

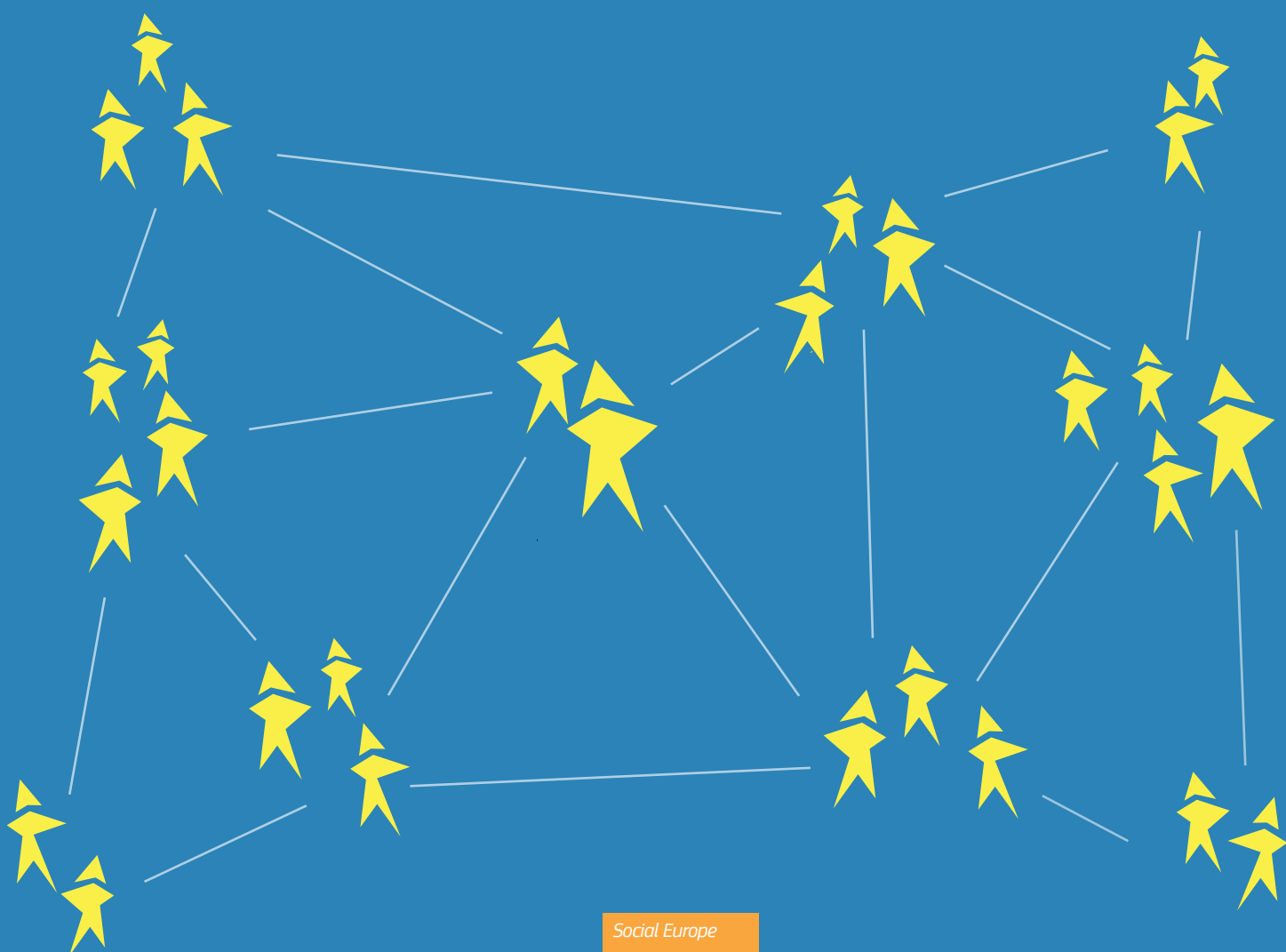


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities

Ireland

Mel Cousins



Social Europe

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Directorate-General for Employment, Social Affairs and Inclusion
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European Social Policy Network (ESPN)

ESPN Thematic Report on Social protection for people with disabilities

Ireland

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Mel Cousins

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Summary

This report analyses some important cash and in-kind social protection provisions available to adult people with disabilities (i.e. people aged 18 or above). In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD), “people with disabilities” should be understood as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

There are a range of both contributory (“invalidity” pension) and non-contributory (disability allowance, blind pension) benefits for people with disabilities unable to work which are administered by the Department of Social Protection. Only partial capacity benefit is designed as an income supplement paid to people with disabilities who work part time or have low-paid jobs. There is no general in-work benefit for people with disabilities; nor is there any general costs-of-disability payment. In general, there are no specific qualification conditions for people with disabilities for access to general cash benefits.

Benefits are generally paid at a flat rate with increases for qualified adults and children. The rate of benefits is set by political decision as is uprating. Benefits are currently set at a rate lower than the “at-risk-of-poverty” income level. Disability benefits are generally set in line with other non-disability benefits and do not take account of the additional costs of disability. This is a source of criticism and there are calls for higher levels.

The Irish healthcare system is almost entirely independent of the social protection (or social welfare) system. In terms of eligibility for healthcare, the law provides that persons who are unable without undue hardship to arrange GP medical and surgical services for themselves and their dependants” are entitled to “full eligibility” to health services. Assessment of eligibility is normally on the basis of income but the Health Services Executive (HSE) may also take exceptional high medical needs (through illness or disability) into account in the assessment. Issues of access to healthcare are primarily addressed in this way rather than by providing a cash or in-kind benefit to cover disability-related health expenses. There are only very limited schemes aimed at covering disability-related housing expenses in relation to home adaptations.

In Ireland, there is no general scheme to provide assistive technology or personal assistance to people with disabilities. A recent study of the costs of disability indicates the people have to cover a substantial part of such costs themselves. For example, 9% of households of people with disabilities incurred additional costs on a personal assistance service (on average €219 per week) but only 15% of these received any state support.

There have been no major reforms in this area in the period since 2017. No significant reforms of income support for people with disabilities are under discussion. There has been ongoing discussion about support with the costs of disability and a report assessing these costs has recently been published.

In terms of recommendations, people with disabilities are at a relatively high risk of poverty and deprivation. In this regard, there is widespread agreement on the need to promote employment for people with disabilities. There are two key lessons from a policy perspective. First, there is a need for cultural change supported by financial and other incentives for all actors to promote work-retention and return to work. As part of this, reforms need to take into account the overall labour market and social protection systems to ensure that particular approaches will have a positive impact and not simply lead to a transfer of costs from one sector to another or a transfer of claimants from one welfare scheme to another. Second, early intervention to reduce sickness absence and promote return to work is most effective. In relation to the costs of disability, there should be a more joined-up approach to address the recommendations of the Task Force on Personalised Budgets and the outcome of the recent “cost of disability” research in a coherent and effective manner.

1 Access to disability-specific income support

1.1 Disability-specific benefits/pensions available to working age people

This section describes the situation regarding access of working-age people with disabilities to disability benefits/pensions, i.e. income support for people who do not have a job or who are (declared) partially or totally unable to work due to disability. These are the responsibility of the Department of Social Protection (DSP). There are two main types of long-term disability schemes of working-age individuals (up to 66 years): i) disability insurance schemes, which provide contribution-based benefits; and ii) disability assistance schemes, which provide tax-financed benefits. Most Irish payments are benefits for people with disabilities who do not work at all, and only partial capacity benefit (see below) is designed as an income supplement paid to people with disabilities who work part time or have low-paid jobs. There is no general in-work benefit for people with disabilities.

In addition to the listed payments (below), there is also a separate occupational injuries benefit (OIB) scheme for persons who have suffered an injury at work or an occupational injury.¹ Finally, there are a number of care-related payment including the social insurance carer's benefit and the means-tested carer's allowance. However, the carer's allowance and benefit are paid directly to the carer rather than the person being cared for and are intended to meet the living costs of the carer. These are not discussed here.

Given the commonality of issues across benefits, comments on the assessment system and main challenges linked to the adequacy of benefits are set out in Section 4.1. In the period covered, there do not appear to have been any specific studies as to gaps and/or obstacles in relation to eligibility conditions for these benefits.

1.1.1 Invalidity pension (IP)

To be entitled to IP, a person must: (a) be permanently "incapable" of work, and (b) satisfy the contribution conditions. This is an insurance scheme.

a) Eligibility conditions:

Disability-related qualifying criteria: A person will be regarded as being permanently "incapable" of work if, immediately before the date of claim of IP:

- he or she has been continuously "incapable" of work for a period of one year, and it is shown to the satisfaction of a deciding officer or an appeals officer that the person is likely to continue to be "incapable" of work for at least a further year; or
- the person is "incapable" of work, and evidence is adduced to establish to the satisfaction of a deciding officer or an appeals officer that the "incapacity" for work is of such a nature that the likelihood is that the person will be "incapable" of work for life.

Age: Up to 66. On reaching pensions age (currently 66) claimants of IP transfer to state pension (see 2.1). There is no formal minimum age but, in practice, a person must have paid sufficient contributions and be permanently "incapable" of work so that claimants are at least in their 20s.

Nationality and/or residency: None, i.e. there are no nationality or residency requirements for accessing this benefit².

¹ The main long-term payment is disablement benefit which is payable with respect to a person who has had a "loss of faculty" as a result of an occupational accident or disease. The rate of payment is related to the percentage loss of faculty involved and it is not an income support payment.

² This applies to EU and non-EU nationals as well as to people with refugee status.

Waiting period: None, i.e. it is granted from the moment the disability is certified.

Contributory history: To qualify for IP, a person must have:

- at least 260 paid contributions since his or her entry into insurance (contributions are calculated on a weekly basis); and
- at least 48 paid or credited³ contributions in the last or second-last complete contribution year before permanent "incapacity".

Since 2017, self-employed persons may also qualify for IP.

Level of financial resources: None, i.e. the benefit is not means-tested.

Other: None.⁴

b) Disability assessment framework:

Type of assessment: It can best be described as functional capacity assessment (albeit that it is carried out by medical doctors).

Responsible authorities: Decisions in relation to capacity are made by deciding officers of the Department of Social Protection based on assessments provided by Medical Assessors (doctors) employed by DSP.

Method: These assessments are normally on the basis of a desk review of medical reports submitted by the applicant's doctor and (possibly) in-person assessment by the Medical Assessor. In the case of IP, the claimant will normally have been in receipt of a short-term "incapacity" benefit for at least two years so there will be considerable evidence of "incapacity".

Supporting evidence: It will usually involve medical reports (i.e. reports by medical professionals) as to the person's capacity for work.

Assessor: Medical Assessors (doctors) employed by DSP.

Decision maker: Deciding officers of DSP.

c) Benefit entitlements:

Level of the benefit: The benefit is paid as a weekly benefit of €213.50 for a single person (see Table A1 in annex). Unless otherwise specified, all main income support benefits in this report are paid at a flat rate with increases for qualified adults and children. In addition to the weekly payment, recipients of disability payments will generally qualify for a free travel pass and may also qualify for some additional payments (e.g. fuel allowance in winter months). In relation to general issues concerning adequacy of benefits see Section 4.

Duration of the benefit: To pension age (currently 66).

Interactions with other income or other related benefits: In general, insurance-based benefits are not affected by the receipt of other income whereas assistance based-benefits are. In the Irish social protection system, it is generally only possible to receive one benefit at a time (subject to limited exceptions).

³ When persons who have built up a record of social insurance contributions are unable to continue to pay insurance because of the occurrence of a recognised contingency (such as unemployment or illness), they may be granted "credited contributions", which will help to qualify them for future benefits. Credited contributions are also granted to persons entering insurance for the first time to assist them in qualifying for short-term benefits.

⁴ Note that there are various standard (dis)qualifications relating to being in detention in legal custody or in receipt of another benefit etc. which apply to all main social protection payments which are not outlined in this report.

1.1.2 Disability Allowance (DA)

DA is a means-tested payment for a person with a long-term disability such that s/he is substantially restricted in undertaking work that would otherwise be suitable for a person of the age, experience and qualifications. This is an assistance scheme.

a) Eligibility conditions:

Disability-related qualifying criteria: To qualify for DA, the person must, by reason of a specified disability, be substantially restricted in undertaking employment of a kind, which if the person did not have that disability, would be suited to his or her age, experience, and qualifications.

Age: 16-66.

Nationality and/or residency: Must be habitually resident in Ireland (which means that the person must also have a right to reside in Ireland)⁵.

Waiting period: None, i.e. it is granted from the moment the disability is certified.

Contributory history: None, i.e. no minimum contributory record is required.

Level of financial resources: Means-tested. The means test includes means from:

- most property owned by the person and/or by his or her spouse (but excluding property personally used or enjoyed by the person);
- all income that the person and/or spouse may reasonably expect to receive in the coming year (with certain exceptions);
- the value of any advantage accruing to the person or spouse from the use of property (other than a domestic dwelling or farm building, owned and occupied, furniture, and personal effects) that is personally used or enjoyed by the person or spouse, and the value of any advantage from the leasing of a farm of land; and
- any property that the person or spouse have deprived themselves of either directly or indirectly so as to qualify for assistance.

Other: None.

b) Disability assessment framework:

Type of assessment: It can best be described as functional capacity assessment (albeit that it is carried out by medical doctors).

Responsible authorities: Decisions in relation to capacity are made by deciding officers of the Department of Social Protection based on assessments provided by Medical Assessors (doctors) employed by DSP.

Method: These assessments are normally on the basis of a desk review of medical reports submitted by the applicant's doctor and (possibly) in-person assessment by the Medical Assessor.

Supporting evidence: It will usually involve medical reports (i.e. reports by medical professionals) as to the person's capacity for work. The application form for DA requires claimants to give details relating to their level of education and work history, in addition to how their disability affects their ability to work. Their own doctor must complete a

⁵ These conditions apply to EU and non-EU nationals as well as to people with refugee status. In deciding whether a person is habitually resident, the relevant officer takes into consideration all the circumstances of the case including, in particular, the following:

- (a) the length and continuity of residence in Ireland or in any other particular country,
- (b) the length and purpose of any absence from the State,
- (c) the nature and pattern of the person's employment,
- (d) the person's main centre of interest, and
- (e) the future intentions of the person concerned as they appear from all the circumstances.

medical report on their medical condition, which outlines various aspects of medical condition. The Departmental Medical Assessors may give an opinion on the evidence submitted as to the nature and extent of the disability and its effect on the person's capacity to work.

Assessor: Medical Assessors (doctors) employed by DSP.

Decision maker: Deciding officer employed by DSP.

c) Benefit entitlements:

Level of the benefit: The allowance is paid as a weekly benefit of €208 for a single person (see Table A1 in annex).

Duration of the benefit: To pension age.

Interactions with other income or other related benefits: Same as 1.1.1 above.

1.1.3 Blind Pension (BP)

To qualify for BP, a person must be blind (see a) below). This is an assistance scheme.

a) Eligibility conditions:

Disability-related qualifying criteria: To qualify for a BP, a person must be "so blind that he or she either cannot perform any work for which eyesight is essential or cannot continue his or her ordinary occupation". In practice this is interpreted as "best vision equal to or less than 6/60 in the better eye or if the field of vision is limited, the widest diameter of vision subtending an angle of not greater than 20 degrees".

Age: 18-66.

Nationality and/or residency: Must be habitually resident in Ireland⁶.

Waiting period: None, i.e. it is granted from the moment the disability is certified.

Contributory history: None, i.e. no minimum contributory record is required.

Level of financial resources: Means-tested. The means test includes means from the following:

- most property owned by the person and/or by his or her spouse (but excluding property personally used or enjoyed by the person);
- all income that the person and/or spouse may reasonably expect to receive in the coming year (with certain exceptions);
- the value of any advantage accruing to the person or spouse from the use of property (other than a domestic dwelling or farm building, owned and occupied, furniture, and personal effects) that is personally used or enjoyed by the person or spouse, and the value of any advantage from the leasing of a farm; and
- any property that the person or spouse has deprived him or herself of either directly or indirectly so as to qualify for assistance.

Other: None.

b) Disability assessment framework:

Type of assessment: It can best be described as functional capacity assessment.

Responsible authorities: Decisions in relation to capacity are made by deciding officers of the Department of Social Protection based on evidence of blindness and, if necessary, advice from the Department's chief medical officer.

Method: Assessment by the National Council for the Blind of Ireland (an NGO for people who are blind and have a vision impairment) is usually accepted as satisfying the

⁶ These conditions apply to EU and non-EU nationals as well as to people with refugee status.

blindness condition. This is based on a functional vision assessment. Alternatively, a person must provide a medical report from an ophthalmic surgeon or an optometrist.

Supporting evidence: It will usually involve a functional vision assessment by a social worker or medical reports (i.e. reports by medical professionals) as to the person's sight-related capacity for work.

Assessor: Medical Assessors (doctors) employed by DSP.

Decision maker: Deciding officer employed by DSP.

c) Benefit entitlements:

Level of the benefit: The allowance is paid as a weekly benefit of €208 for a single person (see Table A1 in annex).

Duration of the benefit: To pension age.

Interactions with other income or other related benefits: Same as 1.1.1 above.

1.1.4 Blind Welfare Allowance (BWA)⁷

To qualify for BWA, a person must be blind or have a visual impairment. It is payable by HSE in addition to persons who receive the blind pension (1.1.3 above) or another income support payment from DSP (or an equivalent payment from another EU country).⁸ This is an assistance scheme.

a) Eligibility conditions:

Disability-related qualifying criteria: Same as 1.1.3 above.

Age: 18-66.

Nationality and/or residency: Must be habitually resident in Ireland⁹.

Waiting period: None, i.e. it is granted from the moment the disability is certified.

Contributory history: None, i.e. no minimum contributory record is required.

Level of financial resources: Same as 1.1.3 above.

Other: None.

b) Disability assessment framework:

Type of assessment: It can best be described as functional capacity assessment.

Responsible authorities: HSE.

Method: To qualify for BWA, claimant must have "best vision equal to or less than 6/60 in the better eye or if the field of vision is limited, the widest diameter of vision subtending an angle of not greater than 20 degrees". This can be confirmed by a certificate of visual acuity from an ophthalmic surgeon or by the National Council for the Blind of Ireland (NCBI).

Supporting evidence: Same as 1.1.3 above.

Assessor: As above.

Decision maker: HSE officials.

⁷ No current details appear to be readily available as to numbers in receipt of BWA (which should be slightly more than the numbers on BP) or expenditure. The HSE Annual Financial Statements include expenditure with other cash payments and do not report on numbers in receipt.

⁸ This is a historic payment and its specific intended purpose is not clear.

⁹ These conditions apply to EU and non-EU nationals as well as to people with refugee status.

c) Benefit entitlements:

Level of benefits: The allowance is paid as a weekly benefit. The weekly rate (in addition to the DSP payment) is: €61.50 for a single person, €120 for a blind couple (if both qualify for the allowance); and €4.40 for each child dependant.

Duration of the benefit: To pension age.

Interactions with other income or other related benefits: Same as 1.1.1 above.

1.1.5 Partial Capacity Benefit (PCB)

PCB is intended to provide an opportunity for people with disabilities who are assessed to have an employment capacity that is restricted when compared to the norm to avail of employment opportunities while continuing to receive an income support payment. This is an insurance scheme.

a) Eligibility conditions:

Disability-related qualifying criteria: A person is entitled to PCB where he or she: (i) has a profound restriction on his or her capacity for work in relation to the capacity for work of a person of the same age who has no such restriction; (ii) is in receipt of short-term illness benefit for at least twenty-six weeks or IP; and (iii) is under pension age. A claimant is to be regarded as having a profound restriction on his or her capacity for work where he or she has a residual capacity for work which is not more than a quarter of the norm in relation to the capacity for work of a person of the same age who has no such restriction. A person with a severe or moderate restriction may be entitled to a reduced rate. "Severe" and "moderate" are defined as involving a residual capacity for work which is not more than half or four-fifths of the norm, respectively.

Age: Up to 66.

Nationality and/or residency: Because PCB depends on the previous receipt of a social insurance-based illness or disability payment, there are no separate residence requirements.

Waiting period: Because PCB depends on the previous receipt of a social insurance-based illness or disability payment, there are no separate waiting requirements.

Contributory history: Because PCB depends on the previous receipt of a social insurance-based illness or disability payment, there are no separate contribution requirements.

Level of financial resources: None, i.e. the benefit is not means-tested.

Other: None.

b) Disability assessment framework:

Type of assessment: It can best be described as functional capacity assessment (albeit that it is carried out by medical doctors).

Responsible authorities: Decisions in relation to restricted employment capacity are made by deciding officers of the Department of Social Protection based on assessments provided by Medical Assessors (doctors) employed by DSP.

Method: These assessments are normally on the basis of a desk review of medical reports by the applicant's doctor and (possibly) in-person assessment by the Medical Assessor.

Supporting evidence: It will usually involve medical reports (i.e. reports by medical professionals) as to the person's capacity for work.

Assessor: Medical Assessors (doctors) employed by DSP.

Decision maker: Deciding officer employed by DSP.

c) Benefit entitlements:

Level of benefit: PCB, in the case of a person with a profound restriction, is the weekly rate of illness benefit (IB) or IP that was being paid to that person on the day immediately before the day for which PCB is awarded, including any increase in that benefit or pension, where payable. Persons with a "severe" and "moderate" restriction are entitled to 75% or 50% of this rate, respectively. The benefit ranges from €104-213.50 per week (see Table A1 in annex).

Duration of the benefit: To pension age.

Interactions with other income or other related benefits: Same as 1.1.1 above.

1.2 Disability-specific old-age pension schemes

In Ireland there are no disability-specific old-age pension schemes (contributory or non-contributory).

1.3 Income support aimed at covering disability-related healthcare and housing expenses

In Ireland, there is no overall payment to cover the cost-of-disability but there are a number of payments and schemes which, to some extent, cover disability-related expenses. This section looks at the cash benefits (again whether contributory or non-contributory) aimed at covering "disability-related expenses" in the fields of healthcare and housing.

1.3.1 Healthcare

The Irish healthcare system is almost entirely independent of the social protection (or social welfare) system. Healthcare is the responsibility of the Department of Health and is administered by the Health Services Executive (HSE). In terms of eligibility for healthcare, the relevant legislation provides that persons who are "unable without undue hardship to arrange general practitioner (GP) medical and surgical services for themselves and their dependants" are entitled to "full eligibility" to health services. This means that such persons (normally described as "medical card" holders) do not have to pay for GP or hospital services and pay a small charge for medicines.¹⁰ This is an integral part of the healthcare system and is not a cash (or in-kind) benefit aimed at healthcare costs. Assessment of eligibility is normally on the basis of income but the HSE may also take exceptional high medical needs (though illness or disability) into account in the assessment. Thus, a person with a disability who has an income below the medical card threshold will be entitled to full eligibility to health services while a person whose income is above that threshold *may* be entitled to full eligibility if the HSE is satisfied that he or she is "unable without undue hardship to arrange GP medical and surgical services". A recent study found that 60% of adults with a disability had a medical card and that 72% of those at-risk-poverty had a medical card or GP card (Maître et al., 2020).¹¹

Concerns about the loss of full eligibility (due to increased income) have been identified as a possible disincentive for people with disabilities to return to employment although actual evidence on this issue is lacking (e.g. Doyle, 2017).¹²

Issues of access to healthcare are primarily addressed through the manner in which health services are structured rather than by providing a cash or in-kind benefit to cover disability-related health expenses. However, there are limited cash benefits which are described

¹⁰ Recent policy changes have introduced a new category of those with full eligibility for GP services only (known by the HSE as GP visit cards).

¹¹ 85% of those categorised as consistently poor had a medical card (Maître et al., 2020).

¹² People who have moved from welfare to work are usually able to retain their medical card for the first three years.

below. There are also some in-kind benefits including the long-term illness scheme (an in-kind benefit administered by HSE) and treatment benefit (a scheme administered by DSP which, inter alia, pays part of the cost of medical appliances).

1.3.1.1 Drugs Payment Scheme

- a) **Brief description:** The Drugs Payment Scheme provides reimbursement of costs over a set amount (currently €100 per month) of expenditure on approved prescribed drugs and medicines and similar items.¹³ Expenditure was about €87 million in 2021.
- b) **Main gaps/obstacles:** A recent study would suggest that the various schemes to meet medicine costs leave significant costs uncovered. A recent study of the costs of disability (Indecon, 2021 – see Section 4.1) looked at the percentage of households who report additional expenditure on medicine. It found that 60% of respondents spent extra costs on prescribed medicines and 54% on non-prescribed medicine. More than half of respondents (57%) received state help to cover costs for prescribed medicines while only 8% received support with non-prescribed medicine. The average amounts spent on medication were €618 and €650 per annum respectively.
- c) **Main adequacy challenges:** Twelve per cent of respondents stated that they faced extra medicine costs due to disability which they cannot afford.

1.3.2 Housing

There are only very limited schemes aimed at covering disability-related housing expenses in relation to home adaptations. These are the housing adaptation grant and the mobility aids grant administered by local authorities. While there is a legal basis for these schemes (the Housing (Adaptation Grants for Older People and People with a Disability) Regulations 2007 (as amended)), they are not rights-based and funding is capped on an annual basis.

1.3.2.1 Housing Adaptation Grant

- a) **Brief description:** The Housing Adaptation Grant for People with a Disability¹⁴ scheme provides grant aid to applicants to assist in the carrying out of works that are reasonably necessary for the purposes of rendering a house more suitable for the accommodation needs of a person with a disability. The scheme is administered by local authorities. A person with a disability who requires adaptation works to render a house more suitable for their accommodation needs or a homeowner on behalf of a person with a disability who is a member of the household may apply for a grant. It is means-tested. In 2021, funding of €75 million was available nationally for the Housing Adaptation Grants for Older People and People with a Disability schemes. The schemes are 80% funded by the central government with a 20% contribution from the resources of the local authority. The number of successful applications for the grant for people with a disability has remained relatively unchanged over the period 2011-2020 at around 3,000 per year (Daly, 2021). Under the Housing Adaptation Grant for people with a disability the maximum grant is €30,000 or 95% of the total cost of the work approved by the local authority.
- b) **Main gaps/obstacles:** The responsible Department recently¹⁵ carried out a Focused Policy Assessment of this suite of grant schemes (including the mobility aids grant). This discussed the rationale for the schemes and described their operation. It found that there was “a continued rationale for the schemes to exist” (IGEES, 2020: 27). However, it does not provide any detailed assessment of the impact of the scheme or of gaps/obstacles in the scheme or major adequacy challenges.

¹³ Note that people with full eligibility pay only a small fee for prescribed drugs and this scheme is aimed mainly at those who do not have full eligibility.

¹⁴ There is a separate housing adaptation grant scheme for older people which could include older people with a disability. It operates on the same basis as above.

¹⁵ Although published in 2020, the review appears to have been completed in 2018.

- c) Main adequacy challenges:** It can be deduced from the report that the schemes are capped (i.e. the numbers benefiting depend on the funding available and not the need of applicants); that the average amount of grant is falling in real terms despite increases in building costs; and that there is significant variation in the amount of grant from one local authority to another which, as the report notes, raises issue of equity. The recent Indecon (2021) report would suggest that the various schemes to meet housing adaptation costs leave significant costs uncovered. It found that 31% of households required significant house alterations and 24% required minor house alterations but only 24% of both groups received any state support.

1.3.2.2 Mobility Aids Grant

- a) Brief description:** The Mobility Aids Grant scheme provides grant aid to cover basic works to address mobility needs, primarily, but not exclusively, associated with ageing. It is also administered by local authorities and is means-tested. The effective maximum grant under the Mobility Aids Housing Grant Scheme is €6,000, which may cover 100% of the cost of works. The number of Mobility Aid grants has also remained relatively unchanged in recent years at 2,000 per year.
- b) Main gaps/obstacles:** See 1.3.2.1b above.
- c) Main adequacy challenges:** See 1.3.2.1b above.

2 Access to some key general social protection cash benefits

This section describes the situation regarding access of people with disabilities to social protection benefits for risks other than disability, focusing on eligibility conditions, disability assessment (if any) and entitlement to benefits.

2.1 Old-age benefits

2.1.1 State pension (contributory)

- a) Eligibility conditions:** There are no additional or different eligibility conditions for people with disabilities.
- b) Additional amount/compensation included and adequacy issues:** There is no additional amount/compensation included in this benefit for people with disabilities.
- c) Gaps/obstacles:** In practice, it is likely that people with disabilities will find it more difficult to satisfy the contribution conditions since they generally are less likely to work full-time in the Irish labour market. A recent study found that in 2019 people of working age with a disability had particularly low employment rates (41% compared to 73% overall) McGinnity et al., 2021). However, there do not appear to be any specific studies on the issue of whether these leads to obstacles in qualifying for pension.

2.1.2 State pension (non-contributory)

- a) Eligibility conditions:** There are no additional or different eligibility conditions for people with disabilities. In practice, it is likely that people with disabilities will find it easier to satisfy the means test since they are generally poorer.¹⁶ However, there do not appear to be any specific studies on this issue.
- b) Additional amount/compensation included and adequacy issues:** There is no additional amount/compensation included in this benefit for people with disabilities.

¹⁶ While the standard poverty data does not specifically identify poverty amongst people with disabilities as a group, the at-risk-of-poverty rate amongst persons "unable to work due to a long-standing health problem" is 34% in 2020, the highest of any large group (compared to 13.2% overall): <https://www.cso.ie/en/releasesandpublications/fp/fp-pi/povertyinsights-incomereferenceperiods2018to2020/>

c) Gaps/obstacles: There do not appear to have been any studies on this issue.

2.2 Unemployment benefits

The Irish unemployment benefits apply to persons “capable of work”.

2.2.1 Jobseeker’s benefit (JSB)¹⁷

- a) Eligibility conditions:** JSB is a contributory payment to persons who are unemployed, i.e. capable of, available for and genuinely seeking work. JSB is payable to age 66. The requirement that a person be capable of work would rule out people who are unable to work due to disability. The scheme does not have different eligibility conditions for people with disabilities.
- b) Additional amount/compensation included and adequacy issues:** There are no additional amounts related to disability.
- c) Gaps/obstacles:** As the scheme is dependent on capacity to work, it will not be possible for any person with a disability who does not have capacity for work to qualify. Otherwise, a person with a disability who does have capacity for work may qualify. There do not appear to be any formal studies as to whether there are gaps/challenges for such persons in practice.

2.2.2 Jobseeker’s allowance (JSA)

- a) Eligibility conditions:** JSA is a means-tested payment to persons who are unemployed, i.e. capable of, available for and genuinely seeking work. JSA is payable from age 18 to 66 and the claimant. The requirement that a person be capable of work would rule out people unable to work due to disability. The scheme does not have different eligibility conditions for people with disabilities.
- b) Additional amount/compensation included and adequacy issues:** There are no additional amounts related to disability.
- c) Gaps/obstacles:** As JSB above.

2.3 Guaranteed minimum income schemes and other social assistance benefits (GMIs)

The guaranteed minimum income scheme in Ireland is the supplementary welfare allowance (SWA). Given that the Irish social assistance scheme is contingency-based, i.e. there are different schemes for different contingencies, people unable to work due to disability would generally be in receipt of disability allowance or blind pension (see 1.1.2 and 1.1.3) and it is not considered that other social assistance benefits would generally be very relevant.

2.3.1 Supplementary welfare allowance

- a) Eligibility conditions:** SWA is a means-tested payment for persons whose means are insufficient to meet their needs. It is a residual payment payable to persons who do not qualify for one of the other conditional payments in the Irish Social Welfare Code. It is also payable to persons pending decisions on their claims for mainstream payments. The SWA system provides for additional weekly supplements with respect to costs such as housing and for one-time exceptional needs payments. The scheme does not have different eligibility conditions for people with disabilities.
- b) Additional amount/compensation included and adequacy issues:** There are no specific additions for disability-related issues although a heating supplement may be paid to assist people in certain circumstances who have exceptional heating needs due

¹⁷ There is a related jobseekers benefit for the self-employed.

to ill health or infirmity. In theory, exceptional needs payment might also cover some costs relating to disability. No data appears to be available on the extent to which disability-related payments are made in practice.

- c) Gaps/obstacles:** There does not appear to be any recent evaluation or assessment of the SWA scheme from a disability perspective.

3 Provision of assistive technology and personal assistance

The focus of this section is specifically on the provision of assistive technology (including devices) and personal assistance.

3.1 Assistive technology

In Ireland, there is no general scheme to provide assistive technology to people with disabilities. Some assistive technology may be provided as part of general health services (generally free to persons with a medical card). Some assistive technology is supported through other schemes including the long-term illness scheme, mobility aids grant scheme and treatment benefit. Little if any information is available as to the type and level of assistive technology provided overall, the cost to the state or the impact on people's capacity and independence.

A recent study of the costs of disability (Indecon, 2021 – see Section 4.1) looked at the percentage of households who report additional expenditure on equipment, aids and appliances due to a disability. This ranged from 4% who required a hoist up to 41% who needed communications technology equipment. The study also asked whether the household received state assistance with the technology. In most cases, only a minority of households reported receiving state assistance. For example, only 5% received assistance with communications technology equipment. It appears that assistance is more likely to be provided with larger and less frequent items. For example, 50% received assistance with the cost of a hoist or a prosthesis, and 60% received support with a wheelchair. However, the study did not ask whether the assistance was full or partial.

3.2 Personal assistance

There is no statutory scheme for the provision of personal assistance in Ireland. Personal assistance is mainly funded by the HSE which provides funding to non-governmental organisations.¹⁸ There is no standard system for assessing access to personal assistance. It is reported that there are approximately 2,500 people with a physical or sensory disability availing of the personal assistance service (Daly, 2021).

The Indecon study (2021) suggests that most people who use personal assistance do not receive any state support. The study found that 9% of households incurred additional costs on a personal assistance service (on average €219 per week) and only 15% of these received any state support.

¹⁸ The HSE Performance Profile indicates that almost 1.3 million personal assistance hours were provided in 2020. However, it does not indicate how many people received this or how many hours per week each person received. On the basis of a 40-hour week, this would convert to 620 full time personal assistants. See <https://www.hse.ie/eng/services/publications/performance-reports/performance-profile-october-to-december-2020.pdf>

4 National debates, reforms and recommendations

4.1 National debates

4.1.1 Income support

There has been limited recent (since 2017) or current debate about income supports for people with disabilities. The rate of Irish benefits (which are generally flat-rate – not related to previous earnings – with increases for family members) is set by political decision as are decisions re increasing benefits. Benefits are currently set at a rate lower than the “at-risk-of-poverty” income level.¹⁹ Disability benefits are generally set in line with other non-disability benefits and do not take account of the additional costs of disability (see below). There is generally criticism as to the level of benefits and calls for higher levels.²⁰

There has also been limited discussion of the assessment system for most adult disability payments. The Disability Federation of Ireland (an NGO) has pointed out that a high proportion of claims for disability allowance are rejected.²¹ However, it is not clear that this is due to issues with the assessment process. The Comptroller and Auditor General (2019) reported that it took, on average, 7 weeks from claim to award for “invalidity” pension and 13 weeks for disability allowance (which requires a means test). Claim rejection rates in 2018 were 35% for IP and 41% for DA. The Comptroller recommended that DSP should identify the reasons for delays in deciding a claim where time taken materially exceeded the average time for that scheme and establish a formal process for the periodic review of current processing time standards for each scheme. It was also recommended that DSP should review schemes where the claim rejection rate is high to identify common reasons for rejection. The success rate for appeals of disability payments to the Social Welfare Appeals Office varied significantly from a low of 13.4% for blind pension to 44.5% for “invalidity” pension up to 63.6% for disability allowance (overall success rate in 2020 is 44%) (Social Welfare Appeals Office, 2021).

4.1.2 Costs of disability

The issue of how to address the cost of disability has been ongoing in Irish policy over a number of decades. Most recently, in 2021, research into the cost of disability commissioned by DSP has been published. This combined new econometric modelling of the costs of disability using detailed micro-data from the Survey on Income and Living Conditions (SILC) as well as “bottom up” analysis using expenditure diary and survey approaches. It provided estimates of the overall average annual costs of disability in Ireland ranging from €9,500 per annum to €11,700 per household.

In parallel, with this consideration of the costs of disability, the Department of Health has received the report of a Task Force on Personalised Budgets for People with a Disability in Ireland (Department of Health, 2018). This set out how personalised budgets could work as a funding mechanism for people with a disability to meet specified support needs. The Task Force recommending that a standardised assessment tool be put in place to quantify support needs. It also concluded that the final design of any system of personalised budgets could only be decided upon once a series of initial demonstration projects have been evaluated and the findings assessed, alongside the outcomes achieved by the person and the financial sustainability of the system as a whole. Subsequently the HSE established a pilot Demonstration Project for Personalised Budgets.

¹⁹ The at-risk-of-poverty threshold was €18,000 for a single person in 2020 (https://www.cso.ie/en/media/csoie/methods/surveyonincomeandlivingconditions/At_Risk_of_Poverty_Explained.pdf) while, for example, the rate of DA for a single person would have been €10,556. Of course, a person on DA may receive additional payments and in-kind benefits related to fuel, travel, etc.

²⁰ See, for example, <https://www.disability-federation.ie/publications/dfi-pre-budget-submission-2022/>

²¹ See <https://www.disability-federation.ie/news/latest/2019/02/14/42-of-applications-for-disability-allowance-reject/>

4.2 Recent reforms and reforms currently in the pipeline

There have been no major reforms in this area in the period since 2017 and no significant reforms of income supports for people with disabilities are under discussion. However, as noted above, there has been ongoing discussion about supports with the costs of disability and a report assessing these costs has recently been published (Indecon, 2021). The report has been referred to the National Disability Inclusion Strategy Steering Group chaired by the junior Minister for Disability “to consider what actions should follow”.²² This would not suggest that immediate action on the issue is likely to be forthcoming.

4.3 Good practices and recommendations on how to tackle gaps and obstacles

In practice, the Irish system allows people with disabilities to access flat-rate disability benefits in significant numbers and has a significant impact in reducing poverty amongst people with disabilities. However, poverty amongst people with disabilities remains high²³ and it would be difficult to identify good practices to recommend for other countries.

In terms of recommendations, people with disabilities are at a relatively high risk of poverty and deprivation. The importance of employment for persons with a disability was highlighted in the European Commission Country Specific Report for Ireland (2019) which noted that the participation rate of people with disabilities in the labour market is among the lowest in Europe. A review of international experience would suggest that it is difficult to integrate people who are on long-term disability payments (back) into the labour market (OECD, 2010).²⁴ Therefore, rather than an emphasis on welfare-to-work, there needs to be an emphasis on work-to-welfare, i.e. on limiting the movement of people from employment to welfare by facilitating their retention in employment. This, of course, is also dependent on people with disabilities being able to access the labour market in the first place.

In this regard, there is now widespread agreement on the need to promote employment for people with disabilities. There are two key lessons from a policy perspective. First, as highlighted by the OECD (2010), there is a need for cultural change supported by financial and other incentives for all actors (employers, individuals, medical professionals and social security authorities) to promote work-retention and return to work. As part of this, reforms need to take into account the overall labour market and social protection systems to ensure that particular approaches will have a positive impact and not simply lead to a transfer of costs from one sector to another or a transfer of claimants from one welfare scheme to another.

Second, early intervention to reduce sickness absence and promote return to work is most effective. The countries which have been most successful in achieving return to work (such as the Netherlands) have put the focus on assessing work capacity and developing return to work plans at an early stage. In contrast, by the time people are approaching long-term “incapacity” they have (almost by definition) reduced work capacity and they are further from the labour force. Rates of return to work from long-term disability are low in most countries.

In addition, in relation to the costs of disability, disability-related needs could be addressed either by the provision of services or through cash which would allow people to purchase services or address needs in another way. However, to date, the issues of disability services

²² See <https://www.gov.ie/en/press-release/b013c-government-publishes-the-cost-of-disability-research-report/>

²³ While the standard poverty data does not specifically identify poverty amongst people with disabilities as a group, the at-risk-of-poverty rate amongst persons “unable to work due to a long-standing health problem” is 34% in 2020, the highest of any large group (compared to 13.2% overall): <https://www.cso.ie/en/releasesandpublications/FP/FP-PI/povertyinsights-incomereferenceperiods2018to2020/>

²⁴ In fact, as in the Irish case, many such persons will never have been in sustained employment in the open labour market.

and cost of disability have been addressed in parallel and in a largely institutionally-bounded manner in Ireland. For example, Department of Health-led reviews of disability services or personal budgets have focussed on the services which the HSE provides not the services people with disabilities need. It would appear desirable to have a more joined-up approach to this issue to address the recommendations of the Task Force on Personalised Budgets and the outcome of the recent cost of disability research (Indecon, 2021) in a coherent and effective manner.

In order to assist in these measures, it would be helpful if data collection mechanisms were improved, ensuring that comprehensive, reliable and disaggregated data on disability and people with disabilities is collected, in line with Article 31 (Statistics and data collection) of UN CRPD provisions

References

- Comptroller and Auditor General (2019). *Report on the Accounts of the Public Services 2018*, Dublin: Government of Ireland at <https://www.audit.gov.ie/en/find-report/publications/2019/2018-annual-report-chapter-13-timeliness-of-income-support-claim-processing.pdf>
- Daly, L. (2021). *Disability and Special Education Expenditure: Lifecycle of Supports*. Dublin: IGEES at <https://assets.gov.ie/205042/ff56196d-476b-478c-abecd8076f66d45f.pdf>
- Department of Health (2018). *Towards Personalised Budgets for People with a Disability in Ireland*, Dublin: Department of Health at <https://assets.gov.ie/9935/2f07ddbc914b438280d5cc4036f2037c.pdf>
- Doyle, E (2017). *An Assessment of the Financial Incentive to Work for Recipients of Illness and Disability Schemes*. Dublin: IGEES at <https://igees.gov.ie/wp-content/uploads/2014/11/An-Assessment-of-the-Financial-Incentive-to-Work-of-Recipients-of-Illness-and-Disability-Schemes.pdf>
- European Commission (2019) *Country Report Ireland 2019*. Brussels: EU Commission at https://ec.europa.eu/info/sites/default/files/file_import/2019-european-semester-country-report-ireland_en.pdf
- Indecon (2021). *The Cost of Disability in Ireland*. Dublin: Department of Social Protection at <https://www.gov.ie/en/publication/1d84e-the-cost-of-disability-in-ireland-research-report/>
- Irish Government Economic and Evaluation Service (2020). *Focussed Policy Assessment of Housing Adaptation Grants*, Dublin: IGEES at <https://igees.gov.ie/wp-content/uploads/2020/02/Focussed-Policy-Assessment-of-Housing-Adaptation-Grants.pdf>
- Maître, B., Privalko, I. and Watson, D. (2020). *Social Transfers and Deprivation in Ireland: A study of cash and non-cash payments tied to housing, childcare, and primary health services*, Dublin, DSP and ESRI at <https://www.esri.ie/publications/social-transfers-and-deprivation-in-ireland-a-study-of-cash-and-non-cash-payments-tied>
- McGinnity, F., Russell, H., Privalko I. and Enright, S. (2021). *Monitoring Decent Work in Ireland*, Dublin: IHREC and ESRI at https://www.esri.ie/system/files/publications/BKMNEXT414%20%281%29_0.pdf
- OECD (2010). *Sickness, Disability and Work: Breaking the Barriers*. Paris: OECD at <https://www.oecd.org/publications/sickness-disability-and-work-breaking-the-barriers-9789264088856-en.htm>
- Social Welfare Appeals Office (2021). *Annual Report 2020*. Dublin: Social Welfare Appeals Office at <https://www.gov.ie/en/collection/ae6ada-news-and-publications-from-the-social-welfare-appeals-office/>

Annex

Table A1: Main disability payments – numbers in receipt, expenditure and rates of benefit

Payment	Numbers in receipt end 2021	Expenditure (2020) €M	Personal Rate (2022) €	Average payment (2021) €
Invalidity pension	59,300	760.3	213.50	251
Disability Allowance	157,448	1,811.9	208	240
Blind pension	1,075 (2020)	12.6	203	n/a ²⁵
Partial Capacity Benefit	3,227 (2020)	24.7	104- 213.50 ²⁶	n/a
State pension (contributory)	-	-	253.30	271
State pension (non-contributory)	-	-	242	242
Jobseeker's allowance and benefit	-	-	208	236/197
Supplementary welfare allowance	-	-	206	n/a

Source: Department of Social Protection, Annual and Quarterly Statistical Reports at <https://www.gov.ie/en/organisation-information/0f390-social-protection-statistics/>

²⁵ Not available. The more up-to-date quarterly data only covers the main schemes.

²⁶ Depends on previous payment and level of capacity for work.

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