How to Conduct a Disability Impact Assessment

Guidelines for Government Departments
Introduction

Government commitment to disability proofing

Disability proofing of all substantive proposals requiring Government approval is mandatory.

The Cabinet Handbook, an internal Government guide to assist Ministers and officials in the preparation of matters to be dealt with at Government meetings in accordance with the principles of collective responsibility, requires that all substantive Memoranda should indicate the impact on people with disabilities.

'Substantive memoranda' in this context means any memorandum on which a Government decision of a substantive nature is sought, such as

- a change in policy
- the introduction, abolition or significant change in an existing scheme
- a decision which impacts on the public at large, or on a significant subset of that population
- a decision to draft or to approve legislation
- a decision involving expenditure increases or reductions, or changes in taxation.

In considering any policy proposal it is important the Disability Impact Assessment is applied at the earliest possible stage. Such an approach supports the preparation of Memoranda for Government. It means that fundamental issues can be identified early in process with a view to informing later stages of the process and reviewed at the stage when a Memorandum for Government is being prepared.

This booklet has been developed by the Department of Justice and Equality, the Equality Authority and the National Disability Authority to assist officials in Government Departments who are carrying out disability proofing of memoranda for submission to the Government.
What is a disability?

For the purposes of this document, the working definition of disability is as follows:

Definition

A physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder the full and effective participation of people in society on an equal basis with others

Based on the description in the United Nations Convention on the Rights of Persons with Disabilities

A variety of definitions of disability have been devised in Irish law for various purposes, including the definitions in the National Disability Authority Act 1999, the Employment Equality Acts 1998-2011, the Equal Status Acts 2000-2011 and the Disability Act 2005. These definitions, outlined in Appendix 1, may be helpful in considering when actions may have different consequences for a person with a disability.¹ Due regard should also be taken to ascertain the most appropriate legislation to use in particular contexts.

¹ Refer also to the National Disability Authority’s eLearning module, “Disability Equality Training for Public Service Staff”, available online at http://elearning.nda.ie. It was developed to train public sector staff to provide quality public services to people with disabilities. The module can be used anywhere a computer with audio output is available. It can also be provided on CD as required.
Information on the prevalence of disability in Ireland is provided in the results of the National Disability Survey 2006, published by the Central Statistics Office.

This survey provides an indication of the level of difficulty experienced by people in carrying out their daily activities, across nine different types of disability as follows:

- Mobility and dexterity
- Pain
- Remembering and concentrating
- Emotional, psychological and mental health
- Intellectual and learning
- Breathing
- Hearing
- Diagnosed with intellectual disability
- Seeing
- Speech

Further details on this survey can be found in Appendix 2.
What is a disability impact assessment?

Disability impact assessment is the process used for carrying out disability proofing. It involves a comprehensive examination of how any proposed policy, legislation, programme or service impacts on a person with a disability. The analysis should consider all potential impacts, both positive and negative.

**Definition**

A disability impact assessment is the process of identifying, analysing and assessing the impact of existing or proposed services, policies and practices in relation to their consequences for equality for persons with a disability.

In simpler terms, a disability impact assessment will identify any difficulties or barriers that may exist or arise within a service delivery, policy or process that prevents someone from availing of that service, policy or process.
Why should a disability impact assessment be undertaken?

The legislative and policy context in which disability impact assessment has been introduced is set out in Appendix 3.

Carrying out a disability impact assessment helps to ensure that decisions are taken with full awareness of the impact of those decisions on persons with disabilities.

Case Study: Disability Impact Assessment

Application of traffic management design in urban areas - road works

A disability impact assessment enables you to look at the likely impacts, identify the issues and apply reasonable actions.

What needed to be examined here was how, so far as reasonably practicable, the Temporary Traffic Management Plan could minimise the direct impact of road works on the desired routes taken by pedestrians and other vulnerable users.

So who would be considered as pedestrians and other vulnerable users?

- These include cyclists, wheelchair users, people who are unsteady on their feet, people who use walking aids, people who walk at low speeds, people who may have to take frequent pauses, people with impaired vision or hearing, people with push buggies or luggage and other non-motorised road users.

Analysing the issues and needs of such a collective grouping of people in using a temporary pedestrian route has led to identification of the following considerations for the designation of such routes:
• clear delineation of temporary pedestrian routes, using appropriate barriers (depending on the function of such a barrier, for example to protect people from traffic)
• a barrier, where used, should be brightly coloured and highly visible (especially for people with vision impairment)
• similarly, scaffolding and/or hoarding should be brightly coloured and highly visible
• the route should be kept clear of objects (for example temporary road signs) and have no trip hazards (enabling people with reduced mobility to move with ease)
• the surface should be suitable for all users (enabling people with push chairs, wheelchairs, walking aids to navigate with ease)
• if the temporary route diverts people off a footpath onto a road, then kerbs should be ramped (enabling access for wheelchair users and buggies)
• avoid any overhanging of signs, temporary structures, etc. so as to provide adequate headroom (enabling people with vision impairments and cyclists to pass safely)
• providing adequate space widths for people to pass if using the same route for two way pedestrian traffic (considering the needs of wheelchair users and people with walking aids, people with buggies, cyclists who require a wider space).

Source: Guidance for the Control and Management of Traffic at Roadworks, (2010) Department of Transport

A disability impact assessment provides an opportunity, where needed, for the redesign of the action itself, or of the approach to its delivery, so that it might better meet the needs of its target population.

While it is most valuable to carry out such an analysis early in the formulation of a policy or programme before it is finalised, it is important to note that a disability impact assessment could be carried out on an agreed action at any time.
There are **three compelling arguments** why policy makers need to become familiar with the concept and practice of disability impact assessment.

<table>
<thead>
<tr>
<th>Achievement of social justice goals</th>
<th>In the context of democracy and equality, there is a moral imperative that demands that proactive measures are pursued to ensure that people have equal opportunities, irrespective of disability.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government commitments in this regard are set out in a series of policies and strategic plans, such as the <strong>National Disability Strategy</strong>, the <strong>National Action Plan for Social Inclusion</strong> and the <strong>Quality Customer Service</strong> initiative.</td>
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<tr>
<td>Efficiency and effectiveness</td>
<td>Organisations can improve their efficiency and effectiveness by maximising human resource potential internally, and by identifying and addressing local needs more effectively.</td>
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<tr>
<td>Retrofitting is more expensive. The earlier in the design process that accessibility considerations, for example, are taken into account, the more effective and less expensive it is.</td>
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<tr>
<td>Frameworks for assessment of efficiency and effectiveness include the <strong>Better Regulation</strong> initiative and the <strong>Regulatory Impact Analysis</strong> process.</td>
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<tr>
<td>Fulfilment of legal obligations</td>
<td>There are a number of requirements, both EU and domestic, which policy makers and practitioners are obliged to fulfill.</td>
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<td>Legislation has been enacted both to combat discrimination (the <strong>Employment Equality Acts 1998-2011</strong> and the <strong>Equal Status Acts 2000-2011</strong>) and to promote inclusion and participation of persons with disabilities (the <strong>Disability Act 2005</strong>).</td>
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</table>
A disability impact assessment supports **mainstreaming** which essentially means ensuring that people with disabilities can take their place in society.

### Definition of mainstreaming

"People with disabilities should be able to equally participate in mainstream service provision and receive adequate supports to enable them to do so. Any separate or targeted services should be limited to meeting specific needs of particular groups that are not met by mainstream service provision and to taking positive action to enhance outcomes for people with disabilities from mainstream provision. Mainstream services should in no way disadvantage or marginalise people with disabilities"

Disability Legislation Consultation Group, 2003, 'Equal Citizens: Proposals for Core Elements of Disability Legislation'
How to undertake a disability impact assessment of Memoranda for Government

A disability impact assessment is an internal exercise, to be carried out by the staff who are preparing the proposal.

The 5-Step disability impact assessment process is essentially a set of five questions which should be posed for any actions or objectives your Department is proposing to undertake and which will be the subject of a substantive memorandum submitted to Government. The answers to these questions should then be incorporated into the impact section of the draft memorandum for Government.

The process may involve external supports, if appropriate, such as specific expertise and participation by relevant representative organisations external to the Department.

It is important to remember that the disability impact assessment process should be started as early as possible in the process of developing a proposal, and used as the basis for consultation, where possible. The disability impact assessment document is a living document subject to change, which could result in numerous drafts before the final version is complete. This is particularly true in cases where the initial work on the disability impact assessment reveals some significant impact relating to the proposal.

The disability impact assessment is carried out in a step-by-step approach, as follows:
Example

Supplementary Welfare Allowance Scheme

The following worked example, which is based on a Poverty Impact Assessment carried out by the Department of Social Protection in 2006, is designed to illustrate various points concerning disability impact assessment. The rationale for this approach was to demonstrate the benefit of engaging with the disability impact assessment at an early stage of policy development. It is not intended to be an accurate or up-to-date guide to how the Supplementary Welfare Allowance scheme currently operates.

The supplementary welfare allowance scheme is the "safety net" within the overall social welfare system in that, subject to qualifying conditions, it provides assistance to any persons in the State whose means are insufficient to meet their needs and those of their dependants.

In the 2006 poverty impact assessment, the objectives of the Supplementary Welfare Allowance scheme were outlined as follows:

- To provide a standard minimum income, in an immediate and flexible manner, to those whose means are insufficient to meet their basic needs.
- To provide income support in the form of a weekly/monthly supplement to those with additional specific needs (such as rent and or mortgage interest supplement, diet supplement and heating supplement), identified either in association with other personal and social services or on an individual basis, that cannot be met from their standard minimum income.
- To financially support, by way of a single payment, any individuals who have once-off exceptional/urgent needs, identified either in association with other personal and social services or on an individual basis that cannot be met from their standard minimum income.

Full details of the poverty impact assessment are available from the Department of Social Protection’s Social Inclusion Division, at www.socialinclusion.ie
Step 1: Will the proposed decision have an impact on people with disabilities? Yes or No?

It is suggested that this question is approached as a series of questions, as follows:

- if the measure is one of general application, one must consider that it also affects people with disabilities.
- if it is directed at a distinct group of people, could this group include people who have disabilities?
- if it is directed at people with disabilities, could it affect people with different disabilities in different ways?
- could the measure affect people other than its target population? could those people have disabilities?

Before considering the questions above have a look at the National Disability Authority’s eLearning module, “Disability Equality Training for Public Service Staff”, which is available online at http://elearning.nda.ie. It was developed to train and support public sector staff to provide quality public services to people with disabilities. The module can be used anywhere a computer with audio output is available and can also be provided on CD as required.

For example ...

In the example above, the answer would be 'Yes'.

The Supplementary Welfare Allowance scheme impacts on the population in general but would have particular relevance for people with disabilities as a vulnerable group within the population.

In particular, there are likely to be people with disabilities receiving supplementary welfare in the following situations:

- awaiting a decision (or decision on appeal) on an application for a mainstream social welfare payment
- receiving Rent Supplement in private rented accommodation
- one-off exceptional needs that may be associated with a disabling condition or magnified by such a condition
The Supplementary Welfare Allowance scheme could potentially affect people with different disabilities in different ways. Therefore the different needs, for example, of people with physical, mental, intellectual or sensory impairments, would have to be considered to ensure that the service is accessible and appropriate to this section of the general public.

Step 2: Outline the evidence on which your initial assessment of potential impact is based.

This step involves gathering together and analysing all relevant data and information relevant to your initial assessment of impact, both positive and negative.

Potential impact in terms of physical design, information content and how the information is presented will need to be considered. Evidence available in this regard could include Central Statistics Office data on disability, advice from the National Disability Authority on accessibility standards, submissions, policy material, research, etc.

Relevant evidence could also be gathered from consultation with relevant stakeholders. Important questions to think about include:

- What form did the consultation take? For example, written consultation, public meetings, focus groups, etc.
- Who was consulted?
- Was the consultation accessible to people with different disabilities and did they participate?

If engaging in consultations, with stakeholders for example, the following guidelines will be useful

- "'Ask Me'- Guidelines for Effective Consultation", National Disability Authority
- "Guidelines on Person Centred Planning in the Provision of Services for People with Disabilities in Ireland", National Disability Authority
• “REACHING OUT: Guidelines on Consultation for Public Sector Bodies”, Better Regulation

Your initial assessment of potential impact should then be revisited and either confirmed or refined on the basis of all the evidence gathered.

For example ...

In the above example, the initial assessment that persons with disabilities were potentially impacted was based on the following evidence:-

- Review of Central Statistics Office data and the National Disability Survey 2006 to establish the potential number of people impacted and the nature of disabilities to be considered.

- Relevant research and publications
  - National Disability Survey 2006 (see Appendix 2).

- Analysis of people with disabilities currently in receipt of social welfare.

- Analysis of submissions received from personnel involved in the operation of the Supplementary Welfare Allowance scheme, Government Departments, statutory bodies and agencies received as part of a consultation process.

- Analysis of submissions received from individuals and groups received as part of a consultation process which was advertised in the national press.
**Step 3:** If you consider that the decision may have an impact for people with disabilities, outline what that impact will be.

Briefly state what the impact(s) will be, both positive and negative and remembering that people with different disabilities (physical, sensory, intellectual and mental health difficulties) could be impacted in different ways.

It must be considered that the population of persons with disabilities are not a homogeneous group and that people with the same disability do not all have similar experiences. For example, consider the potentially different needs of
- females and males who are wheelchair users
- older and younger men who are deaf
- women who have an intellectual disability
- males and females who have mental health difficulties
- migrant workers who acquire a disability.

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**For example …**

The Supplementary Welfare Allowance scheme could have a positive effect on the population, including people with disabilities.

A key strength of the Supplementary Welfare Allowance scheme for people with disabilities is that it is an income supplement designed to be tailored to individual needs. This allows for flexibility to take into account diverse needs and avoids a ‘one size fits all’ approach.

It is also a vehicle for paying interim social welfare support to people awaiting decisions on application for payments. Decisions which involve weighing of medical evidence can take longer than other decisions. The Supplementary Welfare Allowance scheme could be an important safety-net for people while awaiting such decisions.

Many people with mental health difficulties live in the private rented sector and Rent Supplement could be an important element of their income support. Also, in moving towards new models of community living for people with intellectual disabilities, as an alternative to previous residential institutions, Rent Supplement could have an
important role in facilitating people with intellectual disabilities to have a choice, equivalent to others, as to where and with whom to live (Article 19 of the United Nations Convention on the Rights of Persons with Disabilities).

Step 4: If the potential impact for people with disabilities is negative, outline how you intend to alleviate that negative impact.

This step involves examining each negative impact identified, and identifying ways in which the proposal could be amended - to achieve the desired outcome - but in a way that overcomes the negative impact. In developing such alternatives, consideration should be given to unintended consequences which could have a negative impact on other persons.

For example ...

In general, the Supplementary Welfare Allowance scheme would not have negative implications for people with disabilities. Consultation with people with disabilities via the Department’s Customer Panels, and with disability organisations in the Disability Consultative Forum can enable early identification and addressing of any specific issues for people with disabilities in relation to this scheme or any other payment.

It was not clear whether people who leave residential institutions, whose accommodation would previously have been funded as part of a wrap-around service via the Health Vote, would qualify for Rent Supplement. This is an issue which could be raised in the context of the National Housing Strategy for People with a Disability\(^2\), which has as one of its main strategic aims to seek to promote and mainstream equality of access for people with a disability to the full range of housing options available, suited to individual and household need. It could also be addressed by proposals to

\(^2\) The implementation plan for the National Housing Strategy for People with a Disability was being developed in early 2012, under the aegis of the Department of Environment, Community & Local Government.
integrate the systems for providing rent supplement and social housing support, in a review of the operation of the Rent Supplement Scheme\(^3\).

**Step 5: Outline any action being taken to monitor impact for people with disabilities over time.**

Consideration should also be given to whether the measure should and could be monitored for longer term impacts, in line with good practice\(^4\).

Consultation can play a key role in informing further planning, implementation and review stages.

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**For example ...**

It is important that the proposal for a Supplementary Welfare Allowance scheme would include a series of performance indicators so that disability impacts and outcomes are measurable.

Defining and monitoring such indicators could be facilitated by collection of data on the disability status of applicants for Supplementary Welfare (using, for example, an agreed Short Form question based on the 2011 Census questions on disability) as a standard socio-demographic variable, collected alongside age and gender. Analysis of applications, disaggregated by disability status, could form part of the standard statistical analysis published in the Department’s annual Social Welfare Services Statistical Information Reports.

In relation to the example of Rent Supplement, monitoring could occur through an implementation monitoring committee which will be set up to oversee ongoing progress on Housing Strategy and will produce annual implementation progress reports which will be presented to the Cabinet Committee on Social Policy.

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\(^3\) From 2011, such proposals were being considered by an inter-agency working group, representing the Departments of Environment, Community & Local Government, Social Protection, Public Expenditure & Reform, the Revenue Commissioners, County & City Managers Association and the Housing Agency.

\(^4\) A formal review step is included in the Regulatory Impact Assessment process.
Further assistance

Queries and requests for further support in completing this template may be referred to the Equality Authority and the National Disability Authority.

The Equality Authority
Website: www.equality.ie
Email: dtoomey@equality.ie
Phone: (01) 417 3356
Address: 2 Clonmel Street, Dublin 2, and Birchgrove House, Roscrea, Co. Tipperary
Contact: Deirdre Toomey

National Disability Authority
Website: www.nda.ie
Email: dposhea@nda.ie
Phone: (01) 608 0408
Address: 25 Clyde Road, Dublin 4
Contact: Donie O’Shea
The 5-Step disability impact assessment process is essentially a set of five questions which should be posed for any actions/objectives your Department is proposing to undertake and which will be the subject of a substantive memorandum submitted to Government.

The answers to these questions should then be incorporated into the impact section of the draft memorandum for Government.

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<tr>
<th>Department /Office:</th>
<th>Contact for enquiries:</th>
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**Objective/Action to be assessed:**

<table>
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<th>Legislation/scheme:</th>
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<th>Available to view or download at:</th>
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**Step 1: Will the proposed decision have an impact on people with disabilities?**

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</table>
Step 2: Outline the evidence on which your assessment of potential impact on people with disabilities is based (for example, consultation with relevant stakeholders, policy material, research, etc.)

Step 3: If you consider that the decision may have an impact on people with disabilities, outline what that impact will be.

Step 4: If the potential impact on people with disabilities is negative, outline how you intend to alleviate that negative impact.

Step 5: Outline any action being taken to monitor impact on people with disabilities over time.
Resources

Accessibility

National Disability Authority
www.nda.ie
Email: nda@nda.ie
Phone: (01) 608 0400
Address: 25 Clyde Road, Dublin 4.

Assistive Technology

Assist Ireland
Citizens Information Board
www.assistireland.ie
Email: support@assistireland.ie
Lo call: 1890 277 478
Address: Hume House, Ballsbridge, Dublin 4.

Educational matters

The National Council for Special Education
www.ncse.ie
Email: info@ncse.ie
Tel: (046) 948 6400
Address: 1-2 Mill Street, Trim, County Meath

FÁS Services
www.fas.ie
Email: info@fas.ie
Tel: (01) 607 0500
Address: P.O. Box 456, 27-33 Upper Baggot Street, Dublin 4
Equality Legislation

The Equality Authority
www.equality.ie
Email: info@equality.ie
Lo call: 1890 245 545

Tipperary Office – Public Information Centre
Phone: (0505) 24126
Address: Birchgrove House, Roscrea, Co Tipperary

Dublin Office
Phone: (01) 417 3333
Address: 2 Clonmel Street, Dublin 2
Useful References

National Disability Strategy, 2004, Department of Justice, Equality & Law Reform


"Ask Me’ - Guidelines for Effective Consultation", The National Disability Authority, 2002

"The Dynamics of Disability and Social Inclusion", The National Disability Authority, 2006

"First steps in producing accessible publications", The National Disability Authority, 2005

"Guidelines on Person Centred Planning in the Provision of Services for People with Disabilities in Ireland", The National Disability Authority, 2005

"Recommended Accessibility Guidelines for Public Transport Operators in Ireland", The National Disability Authority, 2005


Gannon, B and Nolan B, “Disability and Labour Market Participation”, The Equality Authority and the Economic and Social Research Institute, 2004

Pierce, M, "Minority Ethnic People with Disabilities in Ireland", The Equality Authority, 2005


Gilbert, M, “DARA has the CRAIC – how two local authorities got up to speed on how to make their services accessible for people with disabilities”, The Equality Authority, Cavan County Council and Kildare County Council, 2007

“Serving the Community – it doesn’t take much to accommodate the needs of customers with disabilities and here’s how to do it”, The Equality Authority and RGDATA, 2004

“Reasonable Accommodation of People with Disabilities in the Provision of Goods and Services”, The Equality Authority

“An Equality Proofing Template for the City and County Development Boards”, The Equality Authority

“Equality Impact Assessments: Initial Guidelines for the City and County Development Boards”, The Equality Authority

“Positive Action for People with Disabilities: Assisting Public Sector Bodies to Achieve the 3% Employment Target”, Department of Justice, Equality and Law Reform and The Equality Authority


Appendices

Appendix 1: Definitions of Disability

The Employment Equality Acts 1998 to 2011 and the Equal Status Acts 2000 to 2011 prohibit discrimination in employment and in the supply of and access to goods and services. The definition of disability used for the purposes of these Acts follows what is known as a medical model.

Definition

“‘disability’ means
(a) the total or partial absence of a person’s bodily or mental functions, including the absence of a part of a person’s body,
(b) the presence in the body of organisms causing, or likely to cause, chronic disease or illness,
(c) the malfunction, malformation or disfigurement of a part of a person’s body,
(d) a condition or malfunction which results in a person learning differently from a person without the condition or malfunction, or
(e) a condition, disease or illness which affects a person’s thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour;

and shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person.”

The National Disability Authority Act 1999, which provided for establishing the National Disability Authority, defines disability as follows:
Definition

disability in relation to person means

“a substantial restriction in the capacity of a person to participate in economic, social or cultural life on account of an enduring physical, sensory, learning, mental health or emotional impairment.”

The definition of disability in the Disability Act 2005 is as follows:

Definition

“disability in relation to a person means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.”
Appendix 2: The National Disability Survey

In order to establish the prevalence, severity and impact of disability, in 2004, the Government decided that the Central Statistics Office (CSO) would conduct a National Disability Survey (NDS) after the 2006 Census of Population.

While questions on disability had been included in the Irish Census of Population for the first time in 2002, two slightly more detailed questions on disability were included on the 2006 Census form. The population sample for the NDS was selected based on responses to these questions.

The NDS questionnaires were based on the social model of disability which defines disability as the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers he or she may face.

Data was collected on a range of data on nine specific disability types, including the level of severity, age of onset of disability, aids used or needed to assist with daily life, cause of the disability and in some cases frequency of occurrence. Further data was collected on topics related to activity and participation such as education, employment, transport and the built environment as well as collecting some basic demographic information.

The initial results of this survey were published by the CSO in 2008\(^5\) and provide information on the level of difficulty experienced by people in carrying out their daily activities, across nine different types of disability, and on the prevalence of disability in Ireland.

The NDS includes a broader range of disabilities than had been used previously. The overall rate of disability for the population was estimated to be between 168 and 204 per thousand population.

\(^5\) [http://www.cso.ie/releasespublications/nationaldisabilitysurvey06first.htm](http://www.cso.ie/releasespublications/nationaldisabilitysurvey06first.htm)
### People with disabilities by disability type

<table>
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<tr>
<th>Disability Type</th>
<th>Total</th>
<th>% of pop.</th>
<th>Age 0-17</th>
<th>Age 18-64</th>
<th>Age 65+</th>
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<tbody>
<tr>
<td>Seeing</td>
<td>50,600</td>
<td>1.19</td>
<td>2,700</td>
<td>21,300</td>
<td>26,600</td>
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<tr>
<td>- moderate difficulty</td>
<td>27,600</td>
<td>0.65</td>
<td>1,700</td>
<td>11,600</td>
<td>14,300</td>
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<td>- a lot of difficulty</td>
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<td>0.49</td>
<td>800</td>
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<td>0.05</td>
<td>200</td>
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<td>700</td>
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<td>Hearing</td>
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<td>1.36</td>
<td>3,300</td>
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<td>0.83</td>
<td>2,500</td>
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<td>600</td>
<td>7,600</td>
<td>12,400</td>
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<td>0.04</td>
<td>100</td>
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<td>Speech</td>
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<td>0.83</td>
<td>10,100</td>
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<td>1.34</td>
<td>3,000</td>
<td>32,100</td>
<td>21,900</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>62,200</td>
<td>1.47</td>
<td>2,600</td>
<td>31,300</td>
<td>28,300</td>
</tr>
<tr>
<td>- cannot do</td>
<td>64,900</td>
<td>1.53</td>
<td>2,500</td>
<td>21,000</td>
<td>41,400</td>
</tr>
<tr>
<td>- Moving around home</td>
<td>101,200</td>
<td>2.39</td>
<td>2,900</td>
<td>42,100</td>
<td>56,200</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>50,200</td>
<td>1.18</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>38,400</td>
<td>0.91</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>12,700</td>
<td>0.30</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- Going outside of home</td>
<td>128,900</td>
<td>3.04</td>
<td>4,700</td>
<td>53,900</td>
<td>70,300</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>53,700</td>
<td>1.27</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>49,900</td>
<td>1.18</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>25,300</td>
<td>0.60</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- Walking for about 15 minutes</td>
<td>160,000</td>
<td>3.77</td>
<td>5,600</td>
<td>70,500</td>
<td>83,900</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>47,200</td>
<td>1.11</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>52,900</td>
<td>1.25</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>60,000</td>
<td>1.42</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- Using hands and fingers</td>
<td>79,000</td>
<td>1.86</td>
<td>4,700</td>
<td>34,700</td>
<td>39,600</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>33,900</td>
<td>0.80</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>30,900</td>
<td>0.73</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>14,300</td>
<td>0.34</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Remembering &amp; concentrating</td>
<td>113,000</td>
<td>2.67</td>
<td>17,800</td>
<td>54,700</td>
<td>40,500</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>54,900</td>
<td>1.29</td>
<td>7,600</td>
<td>29,400</td>
<td>17,800</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>43,800</td>
<td>1.03</td>
<td>8,500</td>
<td>26,900</td>
<td>8,500</td>
</tr>
<tr>
<td>- cannot do</td>
<td>14,300</td>
<td>0.34</td>
<td>1,800</td>
<td>4,800</td>
<td>7,700</td>
</tr>
<tr>
<td>- Remembering important things</td>
<td>77,600</td>
<td>1.83</td>
<td>11,700</td>
<td>35,300</td>
<td>30,600</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>39,100</td>
<td>0.92</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>27,600</td>
<td>0.65</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>10,900</td>
<td>0.26</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- Forgetting where I put things</td>
<td>85,800</td>
<td>2.02</td>
<td>9,900</td>
<td>40,200</td>
<td>35,700</td>
</tr>
</tbody>
</table>

31,000 wheelchair users
83,000 walk aids
<table>
<thead>
<tr>
<th>Activity</th>
<th>Total</th>
<th>% of pop.</th>
<th>Age 0-17</th>
<th>Age 18-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentrating for 10 minutes</td>
<td>77,900</td>
<td>1.84</td>
<td>15,500</td>
<td>36,700</td>
<td>25,700</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>35,000</td>
<td>0.83</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>29,800</td>
<td>0.70</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>13,100</td>
<td>0.31</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Intellectual &amp; learning</td>
<td>71,600</td>
<td>1.69</td>
<td>26,900</td>
<td>37,800</td>
<td>6,900</td>
</tr>
<tr>
<td>- a little difficulty</td>
<td>12,000</td>
<td>0.28</td>
<td>3,700</td>
<td>6,700</td>
<td>1,600</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>25,900</td>
<td>0.61</td>
<td>11,200</td>
<td>13,000</td>
<td>1,700</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>24,800</td>
<td>0.58</td>
<td>10,500</td>
<td>12,200</td>
<td>2,100</td>
</tr>
<tr>
<td>- cannot do</td>
<td>8,900</td>
<td>0.21</td>
<td>1,600</td>
<td>5,800</td>
<td>1,500</td>
</tr>
<tr>
<td>Intellectual functions</td>
<td>27,700</td>
<td>0.65</td>
<td>7,300</td>
<td>17,100</td>
<td>3,300</td>
</tr>
<tr>
<td>- a little difficulty</td>
<td>4,000</td>
<td>0.09</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>9,100</td>
<td>0.21</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>10,300</td>
<td>0.24</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>4,300</td>
<td>0.10</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td>22,300</td>
<td>0.53</td>
<td>8,600</td>
<td>11,500</td>
<td>2,200</td>
</tr>
<tr>
<td>- a little difficulty</td>
<td>4,600</td>
<td>0.11</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>7,200</td>
<td>0.17</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>7,200</td>
<td>0.17</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>3,400</td>
<td>0.08</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Learning everyday skills</td>
<td>55,000</td>
<td>1.30</td>
<td>22,200</td>
<td>27,800</td>
<td>5,000</td>
</tr>
<tr>
<td>- a little difficulty</td>
<td>10,200</td>
<td>0.24</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>19,500</td>
<td>0.46</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>18,700</td>
<td>0.44</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>6,700</td>
<td>0.16</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Diagnosed with intellectual disability</td>
<td>50,400</td>
<td>1.19</td>
<td>21,400</td>
<td>25,900</td>
<td>3,100</td>
</tr>
<tr>
<td>- a little difficulty</td>
<td>14,000</td>
<td>0.33</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>24,200</td>
<td>0.57</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>9,000</td>
<td>0.21</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>- cannot do</td>
<td>3,200</td>
<td>0.08</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Emotional, psychological &amp; mental health</td>
<td>110,600</td>
<td>2.61</td>
<td>9,900</td>
<td>74,700</td>
<td>26,000</td>
</tr>
<tr>
<td>- a little difficulty</td>
<td>25,300</td>
<td>0.60</td>
<td>3,000</td>
<td>15,300</td>
<td>7,000</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>46,300</td>
<td>1.09</td>
<td>4,000</td>
<td>32,400</td>
<td>10,000</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>35,100</td>
<td>0.83</td>
<td>2,700</td>
<td>25,300</td>
<td>7,000</td>
</tr>
<tr>
<td>- cannot do</td>
<td>4,000</td>
<td>0.09</td>
<td>300</td>
<td>1,800</td>
<td>1,900</td>
</tr>
<tr>
<td>Pain</td>
<td>152,800</td>
<td>3.60</td>
<td>3,700</td>
<td>87,800</td>
<td>61,400</td>
</tr>
<tr>
<td>- moderate difficulty</td>
<td>74,900</td>
<td>1.77</td>
<td>2,500</td>
<td>41,200</td>
<td>31,200</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>73,100</td>
<td>1.72</td>
<td>1,200</td>
<td>43,800</td>
<td>28,100</td>
</tr>
<tr>
<td>- cannot do</td>
<td>4,700</td>
<td>0.11</td>
<td>1,000</td>
<td>1,700</td>
<td>2,000</td>
</tr>
<tr>
<td>Breathing</td>
<td>71,500</td>
<td>1.69</td>
<td>5,500</td>
<td>35,800</td>
<td>30,100</td>
</tr>
</tbody>
</table>

18,900 have dyslexia/sld
3,400 have ADD
5,300 have autism
50,400 ID
31,200 depression
13,500 anxiety disorders
5,300 schizophrenia
3,100 bipolar disorder
### Table: Disability by Age Group and Difficulty Level

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
<th>% of pop.</th>
<th>Age 0-17</th>
<th>Age 18-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>- moderate difficulty</td>
<td>45,000</td>
<td>1.06</td>
<td>4,400</td>
<td>23,300</td>
<td>17,400</td>
</tr>
<tr>
<td>- a lot of difficulty</td>
<td>25,200</td>
<td>0.59</td>
<td>1,100</td>
<td>12,000</td>
<td>12,100</td>
</tr>
<tr>
<td>- cannot do</td>
<td>1,300</td>
<td>0.03</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Total persons with a disability*</td>
<td>393,800</td>
<td>9.29</td>
<td>35,900</td>
<td>172,600</td>
<td>117,500</td>
</tr>
</tbody>
</table>

Note: figures are subject to sampling error and rounding. They should be interpreted as a broad order of magnitude only, especially numbers in italics. n.a. = not available. Source: National Disability Survey 2006. *Census 2006.

Of those with a **physical disability**

- 160,000 have walking difficulties
- 83,000 use walking aids
- 31,000 use wheelchairs
- 60,000 can't walk for 15 minutes.

**Note on method for deriving this table**

These figures are based on the "National Disability Survey 2006 – First Results", with the exception of the last line of the table giving total number of people with disabilities, which comes from Census 2006.

**Based on Census sample from National Disability Survey**

- The numbers of people recorded as having a disability is sensitive to the definition of disability used and to whether face to face or other survey methods are used. A higher recorded prevalence of disability generally means inclusion of more people at the milder end of the spectrum of difficulty.

- The National Disability Survey suggested the total prevalence rate for disability could be between 17% and 20%, compared to a figure of around 9% recorded in the Census that year. The National Disability Survey was based on follow-up interviews with a sample of the people who had reported in the 2006 Census that they had a disability, plus a small sample of people who had said they did not have a disability. While most of the “yes” sample and of the “no” sample offered consistent answers in both the Census and the National Disability Survey, there were some differences, partly due to covering a broader range of conditions in the National Disability Survey, i.e. pain and...
breathing difficulties, contributing to the higher estimate of disability prevalence recorded in the National Disability Survey.

- The table is based on the detailed breakdown by disability type and by age of respondents to the National Disability Survey who were drawn from the Census “Yes” to disability sample. There is a greater level of detail available for this group, and it is statistically more reliable for subgroups, being based on a larger sample (some 14,500) compared with just 1,550 in the Census “no” sample. The table may underestimate to some extent the total number of people with different conditions, particularly among those experiencing lower levels of difficulty.

**Not mutually exclusive**

- The numbers of people with different kinds of impairment are not mutually exclusive, and many people have more than one kind of impairment.

**Broad order of magnitude for levels of difficulty by age-group**

- Tables 14.1 to 22.1 of the "National Disability Survey 2006 – First Results" gave a percentage breakdown by age-group within each level of difficulty for the different classes of impairment. These have been used to estimate the number of people in each age group with different levels of impairment. The percentages were applied directly for the under 18 and 65+ age groups, and for the 18-64 age-group by subtraction. The resulting numbers, shown in italics, have been rounded to the nearest 100. However the figures are not accurate to this level of precision, they only give an indication of broad orders of magnitude, being based on percentages from small sub-sample data then applied to rounded numbers.
Appendix 3: Legislative and Policy Context

Disability impact assessment fits into the broad category of evidence-based policy making tools which aim to improve policies by testing the efficiency and effectiveness of proposed policies in meeting the needs of the target population, which is likely to include persons with disabilities.

The obligation to carry out disability impact assessment, introduced in the social partnership agreement, *Towards 2016*, arises in the context of the following legislative and policy developments:

- the Better Government and Better Regulation frameworks, incorporating the Quality Customer Service initiative and formal Regulatory Impact Analysis of proposals for regulatory change,
- the promotion of equality of opportunity, under equality legislation nationally, at EU level and at UN level in instruments such as the UN Convention on the Rights of Persons with Disabilities,
- development of a National Disability Strategy, key elements of which are implementation of the Disability Act 2005 and establishment of the National Disability Authority, and
- initiatives to promote social inclusion.

Better Government initiatives

- **Quality Customer Service**

Under the Better Government framework, Principles of Quality Customer Service for customers and clients of the Civil Service were devised in 1997 and revised in 2000.

Quality customer service principles require issues of **physical access**, **provision of information**, **consultation and evaluation**, and **choice** to be considered in respect of all customers, including persons with disabilities and others with specific needs.
These principles include a focus on equality and diversity, as follows:⁶

Ensure the rights to equal treatment established by equality legislation, and accommodate diversity, so as to contribute to equality for the groups covered by the equality legislation (under the grounds of gender, marital status, family status, sexual orientation, religious belief, age, disability, race and membership of the Traveller Community).

Identify and work to eliminate barriers to access to services for people experiencing poverty and social exclusion, and for those facing geographic barriers to services.

- **Better Regulation**

Disability impact assessment should contribute to achieving the six core principles of Better Regulation⁷ identified in the Government White Paper, "Regulating Better" (Department of the Taoiseach, 2004). These principles - necessity, proportionality, consistency, effectiveness, transparency, and accountability - should always be taken into account when evaluating different options and deciding whether a particular regulatory action should be pursued. It is widely accepted that, as well as providing predictability and certainty in the business world, good quality regulation contributes to establishing and maintaining individual freedom and social cohesion, not least through articulation and protection of citizens and consumers rights.

- **Regulatory Impact Analysis**

Regulatory Impact Analysis (RIA)⁸ is a tool used for the structured exploration of different options to address particular policy issues. It is used where one or more of these options is new regulation or a regulatory change and facilitates the active consideration of alternatives to regulation, or lighter forms of regulation. It involves a

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⁸ Regulatory Impact Analysis, Cabinet Handbook, Department of An Taoiseach, Appendix III
detailed analysis to ascertain whether or not different options, including regulatory ones, would have the desired impact. It helps to identify any possible side effects or hidden costs associated with regulation and to quantify the likely costs of compliance on the individual citizen or business. It also helps to clarify the costs of enforcement for the State.

The RIA should also examine and identify potential impacts on social inclusion or vulnerable groups, taking account of the Government's policies in relation to equality, social inclusion and health. In doing this the likely impact of the policy or regulation on poverty and on the inequalities which are likely to lead to poverty should be considered.

Equality of Opportunity

- Equality Legislation

Legislation has been enacted since 1998 both to combat disadvantage (e.g. equality legislation) and to promote inclusion and participation (e.g. NDA Act, Disability Act, etc.) in relation to persons with disabilities.

The Employment Equality Acts 1998 to 2011 and the Equal Status Acts 2000 to 2011 outlaw discrimination in employment, vocational training, advertising, collective agreements, the provision of goods and services and other opportunities to which the public generally have access.

These Acts prohibit discrimination on nine distinct grounds\(^9\), one of which is disability. The discrimination may be direct, or indirect.

  - Direct discrimination is described as the treatment of a person in a less favourable way than another person is, has been or would be treated, on the basis of disability.

\(^9\) Gender, Marital Status, Family Status, Sexual Orientation, Religion, Age, Disability, Race and Membership of the Traveller Community.
Indirect discrimination occurs where an apparently neutral provision puts a person at a particular disadvantage compared with other persons, unless the provision is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary.

This legislation also provided for the establishment of the **Equality Authority** as an independent statutory agency, with a broad mandate to combat discrimination and promote equality of opportunity in the areas covered by the Acts. The Authority also has a role in providing information and advice to the public on the operation of the equality legislation.

The **Employment Equality Acts 1998-2011** require employers to take appropriate measures, where needed in a particular case, to enable a person who has a disability to have access to employment, to participate or advance in employment, or to undergo training, unless the measures would impose a disproportionate burden on the employer. In determining whether the measures would impose such a burden account is taken, in particular, of the financial and other costs entailed, the scale and financial resources of the employer’s business and the possibility of obtaining public funding or other assistance.

Similarly, the **Equal Status Acts 2000-2011** require service providers, whether in the public or private sectors, to do all that is reasonable to accommodate the needs of a person with a disability by providing special treatment or facilities, if without such special treatment or facilities it would be impossible or unduly difficult for the person to avail himself or herself of the service, and provided the cost involved is nominal. A refusal or failure by the provider to do so constitutes discrimination under the Acts.

- **European anti-discrimination law**

Article 19 of the Treaty on the Functioning of the EU (formerly Article 13 of the Treaty establishing the European Community) provides that the Community may take appropriate action to combat discrimination on a number of specific grounds, including that of disability. To date, the Community has acted to prohibit discrimination on the ground of
disability in the field of employment and occupation\textsuperscript{10}. The European Commission has published proposals to extend the prohibition of discrimination on the ground of disability outside the field of employment and occupation\textsuperscript{11}.

- **UN Convention on the Rights of Persons with Disabilities**

Ireland has signed and is in the process of ratifying the UN Convention on the Rights of Persons with Disabilities.

**National Disability Strategy**

- **The National Disability Strategy 2004**

The Government launched the National Disability Strategy in 2004 to underpin the participation of people with disabilities in Irish society. The key elements of the strategy are:
  - the Disability Act 2005;
  - the Citizens Information Act 2007, which equips the Citizens Information Board (formerly Comhairle) to provide a personal advocacy service for people with disabilities;
  - the Education for Persons with Special Educational Needs Act 2004;
  - sectoral plans prepared by six Government departments, and
  - a multi-annual investment programme worth €900 million targeted at high-priority disability support services to run until 2009.

The strategy builds on existing policy and legislation, including the policy of mainstreaming public services for people with disabilities.

- **National Disability Authority**

NDA is the independent state body providing expert advice on disability policy and practice to Government, and promoting Universal Design in Ireland. The NDA provides advice on policy and practice to

\textsuperscript{10} The Framework Employment Directive (reference 2000/78/EC)

Government and supports progress on the mainstreaming approach, which is a key focus of the National Disability Strategy, underpinned in the Disability Act 2005.

Universal Design, as defined in the Disability Act 2005, refers to the design of a building or place, products, services or information/communication technologies so that they can be accessed, understood and used to the greatest extent possible by all people, regardless of their age, size, ability or disability.

- **The Disability Act 2005**

The Disability Act provides for a range of important functions. It
- enables provision to be made for the assessment of health and education needs of people with disabilities,
- enables Ministers to make provision, consistent with the resources available to them and their obligations in relation to their allocation, for services to meet those needs,
- provides for the preparation of plans by the appropriate Ministers in relation to the provision of certain services, and provides for appeals by persons in relation to the non-provision of those services,
- makes further and better provision in respect of the use by those persons of public buildings and their employment in the public service and thereby facilitates generally access by such persons to certain such services and employment, and
- promotes equality and social inclusion and provides for related matters.

Part 3 of the Disability Act 2005 requires relevant Government departments to prepare plans (known as **sectoral plans**) that set out how they will deliver specific services for people with disabilities. The departments now concerned are those with the functions of Health, Social Protection, Transport, Environment, Employment and Communications.

People with disabilities, their families, carers, advocates and service providers were consulted on the plans before they were finalised for submission to the Oireachtas. Each plan includes arrangements for complaints, monitoring and review procedures. The first sectoral
plans were approved by the Oireachtas in October 2006, published in December 2006 and reviewed in 2009.

Part 5 of the Disability Act 2005 provides for a **statutory target for the recruitment and employment of people with disabilities in the public sector**, currently set at 3%.

Significant responsibilities are placed on public bodies under Part 3 of the Disability Act 2005 to make their services accessible to people with disabilities and to provide assistance if requested, to enable someone with a disability to access their services. The legal obligations also include procurement of accessible services, communicating and providing information so it is accessible to the individuals concerned, accessibility of premises and accessible heritage sites.

A statutory **Code of Practice on Accessible Public Services**, developed by the NDA at the request of the Minister for Justice, Equality and Law Reform and made effective in July 2006, sets out what is required of public bodies in this regard.

**Promoting Social Inclusion**

- **National Action Plan for Social Inclusion 2007-2016**

The vision, as set out in *Towards 2016*, is of an Ireland where people with disabilities have, to the greatest extent possible, the opportunity to live a full life with their families and as part of their local community, free from discrimination.

Based on this vision, the National Action Plan for Social Inclusion 2007-2016 outlines the commitment of the Government and the social partners to work together over the period of the agreement towards the following long-term goals with a view to continued improvements in the quality of life of people with disabilities. The main points are as follows:

- Every person with a disability would have access to an income which is sufficient to sustain an acceptable standard of living;
- Every person with a disability would, in conformity with their needs and abilities, have access to appropriate care, health, education, employment and training and social services;
- Every person with a disability would have access to public spaces, buildings, transport; Information, advocacy and other public services and appropriate housing;
- Every person with a disability would be supported to enable them, as far as possible, to lead full and independent lives, to participate in work and in society and to maximise their potential, and;
- Carers would be acknowledged and supported in their caring role.