The needs of people with disabilities in Louth:
An agenda for action

Research and needs analysis commissioned by Louth Leader Partnership

Research completed by Gerard Doyle

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Foreword

I welcome this research which examines the needs of people with disabilities in the Louth area. The Louth Leader Partnership is happy to support the Drogheda Disability Alliance Group (DDAG) to formalise a committee to achieve its objectives. This research will play a key role in directing the future work of DDAG.

I would like to take this opportunity to thank members of the Drogheda Disability Alliance Group, in particular Sabrina Kierans, for their commitment and determination. I would also like to thank those who participated in the survey, and Ger Doyle for his professionalism and care in reflecting their views.   I would like to thank Nóirin Coghlan for overseeing and supporting members of DDAG throughout the research process.

Finally, I wish DDAG every success in achieving its objectives to develop quality services for people with disabilities in the Louth area.

Frank O'Brien
Chairperson Louth Leader Partnership CLG

Acknowledgements

1. Introduction

1.1. Drogheda Disability Alliance Group

Established in 2017, Drogheda Disability Alliance Group (DDAG) is a group of parents/carers and people with disabilities. Its aim is to ensure that the social, recreational and educational services for people, aged over 16 years, with disabilities are delivered in County Louth and the parts of Meath adjoining County Louth.

DDAG's objectives are to:

- Ensure provision of appropriate residential accommodation for people with a disability.
- Promote inclusive lifelong education for people with a disability.
- Provide people with a disability with the opportunity to participate in recreation and sport.
- Advocate for a more equal relationship between people with a disability (and their parents) and the State.
- Share learning with other disability initiatives throughout the island.
- Generate meaningful employment for people with a disability.

In 2018, Louth Leader Partnership agreed to support DDAG in conducting an initial public consultation which would involve surveying people with disabilities, their parents/carers and key stakeholders.

1.2. Purpose of research

The aims of the research are two-fold. Firstly, to identify the issues which people with a disability encounter in their daily lives and secondly, to establish what are their needs to improve the quality of their lives.

1.3. Methodology

In conjunction with a social researcher, DDAG agreed upon a methodology to undertake this research. A survey and a combination of focus groups and semi-structured interviews were selected as the methods to conduct the research. Regarding the questionnaire, it was designed over a number of meetings involving the social researcher and members of the DDAG committee. Prior to it being finalised, the questionnaire was piloted to three parents/carers of people with a disability and one person with a disability. Based on the feedback, a number of amendments were made to the questionnaire. The survey was administered via Survey Monkey. The rationale for selecting Survey Monkey was that it did not require a team of individuals to administer it. Bryman (2004) details the main strengths associated with self-administered questionnaires[1]:

- They are cheap to administer. This is an important factor as the budget for this piece of work was small.

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[1] Bryman (2004) *Social Research Methods.* Oxford and New York: Oxford.

- They are quicker to administer than being administered by an interviewer.
- Self-completion questionnaires are more convenient for respondents than those conducted by an interviewer as the respondents can complete them at a time of their own choosing.

DDAG and the social researcher compiled a list of disability organisations to which a link to the online survey was forwarded. Some of the representatives of these organisations in turn circulated the link to their members. To address the constraints imposed by GDPR, a number of the representatives of these organisations placed the link to the survey on their Facebook page. Snowball sampling was employed. This entailed forwarding the link to the survey to a number of representatives of disability organisations who in turn forwarded it to their respective members/service users. Bryman (2004) asserts that this is an appropriate type of sampling when used in conjunction with qualitative research methods and the generalisation is not a priority of the research strategy. In addition to the survey, focus groups were held with three groups of people with a disability. Three semi-structured interviewed were held with a carer and two public servants (one from the HSE and one from Louth County Council) who are responsible for the planning of services for people with a disability in County Louth.

The size of the budget and timescale for completion of the piece of research influenced its scope. In particular, it limited the number of semi-structured interviews to three and focus groups to two. As a consequence, it was not feasible to consult with a number of stakeholders.

1.4. **Defining disability**

According to the World Health Organisation, the term disability is '*an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)." (WHO 2001 :213[2])*

Unlike the medical model, where an individual is understood to be disabled by their impairment, the social model views disability as the relationship between the individual and society. In other words, it sees the barriers created by society, such as negative attitudes towards disabled people, and inaccessible buildings, transport and communication, as the cause of disadvantage and exclusion, rather than the impairment itself. The aim, then, is to remove the barriers that isolate, exclude and so disable the individual[3].

For the purpose of this piece of research, disability includes people with: an intellectual disability; physical disability; sensory disability; difficulty with learning, remembering or concentrating; psychological/emotional condition; and chronic illness.[4]

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[2] World Health Organisation (2001) *International Classification of Functioning, Disability and Health. Geneva: World Health Organisation*

[3] Scottish Government (2016) *A Fairer Scotland for Disabled People: Our Delivery Plan to 2021 for the UN Convention on the Rights of Person. Edinburgh: Scottish Government.*

[4] These categories were employed in the Census 2016.

2. Policy context

2.1. International context

The World Report on Disability (2011) highlights that people with disabilities face widespread barriers in accessing services, including health, education, employment, and transport. These barriers include inadequate policies and standards, negative attitudes, lack of service provision, inadequate funding, lack of accessibility, inadequate information and lack of participation in decisions that directly affect their lives[5].

People with disabilities have worse health outcomes and worse socioeconomic outcomes. Globally, people with disabilities have poorer health, lower education achievements, less economic participation and higher rates of poverty than people without disabilities[6].

The report identifies that disability is more common among women, older people and households that are poor. Those most excluded from the labour market are often those with mental health difficulties or intellectual impairments.

In 2018, Ireland ratified the Convention of the Rights of People with Disabilities (CRPD). The CRPD is intended as a human rights instrument with an explicit social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.[7]

2.2. Disability policy in Ireland

Since 2002, it has been Government policy to mainstream public services which include and serve people with disabilities[8]. This policy approach is predicated on the Disability Act 2005. The National Disability Inclusion Strategy 2017-2021 involves a range of government departments and state agencies in the implementation of the objectives and associated actions contained in the strategy. The themes of the strategy are: Equality and Choice; Joined-Up Policies and Public Services; Education; Employment; Health and Well-being; Person-Centred Disability Services; Living in the Community; and Transport and Accessible Places.

In association with the policy of mainstreaming, a number of other policies aim to improve the lives of people with disabilities:

- The Comprehensive Employment Strategy for People with Disabilities aims at improving the proportion of people with a disability in employment.

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[5] WHO (2011) *World Report on Disability.* Geneva: *World Health Organisation*

[6] Ibid.

[7] https://www.un.org/development/desa/disabilities/convention-on-the-rights

[8] Department of Justice and Equality (2017) *National Disability Strategy 2017-2021.* Dublin: Department of Justice and Equality.

- The Transforming Lives programme intends to improve the delivery of health and social care services to people with disabilities[9]. This programme emanates from the Value for Money and Policy Review of Disability Services in Ireland (which aims to enshrine the principles of self-determination and autonomy in all services provided to people with a disability)[10].

- The Expert Group on Mental Health report: A Vision for Change, which aims to underpin the principles of self-determination and autonomy in all services provided to people with a disability[11].

- The Better Outcomes, Brighter Futures programme contains a number of commitments across government departments for young people with a disability.

Some of the key changes implemented include:

- The movement of people with disabilities from living in congregated settings to living in dispersed housing in local communities with individualised support designed to meet individual need. Increasingly, some people with disabilities are making a further transition to living alone.

- The development of services and supports that can respond to the unique and diverse individual needs through a person-centred approach.

- The development of decision supports whereby decisions are no longer taken in the best interest of the person but the person is supported to make decisions for themselves in accordance with their own will and preferences[12].

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[9] Department of Health (2012 *Transforming Lives: Programme to Implement the Recommendations of the 'Value for Money and Policy Review of the Disability Services in Ireland.* Dublin: Department of Health.
[10] Department of Health (2012) *Value for Money and Disability Services in Ireland.* Dublin: Department of Health.
[11] Expert Group on Mental Health (2006) *A Vision for Change.* Dublin: Department of Health.
[12] NDA (2018) S*taff Competencies and Skills Mixes for a Community-Based Model of Disability Services.*

3. Disability in County Louth

According to census 2016, there are 17,881 people with disabilities in County Louth, accounting for 13.9% of the total population (slightly higher than the State figure of 13.5%). There are slightly more females than males with a disability (females account for 14.0% of the population, where males are 13.7%), which is consistent with national data.

Of the ten small areas with the highest proportion of people with a disability (at least 29% of the population), seven are in either very disadvantaged (2) or disadvantaged areas, and these are in Ardee Urban (Riverside, Moorehall Lodge, William Street), Castletown (St John's Bridge, Oldbridge, Stranacarry, Fatima)[13], three areas in Fair Gate (Ascal Brugha, Rope Walk, Paul Ct, Ascal a hAon (part), Ascal a Dó, and Scarlet Crescent). The West Gate area of Ballsgrove and Dundalk Rural area of Priorland and the Louth hospital area[14].

The table below indicates the numbers of people in County Louth according to type of disability.

Table 3.1 Numbers of people with a disability by disability type in Co Louth 2016	
Disability type	**Population in County Louth in 2016**
Blindness and serious vision impairment	1,632
Deafness and serious hearing impairment	2,764
A condition that sustainably limits one or more basic physical activities	7,655
An intellectual disability	1,869
Difficulty in learning, remembering, or concentrating	4,239
Psychological or emotional condition	3,139
Other disability, including chronic illness	8,447
Difficulty in dressing, bathing or getting around inside the home	4,119
Difficulty in going outside the home alone	5,373
Difficulty in working or attending school/college	6,066
Difficulty in participating in other activities	6,595

In County Louth, similar to the State as a whole, the older the age category, the larger the proportion of people with disabilities found within it. Some 33.8% of people with disabilities in County Louth were aged 65 or older, while 19.9% were aged 25 to 44 years and 8.9% were 14 years or younger.

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[13] The small area in Ardee Urban has 64% of its population with a disability, one of the reasons for this is because of the location of a residential service for people with disabilities in this area (St John of God's, in Drumcar)
[14] The Louth Hospital area is likely to present with a higher proportion of people with disabilities as well as older people owing to services provided on site.

Table 3.2 Numbers of people with disabilities according to age groups in County Louth, 2016					
	0-14 yrs	**15-24 yrs**	**25-44 yrs**	**45-64 yrs**	**Over 65 yrs**
Population (number)	29,665	15,626	37,104	30,412	16,077
Population with a disability	1,599	1,345	3,561	5,332	6,044
Population with a disability as % of relevant age group	5.4%	8.6%	9.6%	17.5%	37.6%

People with disabilities are presented with a number of barriers and challenges to participating in society as evidenced from the statistics below in relation to participation in education. Census 2016 shows that people with a disability ceased their full-time education at an earlier age than the total population with 6,335 (5.4%) disabled persons aged 15 to 50 (inclusive) having left full-time education before reaching the age of 15, compared with 1.9 per cent for the State. Also, almost 47 per cent of people with a disability had finished their education between the ages of 15 and 18, compared with 37.7 per cent of the general population. Amongst disabled persons aged 15 to 50 (inclusive), 13.7 per cent had completed no higher than primary level education, compared with 4.2 per cent of the general population.

Census 2016 also shows that in County Louth, 23.3% of individuals with a disability left school with primary education being the highest standard attained, which compares to 7.0% for the population as whole. In relation to higher education, 15.1% of individuals with a disability completed third level education in County Louth compared to 39.8% for the State as a whole.

In relation to employment, an analysis commissioned by a national disability authority of data compiled under the Quarterly National Household Surveys (2010-2015) concerning the employment status of people with disabilities shows that in the 20-59 age group, 31% of people with a disability are in paid employment, compared to 71% of those without a disability. In County Louth, Census 2016 indicates that 38% of individuals with a disability between the ages of 24-64 are working compared to 61% for same age cohort for the State as a whole. However, people with a disability are more likely to work part-time, if they are in employment[15]. People with a disability experience a high level of consistent poverty[16].

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[15] McGinnity, F; Russell, H; and Watson, D. (2014) *Winners and Losers? The Equality Impact of the Great Recession in Ireland*. Dublin: Equality Authority and ERSI.
[16] SIL 2015 cited in Department Social Inclusion Monitor (2015) *Social Inclusion Monitor*

4. Survey findings

4.1. Profile of participants

A total of 131 respondents completed the questionnaire. Carers are the highest cohort of respondents with 41.2% of responses.

Table 4.1 Which of the following are you?		
I am carer/parent of a person with a disability	41.2%	54
I am a person with a disability	38.9%	51
I am an advocate on behalf of a person with a disability	19.8%	26

The majority of respondents to the questionnaire live in County Louth. This amounted to 118 respondents.

Table 4.2 Do you or the person with a disability live in County Louth?		
Yes	90.1%	118
No	9.9%	13

Geographic area

Drogheda is the location where the highest number of respondents live (48.2%). Drogheda and Dundalk account for the locations where almost two thirds of respondents live (65.2%). Respondents live in a large number of villages and towns in County Louth, and only six out of the 20 main conurbations in County Louth had no respondents to the survey.

Table 4.3 Do you or the person with a disability live in County Louth? (n=112)		
Ardee	6.3%	7
Baltray	0.0%	0
Ballymascanlon	0.0%	0
Blackrock	0.9%	1
Carlingford	3.6%	4
Castlebellingham	2.7%	3
Clogherhead	3.6%	4
Collon	0.9%	1
Drogheda	48.2%	54
Dromin	0.0%	0
Dromiskin	1.8%	2
Dundalk	17.0%	19
Dunleer	4.5%	5
Grange	0.9%	1
Greenore	0.0%	0
Louth	1.8%	2
Omeath	0.0%	0
Ravensdale	0.0%	0
Tallanstown	0.9%	1

Termonfeckin	7.1%	8

Of those who do not live in Louth, the majority live in Meath (11 out of 16). The others live in other areas of Dublin, and Westmeath.

Gender

The gender breakdown is 45% male and 55% female.

Age profile

Table 4.4 Age profile (n=120)		
16 - 35	35.00%	42
36 - 55	43.3%	52
56 - 70	20.8%	25
Over 71	0.8%	1

The age bracket 36-55 received the most responses to the survey with 43.3% of respondents stating that they were in this age group. The age bracket 16-35 received the second highest number of responses to the survey, with 35% of respondents belonging to this age group. There was only one respondent who was over 71. This could be attributed to older people either not being familiar with using the internet or not having access to it.

Category of disability

In relation to types of disability, 82 people described their type of disability, and an average of 1.5 responses per person were selected they are highlighted in the table below.
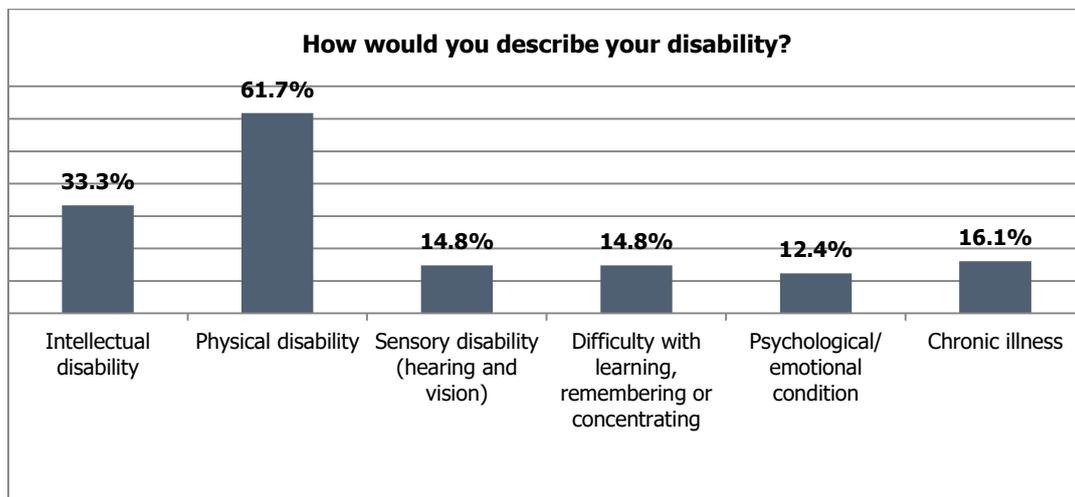
The graph highlights that individuals with all categories of disability, as used in Census 2016, participated in the survey. Individuals with a physical disability (61.7%) responded to the question to the greatest extent. This was followed by individuals with a physical disability, with 33.3% of responses. The remaining four categories had similar levels of responses.

4.2. Accommodation

Type of accommodation

The overwhelming majority of respondents lived in their own or in their family's accommodation. A small number of respondents lived in supported accommodation, residential/congregated setting or a nursing home (2.1%).

What type of home do you live in?

Category	Percentage
Own/family accommodation	88.4%
Supported accommodation	2.1%
Residential/congregated setting	2.1%
Nursing home	2.1%
Other (please specify)	5.3%
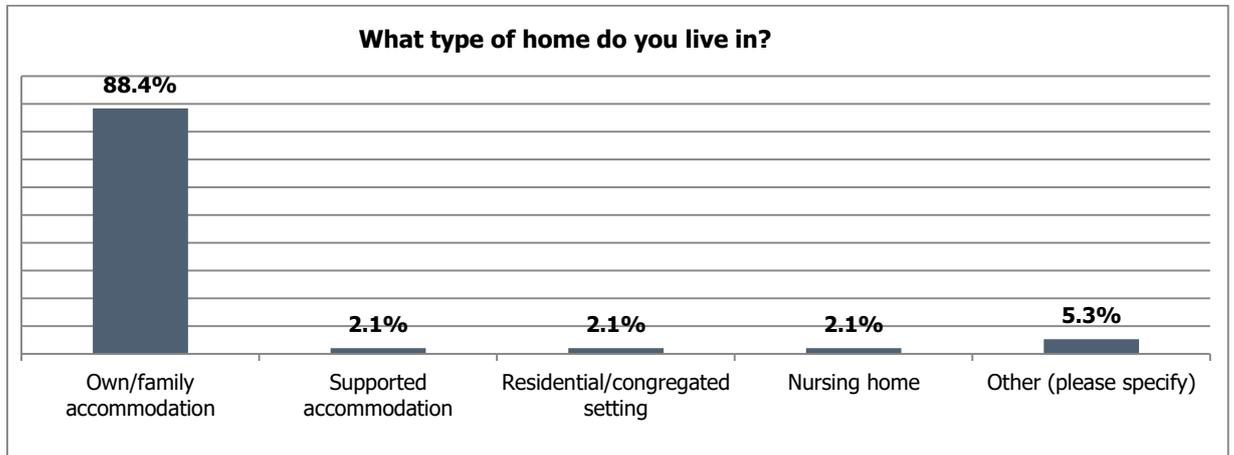
Appropriateness of accommodation

In relation to the appropriateness of the current accommodation as outlined in table 1.8, the weighted average for this answer is 3.95, indicating that overall, the accommodation of people with disabilities is relatively appropriate to their needs.

Table 4.5 Rating of the appropriateness of current accommodation, where 1 is not appropriate at all, and where 5 is very appropriate.				
1	**2**	**3**	**4**	**5**
9.5%	3.2%	15.8%	26.3%	45.3%
9	3	15	25	43

The majority of respondents were of the opinion that their accommodation was appropriate. However, a minority of respondents deemed their accommodation to be inappropriate. Reasons given for inappropriate accommodation are detailed below:

Not suitable for my age or gender

People are not my age, they are much older

Stairs in it, no bedroom or bathroom downstairs

No outdoor space and not accessible

Not enough supported accommodation in County Louth

Too small, not wheelchair accessible or adapted

Not accessible

Stairs are becoming an issue.

Bathroom not very accessible, shower is small and could do with a handle

Living with parents, would rather live alone at 37

Rented, now for sale, unable to get mortgage, needs ground floor adaptions for wheelchair user, ie bedroom, stores and wet room

Stairs are difficult for me and our house is too narrow to be wheelchair accessible, however, it is a warm, clean home which helps my health

Have a daughter with DS, too far out, no transport

Not a defined space for all my personal items. Self-contained beside family would be ideal

I want to live in a house with some friends and support

Access is the dominant theme associated with the above comments. Access is linked to the inappropriate design of dwellings, insufficient space in dwellings and where the respondents' accommodation is not being served by public transport. A second theme is autonomy. This is where respondents want to have the autonomy to decide with whom and where they live.

Nature of tenure

Respondents who lived in their own homes were asked about the tenure of their accommodation. There were 78 responses to this question. The most frequent response was that respondents either own their own home with a mortgage/loan. Almost a quarter of respondents (24.4%) stated that they rent their accommodation. Almost one third of respondents (30.8%) did not pay for their accommodation as they either live rent-free or own their own homes.

Table 4.5 Nature of tenure (n=78)		
Own with mortgage or loan	44.9%	35
Own outright	14.1%	11
Rent	24.4%	19
Live rent-free	16.7%	13

A total of 27 respondents replied to the question from whom do they rent their accommodation. The most frequent response was renting from a family member or a relative, with 33.3% responses. Social housing (a combination of local authority and voluntary/co-operative housing body) provided 44.4% of respondents' accommodation.

Table 4.6 If renting, who is landlord? (n=27)		
Private landlord	22.22%	6
Local Authority	29.63%	8
Voluntary/Co-operative Housing Body	14.81%	4
Family/other relatives	33.33%	9

Accommodation needs

The majority of respondents (57.9%) rated independent accommodation to be the best option to meet their needs, while 27.4% of respondents viewed supported accommodation as providing the most appropriate accommodation to meet their needs. Only 3.2% of respondents considered shared accommodation as being suitable to meet their needs, while no respondents viewed a nursing home as being appropriate.

What type of accomodation would best suit your needs?

- Independent accommodation: 57.9%
- Supported accommodation: 27.4%
- Shared accommodation - e.g. own room with shared kitchen and dining area: 3.2%
- Nursing home: 0.0%
- Other: 11.6%
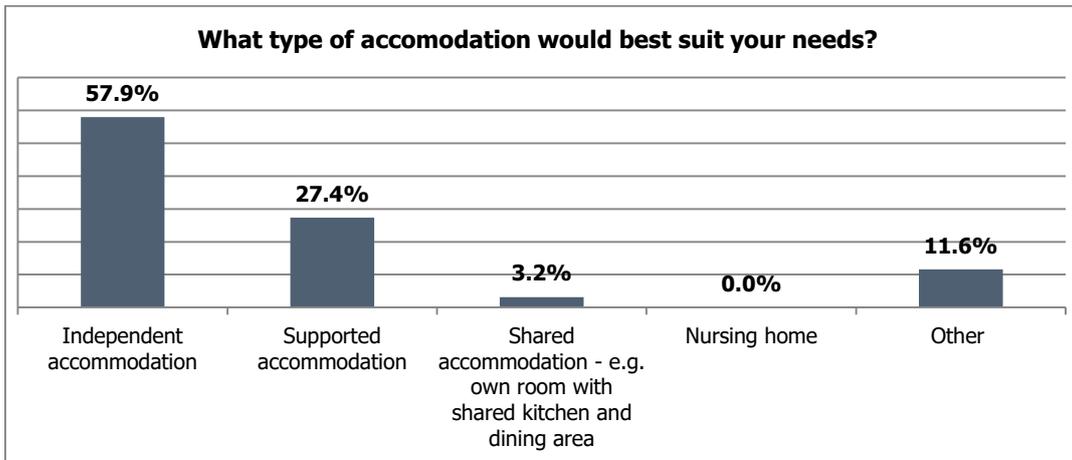
The comments below are the responses to other.

A village type with support but also my own front door

In next ten years will need assistance

My daughter lives with me, she is my carer, so it is suitable

Happy living with parents

None of the above

4.3. Education and work

Education and work status

A total of 85 respondents replied to the question regarding their current work/education status. Almost a quarter of respondents (23.5%) stated that their disability was preventing them from working. Only 18.8% of respondents were engaged in full-time employment. Furthermore, there was a low level of participation in either full-time or part-time education, with 9.4% and 2.4% engaging in such activities respectively.

What is your current situation regarding work/ education?

- Full-time employed: 18.8%
- Part-time employed: 10.6%
- Full-time education or training: 9.4%
- Part-time education course: 2.4%
- Attending a day service: 14.1%
- Not working because of a disability: 23.5%
- Retired: 8.2%
- Unemployed: 9.4%
- Self-employed: 3.5%
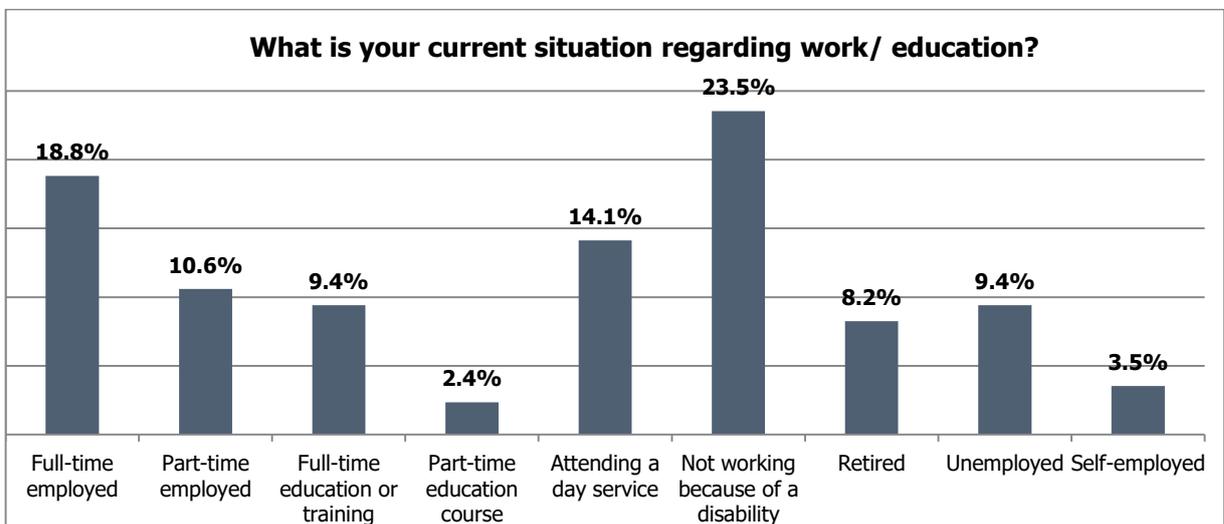
Work/education preferences

A total of 81 respondents replied to this question. Work, either full-time or part-time, was the overwhelming preference for respondents – a combined total of 72.8% of respondents favoured this option. Participation in a special needs programme was the third most favoured work/education preference. Finally, only 3.7% of respondents would opt to participate in a full-time education programme.

Table 4.7 Preferences regarding work/education (n=81)		
Full-time work	35.8%	29
Part-time work	37%	30
Full-time training programme	0%	0
Special needs programme	9.9%	8
Full-time education course	3.7%	3
Other (see responses below)	13.6%	11

The responses to the option 'other' detailed the barriers to engaging in work which respondents encounter.

I'm happy self-employed, but I'm regularly discriminated against. For example, a theatre manager told me: "I will never cast you in anything. People don't go to the theatre to see disabled people – it's too depressing". This thinking is common across all the counties and I often lose out on work because I'm visibly disabled.

Working full time up to now but as my sight is deteriorating, I will probably have to give up work which is very upsetting

Part-time work but can only work a few hours a week due to chronic illness, as in 3-5 hours a week

Happy working part-time

Voluntary work

I am honorary secretary of our local MS [MS Ireland[17]] branch

Complete my studies which I am doing part-time online

Not suitable

Secretary prior to disability

Fortunately, I have no need to work and I enjoy reading, watching TV and socialising with family and friends.

The above responses show how a number of respondents valued undertaking voluntary work. Barriers of discrimination and the impact of their disability is adversely affecting the capacity a proportion of people with a disability to work full-time.

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[17] The Multiple Sclerosis Society of Ireland

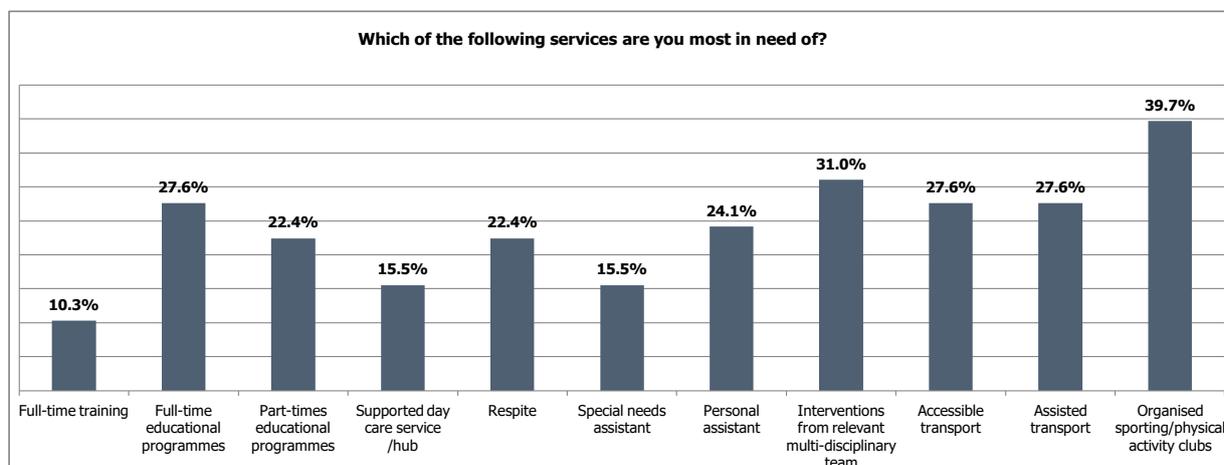## 4.4. Services and activities in County Louth

Services

Some 46 people selected services that they engaged with. A total of 89 responses to the question were received – indicating an average response per person of 1.9 services.

Table 4.8 Services that respondents participate in or avail of (n=46)		
Full-time training	6.52%	3
Part-time training	8.70%	4
Full-time educational programmes	19.57%	9
Part-time educational programmes	8.70%	4
Supported employment	13.04%	6
Supported outings/respite	10.87%	5
Day service/hub	23.91%	11
Multi-disciplinary team for people with a psychological/emotional disability	4.35%	2
Multi-disciplinary team for people with physical disability, chronic illness and sensory disability	28.26%	13
Multi-disciplinary team for people with an intellectual and learning disability	10.87%	5
Accessible transport	15.22%	7
Assisted transport	13.04%	6
Organised sporting/physical activity clubs	30.43%	14

Participation in organised sporting/physical activity clubs was the most frequently cited service in which respondents participated. Attending a multi-disciplinary team for people with a disability was the second most popular service that participants engaged in. A day service/hub was the third most cited service that respondents attended. The participation in full-time education programmes was the fourth most popular service which individuals attended.

Availing of services

Respondents were asked to select from a list of services those services that they would need to avail of. A total of 58 respondents answered the question and 153 responses were generated, (an average of 2.6 per respondent)

Which of the following services are you most in need of?

Full-time training	Full-time educational programmes	Part-times educational programmes	Supported day care service /hub	Respite	Special needs assistant	Personal assistant	Interventions from relevant multi-disciplinary team	Accessible transport	Assisted transport	Organised sporting/physical activity clubs
10.3%	27.6%	22.4%	15.5%	22.4%	15.5%	24.1%	31.0%	27.6%	27.6%	39.7%

The need for organised sporting/physical activity clubs received the most responses (39.7%). Almost one third of responses (31%) were related to interventions from relevant multi-disciplinary teams. Accessible transport, assisted transport and full-time educational programmes each received 27.6% of responses. Respite services received 22.4% of responses.

Accessibility of facilities and spaces

This question was only relevant to individuals with a physical disability or vision impairment. Respondents were asked to rate, on a scale of 1-5, how accessible facilities/spaces in a list of venues were, with 1 being 'completely inaccessible and 5 being 'completely accessible'?

The facilities and spaces that attained the highest rating of 'completely accessible' were home, followed by work/education facility, and the facilities and spaces most rated as 'completely inaccessible' were transport and also work/education facility, as outlined in the table below.

The 'weighted averages' for the responses indicate that the most accessible is 'home', followed by 'work/ education facility', and the least accessible is 'transport'.

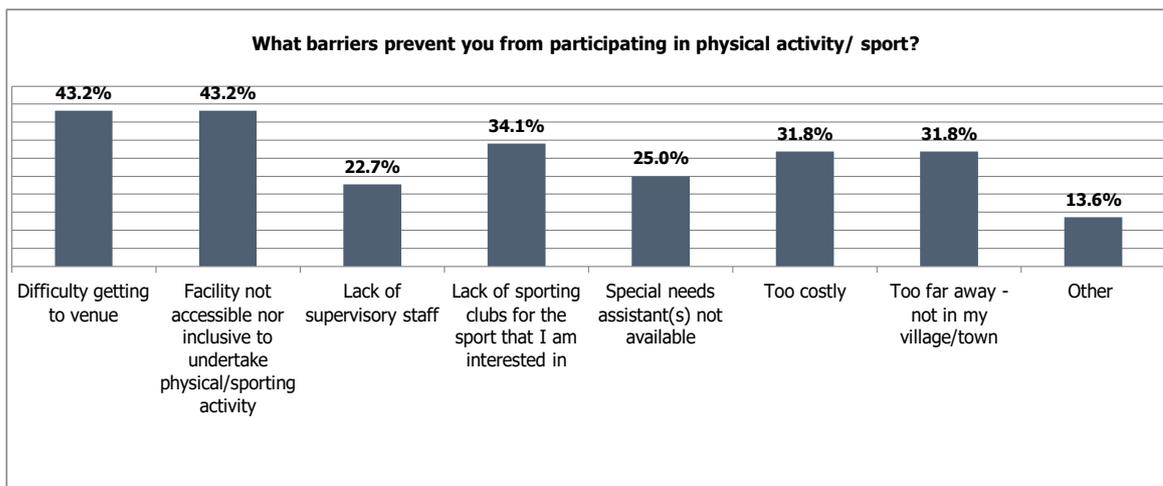| Table 4.9 How accessible are facilities and spaces in the following places...(n=50)						
	% responses who ranked 1	% responses who ranked 2	% responses who ranked 3	% responses who ranked 4	% responses who ranked 5	Weighted Average
At home	16.00%	2.00%	14.00%	26.00%	42.00%	**3.76**
At work/education facility	21.88%	3.13%	25.00%	28.13%	21.88%	**3.25**
In social venues	18.37%	28.57%	40.82%	8.16%	4.08%	**2.51**
In public spaces	14.58%	35.42%	35.42%	12.50%	2.08%	**2.52**
Transport	31.91%	23.40%	29.79%	10.64%	4.26%	**2.32**
In public buildings	4.26%	29.79%	42.55%	19.15%	4.26%	**2.89**

Participation in physical activity and sport

A total of 76 (58% of all respondents) answered the question whether they participated in physical activity, with 47.37% (n=36) responding yes and 52.63% (n=40) responding no.

Of those that did take part in physical activity and sport, the majority took part in private clubs (53%). The findings are outlined below.

Table 4.10 If you participate in physical activity/ sport, where do you participate? (n=36)		
In a private club	52.78%	19
In a public club	25.00%	9
Public space/park	11.11%	4
With a service provider	25.00%	9

When asked if there were physical/sporting activities that respondents would like to participate in but cannot, 76 answered this question, and the majority (56.58%) responded that there were (n=43). In terms of barriers to participation, 44 respondents identified a total of 108 barriers to participation (an average of 2.5 barriers per respondent).

What barriers prevent you from participating in physical activity/ sport?

Chart showing barriers:
- Difficulty getting to venue: 43.2%
- Facility not accessible nor inclusive to undertake physical/sporting activity: 43.2%
- Lack of supervisory staff: 22.7%
- Lack of sporting clubs for the sport that I am interested in: 34.1%
- Special needs assistant(s) not available: 25.0%
- Too costly: 31.8%
- Too far away - not in my village/town: 31.8%
- Other: 13.6%

Difficulty in getting to the venue and the facility not being accessible or inclusive for people to engage in physical activity were the joint most frequently barriers identified – both received 43.2% of responses. The lack of sporting clubs for the sport in which respondents were interested in participating received the third highest number of responses (34.1%). Respondents rated activities to be too costly and being too far to travel as the joint fourth most frequent set of barriers cited (31.8%).

The comments to 'other' mentioned a number of barriers that some individuals with a disability encounter. One comment referred to the lack of opportunities for older people to engage in physical activities in nursing homes. Another comment acknowledged the lack of opportunities for people with a disability who were working to participate in sporting activities. In addition, the same comment highlighted the barriers that people who use a mobility dog encounter in accessing sports facilities. Two comments related to the difficulties in engaging in sporting activity due to their disability.

Older people in nursing home, so no exercise

My nursing home doesn't do sport or outings

In the limited places that there are sports clubs, they're only accessible to wheelchair users, not those who use a mobility dog or other aids. There's also no swimming outside County Dublin (though I've previously been told I could and should be a paralympian swimmer) and the little bit of riding for the disabled (which would be very handy in my work context as well) is only accessed if you attend the IWA [Irish Wheelchair Association] day facilities (which only happen during working hours) for a minimum of 12 weeks before you qualify. Everything out there that's actually cool, or interesting, or is a sport, if you're a disabled person who dares to be working full time on permitted work, you're penalised.

Nerve pain after participating

Old injury preventing me taking part

5. Interview findings

The findings of the semi-structured interviews are categorised under a number of themes.

5.1. Access

Interviewees referred to access in a number of different contexts. Regarding access in their own home, several interviewees mentioned that although their own homes have been adapted to meet their own needs, they were aware of friends who have a disability whose home has not yet been adapted. As a consequence, according to the same interviewees, their quality of life was adversely affected.

A Louth County Council official stated that the council builds a proportion of its housing stock specifically for people with a disability. Accordingly, these houses do not have to be adapted after the tenants move into their homes.

Four interviewees spoke of not being able to access a number of shops in Drogheda because of steps at the entrance. One interviewee emphasised the difficulties this presented.

I am left with no choice but to ask somebody to go inside to buy me what I want. You have to wait for a while for somebody who you know to come along to ask. It does not make me feel good because you feel that you owe somebody a favour and they know your business.

Regarding accessing social events, the lack of sufficient appropriate transport was cited by five interviewees as curtailing opportunities to socialise and participate in sporting activities for people with a physical disability.

It can be difficult to get a wheelchair-accessible taxi after midnight. If you do not book the taxi well in advance, then you will find it really hard to get home.

Two interviewees referred to the lack of suitable transport to bring them to the swimming pool.

There is a lack of appropriate transport that can take me to the swimming pool. I get to swim less than I would like.

They both emphasised how this adversely impacted on their physical and mental wellbeing.

Another instance of barriers to access referred to participation in education programmes: this related to the perception among interviewees that there were no opportunities to participate in language classes or in playing music.

5.2. Accommodation

Several interviewees were concerned that their adult children, who have an intellectual disability, will not have appropriate accommodation or care when they [their parents] are deceased.

There are few options for adults with an intellectual disability to live independently in County Louth. I am really worried that my son will not have an appropriate place to live when I am gone.

The Louth County Council official said that the council is collaborating with elderly parents in Dundalk, County Louth, with a view to providing accommodation for their adult children.

Two parents of adults with a disability stated that there was an urgent need for supported independent accommodation for people with disabilities in County Louth. This would enable their adult children to live in an environment with people of their own age.

An adult with an intellectual disability will only receive appropriate independent accommodation if their parent dies or becomes terminally ill. Accommodation is only given when a crisis occurs within the family.

Three parents of adults with a disability believed that central government needed to increase the level of funding to construct appropriate independent accommodation for them.

My son needs to live in independent accommodation within the community where he is supported by personal assistants to live more fulfilled lives.

5.3. Professional interventions

According to five interviewees, people with disabilities encountered the following issues with regard to receiving a variety of professional interventions:

- The waiting time to receive a psychological assessment is too long.
- People with a disability who require physiotherapy do not receive a sufficient number of sessions with a physiotherapist.
- People with a disability have to wait a long time to get an appointment with an occupational therapist.

The interviewees acknowledged that the above professionals were under significant pressure with their workloads.

Life planning and individualised funding

Two parents of adults with a disability emphasised that the way services were viewed needed to be fundamentally changed from one of care planning to the concept of life planning.

It would start by changing the language from care planning to life planning.

Three parents of adults with a disability said that the introduction of pilot individualised funding was a welcome development. They said that they would like County Louth to be afforded the opportunity for a pilot individualised funding scheme in early 2019.

5.4. Public areas

Seven interviewees emphasised the poor condition of footpaths. The same cohort of interviewees highlighted how the poor condition of footpaths was adversely affecting the ability of wheelchair users to get around urban centres. According to the same cohort of individuals, this situation was compounded by cars parking on footpaths. Indeed, this situation was compelling wheelchair-users to use the road which was jeopardising their safety.

Carks parking on footpaths is making people go onto the road. I have challenged car owners not to park on paths but did not get a good response.

I nearly got struck by a car a couple of weeks ago, when I had no choice but to go onto a busy street.

Drivers who are not eligible to park their cars in disabled car parks should be penalised by the relevant authorities, according to several interviewees.

If more drivers were fined for parking in disabled parking space, then the problem would be sorted pretty quickly.

The amount of dog excrement on pavements another is an issue that wheelchair users encounter on a daily basis.

It is pretty disgusting when you are at home and find out that there is dog dirt on the wheels of your chair which is after being rolled into the carpet. It turns me off my dinner.

5.5. Transitions

School services

Six parents of children with an intellectual disability asserted that the transition from school to adult services was not a smooth process. They argued that there were gaps in services for young adults who have moved from their school to the adult social care services.

According to an HSE manager, the 'New Directions[18]' policy entails a process of profiling adolescents, in conjunction with the Department of Education and Skills, to identify their educational interests and once identified, develop plans accordingly for each young person. Under this 'New Directions' initiative, young people are currently being supported from schools in County Louth to access a range of Fetac accredited courses.

Two parents of adults with intellectual disability referred to the above process only starting in the last year of school. Instead, they argued that it should start at least two years before leaving school. The decision is only given to families in May, a couple of months before the individual finishes school. This causes extreme stress and could be avoided if planned properly as stated above.

Institution to the community

Nine individuals with mental health difficulties emphasised the importance of peer-led support groups in assisting individuals to successfully make the transition from an institutional setting to living independently in County Louth. According to this group of individuals, additional resources need to be dedicated to supporting individuals to make this transition as the community mental care services are stretched. In particular, they highlighted the need to

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[18] New Directions is one of the key policy documents contained in the HSE Transforming Lives Programme. New Directions sets out 12 supports that should be available to people with disabilities using 'day services'. It proposes that 'day services' should take the form of individualised outcome-focused supports to allow adults using those services to live a life of their choosing in accordance with their own wishes, needs andaspirations. https://www.hse.ie/eng/services/list/4/disability/newdirections/

increase awareness of the impact which diet and physical exercise has on an individual's mental health. They suggested cookery programmes being delivered in the community so that individuals experiencing mental health difficulties can cook healthy meals. Another suggestion was to support individuals to participate in physical activity and to practice mindfulness. Finally, they said there needs to be at least one community venue, in County Louth, where people with mental health difficulties can gain support, participate in a range of activities, and relax.

5.6. **Sport**

Three parents of people with a disability spoke of those who have a disability not having the same opportunities as individuals without a disability to participate in a range of sports.

My son, who has an intellectual disability, loves swimming but because of the lack of equipment and appropriate changing rooms, he cannot gain access to the pool.

According to six interviewees, sporting clubs and facilities in County Louth need to take steps to enable more people with a disability to participate in their activities. Three parents of children with a disability emphasised how sporting organisations should be resourced to enable them to include people with a disability in their clubs' activities.

Three parents of children with a disability believed that an inclusively designed sports and recreation centre was required for individuals with disabilities.

5.7. **Education**

Three parents of adults with an intellectual disability highlighted the absence of a community-based education centre, in County Louth, for young adults who have completed secondary education. As a consequence, parents with children with intellectual disabilities have to travel with their children to other areas.

5.8. **Work**

Interviewees believed that work provided both social and economic benefits to people with disabilities. They asserted that employers need to have greater empathy towards the challenges that individuals with mental health difficulties encounter. While there was a view that self-employment can provide flexibility to individuals with a mental health difficulty, it was also asserted that many individuals experiencing a mental health difficulty may not be suited to self-employment.

Three parents of adults with intellectual disabilities spoke of the lack of employment for adults with intellectual disabilities. They believed that the current education system is not assisting young adults with moderate intellectual disabilities to participate in education.

The paucity of education interventions for young adults with moderate to severe intellectual disabilities stymies the likelihood of them securing employment. In addition to the provision of education, the same interviewees emphasised the importance of promoting the role that private sector employers could perform in employing individuals with intellectual disabilities.

The Government needs to roll out a national awareness policy for private sector employers to encourage them to hire individuals with intellectual disabilities, according to three interviewees.

5.9. **Advocacy**

Both interviewees and representatives of state agencies acknowledged that additional funding is required from central government to address some of the issues outlined above.

6. Conclusions

The survey and interview findings all point to people with a disability in County Louth receiving a range of state services that aim to meet many of their needs. In addition, there are policies which are administered by the HSE, including the Transforming Lives programme, which aim to fundamentally change how services are delivered to people with a disability. Further research needs to be undertaken to examine the accommodation needs of people with a disability as this is identified as a key issue facing people with disabilities in County Louth.

However, notwithstanding the above, this research shows that people with a disability in the county are still encountering daily barriers which adversely affect their capacity to live fulfilled lives. These barriers relate to access issues in their home; physical access to some shops; and they also encounter significant barriers to participating in employment, education and in sporting and physical activities.

Some of these barriers can be addressed through the implementation of innovative solutions. The Drogheda Disability Alliance Group – along with other Louth-based disability organisations – should be afforded a key role in influencing the design of these solutions. However, a number of issues such as appropriate accommodation will only be addressed through increased levels of Exchequer funding.

7. Recommendations

7.1. Support

Louth Leader Partnership should continue to provide support to Drogheda Disability Alliance Group (DDAG) to become a formalised structure. In so doing, this will strengthen DDAG's capacity to fulfil its objectives.

7.2. Strategic plan

DDAG should develop a three-year strategic plan which would set priority areas of work and detail associated actions to be completed.

7.3. Engagement

The HSE should invite representatives of DDAG to participate in their consultative forums for service users with disabilities.

The DDAG should participate in the Louth Public Participation Network (PPN).

7.4. Collaboration

DDAG should collaborate with other disability organisations and state agencies with a specific remit in promoting participation in various educational and social activities.

It should prioritise collaborating with the Louth Sports Partnership and sporting organisations to develop a strategic approach to the inclusion of people with a disability in a range of sports in County Louth.

It should collaborate with other disability organisations in County Louth to ensure that there is no duplication of effort between organisations.

7.5. Public areas

Louth Leader Partnership should provide funding to enable DDAG to commission an accessibility audit of the main towns of County Louth that have not already completed an audit in order to address the barriers that people with a disability encounter regarding access to shops and mobility in public spaces including pathways and roads.

Once this audit is completed, DDAG should seek to engage with officials of Louth County Council and other stakeholders to implement the findings of the audit.

7.6. Advocacy

DDAG should collaborate with other stakeholders in advocating for additional resources from the relevant government departments to meet the needs of people with a disability. It should prioritise the purpose for which it is seeking resources and this should be informed by research.

DDAG should also advocate that public bodies undertake actions to improve access and participation of people with disabilities, as part of their obligations under the public sector

positive duty.[19] According to the IHREC,[20] in implementing its public sector duty, one of the actions a public body should undertake is consultation and participation: consult broadly with employees, managers, trade unions, individuals and communities accessing and using the services, and other key stakeholders, which may be affected by inequalities and human rights issues.[i]

7.7. **Research**

DDAG should endeavour to secure funding to undertake research on the barriers that people with disabilities in County Louth encounter in engaging in work – be it employment or self-employment. This should include barriers to supports that enable access to employment and self-employment: including training, guidance and wider employment supports, as well as conditions of work that may preclude participation for those with disabilities. Arising from this research, the DDAG should consider developing pilot responses and actions (with local development agencies) that could enable greater access.

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[i] Section 42 of the Irish Human Rights and Equality Commission Act 2014 places a **positive duty on public sector bodies** to have regard to the need to eliminate discrimination, promote equality, and protect human rights, in their daily work. In preparing strategic plans, public sector bodies must assess and identify the human rights and equality issues that are relevant to their functions. These issues must relate to all of its functions as policy maker, employer and service provider.
2. Public bodies must then identify the policies and practices that they have in place or that they plan to put in place to address these issues.
3. Finally, in their annual reports, or equivalent documents, public bodies must report in a manner accessible to the public on their developments and achievement in that regard.
Where the Commission considers there are failures to fulfil the public sector duty, it can invite a public body to carry out an equality and human rights review of the work of the organisation and prepare and implement an action plan.
The Act defines a public body as broadly to include; government departments, local authorities, the Health Service Executive, universities and institutes of technologies, education and training boards, most schools, semi-state bodies, all bodies financed with public money (even partially), including companies whose majority of shares is held by government, or organisations that act in the public interest.
According to the IHREC, in implementing its public sector duty, one of the actions a public body should undertake is consultation and participation: consult broadly with employees, managers, trade unions, individuals and communities accessing and using the services, and other key stakeholders, which may be affected by inequalities and human rights issues

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[20] Irish Human Rights and Equality Commission