



RehabGroup

Investing in People, Changing Perspectives

DISABILITY SHOULD NOT MEAN DISADVANTAGE



PRE-BUDGET

SUBMISSION

2025

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FOREWORD

The people who use Rehab Group services are our most important stakeholders. Our overall objective is to ensure their voices are heard both internally and externally.

Rehab believes that people with disabilities should live self-determined, independent lives. Over the past year, we have campaigned with them to ensure that the rights of people with disabilities are at the heart of public policy. We strived to give voice to the people who use our services – people with lived experience of disability – on the issues of greatest importance to them in our engagement with policy and decision-makers.

Disabled people are marginalised by financial, physical, and societal constraints that reinforce our unequal society. Ireland still has a 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. In this pre-budget submission, we highlight the concerns of the people who use our services and their priorities for Budget 2025.

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. Many of the issues raised in Rehab's Pre-Budget Submission 2024 are still relevant in this submission for Budget 2025. The key asks that Rehab Group put forward last year and, indeed, in previous years, remain unaddressed or inadequately tackled.

As Budget 2025 is the final Budget in this Dáil term, this is the last opportunity the Government has to deliver on the commitments in the Programme for Government - Our Shared Future, to people with disabilities.

This must be the year that disability issues are progressed through a Disability Budget.



Barry McGinn
CEO



INTRODUCTION

Rehab Group is an independent voluntary organisation that has been providing services to adults and children with disabilities for more than 70 years. We are a campaigning organisation that advocates for the 12,500 people who currently use our services and their families.

Our purpose is to empower those we support to lead more independent lives and play an active and meaningful role in their communities by providing high-quality, flexible, and sustainable care services, learning, training and education, and employment skills and opportunities.

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

In preparation for this submission, Rehab Group carried out 49 in-depth focus groups with more than 460 people who use our services across the country in April and May of this year. To supplement our service users' views, we also carried out a short survey with a cohort of almost 100 frontline employees, including Care Workers, Instructors, Psychologists, Rehabilitation Officers, Supervisors and Managers.

Issues brought to the fore and highlighted in our submission last year have worsened. Respondents in this year's focus groups profess to be even more marginalised and isolated than ever before, particularly in relation to housing, mental health, dental and medical costs and transport.

Here we set out the experiences and opinions of the people who use our services and their proposals to tackle the issues. We also set out here the challenges Rehab Group faces as one of the largest disability service providers in the country.

Budget 2025 must deliver a more equal and just society and develop pathways to full community participation for people with disabilities.



EXECUTIVE SUMMARY

Our Key Budget Asks

In Budget 2025, we are calling on the Government to take the following headline measures:

- 1** Introduce a Cost of Disability payment and increase basic rates of social welfare by at least €30 per week.
- 2** Increase investment in housing provision and homecare/personal assistants supports to enable people with disabilities to live independent lives.
- 3** Address hidden healthcare costs by ensuring all medical and dental needs are covered by the medical card and provide speedy access to mental health services.
- 4** Invest in rural transport links and provide greater supports for individualised transport, including subsidies/allowances for people with disabilities to avail of driving lessons.
- 5** Ensure the funding is in place to match the ambition of the Action Plan for Disability Services (2024-2026) for the provision of disability services.
- 6** Provide funding for full pay parity for Section 39 organisations and return to alignment with HSE pay scales.
- 7** Provide multiannual funding for disability organisations delivering vital services on behalf of the HSE and State.
- 8** Invest in and develop a clear strategy to support people with disabilities to gain and retain employment.
- 9** Ensure a first-class education experience for NLN students with a disability through provision of funding for core costs at 2025 rates, providing capital investment, and making provision for students' extra-curricular activities.
- 10** Invest in the development of an Irish Assistive Technologies ecosystem that supports the active inclusion and participation of disabled people in all aspects of life.

PRIORITIES FOR A DISABILITY BUDGET 2025

1. THE COST OF DISABILITY AMID A COST-OF-LIVING CRISIS

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



*EU statistics on income and living conditions, Eurostat, 2022.

The 2021 Indecon Cost of Disability Report reported that the annual additional costs to manage disability fell between €11,579 and €16,284 or an additional €223 to €313 per week. The additional costs referred to included transport, communications, equipment, disability aids, assistive technology, medical care and personal care. The estimates provided in the report are based on pre-2020 data and thus will have escalated exponentially as a result of spiralling inflation.

In the period between October 2022 to October 2023, the cost of a Minimum Essential Standard of Living (MESL) increased by 10.6%. Cumulatively, minimum living costs have risen by 18.9% from March 2020 to March 2023. The overall change in the MESL, from 2020, is projected to potentially reach 27.9% by the end of 2024. The increase in Budget 2024 of €12 a week fell far short of the demand for a €30 increase in core social welfare rates made by disability and civil society groups. **Budget 2025 must ensure an increase to core social welfare payments that adequately address the continued rise in inflation and the cost of living.**

THE COST OF DISABILITY AMID A COST-OF-LIVING CRISIS

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 often go without heating due to cost.

One participant in our focus groups stated that she shares rental accommodation with her brother, and they restrict themselves to one room in the evening to conserve heat.

The recently shelved Green Paper proposals to reform disability payments were met with strong opposition from the disability community largely because they failed to recognise or address the additional cost of disability. Instead, they conflated the cost of disability with a wholly separate issue - the capacity to work.

The failure to introduce a targeted weekly Cost of Disability payment to support people with disabilities and those caring for them in last year's budget was a major disappointment. A Cost of Disability payment would provide long-term, sustained support for people with disabilities and their households to address the additional costs associated with disability.

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 basic necessities, having to make difficult choices in prioritising their needs.

If I need something that I can't afford, my family will get it for me e.g., circulation socks.

I can't afford my medication and my shopping each week. I find it difficult to make ends meet.

Some weeks you have to cut back on food to pay for electricity.

I can pay for the essentials but there is nothing left for any extra like the internet.

There are a lot of sensory aids that would benefit me because of my autism but they are just too expensive.

I have to go to St Vincent de Paul for food vouchers sometimes.

It's impossible to save money whatsoever for things such as a house or learning to drive.

THE COST OF DISABILITY AMID A COST-OF-LIVING CRISIS

Staff report that they are increasingly providing links with community supports such as Saint Vincent De Paul to ensure our service users can heat their homes and light their stoves. Employees in our services also express their concerns about the impact of the cost of disability on our service users and their ability to live independent, quality lives. They point out that the modest increases to Disability Allowance barely cover day-to-day expenses with little or no money remaining to engage meaningfully with society. Things as simple as going to meet friends for coffee have now become unaffordable for those on this payment, which is causing isolation from their peers.

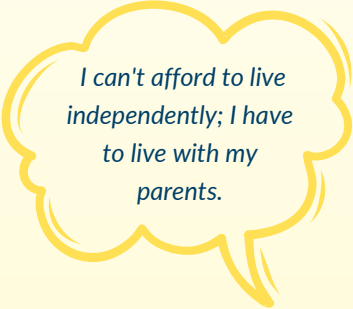


THE COST OF DISABILITY - OUR KEY ASKS:

- ▶ Introduce an annual cost of disability funding stream (suggested €50 per week) to address the inequality identified in the Cost of Disability report.
- ▶ Increase core social welfare payments by at least €30 per week in recognition of the cost of living and the increasing inflation rate.
- ▶ Make the fuel allowance available to anyone in receipt of disability-related social welfare payments.
- ▶ Provide a higher level of fuel allowance for those with higher energy usage due to a medical and/or disability needs.
- ▶ Extend the period of the fuel allowance for people with a disability.
- ▶ Provide subsidies for social activities/vacations.

2. HOUSING AND INDEPENDENT LIVING SUPPORTS

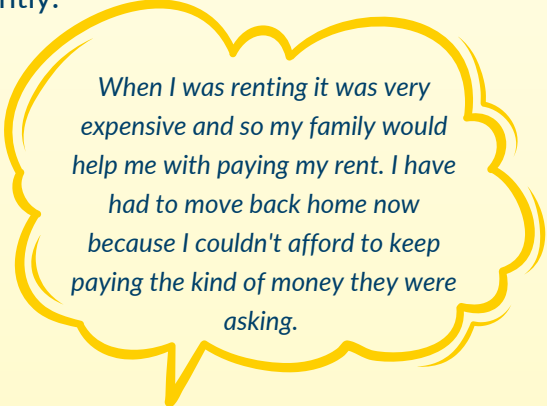
Progress on the implementation of The National Housing Strategy for Disabled People 2022 – 2027 has been disappointing. The Strategy was published in January 2022, but it took a further eighteen months for the Action Plan for Implementation to be published (June 2023). One year on from the publication of the Action Plan, there is no clarity on the funding available for implementation.



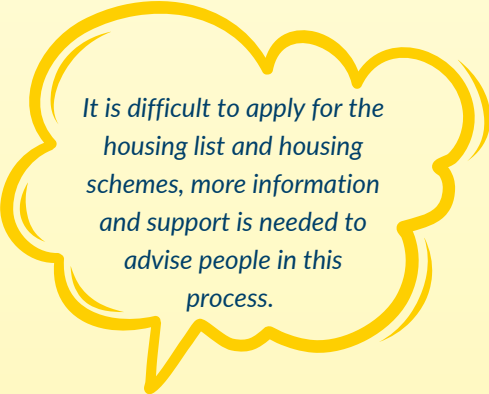
I can't afford to live independently; I have to live with my parents.

The people who use our services report being forced to live at home with their parents and struggling to get the services they need. 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.

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 myriad of bureaucracy without support. For many, the process can take much longer than the maximum three months' rent allowance period.



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 kind of money they were asking.



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

Our employees also expressed concern about students having their independent living either hampered or destroyed by a lack of suitable housing. They point out that moving service users through services and on to meaningful employment cannot happen if they cannot access our services due to housing and transport issues.

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

Many of the respondents in our focus groups expressed their frustration at not being able to find support housing and a strong desire to see more of these facilities available across the country.

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.

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

RehabCare's Residential Services provide high levels of support for individuals enabling them to live within their communities as independently as possible while 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.



The **Capital Assistance Scheme (CAS)**, which provides the funding to purchase homes for people with disabilities is not operating effectively. The price ceiling on three- and four-bedroom homes is unrealistic. The procedures for applying through local authorities with HSE approval are cumbersome, and suitable properties are often lost due to approval delays. Moreover, the lack of funding for maintenance and a sinking fund for capital expenditure presents significant challenges to AHBs providing housing for people with disabilities. Action is needed to remove barriers to the effective functioning of the CAS, which is not meeting disabled people's housing needs as intended.

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,

HOUSING AND INDEPENDENT LIVING SUPPORTS

with some effectively confined to their homes due to the lack of PA supports. We are regressing in realising independent living for disabled people and community inclusion in part due to no legal right to personal assistance in Ireland.

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 taken into account at all times, including providing services during unsociable hours and weekends.

The Action Plan for Disability Services (2024-2026) highlights the need for an additional 800,000 personal assistance hours and 110,000 home support hours by 2026. We support the calls for funding for an additional 270,000 personal assistance hours and 40,000 home care hours to be included in Budget 2025. This would be the minimum required to ensure that the targets set in the Action Plan will be realised.

“

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 need more hours of home help to maintain living independently. The waiting lists for suitable housing are really long.

”

It is important to note that homecare and PA hours are delivered by people who are among the lowest paid workers and are themselves struggling to survive. It is imperative that the rates of pay currently offered by HSE through the authorisation scheme be increased to ensure that workers are treated on an equal basis with workers in HSE or S38 employment. The issues of funding for Home Care services and pay parity are dealt with in Sections 7 and 8, respectively.

HOUSING ADAPTATION GRANTS

Some respondents in our focus groups reported that their housing is ill-suited to their needs and housing adaptations are needed to make their homes accessible and liveable. 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 but the report of that consultation has not yet been published. We are calling on Government to urgently publish the review of Housing Adaptation Grants and implement changes to increase funding, increase the maximum grant amount to reflect building costs, and to reform the means testing process and reduce the administrative burden for applicants.

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 AND INDEPENDENT LIVING SUPPORTS - OUR KEY ASKS:

- ▶ Ensure that people with disabilities are provided with housing and access to supports to enable them to live independently as full citizens in the community - as is their fundamental right under Article 19 of the UNCRPD.
- ▶ Provide an additional 270,000 Personal Assistance Hours and 40,000 Home Support Hours in line with targets of the Action Plan for Disability Services (2024-2026).
- ▶ Fund the implementation of the Housing Strategy for Disabled People (2022-2027).
- ▶ Conduct a review into the functioning the Capital Assistance Scheme (CAS) which is not currently meeting needs as intended:
 - Increase CAS funding to allow for higher ceilings on three and four bedroom houses
 - Provide a fund for maintenance costs as proposed by the Irish Council for Social Housing
 - Ensure local authorities are resourced to conduct the timely processing of grant applications.
- ▶ Urgently publish the review of Housing Adaptation Grants and implement changes to increase funding, increase the maximum grant amount to reflect building costs, reform the means testing process and reduce the administrative burden.
- ▶ Provide support services for people with disabilities who are applying for housing through the local authority or Approved Housing Body or those who may need support to rent privately.
- ▶ Increase the amount and extend the duration of Rent Supplement to allow sufficient time to go on the housing list and access the HAP payment.
- ▶ Ensure a sufficient percentage (at least 7.5%) of new build housing is universally designed UD+& UD++ for wheelchair liveable accommodation.

3. HEALTH & MENTAL HEALTH

HIDDEN HEALTHCARE COSTS

Unexpected expenses, most of which are health-related, place huge stress on our service users. They are often taken by surprise to learn that the medical card does not cover hidden charges like dental charges, blood tests, injections, prescription charges and medical certificates/letters. Moreover, medical procedures or appointments that are covered by the medical card have such unacceptable waiting lists that participants in urgent need of treatment have to 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. Our focus groups revealed the extent of the problem of hidden healthcare costs.

Medical cards don't cover all medications, this doesn't make sense. I have to pay 150 euro for inhalers for my asthma, this isn't covered under the medical card or the LTI scheme.

*It's 2 to 3 years waiting list to get a diagnosis for Autism through the HSE.
To get the support you need quickly you need to go privately and that costs between €700 to €1200.*

The cost of medications was a particular barrier for some people who outlined how they often had to choose between food and essential medicines or medical devices such as inhalers or nebulisers. Moreover, long waiting lists for diagnosis of a disability and/or to see a consultant are key issues that are still widespread.

DENTAL TREATMENTS

In Rehab Group's 2024 Pre-Budget Submission we highlighted our service users' difficulties in accessing affordable and accessible dental care. From the feedback in this year's focus groups, there are no signs of improvement and if anything, the situation seems to have worsened during the intervening twelve months.

People who use our services report still facing the same difficulty in accessing dentists who will accept the medical card while the cost of dental treatments have increased exponentially. This has resulted in them either having to pay large fees for treatment or travel long distances to try and find a dentist who will accept their medical card.

It's €1,200 to get my wisdom teeth out, if I go with my medical card, it's years to wait. My gums are rotting, and I have to take antibiotics regularly.

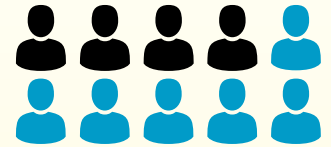
Medical card holders still have to pay €80 for the hygienist. There is no option to claim a partial refund for this.

I have no dentist in my area, I would have to travel an hour to the nearest one and they don't take medical cards.

MENTAL HEALTH

The issue of mental health services was raised in almost all focus groups and by many employee survey participants. Indeed, there has been a marked increase in the number of references to mental health since last year's pre-budget submission.

Mental health conditions are more prevalent in people who have a disability. Over four in ten (43%) of persons aged 15 years and over with disabilities report some form of depression, well above the State average of 14%. In particular, 9% of persons with a disability report suffering from moderately severe or severe depression, over four times the average of 2% (CSO, Irish Health Survey 2019).



People with disabilities face the same and greater stresses and strains of everyday living but struggle more to access mental health services. Those looking for counselling services were faced with unacceptable waiting times or had to pay privately for counselling. The social exclusion experienced by the people who use our services has increased and worsened in large part due to the cost of disability impeding their ability to meet and socialise with friends.

*The only reason I got mental health support is because I ended up in hospital for 2 weeks
The lay over from CAMHS to adult services is shocking.*

Mental services are hard to get if you're not an emergency waiting lists for mental health services can be a minimum of 2-3 months.

Why isn't there a dedicated service for people who are presenting with psychosis? Instead of having to go straight to A&E.

The increase in demand for mental health services overall has seen people in our services struggle to access help for their conditions, with most waiting excessive amounts of time. While it is critical to have clinical supports available to deal with mental health needs, it is clear that a more holistic approach is required. Both the people who use our services and our employees 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 also for discounts/free entry to local amenities such as gyms and swimming pools.

The Programme for Government committed to reform the Mental Health Act 2001 in line with the recommendations in the National Mental Health Strategy "Sharing the Vision". This is a key step in the transition towards person-centred, recovery-focused services. Time is limited to do so in the remaining lifetime of this Government.



HEALTH AND MENTAL HEALTH - OUR KEY ASKS:

- ▶ Remove hidden healthcare costs by ensuring that medical devices, blood tests, injections, and dental treatments are fully covered by the medical card.
- ▶ Incentivise dentists to join the medical card scheme to help increase people's options for dental care.
- ▶ Reduce waiting times for people with disabilities to see qualified counsellors.
- ▶ Provide increased funding for respite services for people with disabilities.
- ▶ Recognise that supports for mental health go beyond clinical and invest in greater social inclusion opportunities, particularly for people who may feel isolated and stressed due to the high cost of living including making funding for local authorities to make leisure activities (pools, gyms etc.) available free of charge or at greatly discounted rates for people with disabilities.
- ▶ Prioritise the legislation to reform the Mental Health Act 2001 so that it is compliant with UNCRPD and ensure implementation.

4. TRANSPORT

Transport is a key element of independent living. It is the stitch that holds together people's health, mental health, education, employment and social engagement.

Under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the Irish Government has a responsibility to provide access to transportation on an equal basis with others to enable people with disabilities to live independently and participate fully in society.

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.

Access to transport for wheelchair users is a big problem. We have a normal bus, and I am the one that suffers because I can't use it.

There are no wheelchair accessible taxis in town, and I wish there was so I could be more independent.

Without accessible transport respondents reported that their mental health is adversely affected not only by the immediate anxiety of trying to attend necessary appointments and meetings, but also by missing out on social engagements.

Attending job interviews becomes even more stressful if they are unsure they will have the transport to attend the interview, let alone the regular transport to attend the job.

A night-time bus-service for people that works, and better rural transport and local link services are needed in this area.

Transport issues can be a major barrier to being able to live independently, as respondents reported being entirely reliant on the goodwill of family, friends, and even strangers.

The services currently provided by Local Link are appreciated but need to be expanded to reach more rural and isolated areas. NLN students reported being charged by some transport services despite having a travel pass.

Sometimes I'm waiting 2 hours or more for the next bus. It takes me a full day. I have to organise private transport to get into the centre.

The lack of transport limits how often and how well I can link in with my community. Tutors from the ETB come out to our centre. This is really helpful as we are a rural service. We can't use public transport to access it otherwise.

Local Link services also need investment to expand their timetables and routes. Many service users highlighted that their ability to socialise with friends is severely hampered by the limited timetables and routes.

I need to take 3/4 buses and it's really difficult to get them to join up.

There are no options to use public transport in the evenings and weekends. I have to rely on family to drop and collect me. I'm an adult and I feel like a child. I should be able to travel independently to go out socially

Transport is really important for social interaction, you need transport, you have to give 24 to 48 hours' notice to go anywhere. It should be the norm to travel easily. I think the government should look at a way of subsidising taxis or making the travel pass work for taxis.

Rehab employees witness these struggles on a daily basis as service users depend on family members, often ageing parents, to transport them to and from services and highlight the need for more funding towards alternative transport means for adults with disabilities.

In 2013, the then Government announced that it would introduce an alternative to the Motorised Transport Grant and Mobility Allowance schemes.

However, over ten years later, nothing has happened. This inaction led the Ombudsman to criticise Government inaction on the matter in 2023 but still no action has been taken.

Our focus groups also reported that the cost of trying to apply for drivers' licenses present a significant barrier to learning to drive. We estimate that costs associated with accessing driver theory tests, license applications, eye tests and driving lessons can run to almost €900. These costs need to be met before the cost of purchasing, adapting, insuring, and maintaining a car is taken into account.

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.



TRANSPORT - OUR KEY ASKS:

- ▶ Increase investment in Local Link to expand on the service it already provides and to ensure those services are viable and accessible to disabled people.
- ▶ Ensure all Local Link services are covered by the free travel pass and do not seek supplementary payments.
- ▶ Develop the physical infrastructure to ensure all bus stops and train platforms are fully accessible.
- ▶ Expand public transport services to evenings and weekends.
- ▶ Provide financial support for people who require more individualised travel support when looking to access transport.
- ▶ Provide subsidies and/or allowances for driving lessons for people with disabilities and eliminate or greatly reduce associated costs (Theory Test, license application etc.).
- ▶ Put in place the long-promised and long-awaited Transport Support Scheme to replace the Motorised Transport Grant and the Mobility Allowance (discontinued in 2013) as recommended by the Ombudsman in 2023. This would provide greater financial support to people who require more individualised travel support.

5. EMPLOYMENT ACTIVATION

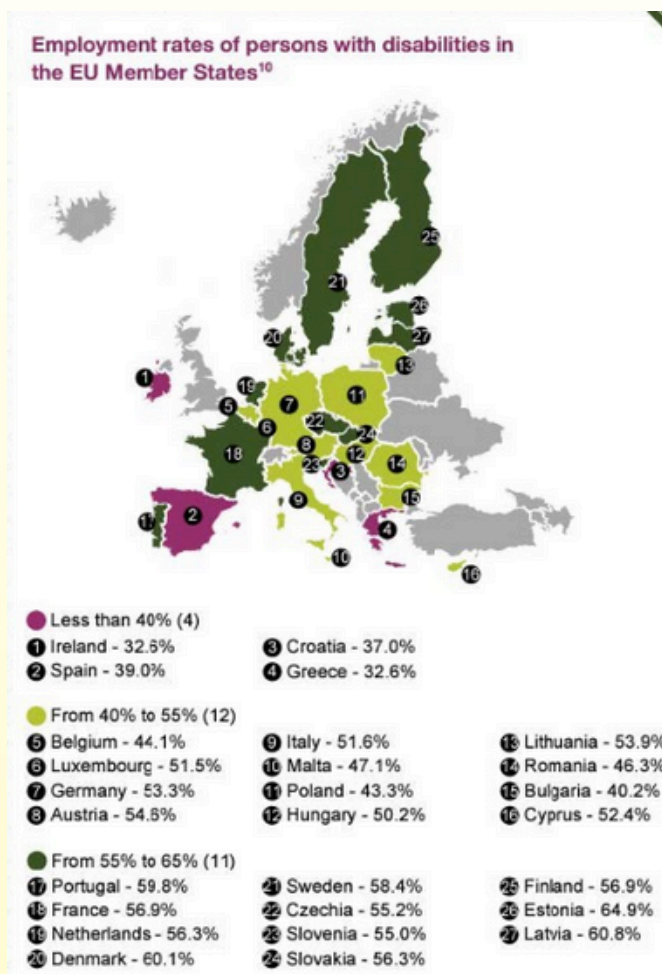
The right of persons with a disability to work on an equal basis with others is enshrined in international, EU and national policies, including the UN Convention on the Rights of Persons with Disabilities, the European Union Pillar of Social Rights and the 2020 Programme for Government, Our Shared Future. However, while the need to build bridges to employment in the open labour market for persons with disabilities has been clearly identified, significant obstacles remain in developing pathways to their employment.

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%.

As the largest non-governmental employer of disabled people through Rehab Enterprises and the largest provider of Specialist Training Provision (STP) for disabled people through NLN, Rehab has considerable expertise and experience in employment activation programmes for people with disabilities and in placing people in employment/work experience placements.

DISABILITY AWARENESS TRAINING FOR EMPLOYERS

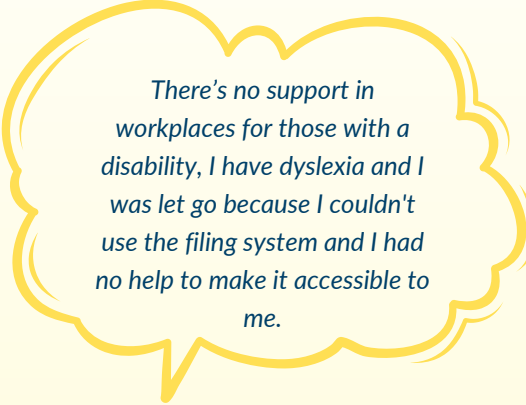
People with disabilities in Ireland are almost three times more likely to experience poverty and isolation than those around them who do not have a disability. The people from NLN and Rehab Care who participated in our focus groups expressed frustration over their inability to gain employment. Many of the people in our focus groups found that employers were biased against taking on someone with a disability. That they had 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



Source: European Disability Forum (2023) European Human Rights Report Issue 7

Employers don't see the value of having people with disabilities in the work force. When I tell them I am on the spectrum they say no. It's the lack of disabilities awareness that's the problem.

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

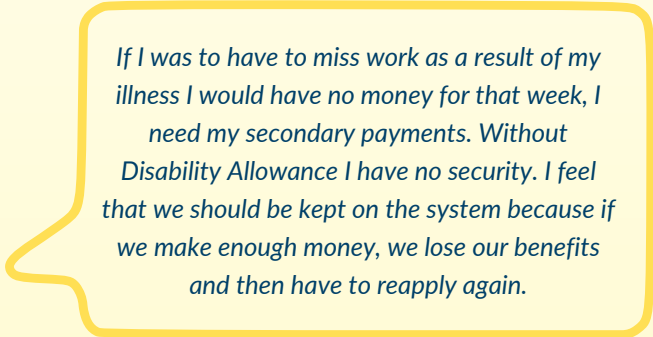


There's no support in workplaces for those with a disability, I have dyslexia and I was let go because I couldn't use the filing system and I had no help to make it accessible to me.

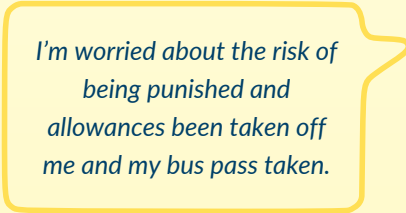
Our employees also report instances where service users “are applying for part-time jobs on a weekly basis, waiting weeks to hear back, just to be told they will not move onto the interview stage.” They are calling for measures to ensure less discrimination against people with disabilities in regard to their employment capabilities. There is a clear need for positive action, guidance and information to support employers to adapt their recruitment policies to ensure that disabled people have access to vacant roles.

RETENTION OF DA AND SECONDARY 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 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.



If I was to have to miss work as a result of my illness I would have no money for that week, I need my secondary payments. Without Disability Allowance I have no security. I feel that we should be kept on the system because if we make enough money, we lose our benefits and then have to reapply again.



I'm worried about the risk of being punished and allowances been taken off me and my bus pass taken.

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 WSS is one of the few critical supports the government provides to 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 subsidy is payable to an employer who employs someone with a disability and has a proven productivity of less than 80%. The productivity level is subject to annual review.

Initially, the rate of subsidy was linked to the National Minimum Wage (NMW) rate at 70%; however, this link has been eroded over time, and the current rate of subsidy is €6.30 per hour, which is just 49.61% 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.

Year	Minimum Wage	Subsidy	Subsidy as % of wage subsidy
2022	€ 10.50	€ 6.30	60%
2023	€ 11.30	€ 6.30	55.75%
2024	€ 12.70	€ 6.30	49.61%



As a result, demand for the scheme and those availing of the subsidy declines and applications to participate in the scheme also decrease.

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 self-funded by Rehab Enterprises and the participating companies and is not currently receiving funding in any form from any government department. We believe that this programme could be developed with support from the Department of Social Protection.

PUBLIC PROCUREMENT

Article 20 of the EU Public Procurement Directive allows public procurers to reserve contracts to encourage the employment of people with disabilities. Article 20 was meant to herald a new dawn for employment opportunities for people with disabilities. An OECD report on public procurement published in June 2023 called on the Irish Government 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, 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.

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.

The publication of the new Social Enterprise Strategy - Trading for Impact: National Social Enterprise Policy 2024-2027 - provides an opportunity and impetus for the development of social clauses and reserved contracts in public procurement.

INDIVIDUAL PLACEMENT SERVICE

The Individual Placement Service (IPS) supports people with mental health issues into employment. Through the IPS the National Learning Network employs a number of placement officers whose role it is to support our students in their efforts to achieve steady employment in mainstream, competitive jobs.

The current level of funding to manage the IPS within NLN is not sufficient to cover costs. We are seeking a 25% increase in the funding for it to remain a viable programme. We would also support calls for the service to be expanded across the country.



EMPLOYMENT ACTIVATION- OUR KEY ASKS:

- ▶ Encourage and incentivise employers to take Disability Awareness and Diversity Training to reduce anxiety or hesitancy about employing a person with a disability or mental health challenge.
- ▶ Allow people taking up employment to keep their full Disability Allowance for a transition period and increase the income thresholds thereafter.
- ▶ Initiate reform of the Wage Subsidy Scheme as follows:
 - Restore the link to the National Minimum Wage and bring the subsidy back to 70% of the NMW.
 - Lower the threshold to the minimum hours per week of 8 hours to allow for more people with significant disabilities to become employed (this was reduced in Budget 2024 to 15 hours)
 - Shorten the minimum duration of the initial contract of employment to avail of WSS from six months to three months, with any follow-up contracts of employment requiring six months' duration.
 - WSS should apply to all employees regardless of their employment duration to provide an ongoing incentive for the employer to retain staff who may acquire a disability during their lifetime.
- ▶ Change Public Procurement policies so that Ireland makes full use of Article 20 of the Procurement Directive to increase employment opportunities for people with disabilities.
- ▶ Support for a funding stream for the Work Ready model in the Social Protection envelope for Budget 2025 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.
- ▶ Require public agencies that do not meet their disability employment quotas to compensate with a percentage spend on social procurement.

6. TRAINING AND EDUCATION FOR PEOPLE WITH DISABILITIES (NATIONAL LEARNING NETWORK)



National Learning Network

Think *Possible*

National Learning Network (NLN) is the education and training arm of Rehab Group. NLN provides essential services in the area of education, training and inclusion and is 90%+ funded by the Irish Government. NLN works with a defined priority group of people with disabilities and people with health conditions. It has 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 provides personalised inclusive education programmes and supports across Rehabilitative Training (RT) and Specialist Training (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.

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-second level provision, will be insufficient to support all these students within FET.

There has been no substantive reform of provision of training for persons with a disability since 2001, when vocationally focused training was mainstreamed under the aegis of FÁS and renamed Specialist Training Provision (STP) whilst training focused on personal and social development became the remit of the HSE's Rehabilitative Training (RT).

FUNDING MECHANISM FOR NLN STP AND RT PROGRAMMES

The funding mechanism for STP and 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 provided through the ETBs and HSE has not been increased since 2011. 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 that 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. RT providers are faced with different rates of funding provided across different CHO areas, from a low of €13,800 to €15,000 with an average fee of €14,000 per training place per year. 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 are currently being carried out. There has been considerable delay in concluding the STP review which commenced in 2020. The HSE has announced a review of RT last year, which is due to be completed by the end of the year.

Funding has stalled pending the outcome and recommendations of these reviews which has created significant problems for NLN which has not seen an increase in its allocation since 2011 despite the significant increase in costs.

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.

Regardless of the outcomes of the STP and RT reviews, the current funding situation for NLN needs to be urgently addressed. For Budget 2025, 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 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 2025 supports this initiative with resources for career guidance and a formal system of referral for students exiting second-level.



TRAINING AND EDUCATION - 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 2025 must address the following key issues:

- ▶ Budget 2025 should ensure that, as a minimum, core funding is available to STP and RT providers, which is not solely based on the utilisation/attendance of students. This would require a guarantee to providers of a minimum baseline funding level to cover core costs of provision.
- ▶ Ensure a level of capital funding for greater investment in the Specialist Training Provider sector to give our students the quality experience they deserve.
- ▶ Invest in career guidance supports for students in special classes.
- ▶ Provide funding for a formal system of referral for students exiting second-level so that they can better access appropriate further education services and students with a disability are not simply left with a social care option.
- ▶ Make funding available for students to participate in clubs/societies and social events to make the college experience real and aligned with the experience of those who do not have a disability.

7. ASSISTIVE TECHNOLOGY

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. It 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.



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 assistive technology sector is changing rapidly due to technological advances and evolving needs. Investment in developing the AT ecosystem is required to ensure that assistive products are appropriate, affordable, safe, effective, acceptable and accessible to those who need them most. 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.

We are also calling for a consistent policy approach across the various programmes that currently support access to AT to ensure that equipment provided for pupils and students in education can stay with the individual rather than the institution. Currently, the Department of Education's policy on AT products/Augmentative and Alternative (AAC) Devices is that they remain with the school/college and not the individual.



ASSISTIVE TECHNOLOGY - OUR KEY ASKS:

- ▶ Invest in the development of an Assistive Technology ecosystem that supports active inclusion and participation of disabled people in all aspects of life.
- ▶ Change the current Department of Education policy to maintain ownership of AT and AAC devices purchased for children similar to newly relaunched Reasonable Accommodation Fund and the Access and Inclusion Model for early childhood education.
- ▶ Have an easy to understand, transparent and consistent pathways to secure funding for AT with the HSE Aids and Appliances Fund.
- ▶ Provide further funding for AAC devices to meet demand in addition to the €1m Aslam have secured.

8. SOCIAL CARE FOR PEOPLE WITH DISABILITIES (REHABCARE)

RehabCare provides 167 services for people with disabilities. These services span Residential, Respite, Outreach, Day Services, Home Support and Personal Assistance (PA).

We welcome the publication in December 2023 of the Action Plan for Disability Services 2024 to 2026 which sets out how Government will 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). Budget 2025 will have to significantly increase investment in disability services over 2025 funding if the ambition in the Action Plan is to be realised.

Key priorities for RehabCare in Budget 2025 include the following:

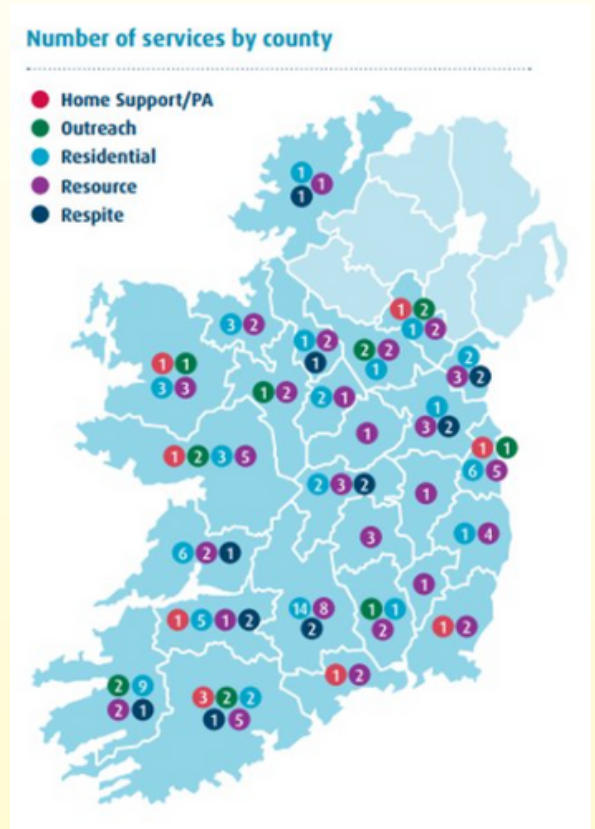
MULTI-DISCIPLINARY TEAMS

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 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.

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.



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.

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 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.

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.

COST OF REGULATION

Finally, while we completely acknowledge 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. 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. The HSE must accept responsibility to provide full funding for the additional financial burden imposed by greater regulatory controls and centralised charges.

SOCIAL CARE FOR PEOPLE WITH DISABILITIES - OUR KEY ASKS:

- ▶ Fund and resource the actions and targets in the Action Plan for Disability Services.
- ▶ Provide funding to S39 organisations for MDT supports within their services to include Physiotherapist, Occupational Therapist and Speech and Language Therapist services.
- ▶ Ensure funding is in place for people who acquire a disability or who present later in life as requiring day services.
- ▶ Increase the level of funding available for lease/rental of properties that will suit and meet the needs of the people who will use the services.
- ▶ Provide capital funding to ensure that the buildings where our services are provided can be upgraded and maintained to required standards.
- ▶ Review the Home Care tender process to ensure it is best way to commission services. The HSE is paying private providers a premium whereas investing in S39/Community Homecare in the long-term would be more sustainable.
- ▶ Include funding for transport running costs (driver, insurance etc.) for adult Day services.
- ▶ Provide funding to cover the full cost of regulation including payment for Bank Holidays, increases in the minimum wage etc.

9. FUNDING AND REFORM



**70% OF SPECIALIST
DISABILITY
SERVICES ARE
PROVIDED BY THE
VOLUNTARY SECTOR,
WHILE SECTION 39
PROVIDERS ONLY
ACCOUNT FOR
APPROXIMATELY
35% OF THE ENTIRE
DISABILITY BUDGET**

The state is heavily reliant on our sector to meet the needs of people with disabilities.

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 Action Plan for Disability Services (2024-2026) sets out a roadmap for services to address the present, future and unmet needs of people requiring disability services. At a minimum, Government must commit to provide the funding to match the ambition of this plan.

The second National Disability Strategy which is due to be published soon should set out a roadmap on engagement with Disability Services

Providers and to ensure that funding is in place so that the most vulnerable citizens of our society are protected and given the care they need and deserve. A whole of government will be central to the success of the Strategy. Therefore we believe that responsibility for monitoring the Strategy should rest with the Department of Taoiseach.

WORKFORCE PLANNING AND PAY PARITY FOR SECTION 39 WORKERS

Quality disability services require proper workforce planning. The National Disability Strategy, the publication of which is imminent, should signal a change from reactive/corrective planning for people with disabilities to a more proactive, evidence-based approach. 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.

Section 39 organisations delivering essential disability services are now in crisis regarding the retention of existing staff and recruitment of new staff members, coupled with the growing crisis in relation to inflation. The issue of pay parity for Section 39 organisations is severely impacting all sections of the Rehab Group in terms of the delivery of existing services and planning to meet emerging and unmet needs. 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.

MULTIANNUAL FUNDING

The Disability Capacity Review, the Report of the Independent Review Group, Sláintecare Implementation Strategy and the HSE’s own Corporate Strategy all highlight the need for multi-annual funding. Multiannual funding would facilitate advance planning for service needs, enable services to be better tailored around individual’s needs and 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. In short, multiannual funding would ultimately be more cost-effective, enable innovation and put individuals at the centre of the delivery of services.



REFORM OF THE DISABILITY SECTOR

Section 39 of the Health Act of 2004 is no longer fit for purpose, as much of the services provided through Section 39 funding, especially those provided by national organisations, are not auxiliary to state services as such, but rather they are de facto state services. While these services may be equivalent in terms of service scope and provision, they are not equivalent in terms of funding and service sustainability.

We believe that ultimately, the 2004 Health Act should be amended to ensure that essential services provided on behalf of the state by Section 39 organisations are funded on an equivalent basis to those provided directly by the HSE or Section 38 organisations. While this is unlikely to happen in the lifetime of this Government, we call on all political parties and independent groups to commit to this should be in Government after the next election.



FUNDING AND REFORM - OUR KEY ASKS

- ▶ Government must commit to provide the funding to match the ambition of the Action Plan for Disability Services.
- ▶ Equality and parity for Section 39 organisations: make provision in Budget 2025 for Section 39 organisations to return to alignment with HSE pay scales.
- ▶ Provide multi-annual funding for disability organisations delivering vital services on behalf of the HSE and the State.
- ▶ Initiate reform of the disability sector with meaningful consultation with stakeholders to enable Section 39 organisations to be adequately and sustainably funded to ensure continuity of vital disability service provision.
- ▶ Amend 2004 Health Act to ensure that essential services provided on behalf of the state by Section 39 organisations are funded on an equivalent basis to those provided directly by the HSE or Section 38 organisations.

SUMMARY OF RECOMMENDATIONS

COST OF DISABILITY:

- Introduce an annual cost of disability funding stream (suggested €50 per week) to address the inequality identified in the Cost of Disability report.
- Increase core Social Welfare payments by at least €30 per week in recognition of the cost of living and the increasing inflation rate.
- Make the fuel allowance available to anyone in receipt of disability-related social welfare payments.
- Provide a higher level of fuel allowance for those with higher energy usage due to a medical and/or disability needs.
- Extend the period of the fuel allowance for people with a disability.
- Provide subsidies for social activities/vacations.

HOUSING AND INDEPENDENT LIVING SUPPORTS

- Ensure that people with disabilities are provided with housing and access to supports to enable them to live independently as full citizens in the community - as is their fundamental right under Article 19 of the UNCRPD.
- Provide an additional 270,000 Personal Assistance Hours and 40,000 Home Support Hours in line with targets of DAP (2024-2026).
- Fund the implementation of the Housing Strategy for Disabled People (2022-2027).
- Publish the Review of Housing Adaptation Grants and implement changes to increase the maximum grant amount to reflect building costs and reform the means testing process.
- Conduct a review into of the functioning the CAS which is not currently meeting needs as intended:
- Increase CAS funding to allow for higher ceilings on three and four bedroom houses.
- Provide a fund for maintenance costs as proposed by the Irish Council for Social Housing.
- Ensure local authorities are resourced to conduct the timely processing of grant applications.
- Urgently publish the review of Housing Adaptation Grants and implement changes to increase funding, increase the maximum grant amount to reflect building costs, reform the means testing process and reduce the administrative burden.
- Provide support services for people with disabilities who are applying for housing through the local authority or Approved Housing Body or those who may need support to rent privately.
- Increase the amount and extend the duration of Rent Supplement to allow sufficient time to go on the housing list and access the HAP payment.
- Ensure a sufficient percentage (at least 7.5%) of new build housing is universally designed UD+& UD++ for wheelchair liveable accommodation.

HEALTH AND MENTAL HEALTH

- Remove hidden healthcare costs by ensuring that medical devices, blood tests, injections, and dental treatments are fully covered by the medical card.
- Incentivise dentists to join the medical card scheme to help increase people's options for dental care.
- Reduce waiting times for people with disabilities to see qualified counsellors.
- Provide increased funding for respite services for people with disabilities.
- Recognise that supports for mental health go beyond clinical and invest in greater social inclusion opportunities, particularly for people who may feel isolated and stressed due to the high cost of living including making funding for local authorities to make leisure activities (pools, gyms etc.) available free of charge or at greatly discounted rates for people with disabilities.
- Prioritise the legislation to reform the Mental Health Act 2001 so that it is compliant with UNCRPD and UNCRC and ensure implementation.

TRANSPORT

- Increase investment in local link services to expand on the service it already provides and to ensure those services are viable and accessible to disabled people.
- Ensure all Local Link services are covered by the free travel pass and do not seek supplementary payments.
- Develop the physical infrastructure to ensure all bus stops and train platforms are fully accessible.
- Expand public transport services to evenings and weekends.
- Financial support for people who require more individualised travel support when looking to access transport.
- Provide subsidies and/or allowances for driving lessons for people with disabilities and eliminate or greatly reduce associated costs (Theory Test, license application etc.).
- Put in place the long-promised and long-awaited Transport Support Scheme to replace the Motorised Transport Grant and the Mobility Allowance (discontinued in 2013) as recommended by the Ombudsman in 2023. This would provide greater financial support to people who require more individualised travel support.

EMPLOYMENT ACTIVATION

- Encourage and incentivise employers to take Disability Awareness and Diversity Training to reduce anxiety or hesitancy about employing a person with a disability or mental health challenge.
- Allow people taking up employment to keep their full Disability Allowance for a transition period and increase the income thresholds thereafter.

- Initiate reform of the Wage Subsidy Scheme as follows:
 - o Restore the link to the National Minimum Wage and bring the subsidy back to 70% of the NMW.
 - o Lower the threshold to the minimum hours per week of 8 hours to allow for more people with significant disabilities to become employed (this was reduced in Budget 2024 to 15 hours)
 - o Shorten the minimum duration of the initial contract of employment to avail of WSS from six months to three months, with any follow-up contracts of employment requiring six months' duration.
 - o WSS should apply to all employees regardless of their employment duration to provide an ongoing incentive for the employer to retain staff who may acquire a disability during their lifetime.
- Change Public Procurement policies so that Ireland makes full use of Article 20 of the Procurement Directive to increase employment opportunities for people with disabilities.
- Require public agencies that do not meet their disability employment quotas to compensate with a percentage spend on social procurement.
- Support for a funding stream for the Work Ready model in the Social Protection envelope for Budget 2025 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.
- Require public agencies that do not meet their disability employment quotas to compensate with a percentage spend on social procurement.

TRAINING AND EDUCATION

- Budget 2025 should ensure that, as a minimum, core funding is available to STP and RT providers, which is not solely based on the utilisation/attendance of students. This would require a guarantee to providers of a minimum baseline funding level to cover core costs of provision.
- Ensure a level of capital funding for greater investment in the Specialist Training Provider sector to give our students the quality experience they deserve.
- Invest in career guidance supports for students in special classes.
- Provide funding for a formal system of referral for students exiting second-level so that they can better access appropriate further education services and students with a disability are not simply left with a social care option.
- Make funding available for students to participate in clubs/societies and social events to make the college experience real and aligned with the experience of those who do not have a disability.

ASSISTIVE TECHNOLOGY

- Invest in the development of an Assistive Technology ecosystem that supports active inclusion and participation of disabled people in all aspects of life.
- Change the current Department of Education policy to maintain ownership of AT and AAC devices purchased for children similar to newly relaunched Reasonable Accommodation Fund and the Access and Inclusion Model for early childhood education.
- Have an easy to understand, transparent and consistent pathways to secure funding for AT with the HSE Aids and Appliances Fund.
- Further funding for AAC devices to meet demand in addition to the €1m Aslam have secured.

SOCIAL CARE

- Fund and resource the actions and targets in the Action Plan for Disability Services.
- Provide funding to S39 organisations for MDT supports within their services to include Physiotherapist, Occupational Therapist and Speech and Language Therapist services.
- Ensure funding is in place for people who acquire a disability or who present later in life as requiring Day services.
- Increase the level of funding available for lease/rental of properties that will suit and meet the needs of the people who will use the services.
- Provide capital funding to ensure that the buildings where our services are provided can be upgraded and maintained to required standards.
- Review the Home Care tender process to ensure it is best way to commission services. The HSE is paying private providers a premium whereas investing in S39/Community Homecare in the long-term would be more sustainable.
- Include funding for transport running costs (driver, insurance etc.) for adult Day services.
- Provide funding to cover the full cost of regulation including payment for Bank Holidays, increases in the minimum wage etc.

FUNDING AND REFORM

- Government must commit to provide the funding to match the ambition of the Action Plan for Disability Services.
- Equality and parity for Section 39 organisations: make provision in Budget 2025 for Section 39 organisations to return to alignment with HSE pay scales.
- Provide multi-annual funding for disability organisations delivering vital services on behalf of the HSE and the State.
- Initiate reform of the disability sector with meaningful consultation with stakeholders to enable Section 39 organisations to be adequately and sustainably funded to ensure continuity of vital disability service provision.
- Amend 2004 Health Act to ensure that essential services provided on behalf of the state by Section 39 organisations are funded on an equivalent basis to those provided directly by the HSE or Section 38 organisations.

