Review of the Disability Act 2005:

Submission to the Department of Children, Disability and Equality

Family Carers Ireland

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Review of the Disability Act 2005

Family Carers Ireland welcomes the opportunity to submit our views to the Department of Children, Disability and Equality as part of its review of the Disability Act 2005. This review represents a critical opportunity to address the shortcomings of the Act and to ensure that the reformed legislation reflects a modern, inclusive and rights-based approach that supports people with disabilities and family carers.

It is important to acknowledge that concerns about the Act are not new. Even when it was first published in 2005, it was subject to significant criticism, including concerns about its limitations in delivering meaningful rights and access to services for people with disabilities. More than 20 years later, many of these concerns remain unresolved, demonstrating the need for fundamental rather than incremental reform.

The Act also does not align with Ireland's obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), ratified in 2018. Furthermore, it must be brought into line with subsequent legislative developments, including those arising from the Assisted Decision-Making (Capacity) Act, which commenced in 2023. Comprehensive legislative reform is therefore essential to ensure that it is fully aligned with the UNCRPD and capacity legislation and that it effectively supports the realisation of the rights of disabled people and their carers in practice.

Summary of Key Points:
In this submission, Family Carers Ireland identifies significant shortcomings in the Disability Act 2005 and sets out the case for comprehensive legislative reform. We wish to draw the department's particular attention to five key priorities, namely the need to:

I. **Bring the Disability Act into full alignment with the UNCRPD** by replacing its outdated medical and resource-limited model with a human-rights-based social model of disability.

II. **Recognise family carers as essential partners in the realisation of disabled people's rights**, by embedding their role within the Disability Act and recognising that, for many disabled people, independence, choice and community participation under the UNCRPD are only achievable with the support of family carers. The Act should also recognise family carers' own rights and support needs as an essential component of a rights-based disability framework.

III. **Amend the Disability Act to establish a legally enforceable entitlement to the supports identified through the Assessment of Need** and specified in the individual's Service Statement, ensuring that identified needs translate into access to the services required. This should be underpinned by timely, multidisciplinary assessments, legally binding deadlines, independent appeals, and appropriate safeguards for families who experience barriers to engaging with the process.

IV. **Remove resource-related and "practicability" caveats and introduce clear, enforceable statutory rights and stronger compliance obligations** supported by measurable statutory action plans, clear targets and timelines, named responsibilities, appropriate resources, annual reporting, independent monitoring, effective redress, and meaningful consequences for non-compliance.

V. **Embed future care planning and supported decision-making within the Disability Act**, ensuring that disabled people and their families are supported to plan for their future needs, express their will and preferences, and exercise choice and control over decisions affecting their lives. The Act should recognise that family care is not an inexhaustible resource and that the State has a responsibility to ensure that people with disabilities and carers can access independent living supports when required.

Who Cares?
Across Ireland, approximately 624,000 people provide regular unpaid care to children or adults with additional needs, physical or intellectual disabilities, frail older people, those with palliative care needs or those living with chronic illnesses, mental health challenges or addiction.[1] Many people take on new caring responsibilities every day. Caring can happen unexpectedly, or increase gradually over time, however most people will provide care or receive care at some point in their lives.

Over the past decade, there has been a significant rise in both the number of family carers and the volume of unpaid care they provide. Since 2016, Census data shows a 53% increase in the number of people who provide care, while the number of those caring for more than 43 hours per week has more than doubled. The estimated value of this unpaid care is more than €20bn annually - close to the annual budget of the HSE. Recent statistics on caring show:

- 14% of respondents to the Healthy Ireland Survey 2025 state they provide regular care. If extrapolated to the national population aged over 15, that is 624,190 family carers.
- Family carers provide an average of 51.4 hours of care each week.[2]
- 10.1% of children aged 10-17 years provide care – that is 61,559 young carers in this age cohort.[3]

Part 1: Review of the Disability Act 2005 – New Developments

1. Introduction of New Parts to the Disability Act
The response template provided by the department for the public consultation focuses on the Act's seven existing parts. However, Family Carers Ireland believes that reform of the Act should go further by expanding its scope to include three important areas that are not currently addressed within these seven parts: (i) the recognition of family carers as essential enablers in the delivery of the rights of people with disabilities; (ii) the provision of supports for future care planning and assisted decision-making; and (iii) alignment of the Act with the principles and articles of the UNCRPD.

This section expands on each of these three proposed additions and sets out why they should form an integral part of the reform of the Act.

(i) Inclusion of Family Carers
The review of the Disability Act 2005 provides an important opportunity to strengthen the recognition and support of family carers, who play an essential role in enabling people with disabilities to live with dignity, autonomy and independence and who are often central to supporting them to exercise their rights. However, the existing legislation does not recognise family carers, nor does it acknowledge their support needs. This has created practical difficulties where a person's ability to access services, exercise their rights or participate in assessment is dependent on the involvement of a family carer.

The revised legislation should therefore expressly recognise family carers as a cohort whose role must be considered in the implementation of the Act. This recognition should not diminish or replace the rights, autonomy or decision-making capacity of the person with a disability. Rather, it should acknowledge that, where a person chooses to involve a family carer, that carer can be an essential partner in enabling the person's rights to be realised. Accordingly, we propose the revised Act should:

- Define and expressly recognise family carers within the legislative framework, including parents, spouses or partners, adult children, siblings and other relatives who provide substantial unpaid support to a person with a disability.

[1] Healthy Ireland Survey 2025 which shows that 14% of respondents provide regular, unpaid care.
[2] Central Statistics Office (CSO) Census of Population 2022.
[3] WHO Health Behaviour in School-Aged Children Survey 2022.

- Recognise the contribution of family carers to enabling people with disabilities to access services, exercise their rights, participate in education, employment and community life and live as independently as possible.

- Require relevant public bodies and service providers to take account of the role of a family carer, where the person with a disability wishes the carer to be involved, when assessing needs, developing individual plans, providing information and coordinating supports.

- Provide family carers with appropriate information and involvement, subject to the wishes, consent and legal rights of the person with a disability. This should include accessible information about services, assessments, supports and complaint or review procedures.

- Recognise the need for support for family carers themselves, including access to information, training, respite and other appropriate supports where their caring role is substantial and has an impact on their ability to sustain that role.

- Ensure that the needs of family carers are considered in service planning and policy development, particularly where the availability or absence of family support has a significant effect on the person's ability to access services or remain living in their community.

Including family carers within the provisions of the Disability Act would recognise the reality of how disability supports are often delivered in practice. It would also promote a more sustainable, person-centred approach by recognising that the wellbeing of the person with a disability and the capacity of those providing substantial unpaid care are frequently interconnected.

(ii) Future Care Planning and Assisted Decision-making

The Disability Act 2005 was introduced almost 18 years before the commencement of the Assisted Decision-Making (Capacity) Act in 2023. As a result, the Disability Act contains no provisions to reflect or address the fundamental reforms introduced by the new capacity framework, including its implications for people with disabilities who may have impaired decision-making capacity and for the family carers who support them.

This means that the Disability Act cannot only be reviewed in light of its existing parts, but rather it should bring the Act into alignment with the new rights-based and supported decision-making framework created by the Capacity Act. The revised disability legislation should set out how the two Acts interact and should include explicit recognition and support for family carers who are most often the people who assume the role of a decision support under the Capacity Act's provisions, often at considerable personal expense and time.

The reform of the Disability Act must also introduce a statutory right to future care planning and supported decision-making to move the system away from its current crisis-driven response and towards person-centred, anticipatory future planning. This should be more than about identifying "who will care for this person when the family no longer can" but should be a rights-based approach which starts with the person with the disability and their family carer and asks: "What kind of life do they want, what support will they need to live that life and how can those arrangements be secured for the future?"

Critically, parents and carers cannot be expected to continue providing care indefinitely, up to the point where they are no longer physically or emotionally able to do so, or until they reach old age or die. Future care planning must recognise that family care is not an inexhaustible resource and that the State has a responsibility to ensure that people with disabilities and carers can access the supports they need throughout their lives.

(iii) Aligning the Disability Act with the UNCRPD

The Disability Act 2005 was enacted some 13 years before Ireland ratified the UNCRPD in 2018 resulting in a significant disparity between both. Much of the Disability Act reflects a service provision, resource limited and administrative model, whereas the UNCRPD mandates enforceable rights. The primary disparity however lies in their foundational models of disability - the Disability Act relies on an outdated medical model, whereas the UNCRPD mandates a human-rights-based social model of disability.

While all 50 UNCRPD articles are relevant, the review of the Disability Act is most closely connected to articles that address the needs of both children and adults with a disability: accessibility, independent living, equality, assessment of needs, participation and implementation. For the purposes of reviewing the Disability Act, the articles of most relevance are:

1. Article 7 – Children with disabilities
2. Article 9 – Accessibility
3. Article 19 – Independent living and community inclusion
4. Article 24 – Education
5. Article 25 – Health
6. Article 27 – Work and employment
7. Article 28 – Adequate standard of living and social protection
8. Article 33 – Implementation, monitoring and accountability.

These articles also reflect many of the recommendations made to Ireland by the United Nations Committee on the Rights of Persons with Disabilities following its examination of Ireland's implementation of the Convention. The UN Committee and corresponding UN reviews have issued critical guidance and a formal "List of Issues" demanding that Ireland comprehensively overhaul its legislative and human rights infrastructure.[4] The main recommendations to close the gap between Irish law and the Convention focus on four systemic changes:

- **Harmonise the Disability Act with the social model:** Replace the medical-model language in the Disability Act to reflect the interactional social model of disability dictated by Article 1 of the UNCRPD and remove resource-limited and "practicability" caveats that allow public bodies to delay or deny essential services based on administrative discretion.

- **Transition to an enforceable rights framework:** Move from merely guaranteeing an "Assessment of Need" to guaranteeing a legally enforceable right to the actual services and supports identified in those assessments. Implement transparent budget ring-fencing for disability service delivery so that human rights are not subjected to departmental resource limitations

- **Strengthen accountability and access to justice:** A long-standing UN recommendation was met when Ireland formally acceded to the UNCRPD Optional Protocol in November 2024, establishing an international complaints mechanism for individuals when Irish remedies fail. The calls now focus on streamlining the complex Irish appeals system under the Disability Act, making it independent of the Department of Health and easier for citizens to access and navigate.

- **Implement universal accessibility mandates:** Broaden accessibility mandates beyond public buildings to encompass all private and public transport, digital services and commercial facilities. Additionally create a statutory obligation to actively involve and co-design all future disability legislation, housing plans and educational policies in consultation with disabled people, their families and Disabled Person's' Organisations (DPOs).

[4] https://www.disabilityparticipation.ie/p/irelands-list-of-issues-published

Part 2: Review of the Disability Act 2005 – Existing Parts

Parts of the Act relevant to Family Carers Ireland's submission

1. Preliminary and General ✓
2. Assessment of Need, Service Statements and Redress ✓
3. Access to Buildings and Services and Sectoral Plans ✓
4. Genetic Testing ☐
5. Public Service Employment ✓
6. Centre for Excellence in Universal Design ☐
7. Miscellaneous ☐

Part 1: Preliminary and General – The Definition of Disability

The definition of "disability" in the Disability Act 2005 is set out in section 2(1): "*'disability', in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.*"

"'Substantial restriction' shall be construed for the purposes of this Part as meaning a restriction which: (a) is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes and (b) gives rise to the need for services to be provided continually to the person whether or not a child or, if the person is a child, to the need for services to be provided early in life to ameliorate the disability."

Family Carers Ireland's believes that this definition is too narrow because it:

- fails to align with the UNCRPD, is outdated and is inconsistent with how disability is defined across other, more modern pieces of legislation.[5];
- is overly narrow and deficit-based and is based on a medical model of disability, focusing on an individual's impairment rather than a social model of disability.
- excludes many people with episodic or cyclical conditions by requiring an impairment to be "enduring" or "substantial."
- focuses on adults rather than children by concentrating only on how a restriction impacts a person's capacity to engage in a profession, business, occupation or adult social and cultural life.
- overlooks children and their participation in education by focusing on adult employment and social restrictions.
- excludes early interventions because the disability threshold is set so high requiring a "substantial restriction". In so doing, the definition excludes the early intervention needs for children where an impairment may not yet be deemed substantial but requires immediate support.

Recommendations

- Adopt the UNCRPD human-rights model of disability to replace the outdated medicalised framework.
- Shift the focus to societal barriers rather than a person's individual physical or mental restrictions.
- Remove the "substantial restriction" threshold to prevent the arbitrary exclusion of people with varying levels of disability.
- Incorporate fluctuating and episodic conditions where symptoms change in severity, causing a person's support needs to vary significantly from day to day or week to week.
- Recognise neurodivergence and hidden disabilities within the definition of disability.

[5] Eilionoir Flynn, 'Ireland's Compliance with the Convention on the Rights of Persons with Disabilities: Towards a Rights-Based Approach for Legal Reform' (2009) 31 Dublin University Law Journal 357.

- Harmonise definitions across all laws including the Employment Equality and Equal Status Acts and the Education of Persons with Special Education Needs Act (EPSEN).
- Recognise the role of family carers within the legal definition to acknowledge that a disabled person's independence often relies heavily on their family support system.

Part 2: Assessment of Need, Service Statements and Redress

Part 2 of the Disability Act, which governs the Assessment of Need (AON) process and Service Statements, is widely considered to be one of the most flawed and heavily litigated pieces of Irish legislation. Criticisms centre on the Act's failure to guarantee the services and interventions needed by disabled people, the extensive and increasing waiting times for AoN and ongoing operational issues.

The AoN is the first critical step in a child's journey towards securing the health and educational support they need. Early diagnosis and intervention are key to achieving long-term positive effects on symptoms and later skills. Delay in accessing an AoN is not only injurious to the present wellbeing of the child, but is likely to have a ripple effect that will require far greater funding and support for the child at a later stage. As of the end of Q1 2026, there were over 21,000 AoN applications overdue for completion, indicating the scale of the problem.[6]

While Family Carers Ireland acknowledges the efforts of the Department of Children, Disability and Equality to reform Part 2 of the Disability Act through the *General Scheme of the Disability (Amendment) Bill 2025*, the proposals it contains have been heavily criticised by DPOs and advocacy groups, specifically:

- The introduction of a two-tier system of evaluation where professionals will first formally determine if a child meets the legal definition of a disability *before* assessing what specific health or education supports they need. Advocacy groups are concerned that this two-step process could be used as a gatekeeping mechanism to disqualify children from getting fully assessed.

- The proposal to allow the HSE to close an AoN application if the family chooses to withdraw the application or fails to engage with the assessment process has been heavily criticised, including by the Ombudsman for Children, as a systemic penalty on children whose families may be unable to engage due to illness, financial distress, housing instability or a language barriers.

- The failure of the Bill to provide any enforceable rights to that give children a legal entitlement to the actual services identified during the AoN process and listed on their Service Statements.

Recommendations

- The AoN process must transition from an administrative, resource-limited checklist to a comprehensive, diagnostic and legally enforceable human rights framework, adhering to the following core principles:

    - Every person gets the same access to an assessment, no matter where they live, how much money they have or their background.

    - The assessment must pinpoint exactly what medical or developmental support a person needs, ignoring whether the HSE currently has the funding or staff to provide it.

    - Families and applicants are treated as equal, valued partners throughout the entire assessment process.

[6] PQ 54754/26 16 July 2026.

- A coordinated panel of different specialists involved in the assessment including speech therapists, psychologists and occupational therapists.

- The assessment must be robust and detailed enough to uncover the true nature and diagnosis of a disability, rather than being a rushed, superficial checklist.

- The AoN process must adhere to strict, non-negotiable legal deadlines to start and finish the assessment so people are not left waiting for years.

- The Disability Act should give an enforceable right to the interventions identified in the Service Statement.

- Educational access and school-based interventions should be needs-led rather than reliant on final clinical diagnoses. AoN reform cannot be siloed from inclusive education and joined-up planning.

- If deadlines are missed or the assessment is poorly done, families must have a straightforward, independent way to make an appeal.

- Family Carers Ireland supports the recommendation made by the Joint Committee on Disability Matters in its Pre-Legislative Scrutiny (PLS) report published in April 2026 to amend the "deemed withdrawn" provision (provision allowing the HSE to close AoN applications) from the General Scheme of the Disability (Amendment) Bill 2025 and frame it in a manner that protects vulnerable applicants, including those experiencing crisis, fluctuating mental health, communication barriers, unstable housing or other circumstances that may affect engagement.[7]

- Insert a statutory "duty to inform and communicate" with Part 2 Section 8 (assessment process) creating a legal obligation for the HSE to keep families informed of progress at preset milestones. This would mandate proactive updates when an application moves from Stage 1 (Desktop Examination) to Stage 2 (Clinical Assessment), removing the frequent experience of families who can wait months without acknowledgment or update.[8]

- Establish an independent statutory body responsible for enforcement and monitoring, in accordance with Article 33 of the UNCRPD, with the authority to investigate complaints, issue binding determinations, impose sanctions and require appropriate remedial action. Participation duties should also be embedded in accordance with Articles 4(3) and 33(3) of the UNCRPD, ensuring the meaningful and effective involvement of DPOs in the development, implementation and monitoring of relevant policies and measures.[9]

Part 3: Access to Buildings and Services and Sectoral Plans

Part 3 of the Disability Act requires public bodies, insofar as practicable, to ensure that their public buildings are accessible to persons with disabilities. Where a public body provides a service, it must also ensure that access to that service by persons with disabilities is integrated into its provision.

The National Human Rights Strategy for Disabled People 2025–2030 builds on these statutory obligations by setting out a commitment to more coordinated action on accessibility across Government. This includes promoting greater awareness and adoption of good practice in universal design and the built environment, as well as in the provision of information to the public, including

[7] https://data.oireachtas.ie/ie/oireachtas/committee/dail/34/joint_committee_on_disability_matters/reports/2026/2026-04-17_report-on-pre-legislative-scrutiny-of-the-general-scheme-of-the-disability-amendment-bill-2025_en.pdf

[8] In line with previous calls made by the Ombudsman for Children.

[9] Charles O'Mahony and Shivaun Quinlivan, *The Disability Act 2005 at 21: Reflecting, Reforming, Reimagining: Lived Experiences, Rights and Reform Priorities for the Disability Act 2005 at Twenty-One Years* (University of Galway 2026).

through information and communications technologies. It also emphasises the importance of accessibility in the design and delivery of public services.

The accessibility obligations set out in Part 3 of the Disability Act are particularly relevant to family carers because accessibility is essential not only to the person with a disability, but also to those who support them. Family carers frequently assist people with disabilities to access public buildings, services and information. Where these are inaccessible, the additional barriers can increase the practical, administrative and emotional burden placed on families. The obligations under Part 3 therefore provide an important foundation for reducing the barriers experienced by both people with disabilities and their family carers, while supporting greater independence, participation and equality in accessing public services.

Part 3 of the Act has been heavily criticised on several grounds:

- A major criticism is the repeated use of phrases such as "as far as practicable" and "where practicable and appropriate." The use of these caveats in the Act makes accessibility less of an absolute legal right and more of an obligation that public bodies can avoid or minimise. For example, instead of stating *"public buildings must be accessible,"* section 25 says they must be accessible "as far as practicable."

- While Part 3 places important statutory obligations on public bodies in relation to accessibility, its impact is limited due to weak monitoring, accountability and enforcement. A legal obligation alone does not guarantee that public buildings, services, information and communications are accessible in practice.

- Part 3 required six government departments to produce sectoral plans setting out how they would provide services for people with disabilities.[10] These plans were published in 2006, however, the National Disability Authority (NDA) notes that many of those plans are no longer online and have fallen out of use as newer disability strategies have been developed. This means that the sectoral plans legislated for in the Disability Act have been replaced with policy, not enforceable laws. Furthermore, modern strategies systematically fail to formally recognise or address the essential role and independent support needs of family carers.

- Part 3 places accessibility mandates on public bodies only. Private retail shops, commercial venues, private companies and businesses are exempt from its provisions.[11] The Irish Human Rights and Equality Commission (IHREC) has explicitly identified this as one of the single largest gaps in Irish disability legislation. Under Article 9 of the UNCRPD, international standards require accessibility obligations to apply to *both* public and private sectors when providing a service generally available to the public.[12]

- Under section 26(2), every public body must authorise at least one officer to provide, arrange and coordinate assistance and guidance to people with disabilities in accessing its services. A concern with the current Access Officer model is that it can place significant responsibility for accessibility on an individual officer without providing equivalent authority, resources or enforcement powers to ensure that systemic barriers are addressed. While Access Officers play an important role in assisting people with disabilities to access public services, their role should not become a substitute for organisational accountability. Accessibility should be

[10] The following government departments are required to prepare sectoral plans: Department of Health; Department of Social Protection; Department of Transport; Department of Communications, Marine and Natural Resources; Department of Environment, Heritage and Local Government; Department of Enterprise, Trade and Employment.
[11] Private entities are governed by a different set of laws, including the Equal Status Act and Employment Equality Acts.
[12] Irish Human Rights and Equality Commission. (2026). Review of the compliance of the Disability Act 2005 with the UN Convention on the Rights of Persons with Disabilities. Dublin: IHREC.

embedded across the policies, services, buildings, information systems and decision-making processes of public bodies, with clear senior-level responsibility for ensuring compliance with Part 3 of the Disability Act.

Recommendations

- Remove the "as far as practicable" caveat and replace with stronger legal duties and clear and measurable accessibility obligations. This would make it harder for public bodies to argue that accessibility is not "practicable".

- Introduce stronger enforcement. Part 3 needs a more effective enforcement system. At present, section 38 provides a complaints mechanism, with inquiry officers and the Ombudsman involved in the process. The Disability Act should be reformed to give people with disabilities and their carers a right to make complaints; guaranteed investigation within a specified timeframe; binding decisions or legally enforceable remedies; compensation where appropriate; the ability to require a public body to fix an accessibility failure; and stronger oversight of repeated non-compliance.

- Access Officers should hold an appropriate level of seniority to ensure they have the power to make decisions within the public body. The review of the Disability Act should include provision to ensure Access Officers receive mandatory training and are appropriately qualified; have adequate time and resources to fulfil their role; are independent from the departments whose decisions they may need to challenge; and complete annual reports on accessibility complaints and improvements within their public body.

- The Disability Act predates much of today's digital public services. Public bodies should be required to carry out regular accessibility audits of their buildings; websites; apps and digital services; public information; communication systems; transport facilities; and customer-service procedures. The audits should identify barriers and produce a time-bound accessibility action plan. This would shift the legislation from reacting to individual complaints towards preventing barriers in the first place.

- In line with the principles of the UNCRPD, people with disabilities and family carers should be directly involved in designing accessibility standards, policies and public services, not simply consulted after decisions have already been made. A reformed Part 3 could require public bodies to demonstrate meaningful participation of persons with disabilities and their representative organisations when developing accessibility policies.

- The reform of the Disability Act should place a strict statutory duty on all government departments and public bodies to embed disabled people and family carers within their planning and operations. This could be achieved through enforceable accessibility action plans containing measurable targets; timelines; named responsible bodies; budgets/resources; annual progress reports; independent monitoring; and consequences for failure to meet targets. To prevent sectoral plans from becoming obsolete, there should be a legal requirement to comprehensively review the overarching disability legislation and its active departmental plans every three years.

- In line with Article 9 of the UNCRPD, the Disability Act should be amended to expand accessibility obligations under Part 3 to include both public and private sectors when providing goods or services that are generally available to the public.

Part 5: Public Sector Employment

Part 5 of the Disability Act places statutory obligations on government departments and public bodies to actively promote, support and track their employment of people with disabilities and to ensure that a minimum percentage of their workforce comprises people with disabilities. The original statutory minimum was set at 3%. However, under the Comprehensive Employment Strategy and the Assisted Decision-Making (Capacity) (Amendment) Act, this statutory target was scaled upward to a minimum of 6% in 2025.

While public sector bodies have successfully met the statutory target, compliance remains highly uneven when examined at the individual organisation level. A total of 134 public bodies (62.6%) has successfully met or exceeded the 6% individual target, while the remaining 37.4% have failed to achieve the 6% threshold within their workforces.[13]

The obligations under Part 5 are particularly important given the grim statistics relating to people with disabilities' experience of poverty. People with a disability are at a much greater risk of poverty than non-disabled people and this risk is strongly correlated to the difficulties they face securing and holding down employment. According to the most recent Central Statistics Office (CSO) *Survey on Income and Living Conditions (SILC)*, approximately 11.7 % of the overall Irish population were at risk of poverty in 2024. By contrast, CSO and advocacy analyses show that people who are unable to work due to a long-standing health problem (commonly used as a proxy for disability) have a much higher risk of poverty at 32.5 % - three times the national average**.**

Beyond the State's mandate to lead by example in the employment of people with disabilities, Ireland continues to rank poorly across Europe regarding open labour market access. Ireland has the largest disability employment gap in the EU, at 32.6%. With the EU average employment rate for people with disabilities at 51% in 2023, fewer than one-third of people with disabilities in Ireland are in work. This stark division is why the National Human Rights Strategy for Disabled People focuses heavily on scaling up job access outside of public office settings.

Recommendations

To fully align Irish domestic legislation with Article 27 of the UNCRPD, Part 5 of the Disability Act 2005 should be modernised to incorporate the following provisions:

- Introduce enforceable penalties to public bodies that fail to meet the statutory 6% target. They currently face administrative warnings rather than material consequences. Introducing strict financial penalties or withholding specific departmental budget allocations for non-compliance would mirror the highly effective enforcement frameworks utilised in other EU jurisdictions.

- The current Act heavily conditions compliance on "available resources." Amending Part 5 to eliminate these qualifying loopholes would create an absolute, unconditional statutory obligation to recruit, retain and accommodate disabled staff.

- While Part 5 regulates public services, its most significant long-term evolution should include a statutory mechanism or structured transition phase to mandate equivalent inclusive employment goals, accessibility standards and transparency reporting duties within the private market.

- The Act should introduce a statutory link to state procurement frameworks, legally requiring any private entity bidding for public contracts to provide verified evidence of active disability inclusion and workforce diversity.

[13] National Disability Authority Compliance Report 2024.

- The Act should introduce a statutory link to state procurement frameworks, legally requiring any private entity bidding for public contracts to provide verified evidence of active disability inclusion and workforce diversity.

In Conclusion

Family Carers Ireland believes that a meaningful review of the Disability Act 2005 must comprehensively overhaul the legislation in its entirety to bring it into alignment with the UNCRPD and capacity legislation. For over two decades, structural failures across the Act have insulated state bodies with resource-dependent loopholes, prioritised assessments over services, allowed children to age out of service and ignored the family carers who step in where statutory services fail.

True alignment with the UNCRPD requires more than incremental changes; it demands a shift from a culture of conditional compliance to one of unconditional human rights. We urge the department to seize this review as a vital opportunity to modernise the Act across all its parts, eliminating the systemic poverty and structural barriers facing disabled citizens and ensuring that family carers are supported as essential partners in a truly inclusive society.