



Joint Committee on Health

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Opening Statement

Not for Profit Association

Kathleen O'Meara, Director of Communications, Public Affairs and Fundraising, Rehab Group

Brendan Lennon, Head of Advocacy and Information, DeafHear

Deputies, Senators, ladies and gentlemen.

Firstly, we would like to thank you for the opportunity to speak here today and to commend the Committee for its consideration of the issues which are raised by the United Nations Convention on the Rights of Persons with Disabilities in the area of health and well-being. The members of the Not for Profit Association work to affect positive change in the lives of the 40,000 people who use their services. We believe that ratification, and, more importantly, implementation of the Convention will enshrine the equal rights of people with disabilities to live in a way and in a place of their choosing. It is incumbent on Government, public services, service providers and society as a whole to make this aspiration a reality.

Prior to the adoption of the UNCRPD in 2007, Ireland showed great leadership in negotiating the Convention. A decade later, we have not been so pioneering. Ireland is the last country in Europe to ratify the UNCRPD. Certainly, there are actions required prior to ratification but the process so far has been characterised by delays. Some progress is now being made with the Disability (Miscellaneous Provisions) Bill 2016 going through the Oireachtas (although large parts of this Bill remain unpublished), the enactment of the Assisted Decision-Making (Capacity) Act 2016 and of the Criminal Law (Sexual Offences) Act 2017.

Ratification is dependent on enactment rather than on commencement of legislation and on the development of laws rather than the achievement of quality of life improvements for people with disabilities in Ireland.

In the last ten years, austerity has impacted significantly on public services, particularly health services and social protection. The UNCRPD requires States to recognise that people with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination. This is an area where no new law is needed, but where Ireland falls short in terms of provision for people with disabilities.

People with disabilities are not sick, but they are more likely to have ill-health. Census 2011 found that just 16.5 per cent of people with a disability indicated that they had very good health compared with 66.9 per cent for those without a disability. Nearly 11 per cent of people with disabilities indicated their health was bad or very bad in stark contrast to just 0.1 per cent of those with no disability.

Many things contribute to poorer health outcomes for people with disabilities – poverty, inappropriate housing, difficulty accessing transport, lack of employment and education.

People with disabilities are disproportionately impacted by cuts in health spending, by waiting lists and delays. Low incomes mean that they don't have the ability to mitigate the impact of these delays by buying services, which is par for the course for other members of the population. Low disposable income and increased costs of living also limit people's ability to look after their health and well-being through things like purchasing good healthy food, activities to maintain good mental health, and social activities.

Things that the rest of us take for granted can be major barriers to accessing appropriate healthcare and supports for wellbeing for people with disabilities.

For example:

- A lack of access to information and advice in a format and manner that suits the person's needs, such as access to an Irish Sign Language Interpreter, limits the control that individuals have over their own health.
- A lack of hoists and access in GP surgeries often unnecessarily escalates minor conditions to hospital admission.
- A lack of modern legislation to support autonomous decision-making has often excluded people with disabilities from decisions about their health. The enactment of the Assisted Decision-Making (Capacity) Act will change the law but we need to change the culture through greater health literacy and emphasis on self-management.
- A lack of equality when it comes to enabling people with disabilities to access screening, health promotion and sexual and reproductive health services.

- A lack of appropriate PA supports which make it difficult for people with physical disabilities to access their daily activities and health services. There are also inconsistencies in access to PA supports within the hospital system.
- A lack of appropriate housing leads to inappropriate placement of younger people with disabilities in nursing homes, limiting their independence, their choice and their social integration with consequent impacts on their health and wellbeing.

The United Nations Convention on the Rights of Persons with Disabilities doesn't open a locked door to greater equality and better services for people with disabilities. That door is already open to us. Nothing says we need to wait for ratification to take steps to make Ireland a better and fairer place to live for people with disabilities. Investment in better access to health services for people with disabilities needs to be a priority now in Budget 2018. Equality proofing all public investment would ensure that government spending always promotes inclusion.

Following ratification, Ireland's record will come under review by the UN Committee on the Rights of Persons with Disabilities. It will be the real experiences of people on the ground that will count, rather than the list of legislation that is in place. People with disabilities are the greatest users of health services but are the least provided for. Practical change is needed in addition to legislative change if Ireland is to achieve both the word and the spirit of the UNCRPD.