

OECD Thematic Review

Sickness, Disability and Work: Breaking the Barriers.

Information Note prepared for Ireland

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www.oecd.org/els/disability

1. Introduction and Main Context

1.1 Forces shaping policy development in Ireland

Key Policy Institutions

Responsibility for ensuring the increased participation of people with disabilities in the labour force lies across a number of Government Departments and agencies in Ireland, reflecting the wide spectrum of issues that need to be addressed. The following paragraphs provide an overview of the role of the main players in that regard.

The aim of the **Department of Social and Family Affairs** is to promote a caring society through ensuring access to income support and other services, enabling active participation, promoting social inclusion and supporting families. Traditionally, the main function of the Department was seen as providing income support for those who cannot provide for themselves. This also applied to people with disabilities and ensured a passive income support role aimed at tackling the underlying problem of a relatively high level of poverty amongst people with disabilities¹. However, the role of the Department has evolved in recent times and the Department now seeks to deliver these supports in a way which reduces the risk of dependence and allows people with disabilities to move, where possible, from a position of income dependence to one where they can, to a far greater extent, meet their income needs from employment.

The mission of the **Department of Enterprise, Trade and Employment** is to increase quality employment and therefore is responsible for developing policy in relation to labour force development. The Department has indicated in its Statement of Strategy² that a key priority is to promote the employment of people with disabilities, from both a labour market, in line with the mainstreaming agenda, and a social inclusion perspective. While policy rests with the Department, much of the responsibility for implementation of that policy lies with **FÁS**, the national training and employment authority, which was formed in 1988 under the aegis of the Department of Enterprise, Trade and Employment.

The role of the Department of Health and Children is to support the Minister and the Government by:

- advising on the strategic development of the health system including policy and legislation;
- supporting their parliamentary, statutory and international functions;
- evaluating the performance of the health and social services; and
- working with other sectors to enhance people's health and well-being.

Reform of the Irish Health Service and Establishment of the Office for Disability and Mental Health.

¹ Please see Table 1, page 8.

² <http://www.entemp.ie/publications/corporate/2005/strategystatement.pdf>

In January 2008, the Government announced the establishment of the Office for Disability and Mental Health to support the Minister for Disability & Mental Health in exercising his responsibilities across four Government Departments: Health & Children, Education & Science, Enterprise, Trade & Employment and Justice, Equality & Law Reform.

The new Office brings together responsibility for a range of different policy areas and State services which directly impact on the lives of people with a disability and people with mental health issues. The Office will aim to bring about improvements in the manner in which services respond to the needs of people with disabilities and mental health issues, by working to develop person-centred services, focussing on the holistic needs of clients and service users and actively involving them in their own care.

Very substantial progress has been made in recent years in the areas of disability and mental health, but much remains to be done. In particular, there is a need to improve co-ordination and communication across different Government Departments and agencies in their delivery of services to this client group.

The key priorities for the Office for Disability and Mental Health are:

- supporting the implementation of the Health Sectoral Plan under the Disability Act 2005. The Office will focus in particular on facilitating the delivery of integrated health and education support services for children with special needs, by further developing existing mechanisms for co-operation and co-ordination between the health and education sectors, both at national and local level;
- developing an appropriate continuum of training and employment support services for people with a disability by working together with the Dept. of Enterprise, Trade and Employment, FAS and the HSE;
- bringing a new impetus to the implementation of A Vision for Change, working in partnership with the HSE and other stakeholders to achieve implementation of agreed targets.
- Achieving greater cooperation between the health and justice sectors on matters relating to people with mental illness who come before the Courts, who are in the prison system or in the Central Mental Hospital.

The Government's decision to establish the Office for Disability and Mental Health reflects its commitment to developing a more coherent and integrated response to the needs of people with disabilities and mental health issues. It recognises that clients and service users need to be at the centre of service delivery and that we may need to examine the way in which services are currently delivered to ensure that is the case. To effectively achieve this requires a cross-Departmental, cross-agency response. The designation of a Minister of State with responsibility for Disabilities and Mental Health and the establishment of an Office for Disability and Mental Health will facilitate cross-agency and cross-departmental working and enable the delivery of real benefits to clients and service users into the future.

Role of the Health Service Executive

The Health Service Executive (HSE) was established in January 2005 and is responsible for providing health and personal social services in the State within available resources. The Health Act 2004 charges the HSE with using the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public. In recent years Ireland has moved towards a legal and policy framework which will support the equal participation in society of people with disabilities. Like much public policy in Ireland, the over-arching framework for policy is provided by a series of Social Partnership Agreements which are negotiated between the Government and the social partners³. The current agreement, *Towards 2016*⁴, is a ten year agreement which focuses on a *lifecycle* approach⁵, as advocated by the National Economic and Social Council (NESC) in its recent report, *The Developmental Welfare State*⁶.

Policy Development

While *Towards 2016* sets out the overall vision and high level goals for public policy in relation to people with disabilities, the strategy for achieving those goals is set out in a number of other documents, of which the *National Action Plan for Social Inclusion 2007 – 2016*⁷ and the *National Disability Strategy* are two of the most relevant.

National Disability Strategy⁸

The Government launched the National Disability Strategy (NDS) on 21 September, 2004 to underpin the participation of people with disabilities in Irish society. The NDS builds on existing policy and legislation, including the policy of mainstreaming public services for people with disabilities.

The key elements of the strategy are:

- the Disability Act 2005 - This Act is a crosscutting piece of legislation and is a positive action measure designed to support the provision of disability specific services to people with disabilities and to improve access to mainstream public services for people with disabilities. All sections of the Disability Act 2005 have now been commenced;
- 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 which has put in place a strong framework for the transformation of special needs education policy;
- Sectoral Plans prepared by six Government Departments –

³ There are four ‘pillars’ to the social partners – Trade Union, Business and Employers, Farmers and Community and Voluntary.

⁴ http://www.taoiseach.gov.ie/attached_files/Pdf%20files/Towards2016PartnershipAgreement.pdf

⁵ The stages of the lifecycle approach identified in the NESC report are; Children, People of Working Age, Older People, and people with Disabilities.

⁶ http://www.nesc.ie/dynamic/docs/NESC%20DWS_RZ%20Text+Cover.pdf

⁷ <http://www.socialinclusion.ie/documents/NAPinclusionReportPDF.pdf>

⁸ Please see Section 4 for more details on the National Disability Strategy.

- a multi-annual investment programme worth €900 million targeted at high-priority disability support services to run until 2009.

Progress on the implementation of the NDS is monitored on a regular basis by the Senior Officials Group on Disability, which reports to the Cabinet Committee on Social Inclusion. This group comprises officials representing the six Departments responsible for implementing sectoral plans for disability services and the Departments of the Taoiseach; Justice, Equality and Law Reform; Finance; and Education and Science.

The implementation of the NDS is the agreed focus of disability policy under *Towards 2016*. Under the Agreement a National Disability Strategy Stakeholder Monitoring Group has been established to monitor progress on the overall implementation of the NDS, building on the monitoring and review procedures already in place. The group is made up of:

- the Senior Officials Group on Disability;
- a number of stakeholder groups; and
- the National Disability Authority.

Sectoral Plans

Part 3 of the Disability Act 2005 requires six Government departments to prepare plans (known as sectoral plans) that set out how they will deliver specific services for people with disabilities. Those Departments are:

- Health and Children;
- Social and Family Affairs;
- Transport;
- Communications, Energy and Natural Resources;
- Environment, Heritage and Local Government; and
- Enterprise, Trade and Employment.

People with disabilities, their families, carers, advocates and service providers were consulted on the plans before they were finalised for submission to the Oireachtas⁹. Each plan includes arrangements for complaints, monitoring and review procedures. The sectoral plans also recognise that effective cross-departmental cooperation is critical to the achievement of many of the goals identified in the plans and, in that regard, they identify where Departments and agencies will work to cooperatively develop service provision for people with disabilities. This particularly relevant in the areas of income support, rehabilitation, training, and employment and has led to the signing of specific protocols between the Department of Social and Family Affairs, the Department of Health and Children and the Department of Enterprise Trade and Employment.

Sectoral Plan of the Department of Social and Family Affairs

The Sectoral Plan identifies a number of objectives contained in the Statement of Strategy within which policy in relation to people with disabilities

⁹ Houses of the Parliament

will be set, and also sets out actions which will be implemented over the period of the plan in order to achieve those objectives. Some of the most relevant areas of the plan are:

- Commitment to developing services and support that not only give people with disabilities financial security but also encourage and support maximum participation in society and reduce their risk of dependence.
- The development and introduction of a systematic programme of engagement, to be known as Social and Economic Participation Programme, for all persons of working age including people with disabilities.
- Government policy on social welfare rates, including the rationalisation of existing schemes in the context of the transfer of certain disability related allowances from the HSE.
- In conjunction with other Departments, examining the incentive effects of the payment levels and structures of schemes for people with disabilities along with the assessment of impact of welfare traps on actual participation activity.
- Addressing benefit traps and employment disincentives e.g. the introduction of the Budget 2006 change to the withdrawal rate of Disability Allowance to encourage employment participation and monitoring the outcome of this change
- Developing a data strategy to address information gaps on disability
- The development of an advocacy service, which will be legislated for in the upcoming Citizen's Information Bill.

The Department recognises that these objectives present major challenges. In the first instance, people with illness or disability do not comprise a homogenous group, and range from those with temporary illness who will return to work within a short time period, to those who may either have no capacity or only partial capacity to undertake employment. Secondly, for people with illness or disabilities, interventions are required which respect and recognise the needs of different categories, are integrated across agencies and which serve to address the issues of long term social welfare dependency. This is particularly relevant in policies to increase employment rates among people with disabilities. Thirdly, the policy orientation on some issues (most notably policy in relation to social welfare payment rates) extend to all low income groups and a specific sectoral approach must keep in mind the balance between sectoral specific actions and those which apply to a wider range of groups.

Sectoral Plan of the Department of Enterprise, Trade and Employment

The Sectoral Plan of the Department of Enterprise Trade & Employment contains proposals for providing fully accessible services and promoting equal opportunities for people with disabilities in the labour market, by the Department and its agencies over the period 2006 –2010.

A key medium term objective contained in the Sectoral Plan is to raise the employment rate of people with a disability.

The Sectoral Plan includes a number of key initiatives which are aimed at promoting equal opportunities for people with disabilities in the open labour market, further developing the mainstreaming agenda within the Department and its agencies, helping people with disabilities to increase their economic and social independence, and promoting greater social inclusion. Key elements are:

- Developing a Comprehensive Employment Strategy for people with disabilities.
- Further embedding the mainstreaming concept across the range of services provided by the Department and its agencies
- Compliance with Part 3 of the Disability Act, 2005 regarding the provision of accessible services to people with disabilities.
- Enhancing collaboration with key stakeholders, including the establishment of a Consultative Forum on the Employment Strategy

The Sectoral Plan outlines the Department's key initiatives in promoting equal opportunities for people with a disability in the labour market. This includes the development of a *Comprehensive Employment Strategy* for people with disabilities to include those currently outside the workforce and job retention for those following the onset of a disability while working. The key pillars underpinning the development of the comprehensive strategy include:

- Enhancing the effectiveness of employment and vocational training programmes for people with disabilities
- Further developing supports to the employment of people with disabilities

An integral part of the Sectoral Plan is FÁS' Vocational Strategy for Disabled People, which addresses the following topics:

- Mainstreaming.
- Training programmes and delivery.
- Facilities and redress.
- Training supports.
- Costs.

Under the Sectoral Plan the objective will be to have 7,000, of those people with disabilities who do not have a difficulty in holding a job in employment.

Under the *National Action Plan for Social Inclusion 2007 – 2016* and the *National Development Plan 2007- 2013* the longer-term target is to raise the employment rate of people with disabilities from 37% to 45% by 2016, as measured by the QNHS¹⁰. The overall participation rate in education, training and employment will be increased to 50% by 2016. These targets will be reviewed in the light of experience and the availability of better data.

¹⁰ Quarterly National Household Survey, carried out by the CSO.

A *Consultative Forum on the Employment Strategy* has been formed by the Department of Enterprise, Trade and Employment to inform the development of a comprehensive employment strategy. The Forum comprises of representatives from Disability organisations, Government Departments, agencies and key social partner organisations. .

Sectoral Plan of the Department of Health and Children.

The development of the Health Sectoral Plan is an important opportunity to ensure that the needs of people with disabilities are considered in all health policy planning and service delivery processes. The main elements of the Sectoral Plan set out in detail the arrangements proposed for the implementation of Part 2 of the Disability Act, 2005, which provides a statutory entitlement to -

- an independent assessment of health and education needs,
- a statement of the services (Service Statement) which it is proposed to provide, and
- the right to pursue a complaint through an independent redress mechanism if there is a failure to provide these entitlements.

Much of the remainder of the Health Sectoral Plan deals with cross-departmental and cross-sectoral issues concerning people with disabilities and includes commitments that:

- A protocol has been agreed with the Department of Social and Family Affairs to ensure that income supports and associated benefits do not create financial barriers to people with disabilities taking up employment.
- Protocols will also be developed to provide a strategic framework for inter-departmental and inter-agency co-operation between the Department of Health and Children, the Department of Enterprise, Trade and Employment, the HSE and FAS.

Disability and Poverty

People with disabilities or long-term health conditions are one of the groups in Irish society at highest risk of poverty. These high poverty levels are linked to a very low rate of participation in employment. As shown in **Table 1**, while the figures for both consistent and relative income poverty have fallen in recent years, there is still an unacceptably large gap between the figures for people with disabilities and the rest of the population; people with disabilities are still more than twice as likely to be poor. It is thought that this change is likely to reflect improved incomes from welfare rather than more people at work, given that the proportion of people with a disability in a job if anything fell over this period¹¹.

Employment figures from Census 2002 show 26 per cent of people with a disability of working age have a job compared to a 70 per cent employment rate of the rest of the population. In 2001, over 80 per cent of chronically ill or people with a disability at risk of poverty were living in households where no one had a job.

¹¹ Fitzgerald, E, in CPA (2007) Welfare Policy and Poverty

Being out of work, or living in a household where no one works, is one of the principal explanations for the higher poverty rate experienced by people with disabilities. Living in a working household lifts people out of poverty – three-quarters of ill or people with a disability above the risk-of-poverty line live in homes where there are one or more people in work¹². The association between persistent disability and a higher likelihood of being poor is also significantly linked to the absence of a job¹³. A history of employment, as evidenced by having an occupational pension, also led to reduced poverty risk. This evidence shows that raising employment rates must be an important part of the strategy to reduce poverty among people of working age with disabilities¹⁴.

Table 1. Proportion of Labour Force status 'Ill/Disabled' in poverty, 2003 - 2006.				
	2003	2004	2005	2006
Risk of Poverty (60% line)	%	%	%	%
All	19.7	19.4	18.5	17
Labour Force Status Ill/Disabled	51.7	47.3	40.6	40.8
Consistent Poverty				
All	8.8	6.8	7	6.9
Labour Force Status Ill/Disabled	22.4	21.7	17.4	20

Disability and Employment – the Policy Context

The Irish economy has experienced unprecedented growth over the past 20 years. From an unemployment high of 17.5% in 1987 to a situation where just 4.2 % were unemployed in the first quarter of 2007, labour market demand has been particularly strong. While there has been a subsequent increase in unemployment rates in 2008, this still represents a significant reduction in overall unemployment rates.

Therefore, there has existed a favourable environment in recent years for a corresponding decrease in the unemployment rate of people with disabilities. However, this has not been the case and the rate of unemployment among this group has remained persistently high throughout the period of labour market growth. People with disabilities are still two and a half times less likely to have a job than their able bodied peers.¹⁵

Another significant statistic is that as the numbers of long term unemployed has decreased, the numbers in receipt of a disability related payment have increased. Between 1997 and 2004 there has been an absolute decrease of

¹² Gannon, B. and Nolan, B. (2005), *Disability and Social Inclusion in Ireland*, Dublin: Equality Authority and National Disability Authority

¹³ Gannon, B. and Nolan, B. (2007), *The Dynamics of Disability and Social Inclusion*, Dublin: Equality Authority and National Disability Authority

¹⁴ Source, Fitzgerald, E, in CPA: 2007 'Welfare Policy and Poverty'.

¹⁵ Disability and Work: the picture we learn from the official statistics (NDA) 2005 P. 3

approximately 77,000 in the number of long term unemployed (a reduction of 62%); whereas in the case of disability payments the absolute number rose by 56,000 (an increase of 42%).

Two possible explanations put forward for the disappointing take up of labour market services by people with disabilities include :

1. The 'benefits trap' whereby going off state benefits to avail of employment is not considered a financially attractive option for the individual. This problem is exacerbated when it involves the person losing the secondary benefits that go with state disability income, such as the medical card¹⁶.
2. Many people with disabilities have low educational attainment. While 19% of the general population have no formal second level education the figure for people with disabilities is 51%.¹⁷ This means that many people have a dual disability¹⁸.

The changing context of income support for people with disabilities

Income support has traditionally been seen as an anti-poverty measure and has played an important part in reducing poverty rates for people with disabilities. However, with the recognition of the role employment must play in reducing poverty figures among people with a disability the link between income support and activation is becoming more important.

Benefit traps, as previously mentioned, are just one of a range of barriers faced by people with disabilities in trying to access employment.

It is recognised that the operation of the current social protection system poses barriers for people on illness and disability payments who wish to take up employment and in examining the issues involved, there are essentially 3 different levels where such barriers can exist:

- Barriers/Benefit Traps arising as a consequence of the operation of the income maintenance payments themselves e.g. the means tests and other qualifying conditions applying to Disability Allowance, Invalidity Pension, Illness benefit etc, including the operation of the income disregards
- Barriers/Benefits Traps as a consequence of the loss of secondary benefits available to social welfare recipients generally, including also people with disabilities e.g. fuel allowance, rent and mortgage supplement, Christmas bonus and the medical card
- Barriers/Benefit Traps arising as a consequence of the loss of specific secondary benefits available solely to people with disabilities e.g. the

¹⁶ Disability and Work: the picture we learn from the official statistics (NDA) 2006 P26

¹⁷ A Strategy for Engagement: Towards a Comprehensive Employment Strategy for People with Disabilities (NDA) 2006 P.13. See also Disability and Work: the picture we learn from the official statistics (NDA) 2006 Ps 9, 21

¹⁸ Disability and Work: the picture we learn from the official statistics (NDA) 2006 P21

mobility allowance, motorised transport grant and the blind welfare allowance schemes operated by the Health Services Executive. The loss of the medical card which covers a range of disability specific benefits including aids and appliances is clearly of major significance and included also in this category is the household benefits package (free electricity, telephone rental etc) although these schemes are not confined to people with disabilities.

Different issues arise under each of these and a number of Government Departments/Agencies are responsible for resolving different elements of these barriers. In recognition of this, the Sectoral Plans of the three main Departments involved include specific protocols on inter-Departmental cooperation aimed at removing disincentives within the income support schemes and other financial barriers to taking up employment.

The interaction between social welfare system and employment for people with disabilities was also looked at by the Review of the Illness and Disability Payments¹⁹. This review identified a number of problems with the current system, e.g. –

- There are difficulties in reconciling the underlying qualifying criteria for illness/disability payments, which in general require claimants to be incapable of work, with the employment support options which recognise that the same people have some employment potential;
- There is no provision for partial (in)capacity for work – the system generally operates on an “all or nothing” basis;
- There is no meaningful assessment of employment potential;
- There is little active engagement with those who have such potential and there is no follow-up on completion or cessation of the employment support measure;
- There is a lack of early intervention measures.

While it is recognised that there is not any single solution available which is capable of addressing all of these problems, current policy favours initiatives such as the following combination of options which would offer considerable advantages over the current arrangements –

- A recognition of the fact that some people’s medical and other circumstances may mean that they have some capacity for work, but may never achieve full-time employment;
- Ensuring that whatever employment support measures are adopted do not act as a barrier for people with disabilities and long-term illness in maximising their employment and earnings potential;

¹⁹ See section 1.2 ‘Evidence’ for more details on this review.

- Retaining a range of employment supports for different client groups, and ensuring that clients are referred to the most suitable option, having regard to the nature of their illness or disability, age and social circumstances;
- The introduction of early intervention measures, which are aimed at re-integrating people who sustain serious illnesses, injuries and disabilities back into the workforce, before they become long-term dependent on social welfare payments.

1.2 Socio-Economic Context

Disability in Ireland

At present there is only a partial picture of the prevalence and impact of disability in Ireland available. While this will soon be remedied with the publication of the results of the first National Disability Survey, at present we must rely on a range of primary data sources for information, as well as administrative data. The principal primary sources are the Census of Population, 2002 and the Quarterly National Household Survey (QNHS)²⁰, both conducted by the Central Statistics Office (CSO), as well as the Living in Ireland Survey (LIS), conducted by the Economic and Social Research Institute (ESRI).

These surveys have all looked at the prevalence of disability in different ways and so produce different results. For example, the census looked at disability only in the whole population, and found that 8.3%, or 320,000 people, had a disability. On the other hand, the QNHS, which looked at disability or a longstanding health problem in the 15 - 64 age group, found a rate of 10.9%²¹. However, the LIS, which also included health problems which do not affect daily living, found a disability incidence of 21.6%. Consequently, we can see great variation in the rates of disability, depending on the ages studied and the definitions used. **Table 3** gives a summary of the findings of these surveys and the differences in their definitions of disability.

There is little primary data available on the prevalence of different disabling conditions and what information we have comes from the 2002 and 2006 census. The survey identified six broad categories of disability with about 60% of people with a disability having than one type. The incidence of these different types of disability is outlined in **Table3**.

²⁰ The QNHS is actually a Labour Force survey which looks only at people of working but it included a special module on Disability in 2002 and 2004.

²¹ The incidence in the Census for the equivalent cohort of 15 – 64 year olds was 6.4%

Table 2 - Definitions of disability and prevalence				
	Question	Coverage	Sample size	Prevalence
Disability only				
Census 2002	Long-lasting conditions: Severe sight/hearing, Physical disability, Learning/remembering, Difficulty dressing, Difficulty leaving home, Difficulty working	Whole population; self-completion	Whole population	8.30%
Census 2006	As above but with 3 additional categories	As Above	As above	9.30%
NDA 2004	A significant ongoing: sight, hearing or speech disability, physical disability, intellectual disability, mental health difficulty	Aged 15 +; phone survey	500 in disabled sample; 809 in non-disabled sample	19.80%
Disability or long-term ill health				
Living in Ireland Survey 2001	Chronic physical or mental health problem, illness or disability	Aged 16+; private households	2,865 households; 9,131 individuals	21.60%
QNHS, 2002, 2004	Any long-standing health problem or disability	Aged 15-64; private households	39,000 households	10.90%
Disability, ill-health, and hampered in activity				
SLÁN Survey 2002	Is your work or activity affected by long-term illness or disability	Adults aged 18+; postal survey	5,992	13.90%
European Social Survey 2002/3	Are you hampered in daily activities by illness/ disability/ infirmity or mental problem	Adults aged 15+; private households	2,046 individuals	14.80%

Source: Adapted from NDA, 2004, *How far towards equality?* p. 15

Disability and Employment

The Irish labour force has expanded significantly in the recent past. Between May 1998 and May 2007, the total labour force has grown from 1.620 million to 2.194 million, an increase of 574,000 or 35%. In the recent past, net immigration has come to play a more prominent part in this increased labour force and made up over 40% of the total increase of 88,000 in the labour force in the year before June 2007, with the remainder consisting of growth in the number of people of working age.

Since 2004, the increase in total employment has been 259,200 while the employment rate increased by 3.4% to 68.9% overall.

Table 3 - Number of people with a disability, by disability type			
	Number	% of population	% of those with a disability
Blindness, deafness or a severe vision or hearing impairment	78,000	2	24
A condition that substantially limits one or more basic physical activities	176,000	4.5	54
Difficulty learning, remembering or concentrating	106,000	2.7	33
Difficulty dressing, bathing or getting around inside the house	86,000	2.2	27
Difficulty in going outside the home alone	118,000	3	36
Difficulty in working at a job or business	181,000	4.6	56

Source: NDA (2004) *How far towards equality?* p.17

Despite this rapid growth in employment, however, the same results have not been felt by people with disabilities. As with the data on disability generally, primary data on the employment rates of people with disabilities varies with the survey used. Despite this, there is no doubt that those with a disability are far less likely to have a job than other people of working age and that the participation gap is largest for those with the most restrictive disability. According to the 2002 Census, people with a disability are two and a half times less likely to have a job. **Table 4** gives an overview of participation rates

among people with disabilities, broken down by age, according to different surveys and from it we can see that the participation rates varies from 23.2% to 37.1%. As before, much of this variance can be explained by the fact that the QNHS and LIS measure long-term illness as well as disability, while the Census measures disability only.

The Census results also raised some interesting points with regard to employment and people with disabilities. It appears that the percentage gap in employment rates between people with disabilities and the rest of the population exists for all age groups and gets bigger the higher the age group. While the gap between men of 20 - 24 years is 31.1%, it is 53.9% for the 45 – 54 cohort. It is also the case that the majority of people with disabilities in the working age group, who are not in employment, describe themselves as economically inactive rather than as looking for work. While 69% are ‘unable to work due to sickness/disability’, only 13% describe themselves as unemployed or looking for a job.

Age group	Census 2002	LIS 2000	QNHS 2002	QNHS 2004
	Disabled	Long-term ill or disabled		
	%	%	%	%
15-24	23.2	n.a.	36.3	39.8
25-34	36.6	n.a.	55.6	49.3
35-44	31.3	n.a.	50.2	49.3
45-54	25.4	n.a.	41.7	38.3
55-64	15.5	n.a.	27.0	24.5
15-64	23.2	44.3	40.1	37.1
No disability, 15-64	63.3	71.7	65.1	69.5
Gap	40.1	27.4	25.0	32.4

**Note: These figures from the Census and Living in Ireland Survey use Principal Economic Status and those from the QNHS use the ILO definition of employment*

Trends in numbers and expenditure on Illness and Disability Benefits

Extensive statistical information relating to the range of Illness and Disability schemes is hampered by the lack of data available on the schemes. However it is evident that there has been a large increase in both expenditure on, and recipiency of, illness and disability schemes.

For example, total expenditure on illness/disability payments increased by a factor of almost five between 1988 and 2007 (see Table 5 for detailed breakdown). However, the composition of that expenditure changed significantly over that time with the relationship between long and short term benefits having more and less reversed since 1988 to a 64:36 ration in 2007

²² Source: NDA, 2005, Disability and Employment: What the research tells us. P.7

in favour of long-term benefits. The increase in the proportion of the total amount accounted for by disability allowance was a significant driver of this, increasing from 15 to over 37% between 1988 and 2007. In the same period, the proportion of expenditure attributable to social insurance payments fell from 85% to 62%.

Table 5 – Total expenditure on Illness and Disability Payments by DSFA, 1988 – 2007

	Illness Benefit	OIB	Invalidity Pension	Blind Pension	Disability Allowance	Total
	€000	€000	€000	€000	€000	€000
1988	254,082	37,381	131,048		75,090	497,601
1989	230,773	39,875	139,366		79,455	489,469
1990	223,082	43,360	154,763		86,548	507,753
1991	219,646	46,867	170,146		100,591	537,250
1992	219,559	45,638	183,664		110,729	559,590
1993	212,034	46,521	199,732		120,046	578,333
1994	210,029	48,335	217,906		121,447	597,717
1995	212,672	51,518	234,052	10,793	137,012	646,047
1996	212,596	54,335	241,034	11,047	157,533	676,545
1997	228,439	60,605	253,023	11,133	192,822	746,022
1998	241,437	61,261	264,259	11,655	219,550	798,162
1999	263,702	63,138	279,576	11,760	245,160	863,336
2000	280,828	65,353	311,511	12,302	279,176	949,170
2001	329,897	70,496	354,459	13,156	332,308	1,100,316
2002	385,297	77,018	403,617	14,221	407,585	1,287,738
2003	433,455	78,757	440,263	14,816	463,608	1,430,899
2004	479,611	82,657	487,375	15,868	544,489	1,610,000
2005	540,245	88,057	548,285	16,661	630,728	1,823,976
2006	627,642	95,988	602,414	16,964	738,431	2,081,439
2007	755,321	104,331	618,051	15,031	901,131	2,393,865

In terms of number of recipients, the total number on illness and disability schemes increased by 95% between 1982 and 2007, with the numbers on DA having increased particularly significantly (See Table 6 for details). While much of the increase in the numbers on DA can be explained by the standardisation of eligibility conditions after its transfer to the Department of Social and Family Affairs, it is nonetheless the case that it has continued to

grow significantly since then and the total number of recipients stood at 89,048 in December 2007.

Table 6 – Number of recipients of main Illness/Disability Schemes 1982 – 2007.

	Invalidity Pension	Illness Benefit	Injury Benefit	Disablement Pension	Disability Allowance	Blind Pension	Total
1982	20,395	68,079	2,179		22,759	3,700	117,112
1983	20,849	69,960	2,430		21,936	3,550	118,725
1984	21,981	73,557	639		24,019	3,400	123,596
1985	24,229	79,118	725		24,197	3,250	131,519
1986	26,107	79,168	774		24,661	3,100	133,810
1987	28,415	71,525	737		24,854	2,950	128,481
1988	29,242	61,967	573		25,047	2,800	119,629
1989	30,909	55,521	525		25,901	3,650	116,506
1990	34,068	52,765	577		26,397	2,500	116,307
1991	36,156	49,726	951	7,530	27,741	2,500	124,604
1992	36,849	47,773	765	7,855	28,759	2,500	124,501
1993	38,894	43,924	725	8,301	30,049	2,500	124,393
1994	40,226	41,869	740	8,646	30,693	2,460	124,634
1995	42,092	41,830	658	8,977	32,699	2,476	128,732
1996	43,046	42,460	690	9,364	37,054	2,450	135,064
1997	43,633	43,500	720	9,748	43,192	2,404	143,197
1998	44,925	43,766	746	10,182	47,126	2,358	149,103
1999	46,946	45,535	748	10,577	50,431	2,304	156,541
2000	48,663	46,940	828	10,925	54,303	2,229	163,888
2001	50,615	50,715	861	11,230	57,655	2,125	173,201
2002	52,147	54,590	828	11,612	62,783	2,095	184,055
2003	53,414	57,464	821	11,898	67,720	2,061	193,378
2004	55,864	58,726	915	12,162	72,976	2,027	202,670
2005	58,352	61,845	908	12,475	79,253	1,985	214,818
2006	51,954	65,774	924	12,646	83,697	1,476	216,471
2007	53,956	70,404	900	12,874	89,048	1,474	228,656

The composition of recipients has changed considerably between 1982 and 2007, with the break-down between recipients of long and short terms payments having more or less reversed since 1982 to a ratio of 68:32 in 2007 in favour of long-term recipients. In the same period, the proportion of recipients on social insurance based payment has reduced from 77% to 60%.

Table 8 provides an age profile of recipients of the main illness and disability schemes and shows that they are relatively evenly distributed between those under 50 and over 50. Despite this, there are some differences between the schemes with a low proportion of younger claimant in receipt of the short term Illness Benefit, but a larger proportion of the same age group in receipt of the long-term Disability Allowance. Invalidity Pension, on the other hand, shows a steady increase in recipients according to age.

While there is limited data available in relation to the prevalence of mental health illnesses among people illness and disability benefit recipients, it does appear that this is a growing area. In 2006 a total of 24,400 DB & OIB claims with mental/psychiatric type illnesses were made and this accounted for 8.3% of all DB & OIB claims received in 2006

Table 8: Age Profile of main illness/disability schemes

Age ²²	Overall	DB	Invalidity Pension	Injury Benefit	DA	BPP
Under 25 years	7%	4%	-	14%	15%	5%
25 to 29 years	6%	7%	-	12%	10%	6%
30 to 34 years	8%	12%	1%	13%	10%	7%
35 to 39 years	9%	13%	3%	13%	10%	8%
40 to 44 years	10%	13%	7%	13%	10%	8%
45 to 49 years	11%	13%	11%	10%	10%	9%
50 to 54 years	13%	13%	16%	12%	11%	10%
55 to 59 years	15%	13%	22%	8%	12%	10%
60 to 64 years	16%	11%	27%	5%	10%	9%
65 years and over	5%	1%	13%	-	2%	28%

1.3 Evidence

Review of Illness and Disability Schemes

The 2004 Review of the Illness and Disability Payment Schemes²³ was a comprehensive review which examined the range of illness and disability schemes. The terms of reference of the review were to:

- Identify the objectives of each scheme,
- Consider the extent to which the objectives remain valid, for each scheme in its own right and within the overall system of income support
- Estimate the level and trend of recipients and programme costs,
- Identify anomalies and inconsistencies within and between the schemes,

²³ See http://www.welfare.ie/publications/dis_review.html for an executive summary and http://www.welfare.ie/publications/dis_review.pdf for the full report

- Examine the extent to which the schemes support self-sufficiency as regards incentives to take up employment/training opportunities,
- Examine the scope for alternative policy and/or organisational approaches to achieving the objectives.

The main conclusions of the report were that:

- The provision of income support for people with illnesses and disabilities is relatively comprehensive, but there could be an improvement in effectiveness and efficiency through rationalisation
- The limited data available suggests that people with illnesses and disabilities face higher poverty rates than people in other social welfare contingencies.
- Employment supports for this group need to be more systematic and effective.

In addition, the review contained a large number of recommendations which covered the following issues:

- The adequacy and comprehensiveness of income supports
- Simplification of systems
- Scope for alternative approaches
- Improving comprehensiveness and consistency
- Provision of supports for work.

The Department has been engaged in a process of reform of its Illness and Disability Schemes since the publication of this review, and a number of the recommendations have been implemented. The recommendations and conclusions of the review continue to influence the policy options taken with regard to these payments.

Midlands Pilot Project

This Project was initiated in January 2005 and designed as a multi agency response to increasing numbers applying for Disability Allowance with particular reference to those between the age of 16 and 25 years. The agencies involved in the project were the Department of Social and Family Affairs, FÁS and the HSE. Preliminary research into the employment and training support needs of those on a Disability Allowance payment was undertaken in counties Longford, Laois, Offaly and Westmeath and has involved a series of one-to-one consultations with recipients of the allowance in the age cohort 16 to 25 years.

The objectives of the project included:

1. To provide an integrated point of contact for persons with disabilities and a multi agency examination of their training and employment support potential.
2. Facilitate participation in training and employment supports by addressing the needs of groups with high risks of poverty (i.e. people with disabilities).

3. Reduce social welfare dependency and create economic independence for people with disabilities.
4. Examine the nature and extent of existing supports used by various providers to assist people with disabilities to progress to employment or other opportunities.
5. Analyse and benchmark the outcomes of the pilot against previous approaches.

The findings failed to meet these objectives with less than one in three persons invited to participate actually attending their initial interview. The evaluation of the project found that there was a lack of fit between the structures of the project and the needs of young people on Disability Allowance²⁴. A survey conducted as part of the evaluation found that 47.2% of respondents had never accessed education, training and employment services, with 63.8% of these having no interest in accessing such services. The main reason for this lack of interest was the severity of disability and the perception that the services offered lack relevance to situation and aspirations of the respondents. 72.6% of young DA recipients in the Midlands region were found to have no experience of employment where an insurance contribution was paid, with average duration of DA being five years. This demonstrated a high and entrenched welfare dependency among young people with a disability.

Study to examine the link between payment of DA from 16 on retention rates in second level education (2007)

The Review of Illness and Disability Payments raised the possibility of a negative link between the payment of DA at 16 and the high drop out rate from second level education among people with disabilities. To examine this phenomena further, the Department of Social and Family Affairs conducted a review with the following terms of reference:

- Examine the impact of the payment of Disability Allowance from age 16 on retention rates in second level education.
- Examine the overall objectives and rationale / validity of objectives / compatibility with Departmental and Government strategy.
- Examine options for modification of the scheme.
- Examine potential of data holdings in the DSFA and the D/E&S:
 - information on DA recipients.
 - strengthening of data-matching capabilities.
- Examine potential future performance indicators.

The review found that the Disability Allowance scheme does not have a significant effect in encouraging early school leaving and may in fact promote second level retention across the majority of the young people with a disability. The review found that the scheme largely succeeds in meeting its income support objective, but is less successful in meeting the objective of assisting claimants to identify and take up employment, education or training

²⁴ See http://www.fas.ie/NR/rdonlyres/4C4E18FF-E8FF-4A36-AD7C-0BE17167E9B0/204/Midlands_Pilot.pdf for the full evaluation report

opportunities. However, the report did note that DA was often seen by the family of the young person with a disability as essentially a replacement for Domiciliary Care Allowance – a carer type payment which is paid to the carer up until age 16, which can foster long-term dependence on the parents. The report also found that there is a significant group which is ‘at-risk’ of early school-leaving but that DA does not play a pivotal role in this decision – rather this choice is made because of the person with a disability not viewing themselves as capable of success in the current second level environment.

Implementation of the Back to Education Allowance (BTEA) Expenditure Review

Given the link between education and employment, reform of the Back to Education Allowance is a high priority for the Department and to this end a [Review of the BTEA scheme](#) was recently carried out and published in September 2005. The review has now moved to the implementation phase.

An inter departmental steering committee, with membership from the Department of Social and Family Affairs, Department of Education and Science, Department of Finance and FÁS has been set up to progress the implementation of the review.

Terms of reference for the committee are as follows:

- Implement the recommendations of the BTEA Expenditure Review contained in the September 2005 report.
- Explore the policy recommendations in the BTEA Expenditure Review; explore the administrative and operational requirements and I.T. supports, set out definitive eligibility criteria in a customer centric manner.
- Detail the administrative / operational requirements in order that a successful implementation of the recommendations contained in the review are achieved.
- Detail and have put in place the necessary IT supports/systems to ensure the implementation of the recommendations.
- Devise an internal and external information strategy to support implementation of the BTEA Expenditure Review providing clarity for implementers and customers of the BTEA Scheme.
- Arrange for working groups, as appropriate, to be put in place to progress the recommendations contained in the BTEA Expenditure Review.

The recommendations of the working group will shape the future of second chance education and income support for the target group of welfare dependent people. They will also structure the delivery of these services in a more cohesive way, building on and developing the 'joined-up' Government strategy, providing enhanced customer service and more effective outcomes. This approach to dealing with the needs of the target group will help ensure that those who are most in need of this assistance are directed to it through the NEAP referral system with the appropriate educational supports provided

by the Department of Education & Science and a standard rate of income support being provided by DSFA.

FÁS

Since 2000 two major reviews have been commissioned on how FÁS provides training for people with a disability. The Department of Enterprise Trade and Employment commissioned Bearing Point Consultants to review the effectiveness and efficiency of this training. The recommendations of their report, titled Review of Vocational Training for People with Disabilities (2003) were accepted by FÁS and subsequently incorporated into the FÁS Vocational Training Strategy for Disabled People after the Disability Act had been enacted in late 2005.

In 2006, FÁS published its Vocational Training Strategy for Disabled People. Among its 30 time framed recommendations are those to increase the labour market relevancy of FÁS training courses for people with a disability, targets for their participation in all areas to training activity to be set and reviewed annually, increased promotion of FÁS services and the expansion of supports for people with a disability in mainline FÁS training. This strategy is now an integral part of the Department of Enterprise, Trade and Employment's Sectoral Plan. The latter is a requirement of the Disability Act 2005.

NESF review – A More Inclusive Labour Market

The NESF has carried out several useful reports on the challenges and barriers to participation in the labour market by vulnerable groups, including those with disabilities. The most recent of these was its Report 33 on [Creating a More inclusive Labour Market](#) (Jan 2006). It examines the factors which continue to give difficulties for such groups in getting a job and keeping it, despite a very positive economic environment, and a significant reduction in unemployment over a decade of rapid growth.

The NESF recommended that a National Strategic Framework should be developed to provide better opportunities for vulnerable people to get into and stay at work. Its main aim would be to improve the coherence and effectiveness of the €1,000 million economic, employment and social inclusion measures currently in place. It would establish clearer links at the national level between the National Employment Action Plan and the National Plan against Poverty and Social Inclusion (and all social inclusion measures contained within the National Development Plan).

This recommendation informed debate in relation to the conclusion of the main policy documents, which currently frame economic social and labour market strategy. The **National Development Plan, the National Action Plan against Poverty and Social Exclusion (NAPSincl) and Towards 2016** were all agreed in a manner, which ensured co-ordination and coherence between the three, particularly in relation to labour market issues. There are a number of fora in place to ensure this coherence will continue, including at official level the Senior Officials Group on Social Inclusion which reports to the Cabinet

Committee on Social Inclusion. There are also monitoring and reporting fora under T- 2016 to ensure the social partners are involved.

Reports by National Disability Authority (NDA)

The NDA has published a large number of reports outlining both the position of people with disabilities in terms of employment and strategies to engage with them.

Disability and Work

This study, published in 2005, looked at data in Ireland on disability and employment and used it to paint a picture of the issues around work for people with disabilities. It found that people with disabilities are two and a half times less likely to have a job than the rest of the population and highlighted the high drop-out rate from education of teenagers with disabilities. In seeking to increase participation rates among people with disabilities, the report emphasises the importance of job retention and return to work strategies and calls for active recruitment strategies, accessible workplaces and transport, the easing of benefit traps and the introduction of a cost of disability payment.

A Strategy of Engagement

On foot of the commitment made in the Sectoral plan of the Department of Enterprise, Trade and Employment to devise a comprehensive engagement strategy for people with disabilities, this report, which drew on national and international research and best practice, sets out the pillars on which such a strategy should be based. Key recommendations contained in the report are to:

- remove disincentives and benefit traps arising from the operation of the welfare system and ensure that transitions to employment are possible, financially rewarding, and sustainable;
- enhance the capacity and effectiveness of the education, training and employment system – active labour market policy – to ensure that people with disabilities are equipped to compete for employment in the contemporary labour market and to benefit from future patterns of occupational growth;
- ensure that both the public and private sectors implement policies to support the recruitment and retention of people with disabilities, which are rooted in a knowledge of the capabilities of people with disabilities;
- devise and implement a preventative strategy;
- reduce early school-leaving among young people with disabilities;
- improve retention in employment following the onset of a disability in adult life;
- develop a systematic process of engagement with people with disabilities in order to assist them articulate and realise their employment aspirations.

An executive summary of the report can be accessed at
[http://www.nda.ie/cntmgmtnew.nsf/0/A85B41AE9B9BD322802572BA00508B19/\\$File/Stratexec.pdf](http://www.nda.ie/cntmgmtnew.nsf/0/A85B41AE9B9BD322802572BA00508B19/$File/Stratexec.pdf)

2. Income Support Programmes

2.1 Programme Characteristics

Income support for people with disabilities is primarily the responsibility of the Department of Social and Family Affairs. The Department has over 4,700 staff and is divided into a number of structural areas – the Aireacht consists of the policy unit as well as essential corporate services, while the Social Welfare Services is the executive arm of the Department and is responsible for the administration and management of social welfare schemes. Many services are delivered locally through a regional structure with a network of 59 Social Welfare Local Offices and 68 Branch Offices.

The Department administers three main types of payments:

- Contributory payments are based on your pay-related social insurance (PRSI) record. Whether you qualify for a payment depends on having paid enough PRSI contributions
- Non-contributory payments require you to satisfy a means test and be habitually resident in the state, and
- Universal payments, such as child benefit, which do not rely on means or contribution record.

There is an appeal mechanism – to the independent Social Welfare Appeals Office, against all decision made by the Department in relation to claims for any payment.

The Department administers a number of payments for people with disabilities, both contributory and non-contributory. There are also payments for people with disabilities which are administered by other Department and agencies, principally the Health Services Executive (HSE).²⁵

Supports Administered by the Department of Social and Family Affairs

Illness Benefit²⁶

Illness Benefit (IB) is payable to qualified insured people aged under 66 years who are unfit for work due to illness. This payment is administered by DSFA.

To qualify, a person must have –

- at least 39 PRSI contributions paid since first starting work, and
- at least 39 contributions paid or credited (at least 13 of which must be paid) in the relevant tax year,

or

- 26 weeks PRSI paid in the relevant income tax year and 26 weeks PRSI paid in the tax year immediately before the relevant income tax year.

Medical certificates from the claimant's doctor confirming incapacity for work must be submitted on a regular basis (usually weekly) and claimants may also

²⁵ However, it should be noted that on foot of a government decision a number of these payment are due to transfer from the HSE to the Department of Social and Family Affairs.

²⁶ Prior to October 2006 Illness benefit was known as Disability Benefit

be requested to attend for medical examination by a Medical Assessor of the DSFA.

IB is paid on the basis of a 6-day week (Sundays are not included). Normally IB is not payable for the first 3 days of illness (known as “waiting days”). Following this initial 3 day waiting period, a claimant must be absent from work for at least a further 3 days in a period of 6 consecutive days in order to qualify for payment. Where a person has less than 260 PRSI contributions paid (5 full years), IB is payable for a maximum period of 52 weeks. However, where at least 260 PRSI contributions have been paid since first starting work, IB can continue to be paid for as long as the person remains unfit for work and under age 66.

The rate of DB payable depends on the claimant’s family size, circumstances and earnings. Payment is made up of a personal rate in respect of the claimant and additional increases in the case of qualified adults and qualified children. The current weekly rates of payment are - Personal Rate: €197.80²⁷; Increase for a qualified adult: €131.30; Increase for each qualified child: €24.

Illness Benefit payments (excluding any increases for qualified children) are regarded as taxable income. However, DB payments for the first 36 days (6 weeks) in any tax year are exempt from tax.

Recipients may also qualify for Smokeless Fuel Allowance and a Medical card.

Invalidity Pension

Invalidity Pension (IP) is payable to qualified insured people who are permanently incapable of work. This payment is administered by DSFA.

To qualify, a person must have –

- at least 260 PRSI contributions paid since first starting work; and
- at least 48 contributions paid or credited in the last complete tax year before the claim is made.

In order to be regarded as being permanently incapable of work, a person must have been incapable of work for at least one year and likely to remain so incapable for at least a further year. In most cases applicants would have been in receipt of IB prior to claiming IP. Where a person can show that they are likely to remain incapable of work for life, IP may be paid to persons who have been in receipt of IB for less than one year.

Invalidity Pension is payable for as long a person remains permanently incapable of work and under 66 years of age. Payment will stop where a person receives any other payment from the Department (except Disablement pension). Recipients will be automatically be transferred from Invalidity pension to State pension (Contributory) when they reach 66 years of age.

²⁷ All rates quoted in this section are correct as at July 2008.

The rate of IP payable depends on the claimant's family size and circumstances. Payment is made up of a personal rate in respect of the claimant and additional increases in the case of qualified adults and qualified children. The current weekly rates of payment are - Personal Rate: €203.30 (under 65 years), €223.30 (65 and over); Increase for a qualified adult: €145.10 (under 66 years), €200.00 (66 and over); Increase for each qualified child: €24.00. Where a claimant's spouse or partner is not a qualified adult, any increases in respect of qualified children are generally payable at half-rate. Additional allowances of €7.70 and €6.40, respectively are payable to Invalidity Pensioners who are living alone and pensioners aged 80 or over. An allowance of €12.70 is payable to Invalidity Pensioners who are living on certain offshore islands.

Income from Invalidity Pension is assessable for income tax purposes. However, if IP is the person's only income, it would be below the thresholds for the payment of income tax.

Recipients may also qualify for the Free Travel pass, the Household Benefits Package, Fuel Allowance and a Medical Card.

Disability Allowance (formerly DPMA)²⁸

Disability Allowance (DA) is a non taxable, means-tested payment which is administered by DSFA and paid to people between the ages of 16 and 66 years who, by virtue of a specified disability, are substantially disadvantaged in undertaking work which would otherwise be suitable, having regard to the person's age, experience and qualifications. A specified disability is defined in regulations to mean an injury, disease, congenital deformity or physical or mental illness or defect, which has continued or may be expected to continue for at least one year.

Proof of Substantial Disablement in Undertaking Employment is normally done through the submission of medical reports from the claimant's doctor, with supporting consultants' reports, where necessary. The claimant may also be required to attend for a medical examination by a Medical Assessor of the DSFA.

Disability Allowance continues to be paid up to the age of 66 years, as long as the person continues to satisfy the qualifying conditions.

The rate of payment depends on the claimant's family size, circumstances and means. The current maximum rates of Disability Allowance are the same as the maximum weekly rates of Illness Benefit. An additional allowance of €7.70 is payable to recipients of Disability Allowance who are living alone. An allowance of €12.70 is also payable to recipients of Disability Allowance who are living on certain offshore islands.

²⁸ Responsibility for DPMA transferred to the Department of Social and Family Affairs in 1996 when it became known as Disability Allowance

Recipients may also qualify for Free Travel Pass, Free Companion Travel Pass, Household Benefits Package, Fuel Allowance and Medical card.

Blind Person's Pension

This is a fully taxable, means-tested pension which is administered by DSFA and payable to blind or partially sighted people who are 18 years and over and are so blind that they cannot perform work for which eyesight is essential or cannot continue in their ordinary occupation.

Registration with the National Council for the Blind of Ireland (NCBI) is usually accepted as satisfying the blindness condition. Where a person is not registered with the NCBI, they are required to submit a medical report from an ophthalmic surgeon.

Blind Person's Pension continues to be paid for as long as the claimant satisfies the qualifying conditions. However, Blind Person's Pension ceases if the person is awarded certain other social welfare pensions, e.g. Old Age (Contributory), Retirement or Invalidity Pension.

The rates of payment depend on the claimant's family size, circumstances and means. The current maximum personal rate is €197.30 an increase of €131.30 is payable in respect of a qualified adult. €24.00 is payable in respect of each qualified child. Where a claimant's spouse or partner is not a qualified adult, any increases in respect of qualified children are generally payable at half-rate. Additional allowances of €7.70 and €6.40, respectively are payable to Blind Pensioners who are living alone and pensioners aged 80 or over. An allowance of €12.70 is also payable to Blind Pensioners who live on certain offshore islands. A Blind Pensioner who has sufficient PRSI contributions may also be entitled to receive Illness benefit, Unemployment Benefit, Maternity Benefit, Adoptive Benefit or Health and Safety Benefit in full in addition to their Blind Person's Pension. In addition, a Blind Pensioner can receive Widow/er's and Orphan's Contributory or Non-Contributory Pension or One- Parent Family Payment in full in addition to their Blind Person's Pension.

In addition to the above, recipients may also receive the Free Travel Pass, Household Benefits Package, Fuel Allowance and the Medical Card.

Occupational Injury Benefits

The Occupational Injury Benefits (OIB) scheme is administered by DSFA and comprises a range of payments for people who are injured or disabled in the course of their work, or who contract an occupational disease, as follows –

- Injury Benefit;
- Disablement Benefit;
- Death Benefits;
- Cost of Medical Care.

There are no contribution conditions applying to the OIB schemes. Once the accident or disease arises out of and in the course of employment which is insurable for OIB purposes, the person is covered for Occupational Injury

Benefits. In addition, accidents which occur while a person is travelling directly to or from work are deemed to be occupational accidents.

Injury Benefit

This is a weekly payment payable to people who are unfit for work due to an accident at work or who have contracted a prescribed work-related disease.

Medical certificates from the claimant's doctor confirming incapacity for work must be submitted on a regular basis and claimants may also be requested to attend for medical examination by a Medical Assessor of the DSFA.

As in the case of Illness benefit, Injury Benefit is not normally paid for the first 3 days (known as "waiting days"). Payment can last for a maximum of 26 weeks from the date of the accident or the onset of the disease.

The rates of Injury Benefit payable are the same as the rates of payment for Illness Benefit, including the increases for qualified adults and qualified children.

Disablement Benefit

Disablement Benefit is paid where an insured person suffers loss of physical or mental faculty as a result of an accident at work or through contracting a prescribed occupational disease. The level of the payment awarded depends on the degree of loss of faculty, which is medically assessed. Disablement Benefit differs fundamentally from other social welfare income support payments in that it is a compensatory rather than an income maintenance payment. Accordingly, Disablement Benefit can be paid in addition to other social welfare payments such as DB and IP and can also be paid where a person continues to work.

Disablement assessments of less than 20% are normally paid by way of a lump sum Disablement Gratuity. Assessments of 20% or more are paid by way of a weekly or monthly Disablement Pension. The maximum Disablement Gratuity which is paid for life awards of 19%, is €16,020. Proportionate Disablement Gratuities are paid for assessments of between 1% and 18%. The maximum Disablement Pension, which is paid for awards of 100% is €228.90 a week. Proportionate Disablement Pensions are paid, in 10% bands, for assessments of between 20% and 90%. For life awards of between 10% and 19%, a Disablement Pension can be awarded in lieu of a Disablement Gratuity.

Incapacity Supplement

Incapacity Supplement (IS) may be paid as an increase to Disablement Pension if a person is permanently incapable of work as a result of an occupational accident or disease and does not qualify for any other social welfare payment, such as Illness Benefit, Invalidity Pension or Disability Allowance. The rate of payment for IS is the same as for Illness Benefit and continues for life.

Constant Attendance Allowance

Where the degree of disablement is assessed at between 50% and 100% and the person has been certified as being in need of constant care and attention, an increase in the weekly Disablement Pension, known as Constant Attendance Allowance, may be payable, at a rate of €214.70 a week.

Medical Assessment Procedures in D/SFA²⁹

The Medical Review and Assessment (MRA) system is the principal control mechanism for all illness and disability schemes administered by the Department. Medical Assessors carry out medical review examinations, medical assessment examinations, desk reviews and desk assessment of medical evidence/reports of claimants in order to provide a second medical opinion for the guidance of Deciding and Appeals Officers.

Claims for the following benefits are referred for examination:

- Illness benefit:
- Occupational Injury Benefit:
- Incapacity Supplement:
- Disability Allowance:
- Invalidity Pension:
- Disablement Benefit

The Examination

The Department uses 69 different Medical Review (MR) Centres throughout the country including six centres in Dublin and three in Cork which are in use on a full-time basis. The examinations are carried out by one of the twenty Medical Assessors employed by the Department. The Medical Assessors work under the overall control of the Department's Chief Medical Adviser and Deputy Chief Medical Adviser. The Medical Assessors are fully qualified doctors who have been specially trained to carry out medical reviews and assessments. Their role is to assess a person's fitness for work, either their usual work or in respect of other categories of work, and/or the degree of a person's disability. They do not prescribe treatment nor offer advice. A nurse attendant is also present at the examination.

The Medical Examination³⁰

The Medical Assessor carries out a medical assessment that is specially designed to determine a person's illness or disability. S/he examines the person to find out how their illness or disability affects the person in his/her everyday life or, if appropriate, whether or not s/he is fit for work, either their usual work or in respect of other categories of work.

²⁹ See <http://www.welfare.ie/foi/medreview.html> for more detailed information in relation to the MRA system

³⁰ See <http://www.welfare.ie/foi/medassess.html> for guidelines for Assessors in completing the Assessment Form

The Medical Assessor considers all the information provided by the customer and the customer's own doctor. S/he may ask questions about the person's disability and carry out an assessment of the person's medical condition which may include a physical examination. S/he records details on the medical report form during the course of the examination. All examinations are carried out in accordance with the accepted guidelines of The Irish Medical Council.

Results of the examination in relation to the most common benefits fall into the following categories:

- Illness benefit
 - Capable of Work:
 - Incapable of work:
- Disability Allowance:
 - The Medical Assessor will give an opinion on whether the person, by reason of a specified disability, may or may not be considered substantially handicapped in undertaking work of a kind which, if they were not suffering from that disability would be suited to their age, experience and qualifications.
- Invalidity Pension
 - The Medical Assessor gives an opinion on whether the person can be considered permanently incapable of work and this opinion is relayed to the Deciding Officer for decision.

The tables below show the number of Disablement, Illness Benefit and Disability Allowance cases referred to medical assessors for assessment or re-assessment between 1998 and 2007.

Number of Disablement cases referred to medical assessors for (re)assessment 1998-2007

Year	Number of Persons Called for Examination	Number of Persons Examined	Number of Persons who did not Attend for Examination
1998	6,386	5,032	1,354
1999	6,685	5,114	1,571
2000	4,589	3,428	1,161
2001	4,311	2,997	1,314
2002	3,898	2,709	1,189
2003	3,234	2,296	938
2004	2,450	1,744	706
2005	2,247	1,541	706
2006	2,343	1,621	722
2007	2,383	1,617	766

Number of Illness Benefit cases referred to medical assessors, 1998-2007

Year	Number of Persons Called for Examination	Number of Persons Examined and found to be		Number of Persons who did not attend for Examination	
		Incapable of Work	Capable of Work	Medically Certified Unfit to Attend	Others
1998	68,402	37,296	9,265	430	21,411
1999	64,075	35,145	9,330	408	19,192
2000	49,860	27,110	9,120	238	13,392
2001	46,072	24,468	8,037	207	13,360
2002	45,912	25,091	7,342	208	13,271
2003	44,307	22,549	8,267	273	13,218
2004	40,762	20,944	7,434	208	12,176
2005	37,794	19,584	6,188	192	11,830
2006	33,970	18,162	5,560	152	10,096
2007	37,853	19,735	6,137	224	11,757

Number of Disability Allowance cases referred to medical assessors, 1998 - 2007

Year	Number of Examinations Scheduled ⁽¹⁾	Number of Persons Examined and found to be		Number of Persons who did not attend for Examination
		Qualified for Disability Allowance	Not qualified for Disability Allowance	
1998	7,229	3,032	2,288	1,909
1999	8,862	3,801	2,631	2,430
2000	10,285	4,017	2,840	3,428
2001	9,663	3,577	3,016	3,070
2002	8,952	3,295	2,755	2,902
2003	10,349	3,511	3,478	3,360
2004	11,069	4,182	3,290	3,597
2005	10,847	3,808	3,336	3,703
2006	10,832	3,838	3,421	3,573
2007	13,190	4,724	4,255	4,211

Source: Statistical Information on Social Welfare Services 2007

Other relevant DSFA administered payments.

In addition to the above, the Department administers a number of other payments which are relevant to people with disabilities.

The Supplementary Welfare Allowance (SWA) is a means tested payment for people whose means are insufficient to meet their needs. This scheme, which is administered by the HSE on behalf of DSFA³¹, provides income support for people who have an immediate financial need and who do not qualify for any other social welfare payments, or whose needs are not met by social welfare payments generally. While not specifically targeted at people who are sick or people with disabilities, the SWA scheme nevertheless provides income support for those who are short-term ill and who do not qualify for IB or Invalidity Pension. In addition, SWA can be paid pending the payment of other social welfare payments, such as IB, IP, DA etc.

In recognition of the vital role played by carers who provide care for people with disabilities, the Department provides a number of payments to carers. Carer's Benefit is a payment for people who have made social insurance contributions and who recently left the workforce and after looking after someone in need of full-time care and attention. Carer's Allowance is a means-tested payment for carers on low income who live with and look after certain people in need of full-time care and attention. Recipients of these two payments will also automatically receive an additional annual payment – the Respite Care Grant.

Payments Administered by the HSE

Infectious Diseases (Maintenance) Allowance

The Infectious Diseases (Maintenance) Allowance (IDMA) is a fully taxable means-tested payment which is available from the Health Boards for people aged 16 years and over and who are unable to make reasonable and proper provision for their own maintenance or the maintenance of their dependants because they are undergoing treatment for a specified infectious disease.

Notification from the claimant's doctor confirming that the claimant has a specified infectious disease is required.

The Infectious Diseases (Maintenance) Allowance continues to be paid for as long as claimants are undergoing treatment to the satisfaction of the Health Board and are thereby prevented from making reasonable and proper provision for their own maintenance and the maintenance of their dependants. It is also available to carriers of infectious diseases who, through taking precautions against the spread of infection, are rendered incapable of carrying out their ordinary occupation and are therefore, unable to make reasonable and proper provision for their own maintenance and the maintenance of their

³¹ There is a government decision that this function will transfer from the HSE to the Department of Social and Family Affairs and this is currently being examined by an specialist inter-departmental group.

dependants. However, this Allowance ceases if the person is awarded another social welfare payment, e.g. Old Age Pension at 66 years of age.

The rate of payment of the IDMA depends on the claimant's family size, circumstances, means and whether the claimant or the spouse is receiving in-patient services. The current maximum personal rate is €197.80, with an increase of €131.30 paid in respect of a qualified adult and €24.00 in respect of each qualified child under 16 years. €77.00 is paid in respect of a dependant (other than a spouse) aged 16 and over. Additional increases may be paid in certain cases where a helper is employed to take care of dependants or towards housing costs.

Blind Welfare Allowance

This is a fully taxable means-tested payment available from the Health Boards to provide supplementary financial support to unemployed blind or visually impaired persons aged 16 years and over receiving certain social welfare payments, e.g. Disability Allowance, Invalidity Pension, Blind Person's Pension, Old Age (Non-Contributory) Pension or Illness Benefit or an equivalent payment from another country. The Health Boards operate this scheme in conjunction with the National Council for the Blind of Ireland. The allowance is not paid to people in full-time residential care.

Registration with the National Council for the Blind is usually accepted as satisfying the blindness condition. Where a person is not registered with the National Council for the Blind, they are required to submit a medical report from an ophthalmic surgeon.

The Blind Welfare Allowance continues for as long as the claimant satisfies the qualifying conditions.

The current rates (**January 2008**) of payment for Blind Welfare Allowance are as €61.60 per week for a single person €123.20 per week for a blind couple and €4.40 per week for each child dependant.

The Blind Welfare Allowance rate for a couple is only applicable where both applicant and partner/spouse are qualified persons. The current rates of payment for Blind Welfare Allowance for Disability Allowance recipient (16 to 18 years) are €7.50 per week in respect of adult dependant and €3.90 per week in respect of a child dependant.

Mobility Allowance

The Mobility Allowance is a means tested monthly payment payable by the (HSE) in Ireland to people aged between 16 and 66 who have a disability and are unable to walk or use public transport and who would benefit from a change in surroundings; (for example, by financing the occasional taxi journey). There is no specific legislation in Ireland providing for Mobility Allowance. Instead, this Allowance was introduced in 1979 by the Department of Health and Children and is payable under [Section 61 of the Health Act, 1970](#).

If an allowance is awarded, it will be continued beyond the age of 66 but you may not apply for the allowance if you are aged 66 or over.

You are eligible for a mobility allowance if you meet the following conditions:

- You are unable to walk, even with the use of artificial limbs or other suitable aids, or your health is such that the exertion required to walk would be dangerous
- The inability to walk must be likely to last for at least a year
- You must not be medically forbidden to move
- You must be in a position to benefit from a change in surroundings
- You must be living at home or in a long-term institution
- You must pass a means test.

The allowance is paid monthly. A lower rate is payable to people who are availing of the [Disabled Drivers and Disabled Passengers Scheme](#). The rates with effect from 1 January 2007 are:

High rate	Low rate
202 euro per month	101 euro per month

Motorised Transport Grant

The HSE may pay a grant towards the purchase of a vehicle and/or adaptations to a vehicle being purchased by a person with a severe disability who is 17 years or older and under 66 years of age, where a vehicle is essential for him/her to retain employment. Self-employed persons who satisfy the criteria of eligibility may also be considered (subject to above age limits). The vehicle must also be purchased and registered in the name of the person with the disability and the applicant must hold a driver's licence (full or provisional). However, qualified persons with a disability who are incapable of driving or who have been medically advised not to drive, and who have to be driven to and from his/her place of employment will only be considered eligible for a grant provided that he/she will be driven by another named person to and from his/her place of employment. In these circumstances it is not necessary for the vehicle to be purchased and registered in the name of the person with the disability.

Eligibility for the grant may also be considered in "Exceptional Circumstances" other than for employment retention, for a person with a severe disability who lives in very isolated circumstances subject to the above conditions. Additionally their disability must prevent them from using public transport and they must have serious transport difficulties.

Revenue Job Assist

The Revenue Job Assist allows recipients of a disability income an additional tax free allowance to people who have been unemployed for 12 months or more and are interested in returning to employment. It is administered by the Revenue Commissioners and further information is available from the Revenue Commissioners website at www.revenue.ie

2.2 Recent Reforms and Reforms under Consideration.

Disability Allowance earnings disregard reform

The income disregard for Disability Allowance has been in place since the Department of Social and Family Affairs took over the then Disabled Person's Maintenance Allowance (DPMA) in 1996. At that time, the level of income disregard for rehabilitative work was £35.20 (equivalent of € 44.69). Since that time the level of disregard has increased on a number of occasions to its current figure of €120 per week. Prior to June 2006, the payment of Disability Allowance was withdrawn on a Euro for Euro basis from earnings so that a person in receipt of the maximum rate of Disability Allowance could earn up to €240 per week before full withdrawal of DA.

However, with effect from 7 June 2006, this has been amended so that, for earnings above €120 and under €350 per week, Disability Allowance is withdrawn at 50 cents for every euro earned. In practice, this means that a single person can earn up to €432.50 (at 2008 rates) per week before their Disability Allowance fully ceases, compared with the previous amount of €240 per week.

	<i>Nos in employment June 2006</i>	<i>Full rate DA</i>	<i>Reduced rate DA</i>	<i>Nos in employment June 2008</i>	<i>Full Rate DA</i>	<i>Reduced Rate DA</i>
<i>DA plus employment with rehabilitative disregard</i>	4,424			6,298	4,296	2,002
<i>Community Employment Schemes</i>	2,070	0	2,070	2,941	0	2,941
<i>DA Self employment with rehabilitative disregard</i>	14			84	58	26
<i>DA Self employment farming with rehabilitative disregard</i>	0	0	0	3	0	3
Total	6,508 (7.99% of the DA population of 81, 488)			9,326 (10.1% of Total DA Population of 87,260)	4,354	4,972

This change in the means assessment rules for DA followed on from the 2004 review of disability and illness schemes which suggested that continually increasing the income disregard level can lead to difficulties for persons who wish to increase their employment level. The review group favoured a mechanism to allow for the gradual reduction of social welfare benefits as earnings increase to ensure that people who increase their earnings or employment potential will increase their overall income level. It was felt that this was the most appropriate method to achieve the underlying policy principles relating to incentives to work, i.e. that there must be a reward for working..

The result of this change has been an increase in the numbers of people in employment and availing of the disregard as follows: In June 2006, when the tapered withdrawal rate was introduced, there were 81,488 people claiming DA. By June 2008 this had increased to 92,389, an increase of 13.3%. However, in the same period, the number of those claimants engaged in rehabilitative employment increased from 6,508 to 9,327 - an increase of 43% since the tapered withdrawal rate was introduced. The table above gives a complete breakdown of the increase in numbers

3. Employment Support Programmes

3.1 Programme Characteristics

FÁS is the National Training and Employment Authority with responsibility for providing vocational training and employment services. This includes provision for people with disabilities since the transfer of services in 2000 .

The consequences of the transfer of labour market responsibility from the Department of Health and Children to FÁS in 2000 include the following:

- employment and training functions are now within the framework of general labour services for job seekers with the aim of offering increased choice of options
- in line with the its promotion of the social model of disability, FÁS has sought to remove any barriers that might deter people with a disability from accessing its services
- an emphasis on the need for improved integration of people with a disability into the labour market and a recognition that they must be accommodated in all activities and services of the organisation

FÁS has sought to assist this group of its customers into employment in the following ways:

- the provision of vocational training and employment services, both by FÁS itself and organisations contracted on its behalf.
- the promotion of the employment of people with a disability to employers
- putting in place a series of employment supports for both employers and people with a disability.
- by establishing the National Advisory Committee on Disability, to advise FÁS on disability matters.

FÁS has no involvement with medical aspects of rehabilitation. When services were mainstreamed in 2000, FÁS/Dept of Enterprise Trade and Employment responsibility was only for those who were capable of progressing to the open labour market. Those people with a disability who were unable to progress to the open labour market remained the responsibility of the Health Services Executive (HSE) which provides a dedicated occupational guidance service for this group. Rehabilitative training for this group is supported and monitored by the HSE.

FAS has sought however to make extra efforts to accommodate people with a disability on its mainline courses and employment programmes and to increase their take up of FÁS options. Receipt of a disability income is one of the qualification criteria for Community Employment while course applicants with a disability are considered priority cases for training. FÁS will also put in place any training supports, adaptations to premises or equipment or

specialist technology a trainee may require if it has been notified of such a requirement in advance of training. Where FÁS does not provide the training sought by a trainee and it may financially support a disabled person to access training at an agency other than FÁS where FÁS does not have the training option that meets their needs.

FÁS employment supports for people with a disability

Vocational Guidance Service – all People with Disabilities may call into a FÁS Employment Service Office to meet with an Employment Services Officer who will provide them with full information, advice and guidance in relation to training and employment. There are specific supports for disabled people, namely:

Wage Subsidy Scheme – WSS – provides financial incentives to employers, outside the public sector, to employ disabled people who work more than 20 hours per week. The Scheme is structured in three strands. The employer can benefit from one or all, simultaneously.

- Where an employee's productivity is between 50%-80% of normal work performance, a subsidy of up to €8,639 per annum is provided. This is an hourly subsidy of €4.26. If the productivity level is below 50%, a maximum subsidy of €10,748 per annum is provided. This is an hourly subsidy of € 5.30. Productivity levels are agreed between FÁS, the employer and the employee. The actual subsidy is related to the total hours worked per week.

- Based on the total number of disabled employees in a company, an employer can apply for a grant to cover additional costs ranging from an additional 10% for 3-6 employees to a maximum of 50% of the wage subsidy for 23+ disabled employees.

- Where 30 or more disabled people are employed, employers can avail of a grant of €30,000 per annum to assist with the cost of employing an Employment Assistance Officer.

Employee Retention Grant Scheme – ERGS is available to private sector employers when an employee develops a disability whether occupational or not. It provides funding to identify accommodation or training to enable the employee to remain in their current position or to re-train them to take up another position within the organisation. There are two stages to the scheme;

- Assessment, 90% of the costs of developing a retention strategy can be funded to a max. of €2,500.

- Implementation, 90% of eligible programme costs can be funded to a max. of €12,500.

Workplace Equipment Adaptation Grant – WEAG is available to employers in the private sector who need to adapt equipment or the workplace to accommodate a disabled employee. The maximum grant provided is €6,350

and covers minor building modifications such as ramps or accessible toilets; assistive technology; amplifiers for telephones, etc.

Job Interview/Induction Interpreter Grant – JIIG is available to cover the costs of an interpreter up to a maximum of €106.68 for a three hour period for interview and induction purposes where an interviewee or new staff member is deaf, hard of hearing or has a speech impediment.

Disability Awareness Training Support Scheme – DATSS assists the integration of disabled people into the workplace and helps to eliminate mistaken perceptions about them. It is available to all companies in the private sector who are interested in employing, retaining or relating to people with disabilities. Funding of up to 90% of training costs is available in the first year and up to 80% of costs in subsequent years with an annual limit of €20,000 payable to an organisation. To avail of this funding, however, training must be carried out by a FÁS approved training organisation.

Supported Employment Programme is an open labour market initiative providing disabled people with supports to help them access the open labour market. It is implemented by sponsor organisations on behalf of FÁS who employ Job Coaches to provide a range of supports tailored to the individual needs of a jobseeker. The ultimate outcome is that the employee becomes independent of Job Coach support.

Further information may be obtained on the FÁS website: www.fas.ie
Click on [Job Seeker Section](#) and then Click on [Equality and Inclusion](#)

Community Employment Programme

A major element of FÁS activities is its Community Employment Programmes (CE), which are primarily aimed at long term unemployed and other disadvantaged groups, including people with a disability. They offer participants an opportunity to engage in useful part time temporary work within their own communities with a view to progressing onto full time employment or training. In 2007, 23% of the participants on this programme were people with disabilities.

Department of Social and Family Affairs administered Employment Supports

As mentioned earlier, the Department of Social and Family Affairs is increasingly adopting a more pro-active role with regard to helping persons with disabilities who wish to access the labour market. As outlined in the Sectoral Plan, this involves actions aimed at removing disincentives to employment, through reforms of benefits and allowances, and separate schemes which actively encourage the take-up of employment.

Back to Work Allowance (BTWA)

The Back to Work Allowance is one of the most common employment supports administered by the Department. This is a weekly payment for unemployed people who take up approved employment. It allows you to keep

a portion of your social welfare payment for 3 years without having to pay tax or PRSI on it.

You may also qualify if you are getting one of the following payments for 15 months (12 months if you are aged 50 or over):

- Disability Allowance,
- Invalidity Pension,
- Incapacity Supplement,
- **or**
- Illness Benefit (for 3 years or more).

Employers who can provide suitable jobs are eligible to participate. The work being offered must:

- not displace another employee,
- be a minimum of 20 hours a week,
- last at least 12 months, and
- not be commission based, seasonal or temporary work.

The benefit for the participant is that they will keep their current social welfare payment (including increases for a qualified adult and any qualified children) for 3 years as follows:

- 75% of the weekly social welfare payment for the first year,
- 50% for the second year, and
- 25% for the third year.

They will also keep any 'secondary benefits' for 3 years (as long as the household income is less than €317.43 gross per week), including:

- Fuel Allowance,
- Christmas Bonus,
- Medical Cards (the income limit does not apply),
- Rent and Mortgage Interest Supplement,
- Back to School Clothing and Footwear Allowance,
- Diet Supplement, and
- variable local authority rents.

Back to Work Enterprise Allowance (BTWEA)

This is a weekly payment for unemployed people who set up their own business. It allows you to keep a portion of your jobseeker's payment for 4 years, and is not subject to PRSI or tax.

- You may qualify if you are Disability Allowance, Blind Pension, Invalidity Pension, for at least **12 months**,
- **or**
- - Illness Benefit for **3 years** or longer.

Participants will keep your current social welfare payment (including increases for a qualified adult and any qualified children) for 4 years as follows:

- 100% of your weekly social welfare payment for the first year,
- 75% for the second year,
- 50% for the third year, and
- 25% for the fourth year.

You will also keep any 'secondary' benefits for 4 years (as long as the household income is less than €317.43 gross per week).

If you are starting a business, you may get extra supports such as:

- technical assistance and training grants (for training, market research, business plans, book-keeping etc),
- assistance with public liability insurance,
- employment grants for persons in receipt of BTWEA taking who employ a person commencing BTWA,
- the credit union loan guarantee fund.

Employers' PRSI Exemption Scheme

Where an employer takes on new employees who receive the Back to Work Allowance for the first time, at the date they start work, the employer may qualify for the Employers' PRSI Exemption Scheme. This means that they will be exempt from paying the employers share of the employees PRSI contribution for a maximum of 2 years subject to submitting a current Tax Clearance Certificate or C2 card.

Back to Education Allowance

The Back to Education Allowance (BTEA) is an educational opportunities scheme for unemployed people, lone parents and people with disabilities in receipt of particular payments from DSFA. The objective of the scheme is to enhance the employability skills of vulnerable groups who are distant from the labour market.

You will qualify for BTEA if you are:

- aged 18 or over, and
- getting one of the social welfare payments for at least, 6 months (156 days) for a Second Level Course 12 months (312 days) for a Third Level Course - Blind Pension, Disability Allowance, Invalidity Pension or Incapacity Supplement (based on a life Disablement Pension), **or**
- age 18 or over, and,
- getting Illness Benefit for at least 3 years.

Special Projects Fund and Family Services Project

The Special Projects Fund and Family Services Project are administered by the Department's Social and Family Support Service (SFSS) through a network of Facilitators. The SFSS assists people who are most marginalised and distant from the labour market, by focusing on their abilities and potential. Through the Special Projects Fund and Family Services Project the Department provides funding to third parties to assist welfare recipients, as well as members of their families, improve their employability, personal and family situations through education, training and personal development courses. The Department regards this funding as a means of supporting innovative responses to increasing employability and tackling social inclusion.

The funding gives much help by way of intensive training, counselling and other supports to groups at risk of developing long-term welfare dependency. Groups who need special help of this type include the long-term ill and people with disabilities, the very long-term unemployed, travellers, people with literacy difficulties, lone parents and their families.

The initiatives funded demonstrate the positive results of a partnership approach between my Department, the Voluntary & Community Sector and other local players in identifying and addressing local needs in terms of education, training and development.

Additionally the SFSS has a key remit the provision of quality information and referral of customers to other agencies or service providers.

Disability Allowance Earnings Disregard

Disability Allowance is a means-tested payment with the result that earnings above €120 per week are taken into account in assessing the means of the claimant. Normally, every euro earned above €120 results in a euro for euro reduction in the amount of allowance payable, meaning recipients could only earn €240 before entitlement to Disability Allowance fully ceased.

However, in the case of employment which is considered 'rehabilitative' in nature, there is now a graduated reduction of Disability Allowance whereby for every euro earned above €120 and up to a limit of €350, the allowance is only reduced by €0.50. This in effect means that a single person can now earn up to €420 before entitlement to Disability Allowance fully ceases.

Employment 'Exemption' for Illness Benefit and Invalidity Pension

The regulations in respect of Illness benefit and Invalidity Pension specifically state that a person in receipt of either of those payments cannot engage in employment. However, an exemption to this general rule is provided for in the case of employment that is both part-time (i.e. less than 20 hours per week) and rehabilitative or therapeutic³² in nature. Claimant must apply in advance to avail of this exemption and only after permission is given by the Department can they engage in employment or training.

Restoration of Benefits

In order to encourage recipients of disability related income supports to engage in employment, any recipient of Illness Benefit who decides to forego his/her benefit for employment, but who then finds that they have to revert to claiming benefit, they will immediately have their benefit restored should they revert within 6 months of originally quitting the benefit.

In the case of Disability Allowance, the same provision applies except that the period during which the claimant can revert to DA after taking up employment is extended to 12 months.

³² All claims for exemptions are forwarded to one of the Department's medical assessors for an opinion on whether the employment/training is in the nature of rehabilitation or occupational therapy.

Medical and Occupational Rehabilitation and Training.

There are two general categories of rehabilitation programmes available for people with disabilities in Ireland:-

- A) Medical Rehabilitation
- B) Occupational Therapy and Training

A. Medical Rehabilitation

Definition

A report submitted to Comhairle na nOspidéal by the Irish Consultants in Rehabilitation Medicine states that '*Rehabilitation Medicine is a process of active change by which a person who has become disabled acquires the knowledge and skills for optimal physical, psychological and social function*'.

Background and Current Position

In the 1960s, departments of rheumatology and rehabilitation developed initially in St Vincent's Hospital, St James Hospital and the Mater Hospital in Dublin, and the regional hospitals in Galway and Cork. Other units have subsequently been added in other hospitals. A specialist centre for the rehabilitation of spinal cord injuries, and subsequently amputees, was developed with the creation in 1961 of the National Medical Rehabilitation Centre in Dun Laoghaire (now the National Rehabilitation Hospital). The speciality of rehabilitation medicine at consultant level in Ireland is limited to the National Rehabilitation Hospital and two associated hospitals, the Mater hospital for spinal cord injury and Beaumont Hospital for neurology. The general rehabilitation of others outside of the speciality areas of spinal cord injury and amputation was left under the aegis of their attending consultant or sometimes the consultant in rheumatology and rehabilitation, if available. Many specialists in other fields have incorporated rehabilitation programmes within their service as part of their overall approach and philosophy. In paediatrics, rehabilitation services have developed around the facilities of the Central Remedial Clinic and Enable Ireland.

A number of documents have been produced in Ireland on the topic of medical rehabilitation. Foremost among these are:-

- Report of the National Advisory Committee on Medical Rehabilitation (January 1997).
- Submission on Rehabilitation Medicine in the Republic of Ireland to Comhairle na nOspidéal by the Irish Consultants in Rehabilitation Medicine (December 2001).
- Rehabilitation Services in Ireland – The Way Forward. Proceedings of a conference on the development of a national strategy for Rehabilitation Services in Ireland (October 2002).

- Reports received from former health boards on medical rehabilitation needs.

B. Occupational Rehabilitation and Training

The primary state-funded programmes for the provision of occupational rehabilitation and training for people with disabilities in Ireland are Rehabilitative Training and Vocational Training.

The HSE is responsible for the provision of Rehabilitative Training (RT) services to people with disabilities. RT services focus on the development of and individual's core functional capacities e.g. life skills, social skills and basic occupational skills.

Vocational Training, which is provided by FAS under the auspices of the Department of Enterprise, Trade and Employment, focuses on the development of specific employable skills to a certified level of competence.

Rehabilitative Training (RT) programmes are provided by the HSE, either directly or through specialised training providers contracted by the HSE. In 2006 there were a total of 2,632 RT places in 163 training centres.

People with disabilities on RT programmes retain their state disability benefits and receive an additional weekly RT training allowance of €31.75.

3.2 Recent reforms and reforms under consideration

Supporting Economic Participation Programme

SEPP Under the NDP

The Government's National Development Plan 2007-2013 provide for a "Social and Economic Programme – people of working age" which includes the objective of promoting participation and social inclusion through activation measures aimed at people of working age. This approach involves engaging with all people of working age in a similar way, whether they are unemployed, lone parents, ***or people with a disability***. The aim is to facilitate progression regardless of the circumstances that led the person to require income maintenance. An active case management approach is proposed that will support those on long-term social welfare payments into education, training and employment. This wider activation programme will build on the Department's existing experiences in cooperation with other relevant agencies such as FAS, Vocational Education Committees (VECs), the HSE and other local agencies. The existing activation programme has emerged incrementally over time, for example, with the introduction of the Back to Work Allowance and Back to Education schemes and the later introduction of the national Employment Action Plan (NEAP).

The programme will be resourced by the assignment of 30 additional facilitators to the existing network of 40 facilitators based across the Department's eight regional locations.

Supporting people with disabilities

In July 2006 the department of Social and Family Affairs launched its Sectoral Plan under the Disability Act 2005, aimed a developing services that not only give people with disabilities financial security but encourage maximum participation in society. One of the objectives of the plan is to engage meaningfully with persons of working age, particularly marginalised groups and provide services directly and in cooperation with other relevant agencies to encourage and support these people in taking up relevant work, training and training or development opportunities.

There are some 210,000 people in receipt of a disability or illness payment for the Department. Of these approximately 90,000 are in receipt of Disability Allowance and some 54,000 getting an Invalidity Pension³³. It is likely that many of these customers would not have any attachment to the labour force.

In December 2006, the department of Social and Family Affairs submitted a proposal for funding under the European Social Fund, Human Capital Investment Operational Programme, 2007-2013. The high level objective of the proposal entitled "Supporting Economic Participation by People with Disabilities" is to develop and test a comprehensive employment strategy on individual case management of people on disability welfare payments that will

³³ Remainder are in receipt of Illness Benefit which is regarded as a short term scheme.

have the capacity to increase their rate of employment. The proposal has since received formal approval from the ESF.

The project will bring together the key organisations involved in supporting people with disabilities to access employment and devise methods of inter and intra organisational working and service delivery that will be characterised by accessibility, relevance, connectedness, coherence and effectiveness.

It will also encourage the demand side of the labour market to ensure that the benefits of enhanced supply will actually result in transition to sustainable employment on the part for people with disabilities. The proposed initiative will be implemented initially as a pilot at regional level (with just under 4,000 possible customers) with a view to developing a model which can be mainstreamed at national level.

A number of steps will be necessary to support the programme both in its implementation and ongoing stages. These will include –

- Establishing a cross Agency Implementation Team
- Research into type and level of service available
- Segmentation of customer base into those who are aspire or are capable of open labour market intervention and others
- Develop Individualised Personal Progression Planning
- Consult with Employers re development or market relevant training
- Develop overall training strategy for those engaged with.
- Produce information and awareness raising documentation
- Devise inter-organisational protocols.
- Address issues of education drop among the customer base
- Analyse and benchmark the outcomes
- Inform potential future developments.

The initiative is consistent with the aims of a considerable body of recent public policy, spanning a number of areas including policies for people with disabilities, social inclusion, equality and lifelong learning. Employment has proven to be a major contributor to people exiting poverty and also influences quality of life and social well-being. The initiative is based on the size and persistence of the employment gap between people with disabilities and people without a disability, combined with evidence of limited effectiveness of the current system of supports aimed at enabling people with disabilities access the labour market and employment.

Employment Action Plan

There is a commitment in the current National Action Plan for Social Inclusion to extend the EAP activation process to other marginalised groups including, lone parents, people with disabilities and other long-term unemployed. In this connection a High Level Group has been established to drive this agenda forward. The Group comprises representatives from the Departments of Enterprise, Trade and Employment, Social and Family Affairs, FAS, as well as other Departments and agencies.

Review of Wage Subsidy Scheme

A consultancy review of the FÁS funded Wage Subsidy Scheme on behalf of the Department of Enterprise, Trade & Employment has been completed. The Department is currently considering the report.

4. People with Disabilities in Society.

Government Policy

National Disability Strategy

The Government launched the National Disability Strategy (NDS) on 21 September, 2004 to underpin the participation of people with disabilities in Irish society. The NDS builds on existing policy and legislation, including the policy of mainstreaming public services for people with disabilities.

The key elements of the strategy are:

- the Disability Act 2005 - This Act is a crosscutting piece of legislation and is a positive action measure designed to support the provision of disability specific services to people with disabilities and to improve access to mainstream public services for people with disabilities. All sections of the Disability Act 2005 have now been commenced (although Part 2 of the Act has only been commenced in respect of children aged under 5);
- 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 which has put in place a strong framework for the transformation of special needs education policy;
- Sectoral Plans prepared by six Government Departments - Under the Disability Act, 2005, six Ministers of the Government were required to draw up plans in key sectors including transport, built infrastructure, housing, training and employment, health and social welfare provision. The plans, which were published in December 2006, set out programmes for action to improve service provision and access to infrastructure by people with disabilities; and
- a multi-annual investment programme worth €900 million targeted at high-priority disability support services to run until 2009.

Progress on the implementation of the NDS is monitored on a regular basis by the Senior Officials Group on Disability, which reports to the Cabinet Committee on Social Inclusion. This group comprises officials representing the six Departments responsible for implementing sectoral plans for disability services and the Departments of the Taoiseach; Justice, Equality and Law Reform; Finance; and Education and Science.

The implementation of the NDS is the agreed focus of disability policy under the new Partnership Agreement, Towards 2016. Under the Agreement a National Disability Strategy Stakeholder Monitoring Group has been established to monitor progress on the overall implementation of the NDS, building on the monitoring and review procedures already in place. The group is made up of:

- the Senior Officials Group on Disability;

- a number of stakeholder groups; and
- the National Disability Authority.

The most recent meeting of the group took place on 2 July 2007 and the group will meet again before the end of the year.

The Department of Justice, Equality and Law Reform acts as secretariat to both of the aforementioned groups and the two groups are chaired by the Department of the Taoiseach.

Key provisions of Disability Act 2005

Part 2 of the Disability Act 2005 is the responsibility of the Minister for Health and Children³⁴.

Sectoral Plans

Part 3 of the Disability Act 2005 requires six Government departments to prepare plans (known as sectoral plans) that set out how they will deliver specific services for people with disabilities. Those Departments are:

- Health and Children;
- Social and Family Affairs;
- Transport;
- Communications, Energy and Natural Resources;
- Environment, Heritage and Local Government; and
- Enterprise, Trade and Employment.

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 Oireachtas approved the six sectoral plans in October 2006 and the plans were published in December 2006.

Code of Practice on Accessibility

All public bodies, subject to certain considerations, are legally required to make a number of accessibility provisions under the Disability Act 2005.

They must:

- ensure that the provision of access to their services by people with and without disabilities is integrated;
- ensure that services and goods they are supplied with are accessible to people with disabilities;
- ensure that contents of the communications with people with disabilities are provided in an accessible format;
- establish procedures for the making and investigation of complaints from people with disabilities; and
- make their buildings accessible to people with disabilities.

These accessibility provisions are supported by the Code of Practice on

³⁴ See section 1 for more details on this

Accessibility of Public Services and Information provided by Public Bodies, which was developed by the NDA and launched by the Minister for Justice, Equality and Law Reform on 21 July 2006. This code of practice helps public bodies to make services and information accessible to people with disabilities and provides them with guidance on meeting their obligations under the Act.

3% Target for the employment of people with disabilities

Part 5 of the Disability Act 2005 provides for a statutory target, currently set at 3%, for the recruitment and employment of people with disabilities in the public sector. Public bodies are required to submit to their monitoring committees on their compliance with the target. The first reports on data for 2006 were due to be submitted by 31 March 2007 and, in turn, by the monitoring committees to the NDA and Ministers by 30 June 2007.

Centre for Excellence in Universal Design

A Centre of Excellence in Universal Design is being established in the NDA (Part 6 of Disability Act 2005 refers). "Universal design" refers to the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by people regardless of their age, size or disability. The mission of the centre is to enable the creation of an environment, products and services derived from universal design by:

- contributing to the development of standards based on the principles of universal design
- raising awareness of the importance of universal design
- developing capacity and competency in the principles and application of universal design

The National Disability Authority

The National Disability Authority (NDA) is an independent statutory agency established under the aegis of the Department of Justice, Equality & Law Reform by the National Disability Authority Act 1999.

NDA strives to ensure that the rights and entitlements of people with disabilities are protected. It has the following functions:

1. act as a national body to assist in the coordination and development of disability policy;
2. undertake research and develop statistical information for the planning, delivery and monitoring of programmes and services for people with disabilities;
3. advise the Minister on standards for programmes and services and prepare codes of practice;
4. monitor the implementation of standards and codes of practice;
5. take the lead in both encouraging and recognising the promotion of equality of people with disabilities.

Authority members are drawn from all backgrounds and include people with disabilities, parents and carers of people with disabilities and people working in the disability field.

Background to the NDA

There have been major changes in disability policy in Ireland in the last few years. These began with the publication of the Report of the Commission on the Status of People with Disabilities, entitled [A Strategy for Equality](#), in 1996. This report in turn was the result of a major consultative process involving people with disabilities. On the basis of a recommendation in this report the government set up an Establishment Group for the National Disability Authority. The Authority was established on June 12, 2000.