

**Social  
Democrats**

# Disability Policy

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Services, Supports, Consultation

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## Key Points

In Government, the Social Democrats will:

- Insist on a full Minister for Disability, with a mandate to ensure a whole-of-Government cross-departmental approach to disability policy.
- Use a rights-based approach to disability, recognising the role of Disabled Persons' Organisations (DPOs).
- Prioritise the implementation of the United Nations Convention on the Rights of People with Disabilities. This includes ratifying the Optional Protocol of the Convention.
- Invest in inclusion, guided by the findings of the Disability Capacity Review, to put the sector on a sustainable financial footing.
- Make multi-annual funding the norm for the disability sector.
- Implement a weekly Cost of Disability payment to reflect that disabled people have a higher cost of living as a result of their disability.
- Create clear criteria for the classification of DPOs, as well as a system of financial supports so that DPOs can participate in public processes on disability issues, including legislative and policy processes.
- Establish an organisation within, or in parallel with, the HSE to assume responsibility for the delivery of services for disabled people.
- Establish a new system to monitor and regulate the implementation of services for disabled people, including the creation of a Disability Ombudsman.
- Implement, enact and commence key legislation and strategies to promote and protect the rights, quality of life, and independence of disabled people.

## Introduction

Disabled people face some of the greatest barriers to full participation in Irish society.

At the 2022 Census, over 1 million people (a total of 22 per cent of the population) reported having a disability or disabling condition or difficulty, and most people will experience some form of disability at some point in their lives.

Within this group lie a myriad of different disability types and circumstances, and therefore a complex range of support needs. But whatever the disability, this part of our community is at **significantly greater risk than non-disabled people of experiencing poverty, social exclusion, and unemployment, as well as barriers in transport, housing, education, and other areas.**

Despite improvements in funding for services and supports in recent years, the experience of disabled people in Ireland continues to be one of social exclusion. **Disabled people consistently have among the highest poverty rates of any group in Ireland**, three times that of the general population, while more than two in five disabled people are experiencing deprivation at any one time.

The Department of Health's Disability Capacity Review was published in July 2021, highlighting "significant levels of unmet need" in the provision of appropriate disability services. It estimated that a further €550 million to €1,000 million investment in disability services was required by 2032.

The report is **a stark reminder of just how far behind the rest of society disabled people have fallen** in terms of basic community and residential services.

*Progressing Disability Services* is failing to meet the needs of disabled children, with many spending significant time on waiting lists and receiving no services. There is a significant long-term impact for the individual and family from not getting the correct early intervention, not to mention a significant long-term cost for the State. *Progressing Disability Services* needs a complete overhaul.

Simultaneously, Ireland has, in comparative terms, a high dependence on the provision of informal care support by family members. This puts a huge burden on carers, often without sufficient state supports. Questions must be asked about the continued viability and sustainability of such reliance in light of the changing demographic and socio-economic realities of modern Ireland.

**It doesn't have to be like this.**

If Government put the principles and demands of the United Nations Convention on the Rights of People with Disability (UNCRPD) at the core of policy, it would lead to greatly improved outcomes for disabled people, their carers, and their families.

Putting the UNCRPD at the heart of policy is what the Social Democrats pledge to do. This will be highlighted throughout this document, which focuses on **four key objectives**:

- A **rights-based approach**, which recognises the role of Disabled Persons' Organisations, or DPOs.
- Reform of the **governance and accountability** of the provision of disability services.
- Implementation, enactment and commencement of **key legislation and strategies** to promote and protect the rights, quality of life, and independence of disabled people.
- Investment in inclusion to put the disability sector on a **sustainable financial footing**.

## A Rights-Based Approach

In 2006, the United Nations agreed on a series of interpretations and guidelines in the form of the **UN Convention on the Rights of Persons with Disabilities** (UNCRPD). In 2018 Ireland became the last EU country to ratify the UNCRPD.

While ratification was welcome in itself, and was long overdue, it has had little effect to date on the actual lives of disabled people as **so much of our national legislation remains out of sync with the Convention**, and transitioning to a social model of disability inclusion remains a low priority.

In addition, the Government has not ratified the **Optional Protocol of the Convention**, despite having made repeated and continuous commitments to doing so. This protocol makes a significant difference to disability rights as it would provide for a mechanism of independent oversight by civil society.

Without it the Government is not answerable to the UN nor subject to possible inquiries by it.

Without the commencement of key legislation and a means to enforce the rights within the Convention, disability rights in Ireland still depend on the policy of whoever is in Government and where we are in the economic cycle.

**Rights without a means to being vindicated are not really rights at all.**

It is little wonder, then, that large swathes of disability legislation are still waiting to be fully commenced. This includes the Assisted Decision-Making (Capacity) Act 2015, the Citizen's Information Act 2007<sup>1</sup> and the Special Educational Needs (EPSEN) Act 2004.

**Each of these must be progressed to ensure a rights-based approach to disability and the full participation of disabled people in our society.**

Article 4 (3) of the UNCRPD requires that “in the development and implementation of legislation and policies to implement the Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties must closely consult with and actively involve persons

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<sup>1</sup> Section 5 remains un-commenced. It would create a statutory advocacy service. The current advocacy service is not statutory, and is acting as something of stopgap.



with disabilities, including children with disabilities, through their representative organisations”.

However, most Disabled Persons’ Organisations (DPOs) in Ireland have no national funding mechanism and there is too little involvement of them in the decision-making process.

**As per the UNCRPD requirements, DPOs should be integrated into the decision-making process.** For this to happen, there needs to be:

- Clear criteria for the **classification of an organisation** as a DPO.
- A process for registration as a DPO.
- A **system of financial supports**, so that recognised DPOs can participate in public processes on disability issues, including independent funding for their involvement in UNCRPD monitoring which may include collecting disability data for parallel reporting.
- A **framework for the involvement of DPOs** in the early stages of the legislative and policy processes; crucially, this must be before Government and policymakers make decisions.
- An **independent mechanism for DPOs to appeal** if they believe they are not being included in the decision-making process, or if legislation is not being enforced. This mechanism must have power to order the rectification of the issue at hand within a certain timeframe.

In Government, the Social Democrats will work to implement these points.

## Reform of Governance and Accountability

As things stand, direct accountability for disability services has been removed from relevant Ministers, and responsibilities have instead been abdicated to organisations such as the Health Service Executive (HSE) and the National Council for Special Education (NCSE).

**This needs to change to ensure the rights as outlined in the UNCRPD are met.**

In Government, the Social Democrats will insist on a **full Minister for Disability** with a mandate to ensure a whole-of-Government cross-departmental approach to disability policy.

To date, disability have been covered by ministers of state, or else so-called ‘Super Junior’ minsters. A full Minister, with responsibility for the area of disability and with a seat at the cabinet table, is necessary to ensure the delivery of the necessary supports and services to disabled people.

There is also a need to overhaul the monitoring of the performance of those responsible for the provision of services to disabled people.

**This would mean oversight from three key agencies:**

**A new Disability Inspectorate** – Based within HIQA initially, and eventually independent from (as it will have a remit for more than health-related issues), this Inspectorate would carry out inspections or enquiries on all aspects of the operation and administration of disability services within organisations receiving state funding including, but not limited to, the provision of medical services/therapies, education services, housing, and the employment of disabled people.

**A new Disability Ombudsman** – to deal with complaints made by members of the public, politicians, state bodies or DPOs on the services provided and decisions made by organisations receiving state funding for the provision of services to disabled people.

This dedicated Ombudsman for disability should have the ability to launch its own investigations if necessary, and should have the ability to compel enforcement of its rulings.

This Disability Ombudsman should also assume the responsibilities covered by the Ombudsman as required by Part 3 of the Disability Act 2005. The Disability Ombudsman would have a much wider remit than the current responsibilities of the Ombudsman.

**A revised Disability Authority** – to oversee the performance of organisations receiving state funding for the provision of services and supports to disabled people.

The Authority should also establish a Code of Ethics and performance criteria for such organisations, approve the strategic statements and plans of such organisations, input on the appointment and removal of key personal in such organisations, and review arrangements for the recruitment, training and development of staff in such organisations.

Together, these agencies would **drive accountability for the provision of services for disabled people**, as well as provide clear independent escalation routes where such services are:

- Not being provided at all.
- Not being provided in a timely manner.
- Not being provided to a sufficient level of quality; or
- Where organisations are not clear if it is their responsibility or that of another organisation.

It is important that Disabled Persons' Organisations are involved in establishing the final remit of, and reviewing the functioning of, these agencies.

### **A New Model for Service Delivery**

It is also clear that the HSE is stretched as an organisation. The priorities and life-long care needs of disabled people are often of secondary importance to the provision of acute medical services, which is the HSE's primary concern.

**A separate organisation should be set up within, or in parallel with, the HSE** to assume responsibility for:

- The assessment of needs of disabled people.

- Care of disabled people.
- Provision of equipment for disabled people.

The important thing is that an organisation exists whose main priority is the delivery of services to disabled people, and that this area is not taking a backseat to the delivery of acute healthcare, as is currently the case.

This organisation should work in conjunction with the HSE, and a defined mechanism should be established to resolve disputes through the Disability Ombudsman where both organisations are unclear as to who should provide a service.

The **funding mechanism of such a body needs to match the long-term nature of care provision for disabled people**. Reviewable annual budgets are not appropriate to treat people who need ongoing lifelong care. Multi-annual budgets are needed to appropriately plan over the lifespan of disabled people's care, for example, a disabled child will grow and so may need new/resized equipment over their childhood years.

Similarly, the supports children receive as a teenager cannot and should not simply stop when they turn eighteen. The care needs of disabled people need to be mapped out and funding over multi-year periods.

## Key Legislation and Strategies

### *Implementation, Enactment and Commencement*

#### Legislation

Recent governments have dragged their feet in implementing, enacting and commencing key legislation in relation to disabilities. The Social Democrats have identified the following as **key pieces of legislation** which need to be fully in place to protect the rights of disabled people.

In Government, the Social Democrats will:

- Sign the Optional Protocol of the UNCRPD, and create a clear action plan with budget lines and timelines for the implementation, monitoring, reporting, and enforcement of the UNCRPD.
- Fully commence the Assisted Decision-Making (Capacity) Act 2015 with specific and urgent emphasis on resource allocation to facilitate immediate implementation of sections 8 to 22 of the Act with respect to all citizens with a disability.
- Fulfil the provision in the Citizen's Information Act 2007 for a statutory advocacy service, which has never been commenced.
- Review and reform of Disability Act through the lens of the UNCRPD.
- Pass new legislation, including on the deprivation of liberty.
- Introduce a statutory right to Home Care and to Personal Assistance.
- Commence in full the Education for Persons with Special Educational Needs Act 2004 (EPSEN Act) and the Irish Sign Language Act 2017 (ISL Act).

#### Supporting Autistic People

Ireland's record on supporting autistic people is, in many respects, abysmal.

Long waiting times for access to services and treatment are the norm, even when those interventions are urgent. Too often barriers are encountered when attempting to access basic human rights. Autistic people should not have to run

lengthy and time-consuming advocacy campaigns simply to get the basic supports they are entitled to.

In Government we would:

- Continue to implement the Autism Innovation Strategy.
- Ensure periodic review of the Strategy, in consultation with the relevant DPOs.
- Implement the recommendations of the Final Report of the Joint Committee on Autism.
- Hire additional caseworkers to support Early Intervention and School Age Teams for autistic children's referrals around the country.
- Develop a mandatory, national training programme on autism for all school staff.
- Hire job coaches within regional Intreo Offices, trained in best practices for engaging with and supporting autistic jobseekers and others with disabilities.
- Invest in the Autism Community Fund's development and delivery to support community initiatives to address the isolation epidemic facing autistic people across the country, including developing an action plan around isolation and social exclusion.
- Provide additional funding towards improving pathways to accessing diagnostic and therapeutic services.
- Invest funding to update and begin to implement the Education for Persons with Special Educational Needs (EPSEN) Act 2004 as a matter of urgency.
- Provide better supports for families supporting an autistic person, including more respite hours and more Special Needs Assistants in schools.
- Create a pathway for adults to access diagnosis and care.

### Children's Disability Services

Children with disabilities need well-resourced public health and education services.

It is clear that early intervention is vital, but the waiting lists for assessments of needs and access to therapies in Ireland are nothing short of shameful. Without early intervention and diagnosis, or access to supports, children with disabilities are at risk of permanent developmental delays.

In far too many cases children are being failed by an under-resourced system. Delays in these assessments, multi-year waiting lists for therapies, and a lack of access to educational supports and appropriate school places are having profoundly negative impacts on tens of thousands of children.

Over 9,000 children have been waiting for over 12 months for initial contact with a Children's Disability Network Team (CDNT), and almost 15,000 are waiting in total. At the end of March, almost 10,000 children were (officially) waiting on an assessment of need.

It gets worse: in May this year, more than 100,000 children were waiting for a primary care intervention; figures that don't include those on CDNT lists. More than 18,000 children were waiting for a first-time assessment for occupational therapy and more than 31,000 children were waiting for speech and language therapy; almost half of those for on initial assessment. The list could go on.

The main problem is no longer funding. **There is an urgent need for strategic work force planning.** The HSE staff census in October 2023 showed that 817 posts – 36 per cent of all posts – were vacant across CDNTs. This is an increase from 34 per cent in 2022 and 28 per cent in 2021.

Under the United Nations Convention on the Rights of Persons with Disabilities, each child has the right to appropriate healthcare, education and supports that will help them live independent lives in the community. These supports will be unavailable until Government gets its act together around work force planning.

### Independent Living

Though children's services often get more attention, there is also a significant lack of capacity in the delivery of services for adults with disabilities.

Disabled adults also encounter significant waiting lists and lack of state provision of sufficient health, community, personal assistant, and social care supports. Essential services that would help **vindicate the right to independent living,**

including Personal Assistant Services (PAS), home supports, and personalised budgets, are underfunded and overstretched.

Sufficient investment is required to deliver services identified by the Disability Capacity Review. This includes building and strengthening comprehensive critical supports in the community such as personal assistant and home care services; respite; day services; residential services; multidisciplinary therapy services, and a wide range of community supports.

Sufficient funding is also required to **support the de-congregation process** and move people out of nursing homes, and to deliver sufficient fully accessible housing and the necessary support provision (including social care packages) for those who wish to live independently.

In Government, we would aim to end institutionalisation for disabled people, moving people under-65 living in nursing homes from congregated settings to a home of their own in the community.

In order to further assist disabled people to live independently, we would introduce schemes to replace the Motorised Transport Grant and Mobility Allowance, based on assessment of individual needs. These schemes were closed to new entrants in 2013, under promise of replacement schemes. More than a decade later, disabled people are still waiting.

### Workforce Planning

The biggest challenge facing our health and social care services in recent years is the recruitment and retention of staff, across all disciplines. **This in turn is leading to the creeping privatisation of our health and social services.**

Too often, Government pledges funding for disability services that cannot be spent because the HSE and other bodies cannot find the required staff.

**A cross-departmental Workforce Planning Strategy is required** to ensure that allocated funding can be spent and that service delivery, including around Children's Disability Network Teams and Personal Assistant Services, is not hindered by capacity constraints.

To date, workforce planning for the sector has been piece-meal at best. There are no current projections of training places needed across health and social



care, there is little co-ordination with the Department of Further Education, the number of training placements in services has been drastically reduced, and scant attention has been paid to the conditions and terms of employment which have driven large numbers of highly trained workers to leave sector.

**There is an immediate and critical need to establish a National Workforce Task Force** to address both the short term and medium-term needs of our Health and Social Care sector. This will have significant implications for disabled people.

### Section 39 Organisations

Investment in universal social care services is vital to ensure disabled people have the necessary supports to reduce dependence on family and friends and to maintain a private life with dignity.

**Social care in Ireland has been progressively outsourced.** The majority of disability services are now provided by not-for-profit organisations. Many community and voluntary bodies providing health and social care services, and services to disabled people, struggle to recruit staff as a result of a disparity in pay-scales between state agency staff and the section 39, 56 and 10 agencies.

These voluntary organisations play an essential role in the delivery of health, social and community services and are a critical component of Ireland's health and social care system.

We know the sector is struggling, with disparities in pay and conditions between the public and voluntary sector resulting in a crisis of recruitment and retention. While the pay agreement of November 2023 made some progress, no pay indexation process has been achieved. The services provided by Section 39 are key to supporting carers and the people they care for, and must be properly resourced to do the job being assigned to them.

There needs to be far greater parity of treatment for staff delivering services in HSE-funded organisations, to prevent the further escalation of the staffing crisis being experienced. Service delivery is being jeopardised as a result of challenges around staff recruitment and retention.

**In Government we would begin a process of creating parity of treatment for staff delivering services in HSE-funded organisations**

## Investing in Inclusion

### *Putting the Sector on a Sustainable Financial Footing*

Too often governments have hidden behind the term “subject to resources”.

But current disability supports are already relatively disadvantaged and as a result, the funding system for disability services needs to be completely overhauled with a core objective of investing in the inclusion of disabled people.

The Department of Health’s Disability Capacity Review was published in July 2021, highlighting “significant levels of unmet need” in the provision of appropriate disability services. It estimated that a further €550 million to €1,000 million investment in disability services was required by 2032, a number that already needs updating due to inflation in the years since.

The majority of disability services are provided by not-for-profit organisations. 80 per cent of residential places for disabled people are provided by such organisations and, overall, two thirds of services are provided by not-for-profits.

**Given this dependence on the sector, it is imperative that there is a sustainable multi-annual funding model in place.** This has never been the case, and the fundamentally flawed system currently in operation entails protracted and unnecessary stand-offs between the HSE and not-for-profit providers.

This is often exacerbated by the conflict of interest within the HSE between the focus on the acute hospital medical system and the need for community-based social care and supports. There are also, as mentioned, often significant disparities in the pay, benefits, and terms and conditions of employment between the HSE and the not-for-profit organisations, leading to staff recruitment and retention issues.

**We believe it is necessary to establish an organisation separate from the HSE to assume responsibility of the assessment of, and care for, disabled people.**

Despite the formal adoption of the UNCRPD, **disabled people and their families are being forced to seek charity and to campaign for their right to decent services.** We are now seeing several providers so stretched that they are unable to maintain services, with the reserves of many providers exhausted.

Furthermore, several sections of various pieces of legislation containing critically important requirements for the agencies of the State to provide essential assessments, and maintain records and statistics so that Government could accurately identify the level of need in society and make appropriate planning possible, have not been commenced by this or successive governments. The consequences are a **lack of transparent and reliable information with which to inform national decision making** and thereby avoid decisions regarding appropriate funding.

Critical to realising **the inclusion of disabled people in Irish society** is vast improvements in supports and protections. A range of measures are required across housing, health, transport, income and grant support, consumer protection, education and employment protection.

### Cost of Disability Payment

Financial inclusion for disabled people is important.

This must begin with the implementation of a **Cost of Disability Payment**, recognising that disabled people often have additional living costs as a result of their disability.

In our most recent Alternative Budget, the Social Democrats proposed a €30 per week Cost of Disability Payment as a starting point.

Government must create a pathway, informed by the Cost of Disability in Ireland report, so that by a combination of the Disability Allowance and Cost of Disability payments, disabled people are **brought above the poverty line and to the Minimum Essential Standard of Living**.

## Implementing the Convention

The purpose of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”.

The Social Democrats have identified key decisions to be taken and key areas in which investment should be made to ensure the inclusion of disabled people.

In laying these out, we have considered how they fit under each Article of the UNCRPD. In Government, the Social Democrats will support all aspects and articles of the UNCRPD. Below are some key areas we will focus on to ensure its full implementation.

### Articles 3 and 4 – General Principles and General Obligations

- Accept the findings of the Department of Health’s Disability Capacity Review which highlighted “significant levels of unmet need” in the provision of appropriate disability services.
- Begin addressing this funding deficit, related to the Review.
- Use the findings of the Cost of Disability in Ireland report to inform the direction of future policy in relation to implementing a Cost of Disability payment.
- Commit to the introduction of multi-annual budgeting as the norm for the disability sector.
- Integrate DPOs into the decision-making process, with clear criteria for classification of an organisation as a DPO, and a system of financial supports, so that DPOs can participate in public processes on disability issues.
- Create a framework for the involvement of DPOs from the early stages of the legislative and policy processes.
- Recognise the importance of designing public consultations in an accessible format (with hybrid consultation events, held at accessible venues etc.), and with multiple ways for people to contribute. Structured consultation between elected representatives, civil servants and people with a disability is essential.

- Address the funding issues around the conducting of Independent Assessments of Need by utilising the precedent established by the Department of Finance / Revenue Commissioners wherein a framework and system of Self-Assessment will be utilised to identify and benchmark the level of supports provided and the national level of unmet need, facilitating appropriate reporting and service planning to the Minister for Disability.
- Conduct a comprehensive Workforce Planning Review, and accordingly increase the number of positions in Third Level courses available in Occupational Therapy and in Speech and Language Therapy, as well as other key areas.
- Ensure there are clear pathways for therapists who qualify in other jurisdictions to gain accreditation in Ireland, including re-examining the Critical Skills list for visas to ensure as much as possible is being done to allow skilled workers for the sector be found.
- Reform the '3-day rule' in part time jobseekers' payment to benefit homecare workers.
- Introduce a statutory right to Homecare and Personal Assistance, and conduct proper workforce planning in these areas – increasing recruitment and training – to ensure that right can be vindicated.

### **Article 8 – Awareness-Raising**

- Introduce awareness programmes for front-line public service workers around working with disabled customers and clients.
- Introduce advertising campaigns in relation to the UNCRPD, after ratification of the Protocol.

### **Article 9 – Accessibility**

- Expand the use of universal design (UD) so it is more than an architectural concept. UD principles should be considered in the development of all areas including policy creation, product development, and creation of plans.
- Work to ensure the Design Manual of Urban and Rural Spaces (DMURS) is in line with the UNCRPD.

- Invest in public transport to ensure it is more accessible for people with disabilities, and ensure minimum accessibility standards for private transport companies.
- Put in place a fit-for-purpose planning infrastructure and a stream of additional supports for disabled people to deal with housing, health access, and other areas of concern.

### **Article 12 – Equal Recognition Before the Law**

- Periodically review the implementation of the Assisted Decision-Making (Capacity) Act 2015, the Assisted Decision-Making (Capacity) (Amendment) Act 2022, and the Decision Support Services.
- Create a framework for the involvement of DPOs in the Decision Support Services and the removal of substituted decision-making structures.
- Remove the State’s declaration and reservation to Article 12.

### **Article 14 – Liberty and Security of the Person**

- Remove the State’s declaration on Article 14.
- Pass new legislation relating to the deprivation of liberty.

### **Article 16 – Freedom from Exploitation, Violence and Abuse**

- Recognise that disabled people face specific disadvantages as consumers that may result in higher household bills.
- Ensure that all regulators have fair price protections in place for disabled people and that these protections are properly notified to customers and enforced vigorously by the relevant authorities.

### **Article 19 – Living Independently and Being Included in the Community**

- Provide a statutory right to homecare, and a budget for a person-centred home care scheme, with cross-country equality of access and availability.

- Increase funding for Personal Assistance Services as part of a move towards providing a statutory right to a Personal Assistance Service for disabled people.
- End institutionalisation for disabled people: Provide sufficient funding to move people from congregated settings to a home of their own in the community, including the over 1,300 people under-65 living in nursing homes.
- Ensure that disabled people who live at home with their families are supported to move into a home of their own, particularly those living with family carers aged 70 or over.
- Create a comprehensive funding mechanism for personalised budgets as a way of moving forward from institutional /group housing provision.
- Set a minimum target for social housing to meet universal design standards, and ensure that every social housing pipeline project demonstrates at Capital Appraisal Stage the inclusion of a minimum of fully wheelchair-livable housing, with higher percentages applying for areas of higher need.
- Ensure local authorities review their approved social housing lists and identify the number of people and households who require wheelchair-livable housing, and maintain a register of all wheelchair-livable social housing in their area and occupancy status.
- Change Part M of building regulations to include wheelchair-liveable housing.
- Work at a local authority level to improve the quality of footpaths, to ensure improved mobility for all.
- Improve access to, and benefits under, Housing Adaptation schemes, and improve funding for assistive devices.
- Assess ways in which local authorities could help disabled people with the maintenance of their homes.
- Review and reform standards around disabled parking bays.
- Increase funding for Sign Language Interpreting Service (SLIS) vouchers.

### Article 20 – Personal Mobility

- Introduce replacement schemes for the Motorised Transport Grant and Mobility Allowance based on assessment of individual needs.



- Improve regulations and funding conditions so that access for disabled people to buses, trains, and taxis is vastly improved.
- Make our public and private transport system fully accessible – in terms of fleet, stops, platforms and other access points.
- Assess the possibility of introducing a “taxi travel pass” for rural areas or areas not well serviced by public transport.
- Expand the Free Travel Scheme to include more groups who cannot drive due to restrictions imposed by the State, including people with low vision and those with epilepsy.
- Expand the Free Travel Scheme to recipients of Domiciliary Care Allowance.
- Improve audio and visual alerts on transport services and increase the volume of the sounds on traffic lights in areas with high traffic volumes.
- Change tendering rules to encourage much greater availability of wheelchair-accessible taxis.
- Eliminate fees for the renewal of disabled parking passes for people with lifetime disabilities, and improve Road Traffic laws to ensure easier enforcement of parking rules for disabled parking bays.
- Ensure urban planning processes should take account of the Hierarchy of Road users, and that people with mobility or sensory impairments have sufficient opportunity to contribute to new public space design.

### **Article 21 – Freedom of Expression and Opinion, and Access to Information**

- Introduce the role of Disability Coordinator who will be responsible for assisting disabled people in accessing services and information across multiple government departments and agencies, as well as multiple health and social care professionals across acute and community settings.
- The Disability Coordinator would provide disabled people with a clear pathway to engage with these departments/agencies/professionals as well as reporting to the Disability Authority ways in which engagements could be streamlined across departments/agencies/professionals to reduce the level of paperwork and time taken.



### Article 22 – Respect for Privacy

- Social care in Ireland has been progressively outsourced or privatised. We now have a largely unregulated home care industry. Investment in universal, social care services is vital to ensure disabled people have the necessary supports to reduce dependence on family and friends and to maintain a private life with dignity.
- Create an independent complaints mechanism within the office of the Disability Ombudsman.

### Article 24 – Education

- Fund the development of a roadmap on Special Education and Inclusive Education and push for the realisation of an inclusive education model where all children attend school together.
- Revise the EPSEN Act in line with the UNCRPD, working towards the end of segregated education within 15 years. The review should reflect contemporary understandings of disability and best practices for inclusive education.
- Ensure the Act's implementation is properly resourced.
- Fund the rollout of the NCSE's *An Inclusive Education for an Inclusive Society*.
- Conduct a full review of the Department of Education's guidelines for students with disabilities in line with the UNCRPD.
- Have the Department of Education publish robust, child-centred, rights-based guidelines on seclusion and restraint.
- Introduce legislation around elimination of seclusion and restraint in schools and mandatory reporting of same.
- Develop training for special/additional needs children in the curriculum for teacher training.
- Restore complex needs to the allocation-criteria of Special Education Teachers.
- Increase the number of Special Needs Assistants (SNAs), and improve their employment conditions.
- Continue to professionalise the position of SNA, and provide continuous professional development for SNAs.

- Extend the in-school therapy pilot to all schools.
- Revise the Assistive Technology Grant so that no child is without access to the technology they need to access the curriculum.
- Increase funding for school-based therapeutic supports.
- Fund Bookshare Ireland to provide accessible material for vision-impaired students.
- Ensure effective forward planning of special education classes, so that school places and supports are available further down the line for children whose needs are being identified now.
- Reform Summer Programme/July Provision, including organising in the autumn term for the following summer, ensuring adequate provision in all areas.
- Increase the number of psychologists under the National Educational Psychological Services.
- Ensure school buildings are universally designed and accessible.
- Examine ways in which the conditions on working times for home tuition support could be relaxed to enable more families avail of the full hours allocation where the tutor is a full-time teacher.

### Article 25 – Health

- Enhance the role of Health and Social Care Professionals (HSCPs) by establishing a HSCP Chief Officer to join the senior management team, on a par with the Chief Medical Officer and the Chief Nursing Officer.
- Ensure that Section 39 organisations are funded to allow them to offer competitive pay and conditions, equivalent to their public sector counterparts.
- Provide funding for the development of a Workforce Planning Strategy to ensure that allocated funding can be spent and that service delivery, including around Children’s Disability Network Teams (CDNTs), is not hindered by capacity constraints.
- Adequately resource CDNTs so that assessment times are reduced to within the timeframes outlined in the Disability Act 2005.

- Ensure all children referred to the CDNTs by healthcare professionals are added to the Assessment of Needs waiting list, removing the need for a separate application through an Assessment of Needs Officer.
- Increase supports for sufferers of Multiple Sclerosis, including:
  - Increased annual investment in the National MS Care Centre.
  - Sustainable funding for physiotherapy services for people with neurological conditions.
- Provide community neuro-rehabilitation teams in each of the Community Health Organisation areas, and inpatient rehabilitation services at both national and regional level to ensure timely access to rehabilitation.
- Increase funding for supports for sufferers of Epidermolysis Bullosa.
- Increase funding to alleviate waiting lists for children with scoliosis.
- Increase the number of, and improve access to, primary care health staff and rehabilitative staff as promised under Sláintecare.
- Review the charging process for things like blood tests and sick certs for certain cohorts of disabled people whose condition means they must avail of them regularly.
- Create a single entry point to children's disability services and CAMHS so that disabled children aren't passed back and forth between services.

### **Article 26: Provision of Services and Supports**

- Ensure that services begin at the earliest possible point, and are based on the multidisciplinary assessment of individual needs and strengths.
- Provide funding for the development of a comprehensive workforce planning strategy to enable full resourcing of therapeutic teams.
- Change how assistive technology is funded and approved. All disabled people should have access to communication, mobility and other assistive technologies in a timely manner.
- As per the previous section, provide community neurorehabilitation teams in each of the Community Health Organisations areas, and inpatient rehabilitation services at both national and regional level to ensure timely access to rehabilitation.

### Article 27 – Work and Employment

- Work to end barriers to disabled people entering or remaining within the paid workforce such as inadequate educational provision, continuing benefit traps, and discriminatory access rules and attitudes.

This may include retaining access to medical cards and essential disability benefits while employed.

- Ensure that the target of a minimum 6 per cent employment rate for disabled people for public bodies is fully implemented, and extended to public sector contractors.
- Create proper pathways for career advancement, so that disabled people are not permanently employed in entry level positions in the public sector with no prospect of promotion.
- Reform the medical test and psychometric test for public jobs so they are fit-for-purpose and do not discriminate against disabled people.
- Restore the Rehabilitative Training Allowance.
- Improve funding under the Wage Subsidy Scheme and link rates to changes in the National Minimum Wage.
- Introduce an Assistive Technology Passport.
- Ensure public bodies follow the Irish Sign Language Act.
- Improve employment supports for deaf people so they can access the reasonable accommodation fund to use it to access interpreting services.
- Ensure disabled people also have the right to serve in appropriate roles in An Garda Síochána and the Defence Forces.

### Article 28 – Adequate Standard of Living and Social Protection

- Implement a Cost of Disability Payment, recognising that disabled people often have additional living costs as a result of their disability.
- Create a pathway so that by a combination of the Disability Allowance and Cost of Disability payments, disabled people are brought above the poverty line and to the Minimum Essential Standard of Living.
- Reform the means test for Disability Allowance to allow for financial independence and autonomy from parents/partners.

- Remove the means test for, and conduct a review of eligibility criteria for, the Carer's Allowance, with a view to allowing more people to qualify.
- Increase the rate of Carer's Allowance to an appropriate level; one that reflects the social importance of the work.
- Make Carer's Allowance a qualifying payment for the Fuel Allowance.
- Review the social welfare system and other benefit systems, including social housing, to see where means tests for disabled people can be adjusted to reflect the increased cost of living with a disability.
- Improve investment in residential care and provide an adequate amount, and adequate quality, of respite care, including a move towards an annual entitlement of 20 days respite.
- Facilitate representations to the Disability Ombudsman to highlight disability welfare traps. The Disability Ombudsman can then make recommendations to the Department of Social Welfare, where justified.

### **Article 30 – Participation in Cultural Life, Recreation, Leisure and Sport**

- Expand, with designated funding, the number of playgrounds, pools, gyms, parks and green spaces, and venues that feature universal design.
- Ensure that all future recreational projects include accessible changing facilities – accessible toilets which include a hoist, adult sized changing bench, and larger space for additional assistants, to ensure the health, safety and dignity of those with disabilities and mobility issues.

### **Article 33 – National Implementation and Monitoring**

- Fund a multi-annual comprehensive workforce planning strategy to enable delivery of State obligations under UNCRPD.
- Sign the Optional Protocol of the UNCRPD, and create a clear action plan with budget lines and timelines for the implementation, monitoring, reporting, and enforcement of the Convention.
- Fund sufficient staff so that the implementation of the UNCRPD can be effectively monitored.
- Provide a system of financial supports, so that recognised DPOs can participate in CRPD monitoring.





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