

# DÁIL ÉIREANN

## AN COMHCHOISTE UM NITHE A BHAINNEANN LE MÍCHUMAS

### JOINT COMMITTEE ON DISABILITY MATTERS

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*Déardaoin, 5 Bealtaine 2022*

*Thursday, 5 May 2022*

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Tháinig an Comhchoiste le chéile ag 9.40 a.m.

The Joint Committee met at 9.40 a.m.

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Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	Seanadóirí / Senators
Holly Cairns,	Martin Conway,
Seán Canney,	Eileen Flynn,
Emer Higgins,	Erin McGreehan,
Jennifer Murnane O'Connor,	Fiona O'Loughlin.
Pauline Tully.	

\* In éagmais / In the absence of Senators Alice-Mary Higgins and Mary Seery Kearney.

Teachta / Deputy Michael Moynihan sa Chathaoir / in the Chair.

## **Situations of Risk and Humanitarian Emergencies: Discussion (Resumed)**

**Chairman:** We have received apologies from Deputies Phelan and Wynn and Senators Higgins and O'Loughlin.

The purpose of today's meeting is to resume discussion on situations of risk and humanitarian emergencies. On behalf of the committee, I extend a warm welcome to Mr. Joe Mason, CEO, Ms Catherine Kelly, deputy CEO, and Ms Olena Dmytriieva from WALK, Dr. Rosaleen McDonagh from the Irish Human Rights and Equality Commission, IHREC, and Mr. Adam Harris, CEO, from AsIAM.

I remind members that they can only participate in the meeting if they are physically within the precincts of Leinster House. If members are joining us remotely, they must confirm that they are within the precincts before they can contribute to the meeting. For anyone watching online, some witnesses are accessing the meeting remotely. Due to the unprecedented nature of this, I ask everyone to bear with us should technical difficulties arise.

I must advise everyone participating in these proceedings on matters of privilege. Witnesses are directed that only evidence connected with the subject matter of these proceedings is to be given and are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a way as to make him, her or it identifiable. I advise witnesses giving evidence from locations outside the parliamentary precincts that the constitutional protection afforded to witnesses attending and giving evidence before the committee may not extend to them. No clear guidance can be provided on this.

If members are directed by the committee to cease giving evidence in relation to a particular matter, they should respect that. They are also reminded of the long-standing parliamentary practice that applies.

I will first call on Mr. Adam Harris to make his opening remarks.

**Mr. Adam Harris:** I thank the committee for its invitation to speak on this critically important topic. AsIAM is Ireland's national autism charity. As an organisation, we are working to bring about an autism-friendly Ireland, a society in which every autistic person is equal, included and valued as they are. In working to realise this vision, we provide supports to autistic people and our families. This includes the operation of a national autism information line, access to a range of support and advice programmes across the life cycle and the provision of autism ID cards. We equally believe society needs to be educated and adapt to meet the needs of autistic people and so run a range of programmes, across Irish life, aimed at equipping businesses, public services, and communities to become supportive, accessible environments for our community.

Autism is a lifelong, developmental difference that influences how a person communicates and interacts with others and how they experience the world around them. Based on prevalence data within the education system, it is thought that at least 1 in 65 people in Ireland is autistic and no two autistic people have the same needs, abilities or experiences. Many members of our community belong to other minority groups also and can also have co-occurring disability or mental health diagnoses. For many autistic people, structure, routine and a supportive sensory environment are critical for health, well-being and participation in day-to-day life. We saw first-hand the impact a loss of such accommodations can have through the Covid-19 pandemic,

with many children struggling to communicate, self-regulate or to manage anxiety. Indeed, it is thought that perhaps 63% of our children saw changes to their support needs owing to the pandemic. For autistic adults, who disproportionately experience loneliness and unemployment, the pandemic too often had a devastating impact on mental health or made challenging home environments all the more difficult.

If this is the impact of the past two years in our country, it is difficult to even begin to imagine the overload, the anxiety and the terror experienced by our fellow autistic people in countries that have been ravaged by war or armed conflict. As a full member of Autism-Europe, we have sought to collaborate with our colleagues across the EU and the Continent of Europe to support the many thousands of autistic people who are either trapped in Ukraine and unable to flee or who have made their way to our respective countries. I will talk a little bit more about some of this work we are doing in a moment. I must, however, also highlight that while we have been able to contact and support many families who have arrived in Ireland, it would appear that disabled people have been disproportionately affected by the conflict and that of the number of people arriving here, in percentage terms, not a proportional number of disabled people are making their way here. Just over 100 children are currently registered with the HSE to access services.

In regard to armed conflicts more generally, we have had no such contact from people fleeing other combat zones such as Syria, Ethiopia and Afghanistan. Under Article 11 of the UNCRPD, states parties must take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters. It is, therefore, critical that Ireland ensures that autistic and disabled people in all theatres of war are supported to reach our country, access international protection and have parity of access to supports and information from the State and NGO sector.

AsIAM is pleased to have supported Autism-Europe and EUCAP to develop guidelines on supporting autistic people in crisis situations in response to the war in Ukraine. The differences and accessibility supports required by autistic people are often invisible and can be frequently overlooked or misinterpreted in highly stressful environments with disastrous consequences. It is critically important that all governmental and aid agencies working at border points have appropriate training to identify when someone may be autistic, to effectively communicate with a member of the community and, critically, have the required knowledge to provide any medical treatment which may be required by a community of people who often experience and communicate pain and discomfort differently and who may also frequently have co-occurring medical conditions such as epilepsy.

In that context, it is vital to understand that supporting people fleeing conflict who are autistic or disabled is not an unusual reality. If we take Ukraine as an example, at least 444,000 people in that country will be autistic. This is before we even consider that 15% to 20% of any country's population will have a disability and that this figure, sadly, increases in countries which have prolonged armed conflict. It is vital, therefore, that evacuation efforts are fully accessible and inclusive, as called for in the UN Security Council Resolution 2475 (2019). Too often, this is simply not the case and so abandonment, violence and physical and sexual abuse can too often be the horrific consequences. It is particularly important to understand that autistic people will very often require support from across the family unit in order to flee and this must be respected by all actors, including for fathers of disabled people who are of military service age.

Needless to say, fleeing conflict is just the first step on the journey to safety for autistic people who arrive in Ireland from combat zones. As an organisation, we have been privileged to have the opportunity to get to know and support a number of autistic people and families who have arrived in Ireland from Ukraine. We have sought to meet the needs of these new members of Ireland's autism community by putting in place translation services so that families can communicate with our community support team to navigate the Irish support systems, working with third-party providers to secure additional supports for families in areas such as housing, access to assessment and therapeutic supports and developing resources in the Ukrainian language to support families and autistic people to adapt to Irish life. As a growing number of people arrive in Ireland, we propose to expand and grow this work further. In doing so, and based on the engagement we have had with families to date, we would make several recommendations to the committee.

First, we need appropriate housing and training for host families. We are concerned that steps are taken to ensure that autistic people are prioritised for suitable accommodation which takes due regard of the support needs of the individual, particularly from a sensory perspective. This would be important for all autistic people but particularly for those who have been exposed to such a terrifying ordeal. Linked to this, we believe it is critical that host families and staff and management in other housing facilities have access to training to help them understand the support needs of autistic people. This training should include general information which may be helpful, but also information from the individual family themselves.

Second, there must be a recognition of diagnoses for the purposes of accessing special classes and schools. We are conscious that for young people who have been assessed in Ireland there can often be challenges in accessing appropriate school places if the diagnosis report does not explicitly recommend this. The Ukrainian education system is very different from ours and so it is important that children have access to an appropriate school place even if reports are worded or formatted differently to our own system.

Third is the development of a buddy system within the disability community. Consideration should be given to establishing a system whereby an autistic adult or family in Ireland can sponsor or buddy with community members arriving here for the first time.

Fourth is ensuring parity of access. We are deeply disturbed by reports of individuals with the highest level of support need being left behind in war zones, often in institutions or sometimes due to insufficient support to make the journey. The State must apply the principle of prioritising support for those with the greatest level of need and should thoroughly investigate all options available to supporting those most at risk to reach safety in our country.

Fifth is a capacity review. We are conscious that there were already significant challenges in terms of access to school places and therapeutic services prior to this crisis. It is vital, therefore, that additional funding be made available to support services and schools to meet the demand for support from the autism community.

The sixth and final need is neuro-affirmative specialist supports. Many people arriving from Ukraine and other conflict zones will require mental health support in order to process their experiences and the trauma they have experienced. This need is likely to be particularly pronounced in our own community and so it is vital that mental health services are adequately trained in neuro-affirmative approaches. Furthermore, we are extremely conscious that attitudes and approaches to autism can vary greatly from country to country and culturally. We are aware that there is not the level of deinstitutionalisation in Ukraine and elsewhere that there has

been in Ireland. Autistic adults have only relatively recently begun to access late diagnosis on a private basis here in Ireland. It is highly probable, therefore, that there will be many undiagnosed autistic adults arriving in Ireland, particularly women. It is vital that support services are equipped and resourced to bridge these gaps in support and experience.

I thank the committee for its time.

**Chairman:** I thank Mr. Harris and invite Dr. McDonagh to make her opening statement.

**Dr. Rosaleen McDonagh:** Good morning. I thank the committee for having me. I echo the points made by my fellow commissioner, Mr. Harris. We all know that disabled lives, be they children or adults, are easily devalued and disposed of and that this is exacerbated in a war or conflict situation. I want to acknowledge and extend the hand of friendship and solidarity, as well as support, to ethnic minority people, particularly the Roma and Africans, who are fleeing from the Ukraine and who, because of racism, may not be supported in fleeing to safety.

In 2015, the UN acknowledged that disabled people in Ukraine were in a very vulnerable situation in terms of institutional care. These are institutions where, often, people are abandoned and they experience malnutrition and a lack of appropriate care and support. In a war zone, institutions, be they psychiatric institutions or other forms of residential settings, are often easily forgotten, especially the people who live in these places, and, therefore, they are easily targeted by the enemy.

IHREC is very pleased that Ireland is welcoming Ukrainian people. It is important to add that there cannot be a hierarchy in terms of who we let in and do not. There are reports of people waiting months to get an application registered, with no access to temporary residence cards and service. This is worrying in contrast to the State's welcome response to people from Ukraine. I would also add that in all war and conflict situations women are used as sexual weapons because deaf and disabled women are more likely to go unnoticed. They are more likely not to acknowledge what happened and, therefore, not receive the appropriate care and attention. We would encourage that all services relating to violence and sexual assault in Ireland be cognisant of the fact that some people who are coming from Ukraine may need immediate access to these services. That is all I have to say for the moment.

**Chairman:** I thank Dr. McDonagh for that. I will move on to Ms Catherine Kelly and Ms Olena Dmytriieva.

**Ms Catherine Kelly:** On behalf of WALK, I thank the Chairperson and the members of the joint committee for this opportunity for Mr. Joe Mason, the CEO of WALK, Ms Olena Dmytriieva, a lady with lived experience of disability and the complexities of trying to survive in Kyiv during the war and then fleeing Ukraine, which she will discuss with the members later in this presentation, and myself, the deputy CEO of WALK, to present today on Article 11 of the United Nations Convention on the Rights of Persons with Disabilities, UNCRPD, on situations of risk and humanitarian emergencies. I would especially like to acknowledge and thank Senator Seery Kearney, the Minister of State, Deputy Rabbitte, and Mr. Adam Harris and his team from AsIAM for the tremendous support they provided to WALK in March 2022 when we embarked on a humanitarian mission to Lublin in Poland two hours from the border of Ukraine to return to Ireland with four families who had children with disabilities and-or autism.

To give a brief introduction to WALK, we are a progressive community and voluntary section 39 organisation based in Dublin and Louth and we have been supporting people with

intellectual disabilities and autism for more than 50 years. The services and supports WALK provide are rights based and are rooted in the belief that all people have the right to live self-determined lives within an equal and inclusive society. This is in line with the UNCRPD which obliges states to protect the rights of persons with disabilities in the context of war.

During humanitarian emergencies, people with disabilities are among the most vulnerable groups because of their high levels of dependency and limited physical capabilities compared with the general population. Despite this vulnerability, sadly, they have not traditionally been considered a priority group for humanitarian assistance. According to the European Disability Forum, there are approximately 2.7 million people with disabilities in Ukraine, while Inclusion Europe estimates there are around 261,000 people with intellectual disabilities. Charities trying to help people with disabilities, particularly those with intellectual disabilities, within Ukraine are constantly highlighting the gap in terms of the frightening lack of information or media coverage about this cohort of people and, in reality, they suggest these people are being abandoned in Ukraine because, as the NGOs WALK communicated with clearly explained, most of these individuals have not got the capability to even reach the borders and for them there is no escape. In Ukraine children and adults with disabilities are often housed in large institutions, many of them already cut off from their communities, and as each day goes by the risk of them being abandoned and forgotten dramatically increases. This happens because, first, social disintegration occurs as a result of the erosion of formal or informal social supports in response to war, which cause separation and dispersal of families and carers as they flee war-torn towns and cities. Second, chronic dependency as a result of people with disabilities being cared for in large institutional settings means that when they are left alone they are unable to support themselves and are left to a fate worse than death.

It is extremely important to provide a context to the committee in order to understand our rationale for WALK's humanitarian journey. WALK was in touch with an organisation in Kyiv in Ukraine where it gave practical examples of how people with disabilities are disproportionately affected by the war, for example, shelters in Kyiv are inaccessible, therefore, people with disabilities are forced to stay at home with no level of safety. Adults and children are being left in institutions to fend for themselves with little or no access to food and water. There is no essential medication for lifelong conditions such as multiple sclerosis and epilepsy. With power failures electric wheelchairs become inoperable. We have been told stories about the experiences of people with disabilities who have died unnecessarily because they cannot hide or navigate the cities' surfaces that are now covered in rubble making them completely inaccessible for anybody with mobility issues. The Ukrainian organisation we linked in with explained that it could try to support families to get to the border but these families could not manage from there without proper support and it beseeched us to help. As we could not morally ignore this plea, Mr. Joe Mason, our CEO, and Mr. Kevin Power, WALK's director of day services, set off in a minibus to Lublin in the hope of returning to Ireland with the families of people with disabilities. On their return they brought these four families to Dublin Airport to complete all the necessary paperwork and avail of accommodation. However, when they arrived, we spoke with numerous interpreters who explained the families could be accommodated in a hotel for a night or two but then they could be constantly moved and there were no facilities at that time designated for people with disabilities. At this stage we had two children with disabilities who were ill and one child with autism who required medical treatment for epilepsy and the other child was experiencing extreme physical deterioration as a result of their cerebral palsy. One of the children had left all his mobility aids in Kyiv as they fled a bomb attack on their way to the border and, therefore, required constant assistance. He even had to be physically held by his mother in the back of a car to sit up straight. We could not in all consciousness abandon these

families who had already suffered so much and traumatise them further by putting them into a system that was not suitable to meet their needs.

WALK developed a model of support that we felt would be sustainable. As the members will be aware, the Time to Move on from Congregated Settings report provided a roadmap for moving people with disabilities out of institutional and campus-based living and into homes within the community. The result is that many disability organisations now have empty houses and structures on their sites. While no one is advocating a return to institutionalisation a small investment into these houses could make them habitable as a source of accommodation for families with disabilities for the duration of their stay in Ireland. They are ideal because families with disabilities need accessible accommodation, rehabilitation, equipment and additional supports. A great example of this is that WALK worked with Cheeverstown House Ltd., a Dublin based disability organisation, which agreed to provide housing accommodation for two of the families. In addition to housing, a natural support pod was set up for each family in the local community to help them to orient themselves, navigate our systems and support them with life in general.

Disaster preparedness interventions and societal changes are needed to decrease the disproportionate environmental and social vulnerability of children and adults with disabilities to disaster and terrorism. We therefore call on the political leadership and all of the disability sector to ensure persons with disabilities are not abandoned and have full access to all humanitarian aid. Mr. Joe Mason, the CEO of WALK, will outline the practical measures that if enacted could save lives.

**Mr. Joe Mason:** One of the things we discovered on our journey of a little more than week from the myriad communications we had with people in Kyiv and elsewhere and from talking to some people who volunteered on the borders is that access from institutions to the border is a massive issue. I learned recently there was a large celebration where 300 people with disabilities, both physical and sensory, were brought from institutional care in and around Kyiv to the border and brought on onward journeys to Belgium, Germany and Holland. That brings me on to the point that the number of people who those in Ukraine are trying to support is a drop in the ocean. We are asking for support to bring wheelchair-accessible transport to the borders of Ukraine, some of which we can leave on-site to support the Ukrainian people to bring their own loved ones to and from the institutions. We are also asking for support to bring wheelchair-accessible transport over in order that we can bring back people. We are asking for support to bring aids and appliances, as well as all the other necessary products, such as medications and so forth, for people still in Ukraine who will struggle and possibly will not make it out.

As Ms Kelly has already said, there are myriad settings in Ireland that were deinstitutionalised that could and should be used as a short-term measure. We must remember the people are here because they must be and not because they want to be. Every Ukrainian person I have spoken with has told me his or her desire is always to return home. Short or medium-term measures are required. As Ms Kelly also said clearly, nobody advocates a return to institutionalised care in Ireland. As a short-term and temporary measure, a safe harbour is required. I will now pass to Olena, our friend from Ukraine, who will speak about her experience.

**Ms Olena Dmytriieva:** It is an honour for me to have the opportunity to speak before the committee. Our Ukraine is going through a difficult time. Russian troops are destroying cities, killing Ukrainians. More than 200 children have already died.

We live in Kyiv. Our family has a seriously ill child. This is not an easy ordeal for any fam-

ily but we felt happy together. My husband did his favourite job and I spent most of my time with my daughter, helping her with her education and rehabilitation and other things. Our family likes travelling or just walking with our dog. We have a dog, Jessie, and she is our antidote to stress and our companion.

Everything was changed after 24 February. The most important task was to survive. It superseded all other plans. Our city was under daily bombardment and we could not get into the bomb shelter and stay there because I have some mobility problems and my daughter could have an epileptic seizure at any moment. So we stayed at our apartment and hoped the rockets would not hit our house. I thanked God every night that we were alive and believed that we would have tomorrow.

I will speak about people I know personally. My husband's eldest daughter spent ten days in the basement because there was constant fighting nearby. She stayed with her friend, two small kids and a dog without any connections. Another Ukrainian family that arrived to Ireland with us recently discovered that their apartment burned down when a rocket hit a house recently. My daughter's classmate died with her mother when a rocket hit the building in which they lived. These are only a few stories among many in different parts of Ukraine, unfortunately.

Children with disabilities suffer more than others in a war. They are helpless and cannot live without medicine and medical care in most cases. This affected us as well. We could not find medicine for our daughter in Ukraine during the war. When the opportunity to save the child arose, the decision was made instantly. I am very grateful to fate for bringing us together with incredible people. We were used to relying only on ourselves and when we found ourselves in a difficult position, complete strangers helped us, including volunteers, social workers, doctors and just casual acquaintances. Different people tried to help us solve any problems. Of course, we are immensely grateful to trusted charity, WALK, the people who organised this move for four Ukrainian families with children with disabilities, and who surrounded us with care and attention, picked us up in Poland and brought us to Ireland and solved absolutely all the problems that arose during our trip. Joe Mason, Catherine Kelly and Kevin Power, you will forever be in our hearts. You made us feel like we were visiting close family. That is very important when we are 3,000 km away from our country.

For more than a month we have been living in this beautiful country with hospitable Irish people who know the price of independence, gave shelter to our family and many Ukrainian families. It is very important for us to understand that we are not left alone with an enemy who kills our people just because we want to remain free and independent. Thank you so much for everything.

**Chairman:** I thank everyone for their contributions this morning.

**Deputy Pauline Tully:** I welcome everybody to the committee and thank them for coming to share their experience. I give a special welcome to Olena. I thank her for coming here to share her story. I welcome her and her family to Ireland. I want to show solidarity with you. We all want to see an end to the war in Ukraine and it is so sad to hear of how many people are being left behind who cannot get out or to safety, especially people who are disabled in some form or other. We must also remember those who did not get to safety and who have lost their lives.

I commend all the good work done by the organisations to help Olena and families like hers, reaching out and offering support. There have been some very practical suggestions about

bringing back wheelchair-accessible transport and bringing back into operation accommodation that was deinstitutionalised. What must happen to action that? Are the groups being listened to and is work being done to bring that transport and accommodation back into use?

Mr. Harris is reaching out to autistic people who are coming here but as he notes, many people do not even have that diagnosis. How difficult is it to recognise that and get support to people who need it in this country? He also referenced supports in this country, such as school places and services. We already know there is shortage in this respect and I have heard from families who cannot get a placement for their child going to school. What must happen to increase places for all children with autism or an intellectual disability in particular?

**Mr. Adam Harris:** Schooling is an area about which we have significant concerns. A number of families have arrived here with children who were in specialised settings and who have been unable, as of now, to secure a place in an autism class or a special school. It is very likely that the needs of these children will have increased during the course of the conflict. As a result, it would seem inappropriate that the first port of call should be mainstream schooling but it appears to be the reality. There have been instances where special schools and classes have been able to make provision but we need a clearer national plan for addressing this challenge.

It is very welcome that the summer provision programme will be available for Ukrainian young people this summer and that will reach children with additional needs from Ukraine who are in Ireland. We need to see a clear plan. The first step in doing that is to see a capacity review from the National Council for Special Education, NCSE, around the number of children who are likely to arrive and where they are likely to arrive to.

We must see a formal setting aside of the policies around access to special classes in schools. The education system in Ukraine is quite different from that in Ireland. For example, children start school later and there are special classes but they are not structured or called the same thing ours are called, so it does not seem reasonable to expect that reports will recommend an autism class place in an Irish school when a young person was never expected to come here. Policy changes are required. That is very important.

It is also worth mentioning the under-diagnosis piece. It appears there is quite a difference in how support is provided to autistic people in the community in Ukraine. The majority of autistic people over the age of 13 appear to be living in institutions. As a result, we expect that quite a significant percentage of adults arriving in Ireland may not have a diagnosis. We know that in our own country there are autistic women who are only now able to get a diagnosis. We still do not have a public pathway to diagnosis for autistic adults in Ireland. It is critically important for the mental health teams that may work with autistic children or adults in the time ahead to have the ability to give an autism diagnosis where appropriate and, critically, that they have the training in being able to identify autism where a person may be autistic because that is often far from the reality in day-to-day life.

**Mr. Joe Mason:** On the practical side, our first ask is for a bigger, more conjoined and concerted effort from the State to respond in a more proactive rather than reactive way in terms of bringing people experiencing difficulties to Ireland. What we are asking for is for us to learn from our experience and from the pitfalls we have come across. In some ways, we should thank God for a little naivety because if we knew how immense the process would be, we may have thought twice about it. Thankfully, we did not. I thank God for a little bit of naivety. I also thank God that we have a phrase in WALK which is that excellence can be the enemy of good. While we wait to have an excellent plan, people who need a good plan might be dying. We did

not decide to wait for an excellent plan. We decided we had a good plan and we continue building on that good plan on the journey. What we need is a team of people to come together and to look at the transport issues, to make it available and workable and to get it on the road quickly. If we cannot find it here, we need a fund to purchase it elsewhere and get it to the border. We need people who are dedicated and committed. Those people are around; we know that. I had myriad volunteers; people jumped out of the woodwork who I would not have considered. They made phone calls and sent emails and text messages looking to volunteer. A myriad of people are willing to get involved in anything that we do.

On the congregated settings, we have to be real here. It is not a million years ago that these institutions were decongregated, so they are probably still relatively habitable. We are only coming out of that process. We still have a significant number of people in institutional care in the State. That accommodation is available. We need to figure out what else we, as an organisation, can do and what we, as a sector, should be doing. Like most people, I imagine, I am a bit of a technophobe and can probably just about navigate Facebook. I still have to ask my son, "What do I do now, son?". However, I am on many fora for Irish people looking to support people from Ukraine, and people from Ukraine who are coming to Ireland looking for support. One of the things that is clear is that people want to come here and not be reliant on the State. People want to work. Many people who have come here have worked in care settings in Ukraine. That is very clear.

People will have noticed that in the past few days, the HSE has been advertising for expressions of interest from people from Ukraine to go into the social care system. I run an organisation and I know that we have a massive shortage of social care staff in the State. We do not value them enough and we have a massive problem here. However, we have this cohort of people coming in who will not have the language difficulties. They will need supports themselves but those supports are different from the supports they are capable of offering to people while they are living in our institutions.

We need to remember they are here because they have to be and not because they want to be. I have yet to meet a Ukrainian person who does not want to go home. It is temporary. It is safe harbour. When we are looking for a safe harbour, we do not care whether it is Bray, Blackpool or Dún Laoghaire. There are practical steps, the first of which is to settle the group of people who understand that excellence is the enemy of the good.

**Dr. Rosaleen McDonagh:** We have to keep a focus that within our humanitarian response, there needs to be a core emphasis on human rights. Whatever humanitarian responses or whatever services we offer, their core must always be human rights and protecting and honouring those human rights.

The links with disabled people's organisations are crucial. While there is a myriad of different agencies involved, whether service providers or organisations, it is fundamental that disabled voices can be heard.

Mr. Harris spoke about money.

I know this is very difficult but we have to make sure that when people are being offered accommodation, whether it be a house, in a hotel or with a family, there is not a bias about taking children and adults with complex needs. While I acknowledge that not everybody can offer support, it is important we do not cherry pick who we welcome into our homes or into our services.

At the core of humanitarian responses and human rights in Ireland, as well as offering services we need services in regard to trauma for children and adults. There also needs to be a role for advocacy services, in that without advocacy we have no real access to what children, adults or their parents want.

Aside from all the other things, for women who are coming with their disabled children, it is overwhelming minding a child and they may have other children. It is about honour, respect, recognition, empathy and all those words and notions about how we deliver humanitarian support. When delivering humanitarian support, we must always be cognisant that people, as has already been said, are here because they have to be, not because they want to be.

**Senator Eileen Flynn:** I thank the witnesses for coming in. We think a lot about refugees from Ukraine coming over, but we rarely touch on people with disabilities who are coming here and the supports they need. That is not covered in the media. As the witnesses outlined, we do not want to go back to segregated settings. We want to go from the real to the ideal. These homes are real solutions. The ideal will be down the road. The witnesses from WALK talked about the amazing work they have been doing helping Ukrainian refugees to reach Ireland and providing them with houses. I would be interested to hear from both WALK and AsIAM about what is needed to make sure that the access needs of autistic people are properly supported in housing options for refugees and migrants.

This is a general question for all the witnesses. In their experience, is there enough support for disabled refugees coming from Ukraine in accessing social services and language classes, for example? We touched on a few of these issues but I would just highlight them again. Mr. Harris spoke very well about mental health supports. Housing and employment are also an issue. There are different services in different countries and different ways of working. How do we meet the needs, including the cultural needs, of people coming from Ukraine? Are we, as a society, trained in meeting people with disabilities where they are at as opposed to meeting the disability? We will have the capacity to do that? Mr. Mason said this is the access for now. I am very aware of that. How are we meeting the needs of the people in the first instance in a culturally appropriate way?

Ms Dmytriieva spoke about some of her experiences on the ground. If there is anything else she would like to share with the committee, I would very much appreciate it. As a mother and a person who has a disability, I think it is critical that we hear more from her.

My next question is for Dr. McDonagh. When it comes to disabilities and disabled women, women from ethnic minority groups are very often left behind. What kind of barriers do we need to remove, in a way that is doable in the here and now? As we heard today, it is important to speak about the here and now. We want to get to the ideal but we are now at the real, where we have a situation that must be dealt with with dignity and respect for the Ukrainian people.

**Dr. Rosaleen McDonagh:** I am not sure I have much to offer by way of answers. I appreciate-----

*(Interruptions).*

**Dr. Rosaleen McDonagh:** -----the racism and sometimes-----

**Chairman:** We seem to have a breakdown. I do not think Dr. McDonagh is on mute; the sound is gone.

**Dr. Rosaleen McDonagh:** Is it on my end?

**Chairman:** We can hear Dr. McDonagh now.

**Dr. Rosaleen McDonagh:** I am sorry. I have a speech impediment. It goes up and down so I ask the committee to bear with me. I was echoing what Senator Flynn said about how, for ethnic minority people or displaced people, their situation becomes more intense when in a war or conflict situation. There is talk of a payment being given to Irish hosts who are willing to take in or let Ukrainian people live in their homes. Within the human rights framework, we should not leave any window open for exploitation or, indeed, trafficking. I hope any funding would be given to the Ukrainian families, and not to the Irish families, because they need their own agency and independence.

**Ms Olena Dmytriieva:** I am sorry for my English. It is not perfect.

**Chairman:** That is okay.

**Ms Olena Dmytriieva:** If I understand correctly, I need to talk about my daughter, Dasha, and her problems-----

**Senator Eileen Flynn:** If Ms Dmytriieva would like to explain or say anything else to this committee, or speak more about her own personal experience, we would like to hear from her. If she does not want to, that is okay as well.

**Ms Olena Dmytriieva:** My experience with a child with disabilities.

**Senator Eileen Flynn:** Yes.

**Ms Olena Dmytriieva:** As I said earlier, my daughter has epileptic seizures every day. For 12 years we tried to find some decision ourselves and doctors tried different plans and medicines. I was afraid of how she would feel during this trip, but I can say that it was better than I expected for her. After Ukraine, we were three days in a Polish camp and after that we went through different countries. For a few days, she was without a seizure. Only in France was the first epileptic seizure. After that, when we arrived here, she was without epileptic seizure for the first week but after that she was worse. I am very thankful to our GP who gave us the necessary medicine. We were in hospital in Wexford and now we are trying to add a new medicine and will look how it feels. We are waiting for an appointment with a *nevrolog* in Dublin on 27 September. We believe this doctor can maybe help us.

**Ms Catherine Kelly:** I thank the Senator for the question. As I said in my opening statement, we were able to house two of the families with Cheeverstown, but two of the families we could not house. Once they go into the system, they end up in hotels. The latter are not disability friendly. If they go into the system and then do not accept what they get, they are at the end of the system. We hired two holiday homes. The families have them only until the end of May. After that, we are desperately trying to get two houses for them that are appropriate for the kids and for Olena herself. This is what we are trying to work on at the moment. What is missing is that there are no quorums. People are doing amazing work all across Ireland but they may not be doing it in a co-ordinated way. They are doing it from their hearts and maybe it is not being done in the context of quorums. Consider the issue of women in leadership for example. Quorums had to come in before things changed. Perhaps this is something we need to look at.

The issue of doctors and medicine has been absolutely huge, including trying to get access

to services such as physiotherapy. We have a child who has cerebral palsy. We can see a massive physical deterioration in him. Previously he would have had physiotherapy about twice a week. The concern is that as a child it will affect him going into adulthood. We are begging and borrowing from people we know to get the services that these people desperately need.

The Senator spoke about culture. That is a very interesting point. This comes down to conversations that begin for us in the context of figuring out what somebody's culture is, and finding the time and having the space to do that. From our experience of it, we see that people are coming over with post-traumatic stress disorder. We see that people are grieving and sad. It is a time to acknowledge the enormity of what they have left behind. It is about the most basic things that people need, which are their homes, shelter, food, and then setting them up with all of the provisions they need. Then we will see massive mental health issues. If we read any of the research papers on mental health, we can see that rates of suicide and depression are very high. While some people get treated, many go undiagnosed and untreated. There must be a process in respect of this grief and people's mental health. We are going to have to put in place a lot of trauma support and formal supports for people.

**Mr. Adam Harris:** I will make a few points in response to Senator Flynn's questions. There is lots of goodwill happening on the ground in the context of removing some of these practical barriers. The biggest problem we are seeing is a lack of joined-up thinking. Even in some areas where there is joined-up thinking within individual Departments, it is not happening between the NGO sector and the Government as a whole. For example, there may be steering committees within individual Departments but there is not enough interdepartmental collaboration. Very often there are not enough formal pathways for NGOs to take when we get a query from a Ukrainian family that has just arrived here. We are often calling up contacts who may or may not be the right ones. They try to help but it is all done on a goodwill basis instead of having formal pathways to go through, and particularly in respect of education and health.

On housing, two things are important. The first is accessibility. We need to respect and understand that settings such as hotels are not accessible for autistic people. Those barriers are as significant for people with hidden disabilities as physical barriers may be for people with physical disabilities. Training is also important. Obviously, we do not know how long this conflict will last. Very often, when autistic people are not understood in settings, school places can break down and people can frequently get kicked out of clubs and sporting organisations because of their needs. I would be very concerned about what would happen with a family supporting an autistic person or family to live with them, but not having the understanding around what their needs are. That arrangement might not be successful in the long term. We also know that our community is very open to exploitation and that it disproportionately experiences things like mate crime. Training and safeguarding are very important.

I will elaborate a little further on the cultural piece. For families within the disability community, very often the greatest support they have when they start their journey is the other families who have been on the journey a few years ahead of them. Families learn from each other. We should be trying to harness what we already have in that infrastructure to integrate Ukrainian people into this disability community, so we have that chance to learn from one another. That is very important.

With regard to co-occurring experiences, and we have alluded a little to this already, when we talk about culture we know that a disproportionate percentage of autistic people are also members of the LGBT community. When autistic people are members of ethnic minorities, very often their diagnoses get overlooked. It is important to remember that in disability-proof-

ing our supports we need to be thinking about it in an intersectional way also.

**Deputy Jennifer Murnane O'Connor:** I thank everyone for attending. The previous speakers referred to timescale and having the proper supports, training and safeguards. That is one of the main issues we need to address going forward. None of us have a timescale for how long this is going to go on. We need to make sure there are proper supports in place.

Do the witnesses feel there is joined-up thinking? The NGOs talk with all of the different organisations and this is what it involves. How do we make this work quicker? Timing is going to be crucial. In one of the opening statements it was said that WALK developed a model of support where the State could use the institutional, campus-based living that many disability organisations now have empty. Will the witnesses discuss the key recommendations needed to roll this out urgently? Do the witnesses believe that these units have the facilities to actually provide for the complex care? Will the witnesses discuss further the investment needed to make these facilities habitable as a source of accommodation in Ireland for families with people who have disabilities?

Is there communication with local authorities and the HSE? Having listened to the various guests, speakers and witnesses this morning, who were excellent, I feel this is an issue. There seems to be a communication issue in the different areas, be it local authorities, the HSE, or disability services. I am aware that I am repeating myself but I this is something I want to know. What are the NGOs' views on that and how do they feel we could address these issues quicker?

**Mr. Joe Mason:** These are excellent questions. There are a number of pieces there. One of the things we need to be very clear about is that the Minister of State, Deputy Anne Rabbitte, is currently carrying out an assessment on the accommodation that may be available throughout organisations. There is a requirement for organisations like WALK to step up and step in, and to not be the hurler in the ditch. I really believe that there is more proactive work that organisations like WALK and others in the State could and should be doing. I am not sure where the Minister of State is with her information-gathering exercise. I am not clear as to what that is. I am aware there is a task force, which I believe is called the rapid response group, if memory serves me correctly. I do not have any real information coming out of that. The information flow might not necessarily be what we need it to be. This goes to the Deputy's point around the conjoined thinking and the communication piece.

WALK has succeeded because Ms Kelly and I have a very long history working in the field we do. We were capable of calling in favours. "Remember when I did that for you 15 years ago: well you need to do this for us now," kinds of conversations were taking place. This is not the most appropriate way to do business. It is fine when we are talking about four families, which might be 13 people and a dog, but when we are talking about an actual, real sectoral response then those sorts of living, thriving and working relationships would not work in that regard. We most definitely need a response and I believe that we are capable of doing so because the sector responded immensely well to the pandemic. I mean that we had the greatest outcomes for people with disabilities in Europe, if my memory serves me correct. I am not a statistics man and I do not always absorb them but I read them. Our response to an internal crisis like the pandemic has been immense. We can now take that response and bring people on the journey but we must ask them to step up and step in. I think that we are well positioned and primed to do so.

**Deputy Jennifer Murnane O'Connor:** Yes, and I thank Mr. Mason for his vital answer. The Minister for State, Deputy Rabbitte, is dedicated and wants to get this work done as soon

as possible. Perhaps the Chairman would invite her to a meeting because we need to get more information as soon as possible and, as Mr. Mason, with WALK and other excellent organisations. There is an old saying that when you are in a position that affects yourself or people with whom you work, then there is no-one who knows more about it than the people who are in that position, which is a fact I always keep in mind. I suggest that the Chairman asks the Minister of State to attend one of our meetings.

**Chairman:** I will follow up on that suggestion.

**Deputy Jennifer Murnane O'Connor:** I thank the Chairman.

**Deputy Seán Canney:** I thank everybody for their contributions. Last night I read the presentations and listened to what has been said here and I was struck by the fact that the general population has a complete lack of awareness or understanding about the situation for people with special needs or disabilities in a war-torn country. Some of the descriptions stated in the presentations are eye-opening in terms of a country where the infrastructure for water, sewage, heat and electricity has been destroyed and people with disabilities in congregated settings are on their own so the situation is horrendous.

WALK has brought in four families and has the experience of putting two of the families in houses and putting the other two families in temporary accommodation. The WALK representatives have expressed how difficult it was and is to get something done for just four families. This is a major issue for us, as a committee, because there are things that we have no idea about. For instance, we do not know how many people with special needs have come to this country. Are there statistics available? What can we do for the people who are trapped in Ukraine to get them out or provide services? Is support being co-ordinated?

Mr. Mason or Mr. Harris suggested that a co-ordinated interdepartmental group examines this matter. Obviously establishing one is a problem.

I think that many of the decision-making processes here must be set aside. I believe that we should make a decision to reopen facilities that are closed down, bring them up to a living standard and give people a roof over their heads. I also agree with the suggestion to invite the Minister of State, Deputy Rabbitte, here to find out how supports are being co-ordinated.

We do not know how long the war in Ukraine will last. If it stopped tomorrow morning, many problems would not be resolved because it will take a long number of years to rebuild the country. Many people in this country have offered help but people must understand that we should offer help that is sustainable. I mean that it is not just a matter of taking somebody into one's home for a month or whatever and then the problem is pushed out for another piece of time. So a body of work needs to be done.

I thank everybody for their input and look forward to hearing their comments on these matters. I concur with the suggestion made by the last speaker that the Chairman extends an invitation to the Minister of State so that we can see how we can work with her and co-ordinate all of the groups that want to help.

This session has been educational, frightening and sometimes shocking when one reads about what is happening in Europe. We have seen the devastation on television but it is different to hear about the human side of things and to hear about the people who have disabilities being left behind, which is an indictment of what is taking place and we need to all work together.

I am glad to hear Mr. Harris talk about AsIAm co-ordinating on a European response. I think that we must work together rather than in isolation on co-ordinating the disabilities sector and have a European-wide response.

**Mr. Adam Harris:** In response to the question of whether we know how many people are involved, out of the approximate 25,000 people who have arrived in Ireland it would seem that there is not the expected percentage of people with a disability if the number was proportional. One indicator of that is the fact that so far, only 100 children have been registered with the HSE to access supports and services, which is worrying. That raises questions about how people get out of Ukraine and whether the screening our process can identify all of the people who may need supports so the problem is twofold. I firmly believe, and the WALK representatives have also talked about it here today, that we need to be prepared. I mean if we want to provide an equitable response to this crisis then we must take whatever steps that are necessary to support people with higher support needs getting to Ireland and to do so in meaningful numbers.

Deputy Canney is totally right about what he said about European co-ordination. We also need to think about another aspect of support. In terms of the countries that surround Ukraine, in particular Moldova, many of our sister organisations in Autism-Europe are much more engaged in this issue in terms of the number of people that they have been asked to support compared with ourselves. Plus, very often these countries do not have a huge amount of resources and there is not much to go around. Therefore, we need to think about how we can support Ukraine and its neighbouring countries as well.

**Dr. Rosaleen McDonagh:** I am very worried that nobody has mentioned other than myself the importance of a human rights framework in our humanitarian response. This is an emergency and I know that sometimes when one reacts to an emergency one does what one can in the moment. However, it is crucial that we do not ignore or violate human rights. In our responses, we must not overdo charity while not prioritising human rights because I really think no response, or a response that negates human rights principles, is neither really a response nor is it sustainable. I appreciate and understand that in the moment one does what one can and is appropriate but we will be almost as bad as the Russian perpetrator if we do not build a human rights framework into our response because that would re-traumatise mothers and children all over again.

**Deputy Holly Cairns:** I thank all the witnesses for appearing before the committee today to contribute to this very timely discussion. In particular, I thank Ms Dmytrieva for being willing to share her story. I also express my sympathies over her suffering.

The Russian invasion of Ukraine has brought the reality of Article 11 into very sharp focus. The horrors and challenges of conflict are even more acutely felt by disabled people and their families. In examining this area, including at last week's committee on the same topic, we are aware of the significant negative impacts on people with disabilities during not only conflicts but also humanitarian emergencies and natural disasters.

My first few questions are for all the witnesses. We have all been struck by the incredible support for the Ukrainian people by the Irish people. We are also aware that other refugees, such as Syrians and Afghans, have been more difficult to reach. Are there any suggestions for what the Government could do to develop a more standardised approach to ensure that people with disabilities or additional needs are supported to reach our country, access international protection and have parity in access to supports and information?

How are other countries working more effectively with disabled people to develop policies and mechanisms to best ensure safety in disaster and conflict situations? The growing impacts and risks of climate change have been mentioned in this discussion more so than at last week's committee meeting. What proactive approaches can be taken to best prepare for climate-related events and emergencies? As Dr. McDonagh said, building a human rights-based framework is crucial.

My next question is specifically for Mr. Harris. He mentioned that it is highly probable that many undiagnosed autistic adults will arrive in Ireland, particularly women. I ask him to outline the urgent measures that need to be implemented to identify these individuals and ensure they get the care they need.

Dr. McDonagh noted issues that may arise with refugees seeking disability services. Given the current state of services, especially for children, we are all concerned that this may take years if we are being realistic. Even getting in the door can be a challenge. What proactive measures should the HSE be taking now to provide information to refugees?

**Ms Catherine Kelly:** I will respond to the question on access for people with disabilities coming to Ireland. While people are coming in and everyone is reacting to it, they are not sure where the information is for someone to access it. The social welfare aspect is very clear when they arrive at the airport. However, there are issues like getting signed up with a GP. All the blocks are with access to the physical care that people need and access to accommodation, specifically for people with disabilities. There is no one place to go for a co-ordinated response.

We have been repeatedly asked to go back to Lublin and bring other families over. If we bring them over once we arrive with them, we are left with the same problem of where they can be housed. We can support accessing people's medical needs and all that, but we have no accommodation for anyone arriving here. That gives rise to a moral issue: are we bringing them over to go into a system that may retraumatise them?

Mr. Harris and the Minister of State, Deputy Rabbitte, have spoken about many people with disabilities being in camps in Moldova where the authorities are not able to cope with them. The human response is to go and bring people over. We are not proactively bringing people with disabilities over. We have no co-ordinated response. We know people are in institutions and some of them are dying in institutions. There is no European response to go and get those individuals out of the institutions. Across Europe we need to agree how many are going to which countries and exactly what we will do for them. That does not exist.

**Mr. Adam Harris:** Regarding people fleeing countries other than Ukraine, it comes down to much better education on Article 11. Further to Dr. McDonagh's point, this is not about us doing something that is kind or nice; it is about our obligations as a state party to an international treaty. We spoke about inaccessible accommodation. The reality is that direct provision centres are anything but accessible or inclusive for autistic people. As long as people are staying there, we are deeply failing in that regard.

The Deputy spoke about climate change and preparing for major emergencies more generally. At the core of this is changing our culture and thinking about disability. It was glaringly clear that autistic people and disabled people were not prioritised during the Covid-19 pandemic. That related to schooling as well as vital supports for people being treated as if they were discretionary. We need a standing major emergency response plan that plans for emergencies with a disability lens and not when we are in the middle of an emergency and dealing with it

generally that we think about disability briefly. We need to be proactively planning for possible emergencies through a disability lens in advance.

What we can do about adults links with Ms Kelly's point about retraumatising people. We absolutely want to get people to safe harbour. However, when talking to people before they make the journey to Ireland it can be difficult. On the one hand we want to say they will be welcome and that the Irish people are really supportive, but on the other hand we know we have terrible autism and disability services.

This applies in particular to autistic women who may be undiagnosed. Women will often present for diagnosis after a major life event that has raised questions. I imagine that fleeing one's country at a time of war is an example of that. We need to look at how we are training our mental health teams and also public routes to diagnosis. We should be thinking of Ukraine proactively as part of the new autism innovation strategy. We also need to solve the fundamental issues of access to mental health training in order to address this specific issue.

**Dr. Rosaleen McDonagh:** I thank Deputy Cairns for highlighting how vital the human rights framework is to our response. For me it would be a person-centred response. When people are being assessed at the airport, I know the HSE has a question on impairment disability. Sometimes for all sorts of reasons, trauma included, some disabled people particularly mothers will not identify and will not say it because they feel nobody will take them or they will not be housed. There is a bit about being cognisant of identifiers in there. A GP should be able to carry out a kind of triage on individuals who are deemed to have an impairment or disability so that they can be assessed for mental health, speech and language, physiotherapy, and other needs.

I understand why people who are disabled would not be favoured. I caution strongly against putting people into institutions here in Ireland. If we have learned anything from our own history, it is that these institutions develop bad and poor practice. They do not offer the individual attention that people need. They almost become warehouses. We need to be cautious. I understand that we have a housing crisis. It is very difficult to manage a humanitarian crisis when both crises are clashing against one another and when there is tension. However, I really would be mindful and aware of the dangers of putting people into large institutions and congregated settings.

I will also respond to Deputy Cairns's questions. Again, it is another arm of human rights, which is around safe learning. Our system of assessment in the areas of disability is not equality proofed. It is not risk proof. I am aware of pitfalls and vulnerability of children and mothers around language, as well as around being able to say, "No" and being able to say if something bad happens to them, whether this was in Ukraine or here in Ireland. It is hard for anyone to bite the hand that feeds them. It is therefore up to us as a State to have all those sets of principles and language in place. If we are going to do anything for the humanitarian response, we must please do it right and learn from other models outside of our jurisdiction. Also, this should go back to the child-centred or person-centred context of deaf and disabled children and adults. Not every Ukrainian person, whether they are a child or a mother, will have the same needs. Therefore, we must be flexible in being aware of diversity. It is also about giving people time to draw their breath and not just hurrying people into services here, there and everywhere. We must work at a pace at which people are able to manage.

**Senator Erin McGreehan:** I thank everyone for their contributions this morning. I apologise that I was jumping in and out of the meeting because I had to be at a few different places this morning.

Many of the issues have been covered. In my absence, many of my thoughts have probably also been covered. It goes to show, as we learned in last week's meeting, that in moments of crisis, the most vulnerable suffer most. There is that old saying that we learn at school, which is, "Fail to prepare and prepare to fail". As Dr. McDonagh has said, we are in an emergency and things are not perfect, but we have not prepared for an emergency.

I looked up the national emergency guidelines from the Department of Defence, in which there are only two mentions of disabilities. The Government also has different emergency guidelines, and disabilities are not counted in those. These issues are not disability proofed. Mr. Harris mentioned that earlier on. If we start at the point where we are ignoring people with disabilities, we will never be able to look after those citizens as best we should. We have seen during the Covid-19 pandemic that we must look after so many of our most vulnerable.

I apologise if my questions have been covered already. I have some more practical questions around what is happening currently. Are the services collecting the data that we need to follow through? We have some organisations coming into the committee. We have great organisations such as WALK, which are standing up to work with and help people. However, are there State organisations that are acting to collect the data, to find out the various needs, to allocate for them and to check in with people? As Dr. McDonagh has said, are there safeguards? Are our refugees given information about their rights, entitlements and what they can be expected to not have to put up with? They are in such a vulnerable position. Are all of our refugees empowered to know? Have we got the framework in place to empower our refugees to be advocate for themselves, so that they can go to the person who is best placed to help them? Is that framework in place? If it is not, it is a terrible indictment of us.

**Chairman:** We will start with WALK to comment on that. Then we will go to Dr. McDonagh for a comment, and back to Mr. Harris.

**Mr. Joe Mason:** I cannot give the Senator a definitive comment on whether those services are in place. My experience has been that they are not. There is no conjoined thinking at all, whether a person who comes into the country has a disability or they do not. It appears to be the case that the person will be rushed through the system. I have experienced this.

I will go back to previous points about whether we are capturing the data. The reality is that we are not. I do not believe that approximately 100 people who have disabilities have arrived into the State. I do not believe that to be true. I believe that the figure is significantly higher. However, that is the data that the HSE has gathered from the centres where people are registering.

I am not an expert on this by any stretch of the imagination. Yet, I spent three or four hours in one of the centres in Dublin Airport when we came back into Dublin Port. We were supporting the people to register. Even the facility itself was not fit for purpose. The location was not fit for purpose. Exceptionally well-meaning people, such as Dublin Airport Authority, DAA, staff, were volunteering their time to manage the location. There were interpreters, people from the Department of Justice and people from the Department of Social Protection. These were wonderful people and they were extremely well meaning. However, the process was to get people in and out the door as quickly as was humanly possible. These people are fleeing conflict after having suffered significant trauma. English is nowhere near being their first, second, third or fourth language. They were being asked questions by people who needed to tick a box so that they could move onto the next question. While I do not know the answer to this, I know that that is not it. There should be something else. We should be allowing people

to take time to breathe, as well as allowing them to recognise that they have found a bit of safe harbour and have time to draw breath, fill their lungs and just be. Then they could go back, revisit these people and ask them questions.

Purely by chance, I know someone who works at Citywest. It is my understanding that going back in and re-interrogating the information has not happened. I use “re-interrogating” loosely because no one wants to be interrogated about anything. This is about going back to someone who gave information an hour after getting off an aeroplane or boat, having been torn from his or her home, and asking what his or her support needs are and what we can do for him or her. The sector that we live and work in and are a part of is not a one-size-fits-all shop. This is about creating space for people to go back after someone has had a shower, some food – I will not say that the person would be relaxed by any stretch of the imagination – and an opportunity to fill his or her lungs and ask what is needed of us.

**Chairman:** I thank Mr. Mason. Does Dr. McDonagh wish to respond?

**Dr. Rosaleen McDonagh:** Would it be appropriate for me to pass over to Mr. Harris?

**Chairman:** Okay.

**Dr. Rosaleen McDonagh:** My voice is waning a little. Would Mr. Harris be okay with that?

**Mr. Adam Harris:** That is no problem. I have two short comments to add to what Mr. Mason said. If we listen to what he just described from an autism or intellectual disability perspective, even if no trauma is involved, the processing time that a person has for considering these questions, formulating answers and ascertaining what his or her preference is seems wholly inappropriate.

There is something that we see in disability matters all of the time, including during the pandemic and when accessing services. When discussing this community of people, we should not assume that they are a homogenous group in terms of the ability to self-advocate. Some of the families that we have welcomed to Ireland have been able to go online, find out about different countries, ask questions, have Zoom calls, make their way here and speak English, but that is not the case for everyone. As a result, people’s outcomes are influenced by their ability to self-advocate and their ability with the English language.

**Deputy Emer Higgins:** I apologise for missing the opening statements. I am on another committee that meets at the same time. No matter how much we might want to, politicians have not mastered bilocation just yet, but I have read the submissions. I thank everyone for those.

I was struck by what Mr. Harris said about the English language barrier facing people with disabilities from Ukraine in accessing services and supports and getting to Ireland. While it seems obvious and we mention it regularly when talking about making the trip across Europe from Ukraine, it is an added and complex dimension for people with disabilities. Has Mr. Harris ideas about how we might better plan for and support people in that situation?

I have heard on the ground about the great work that WALK is doing in physically helping people to make that journey and in providing services in Ireland. I commend it in that regard.

Dr. McDonagh appeared before our committee once, if not twice, previously, so she is a veteran at this point. She noted that people were reporting being trapped or abandoned at home and in institutions, that they were lacking medicine, food, water, information and shelter as a

result and that the women in particular were at greater risk of sexual violence. That is a stark warning and our committee would benefit from any advice she has on how we might better provide on-the-ground intervention to safeguard against such problems.

**Chairman:** Who wants to reply first?

**Dr. Rosaleen McDonagh:** I will. Given what we know from other wars and conflicts, women, particularly deaf and disabled women, often do not disclose what happens to them. In general, we as women minimise and modify our experiences of violence. In a war-torn environment, women put up with lots of things because they have no choice.

Earlier, we spoke about having a child-, adult- or disability-centred approach. Services related to sexual violence and war crimes have built up a breadth of knowledge, and I would imagine if they were linked in when disability services were called upon, they would be only too willing and able to respond.

No one has mentioned resources in how we respond to this crisis. Rape and gender-based violence services are always undercut, but because of the nature and context of war and conflict, I hope that resources for disabled children and their mummies will not be spared. Their mothers are very vulnerable to violence in making choices and compromising their own safety over their child's by minimising the risk of sexual or gender-based violence.

There is something else that I wish to mention. We talk about language interpreters, which are essential in our humanitarian work. No operation will work unless they are involved. However, I am worried about the availability of deaf services and interpreters for disability questions and disability services. I know that this is all very complicated, but that is the nature of human beings.

**Chairman:** I thank Dr. McDonagh. Does Ms Kelly wish to reply?

**Ms Catherine Kelly:** It is a pertinent question. If one looks at any of the research, it will talk about the fact that, if people do not learn the language of the host country or if the culture of the host country is not aligned to the culture from which they come, it will present difficulties for their mental health and for settling into that country. This is about early access to school for children and having interpreters for them in school. As a country, we have to do our bit to begin to learn the language as well in order that we can proactively have conversations and communication with people. The Irish Government has done things that have been helpful. Giving people that phone and SIM card when they go to Dublin Airport is great because they have simple apps like Google Translate or Duolingo for people to begin to learn the language. It is something that really does need to be looked at, however.

For children with disabilities, we are looking at occupational therapies, OT, creating social stories for people that are visual and have that translation of language. We had to do that for the journey from Lublin back to Ireland. AsIAM facilitated interpretation for the children whereby they had a social story on what was happening. If we look at the world in which they have landed at the moment and in which they are trying to even process or make sense of any of that information, trying to explain that in a language that is alien to them is very difficult. This is where the right resources and therapeutic interventions need to be put in place for these children and adults with disabilities.

**Mr. Adam Harris:** To build a little bit further on some of those points, the language piece is one aspect and then the ability to self-advocate is another very closely linked to that. We must

accept that unless we are willing to provide logistical support for people to get here, that is the first barrier for a cohort of them. We have to keep going back to that.

In terms of support tools and helping people to self-advocate and understand their choices, it is positive that so many organisations are beginning to translate materials into Ukrainian and to develop specific materials. It is also worth pointing out that we have not done that, for example, for people coming from Afghanistan or Syria. We need support and to think about this beyond just one conflict. That is important. Of course, building on Dr McDonagh's point, we also need to think about people who use assistive technology to communicate and whether people working at reception centres have the skills to interact and manage with that.

One further comment is maybe not particularly relevant when we think about Ukraine but it is a tool that could be helpful in the context of future emergencies. There is a proposal to pilot the use of an EU disability card. That is something that is now progressing at EU level. It is not a catch-all by any stretch of the imagination but it would be a useful self-advocacy tool for people to have in another member state. That is something in which we should be fully participating as it develops in order that our citizens and other EU citizens have that tool in emergency situations.

**Chairman:** I thank Ms Dmytriieva, Ms Kelly, Mr. Mason, Mr. Harris and Dr. McDonagh very much for their evidence and for going through our questions. What really challenges us in times of crisis, which the war is, is the humanitarian side of it and the most vulnerable being forgotten. That was a challenge during the pandemic as well in terms of services. There is a real challenge for the world in how we face conflict, however. Look at what has happened in Ukraine with the human cost of the carnage that has taken place and the people who have come to this country for shelter on humanitarian grounds. We must be mindful of those who are more compromised, such as people with disabilities and their families, and try to reach out to them as well.

Something needs to be done on an international scale. The UNCPRD is a fine document but it must also bear in mind that we must protect the most vulnerable in all these situations. That is something on which we need to bring a greater spotlight.

I thank the witnesses for their evidence and for being with us this morning. If at any point they think we should follow up on other issues within the committee, they should please feel free to contact us at any time. Their experience from an advocacy and lived experience point of view is hugely important for us to make informed decisions as we try to advance making the lives of people with disabilities, their families and their communities better. That is our challenge. I thank our members for their questions and in-depth knowledge of the issues at this stage. I thank our background team very much for keeping the show on the road.

The joint committee adjourned at 11.35 a.m. until 9 a.m. on Thursday, 12 May 2022.