

RehabGroup

Investing in People, Changing Perspectives



Introduction

Our submission provides feedback on the draft Initial State Report produced by the State under Article 35 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). In this submission, we respond to the following Articles: 9, 12, 16, 19, 21, 23, 24, 25, 26, 27, 28 and 30.

The evidence presented in this submission is based on the analysis and findings of focus groups carried out this year on the UNCRPD, other recent survey research we have conducted, and our experience as a front-line disability services provider and advocate for the rights for people with disabilities.

Our submission presents a selection of themes from the UNCRPD that focus group participants identified as having the most impact on their daily lives. Focus groups, consisting of people who use RehabCare services and National Learning Network (NLN) students, were held in early March. Participants sit on our Regional Advocacy Committees, which cover the East, South and North-West of the country, and some were members of our newest advocacy structure, the Advocate Collective. As we go through the full review process on the UNCRPD this year, and in advance of the publication of the shadow report later this year, we plan to undertake even wider consultation among the people who use our services on Ireland's implementation of the UNCRPD.

It is clear from participants' responses, that aspects of the State's Report do not reflect the lived experiences of people with disabilities despite the number of initiatives and strategies intended to meet the requirements of the UNCRPD.

Below, we go through some of the main areas raised in our focus groups. However, we would particularly like to emphasise the following:

Inaccessibility of public transport, especially in rural areas

Participants said that public transport services in rural areas are either poor or non-existent. Many rely on lifts or taxis, making the free travel pass redundant. Participants also expressed frustration with the advance notice required for travel by train. The Report cites the National Disability Inclusion Strategy (NDIS) in its achievements – however, it does not reflect many people's experiences.

Accessibility of the physical environment

Almost all focus group participants mentioned how difficult it is to navigate their communities because of the inaccessibility of the physical environment. Damage to footpaths, as well as high kerbs and few ramps, were described as hazardous. The Report does not adequately reflect this reality.

Living independently in the community

Participants in our focus groups did not feel as though initiatives set out by the State were effective in terms of their aim to live independently. The NDIS, coupled with the National Housing Strategy (NHS) have not delivered enough accessible, affordable housing for people with disabilities. People with disabilities continue to live in communal settings - sometimes with people that they otherwise would not choose to live with.

Income support for People with Disabilities

People with a disability living in Ireland have a high “at risk of poverty” rate. The Disability Allowance, and other social welfare payments for people with disabilities, are insufficient. Survey participants expressed that it needs to be increased to meet the cost of living with a disability. The Report does not adequately reflect the significant financial difficulties people with disabilities have, or their experiences of poverty.

Funding for Specialist Training Provision

Specialist Training Provision further education is not on an equal footing with mainstream further education with regards to the funding model. Rather than funding the delivery of the service, the State only funds the programme based on student attendance. This is a prohibitive funding model and limits the progress of students with disabilities and those facing mental health challenges.

Implement the Catherine Day Report

The Catherine Day Report on the role of voluntary bodies in the provision of public services set out a number of key recommendations on funding and relationships. These should be fully implemented. The State is heavily reliant on our sector to meet the needs of people with disabilities. However, the sector remains underfunded in terms of covering the costs of providing services, capital funding and in terms of the cost of restoring pay to Section 39 workers. Not enough has been done to address these serious problems that ultimately impact upon the rights of persons with disabilities and their ability to fully participate in Irish society.

Promoting work opportunities for People with Disabilities

Targets to increase the employment levels of people with disabilities will not be met unless there is a massive change in the approach of public authorities to employment supports and work opportunities. Improvements to the wage subsidy scheme and the use of Article 20 EU Public Procurement Directive by public procurers are practical measures the State can take to improve employment opportunities.

Our Response to the Initial State Report

Accessibility (Article 9)

Buildings and services

According to paragraph 2 (b) the state is obliged to take appropriate measures “to ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities”.

Focus group participants expressed the difficulties they faced accessing services, like banks, because they do not have power-operated doors. Although Part M of Ireland’s Building Regulations sets out the requirements for building accessibility within the regulation, manually operated doors are considered accessible with some moderations.¹ Participants described manual doors as inaccessible, making many services in their communities inaccessible to them.

Part M of the regulations must be revised as a significant cohort of people are finding essential services inaccessible. It should be reflected in the Government’s report that not all services, particularly private services that are available to the public, are universally accessible.

Some participants highlighted the need for guides and sign language interpreters in public buildings. Under paragraph 2 (e) of this Article, the State must take measures “to provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public”.

Participants said that some services are unavailable to them because staff do not have Irish Sign Language (ISL) and cannot communicate with ISL users, and vice versa. The communication barrier between customer and staff member prevents ISL users from accessing essential services like banks, credit unions and post offices. The recent enactment of the *Irish Sign Language Act* is very welcome. However, for the moment its scope is limited as it applies to public services only.

Technology

The State has an obligation to promote access to ICT systems for people with disabilities under paragraph 2 (g). However, the State has not adequately addressed the increasing need for ICT equipment for students with disabilities in its Report.

The 2020 announcement from Government for funding of ICT equipment for Further Education and Training (FET) colleges was very welcome. However, the number of students - especially students with disabilities - affected by the digital divide surpasses the funding available for ICT equipment, and needs to be improved.

As a result, the move to remote and blended learning, in line with Covid-19 restrictions is leaving some students with disabilities behind in their education:

“I needed my own laptop...I had to handwrite my work and send a photo from my phone and email it to the Instructor every day. I feel I missed out on some of the work because of the computer.”

¹ <https://www.gov.ie/en/publication/78e67-technical-guidance-document-m-access-and-use/>

Some students do not have access to IT equipment at home, and public library services are not an option for them either:

“I did not have the resources to work from home, so I missed out on a lot of my training...”

In a survey we conducted last year, 20 percent of respondents said they did not have access to a laptop, PC or tablet. Another 39 percent said they did not have a full day’s access to these devices.

“...I had to buy a computer which put me out two weeks of weekly pay, so Covid affected my connection with college and tutors through the internet dramatically.”

The lack of State funding for ICT equipment for students with disabilities has created an extra cost for many in further education.

We ask that the State revise the funding allocated to ICT equipment for FET students with the aim of meeting student demand and bridging the digital divide, and that the Report reflects these barriers.

Physical environment

Paragraph one of this Article states that all measures must be taken to ensure that people with disabilities have equal access to the physical environment. The Report refers to the “Walkability Audit” carried out seven years ago. We believe it is remiss that the Report does not go so far as to include ongoing or upcoming initiatives to re-assess the accessibility of towns and villages, as many find their communities inaccessible to them.

Many of our focus group participants considered footpaths dangerous, and described them as “damaged”, “rough”, “cracked”, and having high kerbs and too few ramps. One participant said:

“There are cracks on the path and people are afraid...wheelchair users are afraid. A crack could make them fall over. If the government fixed all the cracks...then people would be safer...”

Other participants said their towns were inaccessible to them because of high kerbs, the lack of ramps, and inconsistencies in the level of the footpath, which caused difficulties for wheelchair users and people with limited mobility.

The improper functioning of traffic lights and pedestrian crossings were a big concern, especially for those with a visual or hearing impairment. Participants said the traffic lights in their town do not make an audio signal to alert people with hearing impairment when to cross the road safely.

The “Walkability Audit” that the State refers to in its Report was a positive initiative for towns around the country. People who used Rehab Group services participated in a walkability audit in Carrick-on-Shannon in 2014, and found the process and the outcome beneficial to them.

However, the scope of the initiative was limited and the positive effects have not reached every town and village. The Report should reflect the limitations of the “Walkability Audit” initiative and address that State’s plans to improve the accessibility of the physical environment.

Transport

Paragraph 1(a) stipulates that the State must take measures to ensure persons with disabilities have access to transportation in both rural and urban areas, and that any such measure shall include the identification and elimination of obstacles and barriers to accessibility.

Many rely on public transport to visit friends and family, to participate in social activities, and to go to work or school and to access services in their towns. Focus group participants indicated the importance of accessible public transport to them:

"[Public transport] gives you more independence...I go away at weekends. I have a friend in Dublin I go to her, and my friend in Galway. I use the bus to go to Limerick too."

It is clear that accessible public transport is liberating, and provides people who do not drive or own a car with independence. Almost half of those surveyed in 2019 said that not having access to public transport 'always' or 'usually' limited their independence.

Those living in rural areas expressed their frustration with the local service describing it as either poor or non-existent and bus stops remain inaccessible:

"I live out in the country...there isn't a bus stop. I have to wave the bus driver down with the light on my phone...no shelter area either."

As a result, many people with disabilities in rural areas rely on family members for lifts or on taxis:

"Only for my Dad, I'd have no social life whatsoever, he takes me everywhere, but I'd love if sometime I was able to find some way to transport myself... there doesn't seem to be a lot of transport, buses and things like that out where I live, in the country".

One participant expressed that it is a usual experience for him to be told that the wheelchair accessible taxi is not available, forcing him to miss his appointments. Even though most people with a disability have a free travel pass, it is redundant when forced to rely on expensive or limiting alternatives.

The Mobility Allowance scheme, closed to new participants since 2013, provided a monthly payment to help people with limited mobility to get around, and has not been replaced or reinstated despite repeated promises to do so – this is not reflected in the State Report.

The issue of ramp access to trains and buses was raised in almost all focus group interviews. Participants expressed dissatisfaction with having to provide 24hour advance notice to Irish Rail to take the train. Similarly, wheelchair users described the inaccessibility of coaches. One participant mentioned that they have to give 48hours notice to travel to Dublin and a seat on the bus has to be removed to accommodate them. Other participants thought many local bus services to be inaccessible, and some found that bus drivers were unaware that people with limited mobility require ramp access to board the bus.

One participant expressed concern about safety for wheelchair users on buses also:

"Some buses don't have a seatbelt for wheelchair access... There's something to hold on to, but it's not the same as being strapped in for safety."

This concern stems from a person's experience on a bus where the driver had to brake suddenly.

The NDIS 2017-2021 is cited under this Article in the Report, with specific reference to the strategy's aim to 'improve accessibility and availability of public transport'. However, the lived experience of people with disabilities shows that there is still limited access to public transport in rural areas, poor

infrastructure and there has been little, or no reduction, in the notice period that wheelchair users are required to give bus and rail companies.

People with disabilities, particularly those in rural Ireland, are limited in their personal mobility and access to their communities and services due to a lack of measures taken by the State to improve accessibility of public transport. The Report must reflect the shortcomings of the NDIS and the lived experiences of people with disabilities in relation to public transport.

Equal recognition before the law (Article 12)

Until the *Assisted Decision Making (Capacity) Act* is fully commenced, people with disabilities will continue to be made Wards of Court. The Ward of Court system is a wholly outdated system that effectively means that people with intellectual disabilities do not receive equal recognition before the law.

The Rehab Group has supported people who have been made a Ward of Court, or are going through the process. We fully support the commencement of the *Assisted Decision Making (Capacity) Act* at the earliest possible date. We note that €5.8m funding was set aside in Budget 2021 to help finance the Decision Support Service and we warmly welcome this. We note that an indicative date for the commencement of the Act was given as mid-2022 but that the draft Report merely says 2022. People with intellectual disabilities have waited long enough for this service and there can be no further slippage allowed.

Freedom from Exploitation, Violence and Abuse (Article 16)

A small number of focus group participants talked about their experience of online bullying and verbal abuse, which was directed at them because of their disability. One participant experienced online bullying through social media:

"[Online bullying] happened to me a few months back. I was in a complete state, I was panicking...we screenshotted the messages, we informed the Gardaí in case I know the person...you don't know who the person is, and they'll make fun of you just the way you are."

Participants expressed that they are online more often than ever before because of Covid-19 restrictions. One participant said there is a need for internet safety and awareness training to support people to be safe online. Another participant said that improving disability awareness among young people could help prevent online bullying.

The State Report refers to policies that are in place to prevent bullying, and support children who have experienced bullying, but not adults. With an increase in the number of people who are using social media and accessing the internet during Covid-19 restrictions, accessible information about online safety for people with disabilities may be helpful.

Living independently and being included in the community (Article 19)

The Report refers to the NDIS to highlight the State's progress on providing housing for people with disabilities. The NDIS has been limited in its aims to support people to live independently in their communities. Participants in our focus groups did not feel as though initiatives set out by the State were supportive of their aims to live independently.

Many people with disabilities continue to live in their family homes, congregated settings or in residential services, and wish they had the opportunity to choose their place of residence:

"I would like to be able to take more responsibility for myself to live independently. I want the government to see what I'm going through...I want to move on instead of using a community house. [...] I'd like to live as a part of my community and move on after that then."

As the Report indicates, the NDA found that living in a residential service reduces someone's quality of life. Some must live with people that they otherwise would not choose to live with:

"I'd like to move into an apartment with the people I want around me."

While recently carrying out research on the experiences of people who use Rehab services, one participant, who lives in supported accommodation, expressed her frustration of living with someone she did not get along with:

"...it was hard to be under the same roof as someone you don't like. [...] I would like to be able to choose the people I live with. This is my home."

Another resident stated that they would like to live independently with minimal supports from RehabCare; however, they said they are limited by the lack of housing options. Focus group participants also raised the issue of the lack of universally designed housing, and social housing in general, available to them:

"There might be 100 houses built but only 10 of them are social housing"

"Every house should have wheelchair accessibility. Not only one or two, but the whole lot of them should have it. At the end of the day, you could need it in the future."

The housing shortage in general, coupled with the low supply of accessible social housing, has prevented people with disabilities from living independently.

Some participants expressed that there are not enough supports provided for people with disabilities to live independently. For example, some have experienced difficulties acquiring a personal assistant, or are not eligible for Housing Assistance Payment (HAP). Some noted that grants or schemes to make homes accessible are not accessible or affordable, and others said that they do not know where to get information about supports and grants schemes.

The NDIS, coupled with the National Housing Strategy (NHS) have not delivered enough accessible, affordable housing for people with disabilities. People with disabilities continue to live in homes and with people that they otherwise would not choose. The move to extend the NHS beyond 2020 is welcome, though the State has not yet outlined how they will improve upon the previous strategy. The lived experiences of people with disabilities is not reflected in the State Report, and it is clear that the intended effects of these strategies are not reaching the people on the ground.

Freedom of expression and opinion, and access to information (Article 21)

Paragraph (b) of the Article states people with disabilities must be able to receive information in a communication form of their choice, including by “accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions”.

The Report correctly states that under the *Disability Act, 2005*, communications from a public body to a person with a visual or hearing impairment must use a format accessible to that person. In the case of persons with an intellectual disability, however, this is not the case, and many receive communications from public bodies that are not accessible to them. One participant told us:

“I get letters from the hospital that my Mam has to read to me, there’s no privacy.”

In this person’s case, they are not receiving personal health information in an accessible format, which compromises their right to privacy.

This above case reflects one of the significant barriers faced by some of the people we work with - their struggle to understand information supplied by Government Departments/Agencies and to navigate important Government schemes. The problem is particularly pronounced in the area of entitlements.

The following case, which is far from unique, further highlights these issues:

Majella is a student who has an enduring mental health condition. She applied for Disability Allowance on the basis of her rights to this based on her diagnosis. Her application was initially refused by the Department of Social Protection on the grounds of her condition not being considered acute. When she appealed, the Social Welfare Appeals Office reviewed the case and found that she did in fact meet the disability conditions of the payment. However, Majella was refused the payment as one document requested in the process, and relating to the means test for disability allowance, was not supplied by her. The Appeals Office communicated this decision to Majella in a four-page letter which set out the reasoning and quoted complex tracts of the relevant legislation. Majella did not understand the letter. She assumed she had been refused on the same basis as before. She did not realise all she needed to do was supply a document so that the case could be fully considered. The issue was only later resolved when an advocate working for Rehab Group intervened on Majella’s behalf.

We believe there should be a complete reappraisal of how State agencies and Departments communicate with people with intellectual disabilities and significant mental health challenges. Current legislation/practice on this is lacking, and it would be most welcome if the problem was acknowledged in the draft State Report and a commitment made to effectively deal with the issue. Rehab would be happy to collaborate with State agencies in an effort to address this problem.

Respect for Home and the Family (Article 23)

The State has made significant progress in recognising the relationships of people with disabilities. It should be recognised in the Report that recently the Minister for Children, Equality, Disability, Integration and Youth commenced paragraph 7(1) of the Assisted Decision Making (Capacity) Act, which repealed the Marriage of Lunatics Act, 1811, and allows adults in Wardship to marry.

However, the Lunacy Act (1871) will remain in place until at least mid-2022, and continues to facilitate the ward of court system for people with disabilities.

With regards to relationships, one participant said she feels that she is treated and seen differently because of her disability. This participant, who is in a relationship, is unsure of her right to marry and start a family, and feels that this information is unclear from the Government:

"Whether people have Down syndrome or not, they should be together holding hands, having fun, talking, going on dates, [...] the government aren't listening that we are the same. I want the government to say that."

From discussing this in our focus groups, it is clear that many people with disabilities are unaware of their rights, and it falls to the State to ensure that information regarding the rights of people with disabilities is accessible and publicly available.

Education (Article 24)

Article 24 (5) States Parties sets down that States Parties "shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others".

It is unfortunate that the draft Initial State Report does not indicate that Specialist Training Provision (STP) in the further education sector, which caters for large numbers of people with disabilities and other disadvantages, operates to a different funding model to mainstream further education. Under the current funding model, the provider is only paid based on student attendance rather than on the cost of providing the service: in effect, the most prohibitive funding model is used to fund the further education of people with disabilities. The inadequacies of the funding model directly affect the extent to which training and education services can be provided, and undermines progression opportunities for people with disabilities, their continuation in education and their access to employment.

The inadequacies of this system have been particularly highlighted during the Covid-19 pandemic. This is so as a specialist-training provider's ability to maintain revenue to deliver programmes is dependent on a continuous intake of students and generation of a referral stream, both of which have been disrupted by Covid-19. We know that up to 700 students attending National Learning Network (Rehab's Learning division) are scheduled to exit programmes in the coming months and we are currently curtailed in starting new students or generating referrals due to the ongoing Covid-19 restrictions. The funding model was already flawed but relying on the model in the context of the pandemic has put our services in a precarious position, and ultimately it is jeopardising the education of students.

Evidently, STP further education is not on an equal footing with mainstream further education. This should be reflected in the Report, with the aim to provide security of funding to specialist training providers so that people with disabilities who require individualised, person-centred supports are treated on the same basis as everyone else.

Some of the feedback we have received from NLN students includes:

"It was too crowded in school and I found it was hard to calm myself down. The teachers would send me out of the classroom but I didn't know what was wrong. I've made progress in NLN. The instructors here know if I need to go for a walk. it's okay, I can do that, and come back in when I feel calm again. My instructor understands."

"I used to be scared of being myself in school, I was scared of being bullied. In NLN, I'm not afraid of being myself. Everything is tailored for each one of us; it all depends on what works for the person. I'm not shy anymore; I'm making more progress in my life and I can be myself now."

Health (Article 25)

Under the Convention, the State must recognise the right of persons with disabilities to the highest attainable standard of health. Therefore, people with disabilities must be provided with the same range, quality and standard of free or affordable health care as other persons. The State Report does not refer to the cost of healthcare for people with disabilities, or systems in place to reduce the cost of healthcare. There can be significant cost barriers to health services for people with disabilities who do not qualify for a medical card:

"Every time I go to the GP it costs €65. I have to budget my money – do I go or don't go?"

Focus group participants expressed that healthcare is too expensive without a medical card. The accessibility of healthcare for persons with disabilities hinges on its affordability. In its Report, the State must recognise that the unaffordability of healthcare for people with disabilities limits their access to the same range, quality and standards of healthcare as others.

Participants also said the cost of medication is too high. Respondents also expressed that medication is expensive:

"...It [prescription charges] also makes me reluctant to seek extra medical treatment in case I am prescribed more meds which I will have to pay prescription charges for."

In October, the Government moved to decrease prescription charges but the cost in relation to Disability Allowance remains too high for some. The cost of medication is another barrier, impeding access to affordable healthcare for people with disabilities and must be reflected in the Report.

Participants expressed that they sometimes have to travel long distances for health appointments. According to the Convention, health services must be provided "as close as possible to people's own communities, including rural areas". The State Report has not addressed this paragraph of the Article, which is an added barrier to the accessibility of healthcare for people with disabilities.

Habilitation and Rehabilitation (Article 26)

Rehabilitative Training Allowance

The State Report does not refer to its removal of the Rehabilitative Training Allowance (RTA), worth €31.80 per week. The RTA supported many people to access rehabilitative courses. Its withdrawal has already affected some students and will begin to impact many more as they complete their current courses:

“I use this allowance for essentials, like lunch...but I also buy things like clothes and shoes and so on. It’s my bit of independence while I’m at my course.”

In many cases, the loss of the allowance will mean that the cost of participating will largely use up any income support participants receive, leaving participants dependent on family for other expenses or unable to participate at all. The RTA was an effective and appropriate measure to support people into rehabilitative training in line with the Convention.

Disability Services

Section 39 providers, such as Rehab, are struggling to recruit and retain staff because of the disparity in pay between Section 39 and Section 38/HSE providers. These differences arise from the fact that Section 38 organisations and the HSE have gone through a process of full pay restoration. Pay in Section 39 providers has only been partially restored with the result that workers in identical roles are paid less than their counterparts in Section 38 organisations. In addition, certain costs facing Section 39 providers in restoring pay, such as certain part-time roles, associated pension costs, and employers PRSI, are not being recognised and fully-funded by the State. The differences in pay also add to training, recruitment and agency staff costs for Section 39 providers as staff migrate to better positions elsewhere. Most importantly, the higher attrition rates can lead to interruptions in key relationships people with disabilities enjoy with key-workers. This is a serious issue, which is affecting the delivery of vital services for people with disabilities.

Funding for Section 39 sector

Section 39 disability providers also face particular challenges associated with the funding model and how budgets are set. These challenges were acknowledged in the Catherine Day Report (Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services), published in February 2019.

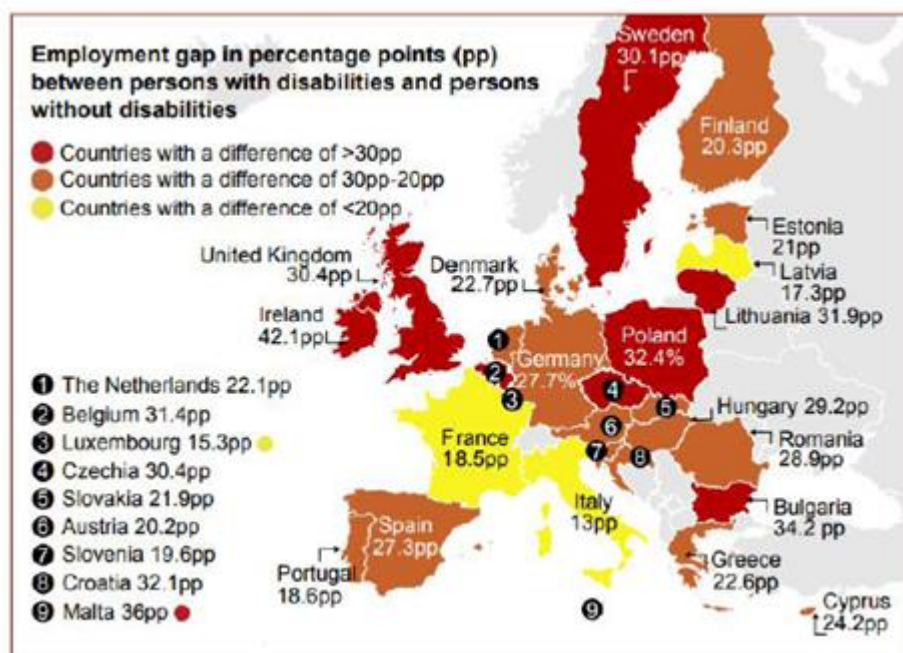
In addition, there is very little capital funding available to the sector that would allow it improve and expand facilities and services. There needs to be a dedicated fund.

Two-thirds of disability services are delivered by not-for-profits. In total, 35 percent of the entire disability budget is spent by Section 39 providers. Therefore, the State is heavily reliant on our sector to meet the needs of people with disabilities.

It is vital that the Catherine Day Report is implemented in full so that people with disabilities have properly funded services that they can rely on. The State must meet the obligation under the UNCRPD to assist people with disabilities “to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.”

Work and Employment (Article 27)

There is much in the Report that indicates the efforts of the State to get people with disabilities job-ready and to ensure equal access to opportunities. However, Ireland is not doing well in terms of employment for people with disabilities. According to the latest comparative research (see below), Ireland has the highest employment gap in the EU between people with disabilities and the general population (42 percentage points).



Source: [European Disability Forum - Human Rights Report 2020 quoting EU SILC](#)

In the Roadmap for Social Inclusion 2020, Ireland has set itself the target of increasing the employment rate of people with a disability. However, this target will not be met unless there is a significant change in the approach of public authorities to employment supports and work opportunities for people with disabilities. We highlight two in particular below:

Wage Subsidy Scheme

The Wage Subsidy Scheme (WSS) for people with disabilities is crucial to sustaining employment opportunities. The WSS resolves two of the main concerns that employers have in relation to employing people with disabilities by recognising that a person may experience decreased work productivity, and that they may require additional support to carry out their role. The problem is, however, that the level of subsidy available to employers under the WSS has not increased since the last recession. This has very significantly undermined the sustainability of employing people under the scheme.

Article 20 EU Public Procurement Directive

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

Ireland are not using Article 20. A survey of local authorities conducted by Rehab Group last year discovered that the Directive had not been used by that group of public procurers since 2017.

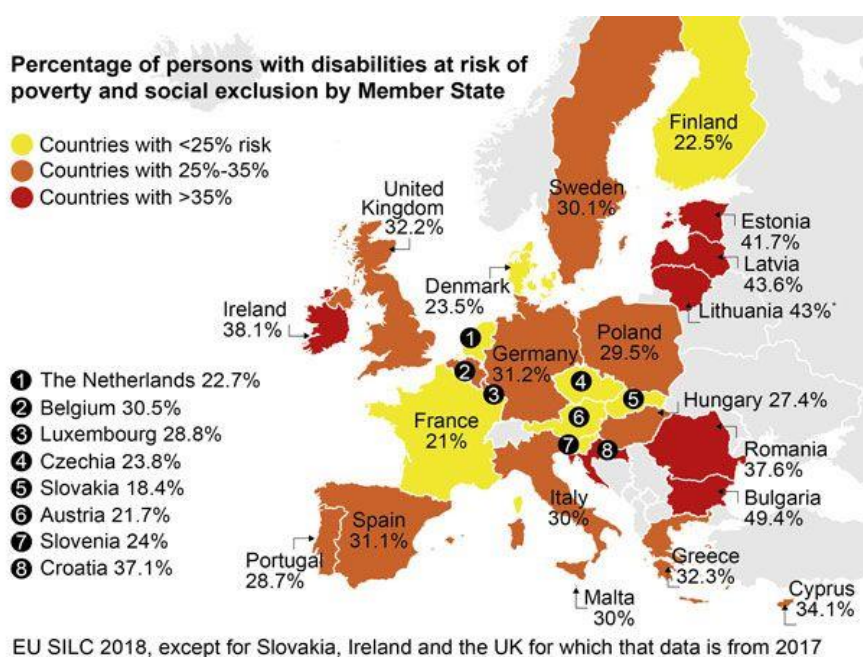
There are two key measures we would like to see taken:

Firstly, increase of the rate per hour for the Wage Subsidy Scheme to a level greater than 60 percent of the National Minimum Wage.

Secondly, ensure that public procurers such as Government Departments, Government Agencies, and local councils actively use Article 20 of the EU Public Procurement Directive by setting down targets and ensuring that they publish activity under this provision.

Adequate Standard of Living and Social Protection (Article 28)

The Convention requires the State to ensure that people have an adequate standard of living through social protection. [Statistics produced by the European Disability Forum](#) in April of last year, shown below, highlights that Ireland has the highest “at risk of poverty” rate for people with disabilities of any western European country.



The previous Government produced a strategy on poverty entitled the ‘Roadmap for Social Inclusion 2020 -2025 Ambition, Goals, Commitments’. This strategy includes targets to reduce poverty levels among people with disabilities. However, the specific target for disability is “to reduce at risk of poverty for people with disabilities to 28.7 percent for the year 2025 and to no more than 22.7 percent by 2030.” These targets are too modest and all too accepting of a high rate of poverty among people with disabilities. These targets do not reflect a state that is fully committed to implementing the UNCRPD.

A large proportion of people who use Rehab’s services rely on State income support as their main or only source of income. In our recent focus groups, some participants expressed that disability allowance was not enough to live on, particularly with the cost of having a disability:

"I don't think people are getting enough [disability allowance] because...quite a bit of money is spent on medication alone...They could increase the allowance."

Others expressed the following views and are representative of many people who use Rehab's services:

"Sometimes I can't afford to take a bus into the centre and have to walk. Sometimes paying my electricity bill leaves me without enough money for food."

"I sometimes have to go without heating in the winter time...Disability allowance is a good payment, but needs to be increased."

Income inadequacy is particularly acute for those who lived independently. A general theme in the feedback we receive from people who use our services is the extent to which people are dependent on families, and especially parents.

People with disabilities, and the organisations and people that support them, campaign to increase disability allowance every year, but also to make sure that the allowance is not subject to cuts in the Budget. One participant expressed his concerns:

"...if the bonus was stopped I would feel terrible hurt. I wouldn't be able to pay my rent, I depend on it. If the Disability Allowance was cut we would fight for it."

The study commissioned on the cost of disability, mentioned in the State Report, could not be completed sooner. Two in five people with disabilities in Ireland go without basic necessities. The Report does not reflect the significant financial difficulties people with disabilities have, or their experiences of poverty.

Participation in Cultural Life, Recreation, Leisure and Sport (Article 30)

The Report covers a wide range of initiatives that have been established by the State to promote inclusivity in sport. It is encouraging to see the uptake of the Sports Inclusion Disability Charter and the development of a national network of disability officers.

The reach of these initiatives may be limited based on the experience of some of our focus group participants. They expressed that they did not feel included in sports, and that sports clubs were often not open to people with disabilities. One participant expressed that there is a lack of visibility of people with disabilities in sport in Ireland, including the management and coaches. Participants expressed that they would like to see people with disabilities in sport featured more prominently as well.

The initiatives laid out by the State should be monitored and reviewed to ensure that sport in Ireland be more inclusive, as people with disabilities are not experiencing the intended effects of these initiatives.

What is Rehab and what do we do?

The Rehab Group is the largest not-for-profit organisation in Ireland providing specialist services to persons with a disability and people who are at a disadvantage. We provide direct services to over 10,000 people including children and adults. We champion the values of diversity and inclusion for persons with a disability or disadvantage in their communities throughout Ireland.

Our mission is to help change the lives of the people we serve by helping them to become more independent and more included in their communities, by empowering them with the skills and confidence to be active in the workforce, and supporting them to be in charge of their health and wellness. The Rehab Group is comprised of RehabCare, National Learning Network and Rehab Enterprises. We specialise in residential, supported accommodation, respite and day services; home support services, further education and training; and employment for individuals with a disability and people who are disadvantaged.

Funded by the HSE, RehabCare is the care division of the Rehab Group providing 52 residential/supported accommodation services, 70-day services including resource and outreach centres, 10 respite services for adults and children, and home support services to both children and adults across Ireland.

National Learning Network (NLN) is the education and training division of the Rehab Group specialising in individualised, person-centred training and education with a specific focus on persons with a disability. We support over 7,000 students each year, between the ages of 16 and 65 who have experienced a setback, an accident, a mental health issue, an illness, an injury or have a disability to progress to further education and training or employment. NLN is funded through the Education and Training Boards (ETBs) and the HSE.

Rehab Enterprises provides sustainable employment for persons with a disability. It operates a unique integrated model of employment, where employees with disabilities work alongside employees without disabilities across a number of sectors.