate the system and bureaucracy without support. For many, the process can take much longer than the maximum three months’ rent allowance period.

“It is difficult to apply for the housing list and housing schemes; more information and support is needed to advise people in this process.”

Progress on implementation of The National Housing Strategy for Disabled People 2022 – 2027 has been patchy, to say the least. The Strategy was published in January 2022, yet three years on there is still no clarity on the funding available for implementation.

Our National Learning Network (NLN) staff also expressed concern about students having their independent living either hampered or destroyed by a lack of suitable housing. Staff point out that moving our students on through services and on to meaningful employment cannot happen without proper housing supports being in place.

With an ageing population of parents and carers, urgent action, with funding to match, is required to address housing needs of people with disabilities in a meaningful way. Clear pathways for those with disabilities to future proof their lives must be developed around suitable housing solutions in the first instance.

Supported Accommodation for People with Disabilities

People with intellectual disabilities experience huge difficulties accessing affordable and accessible housing. In 2022, only 299 people with intellectual disabilities were allocated social housing through local authorities, less than in previous years.

Participants said they would need funding for services that could help them learn to live independently, since they have relied on the assistance of others up to now. Many of the respondents in our Focus Groups expressed their frustration at not being able to find supported housing and a strong desire to see more of these facilities available across the country.

“Supported accommodation isn’t available. I would move out of home to be more independent if the support in the community was there.”

“We would like to see community housing projects. This should be done across the country – community housing with all the supports needed available on your doorstep.”

RehabCare’s Residential Services provide high levels of support for individuals enabling them to live within their communities as independently as possible whilst increasing skills and community participation.

Newgrove Housing Association is a registered Approved Housing Body (AHB) which provides homes for people with disabilities in more than 50 locations throughout Ireland. It provides a stable, consistent, and high-quality accommodation service to tenants for as long as they wish to avail of the service. In other instances, individuals choose to have a tailored package of support, where they will transition to lower support services, or independent living arrangements, over time. Feedback from our tenants is exceptionally positive. People in Rehab’s residential services achieve their optimal quality of life by being supported to make and exercise their own decisions to fulfil their potential and individual aspirations.

“I like my independence. They help me here to become as independent as I can.”

The Capital Assistance Scheme (CAS) which provides the funding to purchase homes for people with disabilities is not operating effectively:

- The recent introduction of a prohibition on the purchase of second-hand homes for CAS houses, while well-intentioned, will only result in thwarting progress in housing provision for some of the most vulnerable people who are in urgent need of housing.
- The price ceiling on three- and four-bedroom homes is unrealistic. The procedures for applying for approval are cumbersome and often suitable properties are lost due to delays in approval. At present it is difficult for an AHB using CAS to acquire sites in the open market where the AHB may be competing with cash or mortgage-approved purchasers.
- As the prohibition on purchasing second hand houses comes into force, the four-stage process required for build projects is wholly unsuitable for single-property build projects due to the lengthy timeline in the process from application to approval and then to the build. This makes it unusable for

a small AHB looking to develop single properties to meet disability needs. A two-stage process would be more appropriate for this type of housing provision and this should be facilitated.

- The lack of funding for maintenance and a sinking fund for capital expenditure presents significant challenges to AHB's providing housing for people with disabilities.

Home Care and Personal Assistance Supports

Respondents in our focus groups reported significant issues with managing day-to-day living at home or living independently with the limited number of PA/home support hours they receive, with some effectively confined to their homes due to the lack of PA supports.

"I need more P.A. hours. It would help me to do more things out in the community. Currently there is no cover if my P.A. is out sick or on holidays, this needs to change."

"A lot of us would get home help need more hours of home help to maintain living independently. The waiting lists for suitable housing are really long."

Progress towards independent living and community inclusion for disabled people in Ireland is regressing, which is partly due to the absence of a legal right to personal assistance.

RehabCare's CareLink services enable those we support to continue living at home. The services provided include home help, home support, home-based respite, hospital discharge and PA services. Our home support services are renowned for their flexibility, ensuring that the needs of those we support are fully considered at all times, including providing services during unsociable hours and weekends.

The Action Plan for Disability Services (2024-2026) published in December 2023 highlights the need for an additional 800,000 personal assistance hours and 110,000 home support hours by 2026. Disappointingly Budget 2025 delivered just 40,000 additional PA hours and 20,000 Home Support respectively effectively

putting the targets in the Department's own action plan out of reach. At a minimum, an additional 270,000 personal assistance hours and 40,000 home care hours should be included in Budget 2026.

Budget 2026 must also make provision to ensure that Section 39 workers continue to benefit from the WRC agreement into the future and that any funding models such as the authorisation schemes for home care, do not result in these workers being excluded from the future increases committed to in the agreement. The Older Person's service is not included in the recent WRC agreement for Section 39 providers, which means Rehab as a Section 39 provider will face considerable challenges if different rates of pay are applied to employees in the same service area.

Home care and PA hours are delivered by people who are among the lowest paid workers and are themselves struggling to survive. Failure to protect their income in line with the WRC Agreement would impact on a large cohort of workers, resulting in significant cost pressures, pay inequity and a return to the recruitment and retention issues that the WRC Agreement was seeking to address.

Housing Adaptations Grants

Some respondents in our focus groups reported that their housing is ill-suited to their needs and housing adaptations needed to make their homes accessible and liveable.

"My house is not suitable for my needs. I live on the upper floors of my building, and I have mobility issues and find it difficult to use the stairs in case I fall".

Housing adaptation grants are pivotal supports in enabling people to continue living at home after acquiring a disability or when their condition progresses. The Department of Housing conducted a review of the Housing Adaptation Grants in 2022 which was only published in 2024. While the Review increased the level of the grant from €30,000 to €40,000, this increase is wholly inadequate to make housing accessible, given the spiralling inflation in building costs in recent years.



HOUSING AND INDEPENDENT LIVING OUR KEY ASKS:

- Fund the implementation of the Housing Strategy for Disabled People (2022-2027), and take steps to improve access to social housing for individuals with disabilities.
- Expand access to personal assistants and homecare staff, especially in rural areas.
- Conduct a review into the functioning of the Capital Assistance Scheme (CAS) to include increasing the funding level for three- and four-bedroom houses, providing funding for maintenance costs and streamlining procedures for faster turnaround.
- Raise housing adaptation grant limits to match building costs, reform means testing, and cut the administrative burden.



3. Eliminate Hidden Health Care Costs & Provide Mental Health Supports

UNCRPD Article 25 - Access to Quality Health Care:

States Parties recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

Unexpected expenses, most of which are health-related, place huge stress on our service users. 80% of our participants are in receipt of a medical card with many of them reporting to be taken by surprise to learn of hidden charges not covered by the medical card including dental charges, injections, chiropodist charges, prescription charges and medical certificates/letters. Although supposedly covered by the medical card, many participants reported to us being frequently charged for blood tests. In addition, medical procedures or appointments that are covered by the medical card have such unacceptable waiting lists that participants in urgent need of treatment must seek assistance from family members to pay privately. People with disabilities often have more complex medical needs and the additional hidden charges compound the difficulties they experience. Only a limited number of dentists accept the medical card, making dental care particularly hard to access. Even with the medical card, the restriction to two fillings per year can result in significant additional costs.

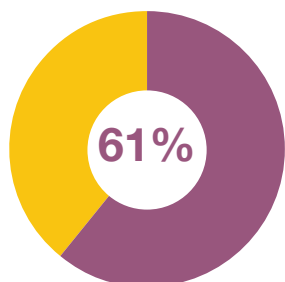
Many respondents reported that getting a GP appointment can take as long as from a few days to a few weeks. In some cases, delayed access to a GP led to emergency hospital visits:

“It took me a week to see the GP, I ended up in Portlaoise hospital, this wouldn’t have happened if I could see my GP.”

While in hospital many complained of extremely long waiting times in A&E with one respondent waiting on a chair for more than a day.

Services like mechanical wheelchair maintenance are also severely delayed, with some individuals waiting since the previous year for parts like harnesses and foot pedals.

Waiting times for consultations with specialists often exceed a year. Autism and ADHD assessments reportedly take multiple years in the public system.



61% of participants in our focus groups expressed dissatisfaction with the health service, particularly in relation to access, affordability, and delays in service delivery, with recurring issues reported by numerous service users.

Mental Health Services

The issue of mental health services was raised in almost all focus groups and by many staff survey participants. Mental health conditions are more prevalent in people who have a disability. The CSO 2019 Irish Health Survey reported that over 4-in-10 (43%) of persons aged 15 years and over with disabilities report some form of depression, well above the State average of 14%. 9% of persons with a disability report suffering from moderately severe or severe depression, over four times the average of 2%.

People with disabilities face the same and greater stresses and strains of everyday living but struggle more to access mental health services. Participants in Focus Groups highlighted that access to mental health support is severely lacking. Access to diagnostics and treatments were of grave concern. Often people are only able to access treatment if they go to hospital in crisis or if they go privately at huge expense:

“I was waiting 1.5 years for CAMHS. They didn’t get back until it was an emergency and I was in hospital.”

This is exacerbated too by sometimes having to travel far outside their own locality to access treatment:

“There are no public counselling services in Athy only private, I have to travel to Naas or Dublin in order to be able to access counselling services.”

Our staff are at the coalface of these inadequacies in services. Rehab services are filling gaps that exist in

wider societal services. This is something that staff are acutely aware of and recognise that greater resources need to be put into mental health services:

“Neurodivergent people and people with disabilities should never have to fight for services. We need more mental health services for young adults over 18.”

“The delivery of mental health services and resources for people suffering with mental health issues needs to be increased.”

Staff also reported concern at having to cover gaps left by many services and that increased funding for our services, particularly in the area of mental health, is urgently needed to bridge those gaps.

While it is critical to have clinical supports available to deal with mental health needs, a more holistic approach is required. Both the people who use our services and our staff emphasised the need to provide funding for social and sporting activities in support of better mental health. Respondents to our focus groups reiterated their calls for greater investment in mental health supports and for discounts/free entry to local amenities such as gyms and swimming pools.

The Programme for Government commits to finally enacting the Bill to reform of the Mental Health Act 2001 which is essential to modernise our mental health services and ensure compliance with UNCRPD. It also contains commitments to fully implement and resource the recommendations in the National Mental Health policy “Sharing the Vision”. These are key steps in the transition towards person-centred, recovery-focused services.



HEALTH OUR KEY ASKS:

- Expand Medical Card Coverage to include essential services like full dental care and reduce waiting times to see consultants.
- Remove hidden healthcare costs by ensuring that routine medical treatments and medical devices, blood tests, injections, and dental treatments are fully covered by the medical card.
- Implement the Mental Health Strategy *Sharing the Vision - A Mental Health Policy for Everyone (2020)* and invest in more specialised and community-based mental health supports, particularly for young people and neurodivergent individuals.

4. Fund Accessible and Individualised Transport Solutions

UNCRPD Article 9 - Accessibility:

States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications.

Transport is a key element of independent living and affects all aspects of life including education, employment, health, mental health and social engagement.

When we asked our focus groups what service they could **not** do without, the overwhelming response was transport. They emphasised that good and accessible public transport, the Local Link and the travel pass were services that they could not live without. However, respondents also highlighted major concerns about the affordability, and availability of accessible transport in Ireland. These issues were most keenly felt by people reliant on public transport in rural areas.

While acknowledging public transport in urban settings has improved in recent years, the majority of respondents to our survey experience serious gaps in accessibility, affordability, and reliability. These transport issues impact on their independence, employment, education, and quality of life.

For them, transport is the life blood of every other service as they cannot gain employment if they cannot travel to interviews, they cannot sustain employment if they cannot travel to their workplace. Similarly, transport is key to accessing education and health services and social engagements that are a part of everyday life.

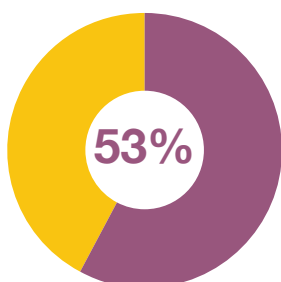
The discussions in our focus groups revealed widespread challenges, especially for those in rural areas or with additional accessibility needs.

Participants spoke of their frustration at being dependent on family members or having to pay substantial sums on taxis for everyday transport needs.

“I have no rural transport. I depend on my sister to buy the groceries for me and my mam every Friday, as taxis are too expensive.”

Our staff corroborate what our focus groups tell us as they see the challenges faced by people using our services. They describe how often ageing parents have to transport their adult children to and from services. They are concerned at the negative impact it has on service users and students from a social perspective and the isolation it causes:

“Transport is the biggest barrier to our clients living in the countryside, they are limited in their ability to attend our varied outreach timetable as parents/local buses are not available to get them to our service.”



53% of participants in our focus groups stated that they were not satisfied with transport services.

“The lack of transport has created a barrier for people who use our service to be integrated into their local communities. More funding is needed to hire drivers, they need to increase bus routes and increase times so people don’t miss out on social events that they can’t attend due to time restrictions.”

While overall accessibility has improved participants in our focus groups still raised serious concerns about the accessibility of the public transport network. Many participants report that bus stops are “miles away” and not walkable as footpaths are either unsafe or non-existent. Poor infrastructure of bus stops and footpaths to the stops themselves can sometimes mean that accessible services are not accessible after all:

“My mam has to drop me to the bus stop because it’s too dangerous to walk, we need safer footpaths.”

Participants with mobility challenges cited several obstacles such as train carriages with gaps too wide to board safely. Others complained of still having to give advanced notice required to book ramps on trains which severely limited spontaneity while others needed help from someone else to help book tickets online which reduced independence.

“Ringing the train ahead to book the ramp is not easy, you really have to plan in advance you can’t just decide to go.”

People with disabilities need improved access to transport to improve their independence and access to vital services. As one of our staff said:

“Accessible transport is the biggest issue for people with disabilities, as the limitations on people’s daily lives, is unacceptable. I would like to see an Ireland where this issue is solved, once and for all.”

There is also a lack of support for options other than public transport. The Mobility Allowance and the Motorised Transport Grant were closed to new applicants in 2013, and no new scheme has been created to replace them. In the 2022 Annual Report of the Ombudsman strongly criticised the lack of progress and called for replacement schemes to be introduced. In the meantime, those who can’t access public transport are left with no clear alternative creating an added financial burden and adding to the cost of disability for individuals.

One issue that was raised again this year was the cost of learning to drive. Although being able to drive is a critical step to independence, many find it financially prohibitive.

Suggestions were made to subsidise driving lessons, car insurance, and vehicle costs, especially for those in areas with no transport alternatives:

“They should subsidise driving, make it affordable for us to learn to drive and get cars, we would be independent then.”



TRANSPORT OUR KEY ASKS:

- Increase Transport Accessibility: Make trains and buses more physically accessible; simplify booking for individuals with disabilities and remove requirement for advance notice and expand Local Link with more frequent rural routes.
- Enhance Infrastructure and Safety: Ensure bus stops and train stations are fully accessible; and improve pedestrian facilities by building safer footpaths and providing more zebra crossings.
- Put in place the long-promised and long-awaited Transport Support Scheme to replace the Motorised Transport Grant and the Mobility Allowance to include financial support to help individuals in remote areas learn to drive.

5. Support Measures for Inclusive Employment

UNCRPD Article 27 - Work and Employment:

States Parties recognise the right of persons with disabilities to work on an equal basis with others.

The right of persons with a disability to work on an equal basis with others is enshrined in international, EU and national policies, including the UN Convention on the Rights of Persons with Disabilities, the European Union Pillar of Social Rights and the 2020 Programme for Government, Our Shared Future.

However, significant obstacles remain in developing pathways to their employment in Ireland.

The European Disability Forum’s Human Rights Report (2023) reported that the employment rate in Ireland for people with disabilities at 32% is the lowest in the EU and compares poorly with the EU average of 51%. At the same time, the disability employment gap is the highest. The EU average gap between the employment rate of persons with disabilities and others stands at 24%, while in Ireland, it stands at 44%.

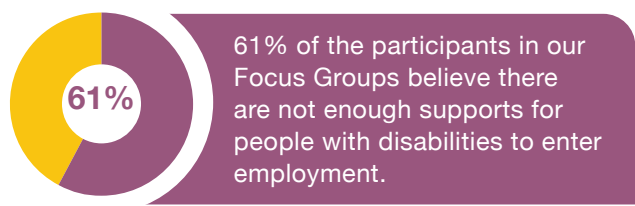
People with disabilities in Ireland are almost three times more likely to experience poverty and isolation than those around them who do not have a disability.

The last Comprehensive Employment Strategy for People with Disabilities ended in 2024 and there is still no sign of a new strategy. Publication of the new National Disability Strategy is imminent (at time of writing) which will include actions around employment as one of its main pillars, but the publication of this strategy has been delayed.

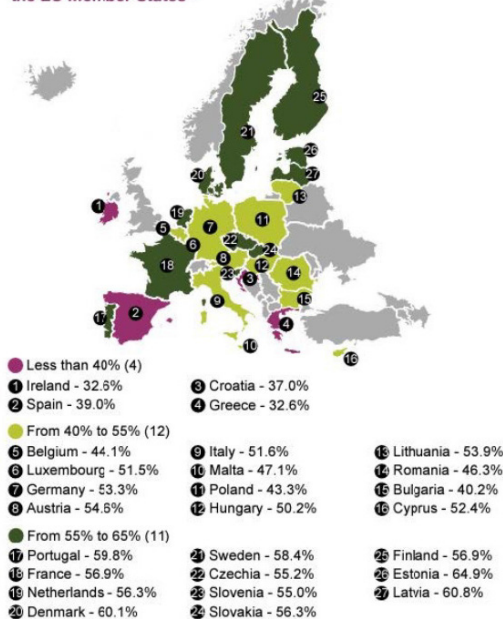
Barriers to Employment

Participants in our Focus groups said that from their lived experiences there are serious systemic, attitudinal, and practical challenges that must be addressed to make sure people with a disability get a fair opportunity for employment.

Participants provided detailed insights into the barriers and the types of support that would help them successfully access and sustain employment.



Employment rates of persons with disabilities in the EU Member States¹⁰



Fear of losing benefits

Another barrier to participation in the labour market is the fear of losing the Disability Allowance (DA) which brings with it essential secondary benefits such as the medical card or free travel pass. Respondents in our focus groups said that they were concerned that if their ability to work fluctuates, that they may be left without the safety net of having DA and their benefits. They fear that if they go into employment, they may well be punished with the loss of some or all of their supports. The thought of losing benefits and then having to reapply is particularly daunting.

There is a palpable fear of losing disability allowance and secondary benefits like the travel pass and the medical card. Being able to keep the medical card for three years is little consolation to a disabled person with complex medical needs – those needs will always be present.

Participants described this as “unfair” and a barrier that stops people from even trying to find employment.

Need for disability awareness training for employers

The people from NLN and RehabCare who participated in our focus groups expressed frustration over their inability to gain employment. Many of the people in our Focus Groups found that employers were biased against taking on someone with a disability due to misguided preconceptions around employing someone with a disability based on negative stereotypes. Many of the people who took part in our focus groups felt that they were ready for employment but that employers weren't ready for them.

The need for disability awareness training for employers to help reduce stigma and encourage inclusive hiring practices was a recurring theme in many of our Focus Groups.

“I need a chance, they don't look at you if you have a disability. You've to hide your disability.”

“I worked in a creche, they were aware of my disability, and they were not supportive of me in the workplace.”

NLN students in particular reported satisfaction with the supports they received from their centre and the skills they had acquired from their course to find employment but still found considerable substantial barriers preventing them from entering the labour market.

Some shared past experiences where a lack of support from employers led to confusion and isolation in the workplace.

Our staff wanted to highlight the need to recognise the ability amongst those with a disability when considering disability employment:

“Disability does not mean ‘no ability’. People with disability should have more inclusion in employment in all sectors and the governing bodies should be proactive to work towards better inclusion.”

One staff member called for understanding, empathy, and disability awareness training for employers:

“My experience of sourcing employment for our members depended very much on employers who had a family member with a disability and had empathy for people with a disability.”

While another staff member highlighted issues with current work placement schemes and the employers who participate in them:

“Employment for individuals is extremely difficult. In some cases false promises are made and they have not been employed by employers as schemes have ended.”

Provision of In-Work Supports

Several participants said they would benefit from a support person or job coach, especially during the preliminary stages of employment. Assistance in preparing for interviews was seen to be an important support. Such supports would instil a sense of reassurance and confidence.

“If there was a support person with you while you were doing your job to help you, because in the past I have not known what I was doing.”

The revamped “Work and Access Programme” (former Reasonable Accommodation Fund) provides many in-work supports such as assistive technology, building adaptations and limited Irish Sign Language interpretation. However, despite the recent media and public engagement campaign, there is still a lack of awareness among employers about this programme which is under-subscribed.

Allowances for Flexible Work

Another solution many sought was the provision of supports and flexibility within their role. Participants noted that most roles are full-time, which creates an unnecessary barrier for those unable to meet full-time demands. Others needed flexible working hours, more frequent breaks, and part-time opportunities.

“You just can’t find part-time employment it’s only full time they are interested in.”

Wage Subsidy Scheme (WSS)

The Wage Subsidy Scheme (WSS) aims to create more inclusive and diverse workplaces in Ireland by supporting employers to hire individuals with disabilities who may otherwise struggle to find employment. Last year we welcomed the launch of a public consultation on the WSS, however we are still awaiting the publication of its findings.

The wage subsidy scheme is one of the few critical supports the government provides employers to employ people with a disability. It is a demand-led scheme for employers to increase the number of people with disabilities in employment. There are three strands with Strand 1 consisting of a standard hourly subsidy.

The rate of subsidy has declined from 60% of the National Minimum Wage (NMW) in 2022 to the current rate of just 46.6% of the NMW. This represents a huge challenge to social enterprises such as Rehab Enterprises and other employers of people with disabilities, who largely operate within sectors with low margins.

The failure of the WSS to keep pace with increases in the National Minimum Wage has resulted in a declining number of employers and employees participating in the scheme.

Work Ready Programme

Rehab Enterprises has developed a supported employability programme specialising in sourcing, matching and placing individuals with disabilities into mainstream, open employment in order to help local and national companies foster diversity and inclusivity in their workforce.

The Work Ready programme aims to increase the participation rate of people with disabilities in employment across Ireland and to facilitate the recruitment and placement of individuals with disabilities in various industries.

By supporting and educating companies in the employment and retention of people with disabilities this programme creates long-term sustainable employment opportunities for people with disabilities.

At present the programme is fully self-funding by Rehab Enterprises and the participating companies and is not currently receiving funding in any form from any Government Department. Following a successful pilot programme with Woodies DIY we are now rolling out the programme with Mitie in Dublin Airport.

We believe that this programme could be developed through the Wage Subsidy Scheme with the support from the Department of Social Protection.

WSS 2022-2025				
Year	Minimum Wage	Subsidy	Percentage	
2022	€10.50	€6.30	60%	
2023	€11.30	€6.30	56%	
2024	€12.70	€6.30	50%	
2025	€13.50	€6.30	47%	
Change from 2022	€3.00	€0	-13%	

Public Procurement

Article 20 of the EU Public Procurement Directive allows public procurers to reserve contracts to encourage the employment of people with disabilities and disadvantages.

An OECD report on public procurement published in June 2023 was critical of the Government's failure to use the €22 billion state spend on Government procurement to provide employment for people with disabilities. The report noted that Ireland was not availing of EU and Irish Regulations, such as Article 20, which would enable government to reserve certain public contracts for social enterprises whose main aim is to integrate people with disabilities into the workplace.

Rehab Group has long been advocating for greater use of Article 20 of the EU Procurement Directive, which makes provision for such public procurement contracts.

The review of the EU Procurement Directive and the recent consultation on **Ireland's first National Public Procurement Strategy to be published shortly** provide an opportunity and impetus for the development of social clauses and reserved contracts in public procurement. The Government should now seek to strengthen Article 20 to strongly encourage adoption by public procurers, ensure

effective monitoring and reporting and to provide a framework to ensure that National Procurement Offices promote its use.

Consideration should be given to requiring public agencies that do not meet their disability employment quotas to compensate with a percentage spend on social procurement.

Individual Placement Service

The Individual Placement Service (IPS) supports people with severe and enduring mental health issues into employment and supports them in their career development. Through the IPS the National Learning Network have secured and sustained employment for over 1100 people into mainstream, competitive jobs.

The current level of funding to manage the IPS within NLN is not nearly sufficient to cover core costs and is based on 2018 funding levels. We are seeking a 25% increase in the funding for it to remain a viable programme. We also support calls for the service to be expanded across the country, ensuring equal access for all regardless of where they live.



EMPLOYMENT OUR KEY ASKS:

- Support disabled people transitioning to employment through temporary retention of their Disability Allowance, with increased income disregards and means testing of only the disabled person's income and protect secondary benefits such as medical card and free travel pass with no time restriction.
- Provide funding for employers' disability awareness training to combat stigma and promote inclusive hiring and provide funding for access to job coaches to help individuals transition into the workplace.
- Develop and expand structured, supported placements that lead to real employment.
- Increase the rate of the Wage Subsidy Scheme to 70% of the National Minimum Wage, lower the minimum number of hours per week and shorten initial contract to three months.
- Mandate the application of Public Procurement policies that makes full use of Article 20 of the EU Procurement Directive in Ireland to increase employment opportunities for people with disabilities.
- Provide a funding stream for the Work Ready model in the Social Protection envelope for Budget 2026 either within the existing programmes or through a specific Work Ready Programme.
- Increase the current funding for the Individual Placement Service (IPS) by at least 25% to ensure its future viability and make it available across all local mental health services.

6. Strengthen Social Care Services for People with Disabilities

UNCRPD – Article 26: Habilitation and Rehabilitation

States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths.

RehabCare provides 164 services for people with disabilities. These services span Residential, Respite, Outreach, Day Services, Home Support and Personal Assistance (PA).

The ‘Action Plan for Disability Services 2024 to 2026’ published in December 2023 set out Government plans to address the shortfall in capacity in our specialist disability services and build capacity in response to demographic change as set out in the ‘Disability Capacity Review’ (2021). Progress has been slow, and Budget 2026 will need to make significant further investment if the targets for final year of the plan are to be realised in 2026.

Key priorities for RehabCare in Budget 2026 include the following:

Day Services:

Multi-Disciplinary Teams

Despite a commitment by Government to roll out Multi-Disciplinary Teams (MDT) across the country, there are still significant shortfalls in the availability of these teams to meet current needs, particularly as young people exit school and move into adult services. MDT supports are not provided to most agencies through staff posts and there are not enough posts through local Young Adult Teams.

This leaves individuals without the necessary supports that they require. RehabCare is now including the costs for the provision of MDT supports in all our service proposals, including those for school-leavers. Additional funding must be provided to enable Section 39 organisations providing disability services to deliver MDT supports to include Physiotherapist, Occupational Therapist and Speech and Language Therapist services.

RehabCare staff who participated in our Pre-Budget Survey consistently reported this as one of the more significant challenges.

“We should have proper funding for in-house Occupational Therapists, Physiotherapists, Speech and Language and most importantly counselling services for individuals we support.”

Budget 2026 must ensure that funding models for disability services are designed to promote equitable access to high-quality Multidisciplinary Team (MDT) supports across the lifespan, so that children, adults and families can access the coordinated care they need when they need it regardless of age, location, service status, etc.

Lease/Rental Funding for Buildings

Lease rental funding from the HSE for new service locations does not meet the market rents and rates. Many premises where day services are located are old and in need of substantial refurbishment. As demand for day services increases, funding must be made available for the provision of fit-for-purpose buildings.

Capital Funding

Due to the current funding challenges, we have been unable to meet the significant demands that exist regarding repairs/maintenance/upgrades to our property portfolio. The current ad-hoc way that minor capital funding is allocated is not sufficient to meet the current or future needs of our properties and this will also impact on our ability to meet the requirements of regulation. Capital funding must be made available on a recurring basis to ensure immediate repairs/maintenance and upgrades are facilitated across our entire property portfolio, including residential, respite and day services.

Day Services Funding for people who acquire disability/present later in life

Day services funding is only available for service provision for school leavers. This means that older persons who have acquired a disability or who present later as being in need of services, do not have access to the supports that they require as they age.

Respite Services

Respite services are a cornerstone of support for people with disabilities and their families, yet they remain chronically underfunded and inaccessible to many who need them. Current waiting lists are unacceptably long, and existing provision is patchy and inconsistent.

RehabCare offers centre-based respite care for both children and adults with disabilities, designed as a “home-from-home” environment. This ensures individuals are comfortable while offering families meaningful breaks. The service helps maintain individuals in their family homes for longer by providing planned support that both responds to

immediate needs and informs longer-term service development.

Budget 2026 presents a critical opportunity to deliver on the commitments in the Programme for Government for improved respite services to meet growing demand and unmet need.

Ageing Out

When people with disabilities age, they may transition from disability services to those for older people, a process often referred to as “ageing out”. This transition does not recognise the fact that a person’s disability does not disappear when they reach the age of 66, in fact the disability can progress and get worse. This can present challenges as the needs of older individuals with disabilities can differ from those of older people without disabilities.

While this transition can be managed often people discover there are gaps in service provision between disability and older persons’ services, especially when individuals have complex needs. Supports like the disability allowance transition to the old age pension while service providers of personal assistant services are unable to offer these to those who have aged out.

Funding for disability services, courses and programmes do not receive funding for any person who may happen to acquire a disability at the age of 66. Day services are often restricted in their funding model from offering their services to anyone other than school leavers excluding those who acquire a disability later in life.

Survivors of polio for instance will experience greater difficulties and complications relating to their disability as they age. However, as they “age out” they face greater difficulty accessing essential supports such as occupational therapy, physiotherapy, and day services.

Funding and planning of this transition are essential. The transition should be driven by the individual’s needs and preferences, with their input guiding the process. Many older adults wish to remain in their homes, communities, and services. Government must ensure that homes and communities are accessible, and services are funded to facilitate ageing with a disability.

Transport

Transport is not part of a school leaver’s package when they come into a day service. The HSE frequently still provide money for transport for individuals in the form of a once off payment for a vehicle. However, there are no running costs - fuel, tax, insurance, upkeep costs granted in these once off requests making them ineffective.

Home Care Sector regulations in line with HIQA standards. It will be extremely difficult to fund these increased costs if the price per hour is not increased to a sustainable level and future-proofed to take account of the dynamic regulatory environment.

The ‘Action Plan for Disability Services’ foresees 800,000 extra personal assistance hours and 110,000 additional homecare hours by 2026. These hours need to be fully funded – respecting the dignity of the workers providing the service. The HSE is paying private providers a premium whereas investing in Section 39/Community Homecare in the long-term would be more sustainable.

Home Care and Personal Assistance Hours

Home Care providers are currently facing the additional costs of compliance with statutory requirements and the impending costs of upgrading their services to meet the Department of Health



SOCIAL CARE FOR PEOPLE WITH DISABILITIES **OUR KEY ASKS:**

- Ensure funding is in place to fully deliver the actions and targets in the Action Plan for Disability Services to 2026.
- Expand respite services nationally to meet growing demand and unmet need.
- Plan for the transition of people ‘ageing out’ from disability services to older persons’ services and ensure funding is in place for those who acquire a disability or who present later in life with a need for day services.
- Provide capital funding to ensure that the buildings where services are provided can be upgraded and maintained to high-quality standards.
- Review the Home Care Authorisation Scheme to ensure sufficient funding is in place to meet the costs of the service and ensure a level playing field between Section 39 organisations and private operators.

7. Ensure Access to Quality Education and Training

UNCRPD Article 24 Education

States Parties recognise the right of persons with disabilities to education. With a view to realising this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning.

National Learning Network is the Education and Training arm of Rehab Group. We have been working on behalf of government since early 1950s. We provide essential services in the area of education, training and inclusion and are 90%+ funded by the Irish Government. National Learning Network work with a defined priority group of people with disabilities and people with health conditions. We have a proven record of accomplishment in areas of strategic significance for Government including:

- A Rights-Based Approach to Education and Training prioritising Equity of Access.
- Transition and Bridging Services for School-Leavers with Disabilities.
- Student Support Services within Mainstream Educational Institutions.
- Pathways to Progression to Further Education and Training, Apprenticeships and Higher Education.
- Pathways to Disability Inclusive Employment.

NLN provide personalised inclusive education programmes and supports across Rehabilitative Training (RT), Specialist Training Provision (STP) in the Further Education and Training (FET) sector and Inclusive Education Supports in several Higher Education organisations. It is a progressive leader in the delivery of personalised education, training, and development opportunities for people with disabilities or people requiring additional supports to

access and thrive in education and training courses leading to employment.

Positive progress to higher levels of training, higher education and employment are a key focus. NLN has played a transformative role in the lives of its students in every county in the Republic of Ireland. All provision is QQI accredited, and students achieve positive progressive outcomes to higher levels of education, training and to employment. NLN supports approximately 3,000 students each year. Of those who complete their course 90% go on to further or higher education, training or employment.



We are committed to contributing to the development of Colleges of the Future, with all other stakeholders, and bringing our best to the table to ensure individual success for every student with a disability while making lasting changes and impact for a more inclusive society.

Population needs are changing, young adults with disability are now presenting with higher levels of communication and interaction needs, cognition and learning difficulties, social, emotional and mental health difficulties and sensory and physical needs,

often on a concurrent basis. Young adults with disabilities can now avail of a 5-year delay in taking up a day service place funded by the HSE. This will mean more young adults with moderate, severe and profound disabilities will want access to Further Education and Training (FET) options appropriate to their need.

Current post second level provision for students with disability is insufficient to meet all needs, is fragmented, geographically disparate and hard to access. Mainstream FET or indeed STP or RT providers are not currently resourced to adequately meet this emerging need. The accommodations provided under the Fund for Students with Disabilities, even if extended across all post 2nd level provision, will be insufficient to support all these students within FET.

Plans are at an advanced stage for the development of a flagship college for people with disabilities and additional support needs at the former Caritas College in Ballyfermot, Dublin 10. Our vision for this new space is to create a vibrant, state-of-the-art environment that provides a best-in-class educational experience for our students, all under one roof. This move is a reimagining of our future, allowing us to build a college that aligns with our shared values and aspirations.

It is therefore alarming that, for the first time, Solas has indicated that STP places are not ring-fenced which has resulted in several ETBs advising of either cuts to or capping of places. If implemented these cuts will have a devastating impact on the many disabled students who are dependent on progressing their education through NLN and had been looking forward to taking up their places. Currently, National Learning Network have 45 prospective students awaiting places who will not be able to avail of a place should these cuts continue to be applied. It is also a major setback to our plans and vision for the new NLN College East in Dublin 10 and on our current and future provision nationally.

Funding Mechanism for NLN STP and RT Programmes

The funding mechanism for Specialist Training Provision (STP) and Rehabilitative Training (RT) programmes is based on a historical per capita fee for service basis. Funding is only received when students attend. There is no funding guaranteed to cover ongoing core costs such as staffing, leasing of

facilities and transport, for instance. Such a funding mechanism needs to recognise that providers have high fixed costs in terms of staffing, infrastructure and transport, which remain constant regardless of numbers attending or in-year fluctuations in demand.

In addition, the per capita fee for services system provided through the ETBs and HSE has not been increased since 2011 (with the exception of recent pay awards). This funding system makes it exceptionally difficult to adequately plan services and ensure sustainable provision to people who most need it. No other part of the Irish education system has been asked to deliver service on this basis.

STP providers are now in a challenging position with a funding model which has yet to move to meet inflationary or staffing cost increases over a thirteen-year period with no clarity on the future position of STP within FET. The RT fee of €14,393, while aligned across all Health Areas in 2024 does not meet costs of providing services. This should be viewed in the context that HSE funding for school-leaver places providing similar services starts at €18,000 rising to €55,000 depending on needs assessed.

Reviews of STP and RT have recently been completed. The report of the RT Review has just been published by National Disability Authority and, at the time of writing, the publication of the STP review, which commenced in 2020, is said to be imminent.

Consideration of the funding model was stalled pending the outcome and recommendations of these reviews resulting in significant problems for NLN, which has not seen an increase in its allocation since 2011, despite the significant increase in costs. There is a clear inter-dependency between both reviews, and it is important that implementation of recommendations will produce greater synergies between both programmes to give more and better opportunities and ensure optimum outcomes for students who have varying degrees of disability from mild to moderate to profound and multiple.

Our students deserve to have a quality learning experience, one that can bring them to further education or employment. They deserve to be treated on an equal footing with other students in ETB/Solas-funded FET courses. Funding should be provided to bring Education/ Services in line with other colleges. Students have the right to receive training in state-of-the-art buildings with provision for sensory rooms and assistive technology. Funding should also be available for student social events, clubs and societies, and overnight trips with support to make the real college experience for our students.

Moreover, the process of pay restoration for staff must commence so that salaries are brought into line with other organisations providing services on behalf of the State.

Regardless of the outcomes of the STP and RT reviews, the current funding situation for NLN needs to be urgently addressed. For Budget 2026, we urgently need a commitment from Government to improve funding to Specialist and Rehabilitative Training Providers.

Capital Funding

There is currently no capital fund available to Specialist Training Providers such as National Learning Network through Solas/ETBs. Indeed, no

significant capital funding has been invested in the sector since the cessation of the European Regional Development Fund(ERDF) funding in 2001. The HSE does provide some capital investment for school leaver services.

Guidance and Referral

We acknowledge and welcome that Government is looking closely at how best to improve the transition from second-level education to further and higher education for students with additional support needs. This is an area that NLN has a particular specialism in, and we believe it is vital that Budget 2026 supports this initiative with resources for career guidance and a formal system of referral for students exiting second-level.



EDUCATION & TRAINING OUR KEY ASKS:

We are not necessarily seeking an increase in the overall operational funding envelope. Many of the issues identified could be resolved by a thorough revision of the current per capita, utilisation-based funding mechanism to one which would recognise core operational costs.

In the interim, Budget 2026 must address the following key issues:

- Provide a fit-for-purpose funding model for Specialist Training Provision (STP) which guarantees funding for core costs of delivery.
- Prioritise the ring-fencing and expansion of STP places to support students with disabilities the opportunity to pursue QQI courses leading to employment/further education.
- Ensure that the recommendations of the unpublished Review of STP and the recently published RT Reviews are aligned and resourced to optimise outcomes for future students.
- Ensure a level of capital funding is in place that supports the development and upgrading of fit-for purpose, accessible and inclusive learning environments.

8. Invest in Assistive Technology

UNCRPD Article 26 Habilitation and Rehabilitation

States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Assistive Technology (AT) is an umbrella term for assistive products, equipment and systems that enhance learning, working and daily living for persons with disabilities. Assistive technologies promote participation and inclusion in society and support access to health, social services, education, work and other important life experiences for persons with disabilities. Assistive products can enhance a person's functioning related to cognition, communication, hearing, vision, mobility and self-care.

AT promotes the inclusion, participation and engagement of people with disabilities and enables them to participate in working and community life on an equal footing with others. AT plays a pivotal role in ensuring that people with disabilities have access to independent living, education and employment and can live the life of their choosing.

As such, access to AT is a human rights issue and central to the realisation of the UNCRPD.

Recommendations from Assistive Technology Capacity Review (ATA-C)

The Global Report on Assistive Technology, launched in May 2022 by WHO and UNICEF, calls for concrete actions to improve access to AT and recognises AT as being pivotal to the achievement of rights of persons with disabilities.

The Global Lead Agreement on Digital Assistive Technology (DAT) between the Government of Ireland and the World Health Organization (WHO) commenced at the start of Q2 2024. This agreement is to see Ireland become a global leader in the area of DAT, in order to strengthen equitable access to assistive technology.

In tandem with signing the Global Lead Agreement, Ireland and the WHO EURO Region are progressing a Project Collaboration Agreement to advance domestic DAT objectives, that includes the WHO led Assistive Technology Capacity Review (ATA-C) to map the assistive technology landscape in Ireland in order to provide recommendations to Government and the HSE on strengthening and scaling access to essential products and services.

While the Digital and Assistive Technology (DAT) Fund introduced in 2022 represented a good start, much more investment is needed.

We are seeking continued and increased investment in the development of an AT ecosystem across the country that supports the active inclusion and participation of disabled people in all aspects of life and responds to the recommendations in the ATA-C and the GREAT report.

We ask that there is investment both widening access to the HSE Aids and Appliances Fund with an easy to understand, transparent and consistent pathway to secure funding under the HSE Aids and Appliances Fund.

Strategic Investment in Assistive Technology (AT) Awareness and Training

Despite AT's proven ability to enhance independence, reduce care costs, and increase participation in all aspects of life, awareness remains low—particularly among potential users,

clinicians, educators, students, families, and support networks. With funding from The Wheel, Training Links grant, Rehab Group is leading a DAT Training Consortium to develop awareness of AT amongst these stakeholders. The partner organisations in the consortium include Enable Ireland, St. John of God, ABI Ireland, Muiriosa Foundation, St. Michael's House, Sunbeam House, Vision Ireland, MS Ireland, Parkinson's Ireland and the Irish Independent Living Movement.



ASSISTIVE TECHNOLOGY (AT) OUR KEY ASKS:

- Increase investment in the development of an Assistive Technology (AT) ecosystem nationally that supports the active inclusion and participation of disabled people in all aspects of life and responds to the recommendations in recent World Health Organisation reports on AT.
- Invest in widening access to the HSE Aids and Appliances Fund with an easy to understand, transparent and consistent pathway to secure funding through it.
- Promote awareness of the potential of AT among potential users, clinicians, educators, students, families, and support networks.



9. Ensure Fair Pay and Sustainable Sectoral Funding

The state is heavily reliant on our sector to meet the needs of people with disabilities. Almost 70% of specialist disability services are provided by the voluntary sector while section 39 providers account for approximately 35% of the entire disability budget.

There is an urgent need to deal with the funding crisis in disability services which stems from the absence of a policy or strategy defining the role of the sector in delivering disability services for which the state is responsible.

The Programme for Government 2025 *Securing Ireland's Future* promises to “deliver a step change in disability services” contains several important commitments for disability services including:

- Co-design improvements to disability services with disabled people and their representative organisations and prioritising what measures are most important to them.
- Increase investment in disability and capital infrastructure for the sector.
- Consider the development of a multi-annual approach for disability services.
- Implementation of the Action Plan for Disability Services 2024-2026, and resourcing and delivering on its targets. Develop and implement a follow-on plan that builds capacity for a growing population.

It is important that the first Budget of this Government starts to make inroads into delivery of these key commitments to ensure that people with disabilities can access the quality services they need.

The *Action Plan for Disability Services (2024-2026)* sets out a roadmap for services to address present, future and unmet need for people requiring disability services. With just over a year to run, Budget 2026 must provide the funding to match its ambition, directing resources to the priority areas identified

in the Plan such as early intervention, access to required multi-disciplinary assessment and support, personal assistance, inclusive education, and independent living. This will ultimately result in more efficient and effective service delivery.

The soon to be published *National Human Rights Strategy for Disabled People* will put forward a roadmap for Ireland's implementation of the United Nations Convention on the Rights of Persons with a Disability (UNCRPD). The UNCRPD has 50 articles covering all areas of life, from health, education and employment to equal recognition before the law, freedom from exploitation, violence and abuse, and accessibility. A whole-of-government approach is not only essential – it is long overdue. The new Strategy will need to operate effectively and coherently across numerous Government Departments to ensure its meaningful implementation. Collaboration across Government Departments (e.g., Health, Education, Children, Housing), would facilitate the pooling of resources and co-funding of cross-sectoral initiatives. We welcome the establishment of a Disability Unit in the Department of An Taoiseach to facilitate this whole of Government approach.

Central to the funding and reform agenda is a funding model that treats access to services as a right, not a discretionary benefit. Resources, supports and funding need to be in place to meet both present unmet and future needs, and to ensure timely and equal access to support across a person's lifespan.

Budget 2026 must ensure that services truly meet the evolving needs of people with disabilities and their families.

A sustainable workforce to support people with disabilities

Quality disability services require proper workforce planning. Notwithstanding the welcome agreement at the WRC, significant gaps remain between the statutory consolidated salary scales and Section 39 salary rates.

To recruit and retain high-quality employees, organisations must show existing employees and prospective candidates that they are valued equally and paid equally for the same work, whether they are employed by a Section 38 or Section 39 organisation or the HSE. It is also imperative that the award is paid to staff without delay, to ensure the goodwill of staff and unions and avoid any further industrial relations conflict.

Budget 2026 must also make provision to ensure that Section 39 workers continue to benefit from the WRC agreement into the future and that any funding models such as the authorisation schemes for home care, do not result in these workers being excluded from the future increases committed to in the agreement. For example, as highlighted earlier, the Older Person’s service is not included in the recent WRC agreement for Section 39 providers, which means Rehab as a Section 39 provider will face considerable challenges if different rates of pay are applied to employees in the same service area. Furthermore, the rate struck by the HSE for the authorisation scheme falls far short of covering costs of the service, particularly in view of the new Statutory Home Support Scheme regulations and must be reviewed as a matter of urgency. The rates for Disability, PA and Older Persons Services need to be aligned at sufficient levels to ensure the long-term viability of these services.

“

“More funding is needed to provide the right level of staff in each service.”

Without satisfactory recruitment and retention of skilled and committed employees, essential services provided by Section 39 organisations cannot be delivered to the standards of safety and quality required. The sector will continue to be drained of its exceptionally talented workforce, unable to deliver existing services or to plan to meet emerging and unmet needs. This will impact the people who

need our services, their families and communities, something not lost on our staff many of whom stated that satisfactory staffing levels are critical for service users’ continuity of care and to ensure it is not interrupted by frequently changing staff members.

Multi-annual Funding

The need for multi-annual funding has been well documented in reports and strategies in recent years. The Report of the Independent Review Group (2019), the Disability Capacity Review (2021), Sláintecare Implementation Strategy (2021) and the HSE Corporate Strategy (2025) each highlight the need for multi-annual funding. Multiannual funding would facilitate advance planning for service needs and enable services to be better tailored around individual’s needs and enable innovation. Multi-annual funding would ultimately be more cost effective and would provide greater certainty to the state which relies on the voluntary sector to provide essential services.

Multiannual funding would also ensure a collaborative approach to future need in line with the “Partnership Principles”. Indeed, the absence of a multiannual framework serves only to undermine the partnership model.

Our staff have pointed to the need for multi-annual funding of five-year funding minimum rather than annualised funding.

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“We need guaranteed multi-annual funding models for disability services to ensure stability, reduce delays, and support our long-term planning, so that we can better save the taxpayer’s money.”

This would help to build for capacity to plan for future demand with real capital investment it would create more stability and a greater service delivery.

The Programme for Government commits to examining a multi-annual approach for disability services. It is incumbent on Government to commence this process in Budget 2026.

Investment in Capital Projects

We welcome the commitment in the Programme for Government for a disability multi-annual capital strategy. Capital funding must be made available on a recurring basis to ensure immediate repairs/maintenance and upgrades are facilitated across residential, respite and day services operated by S39 organisations. Budget 2026 must make a start on such a multi-annual capital strategy and set out a phased funding programme over the lifetime of this government.

Cost of Regulation

Finally, while we acknowledge and welcome the need for a robust legislative and regulatory environment, we are concerned that increasing regulation is driving up operational costs without any corresponding increase in our budget allocation.

Furthermore, in recent years, increases in the minimum wage and the introduction of a new bank holiday have incurred significant additional charges on S39 organisations with no provision for additional HSE funding.

Similarly, as outlined above the new regulatory framework for home care services makes it impossible to deliver the service at the rate struck by the HSE. Increased regulatory requirements around training and qualifications, combined with ongoing recruitment and retention challenges across the sector continue to pose serious threats to financial viability and stability to the provision of home support services. There appears to be no consideration given by the HSE to the resources required for providers to prepare for increased regulatory requirements.

The HSE must accept responsibility to provide full funding for the additional financial burden imposed by greater regulatory controls.



FAIR PAY AND SECTORAL FUNDING OUR KEY ASKS:

- Develop, fund and resource a robust workforce plan to address ongoing recruitment and retention issues. Address outstanding issues on pay parity by aligning salaries for staff with HSE pay scales, including commencement of the low pay review agreed at the WRC.
- Provide the funding to fully realise the targets set out in the Action Plan for Disability Services and the new National Human Rights Strategy for Disabled People.
- Implement a multi-annual funding approach to disability services and set out a phased capital funding programme over the lifetime of this government.
- Provide full funding for the additional financial burden imposed by greater regulatory controls.

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Investing in People, Changing Perspectives

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