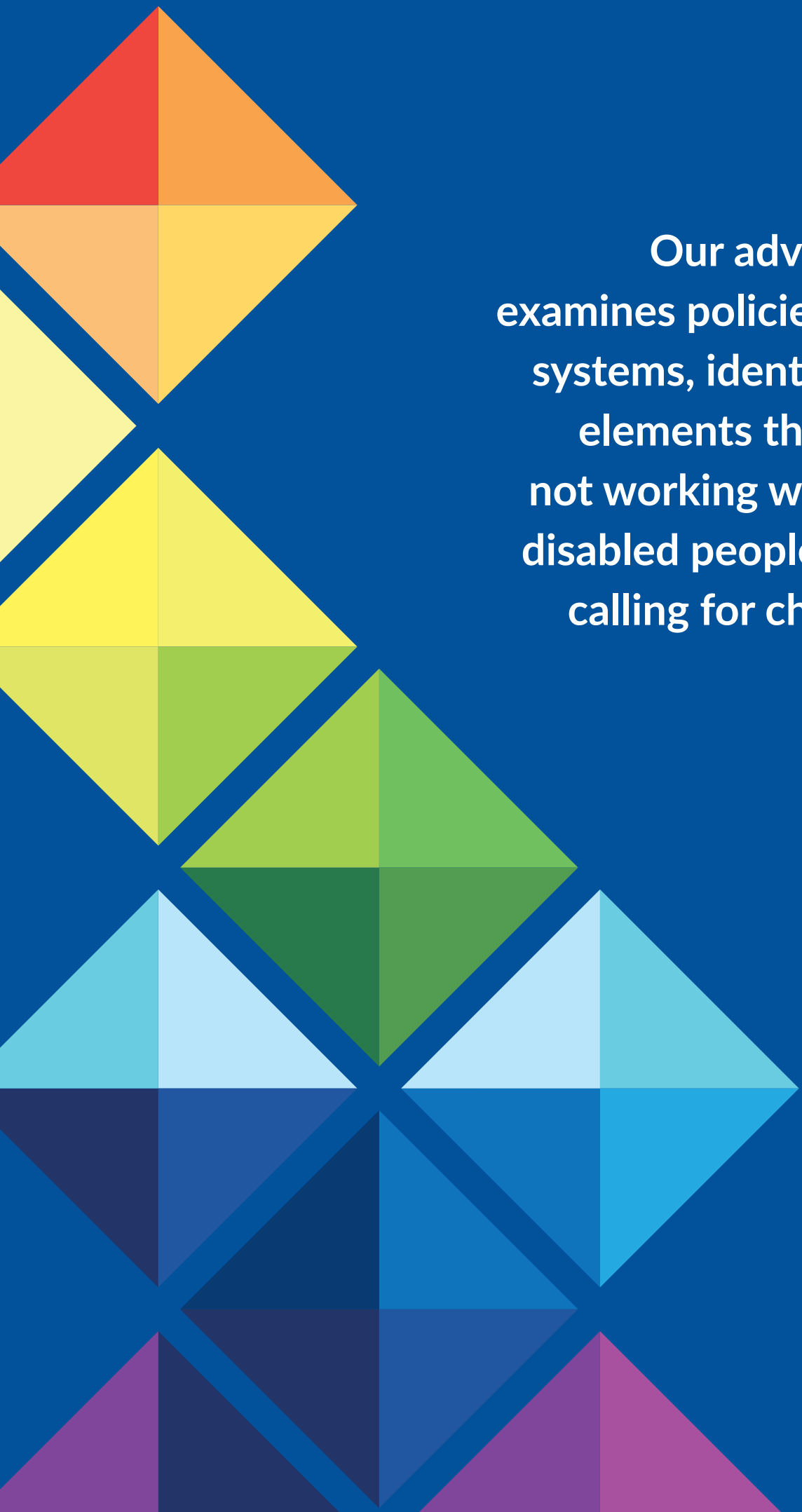


Advocacy Plan 2024 – 2026

SUMMARY

Making the
Change Happen





**Our advocacy
examines policies and
systems, identifying
elements that are
not working well for
disabled people, and
calling for change.**

1

Introduction

The United Nations Convention on the Rights of Persons with Disabilities, UN CRPD, commits Ireland to promote, protect and ensure the full and equal enjoyment of all human rights by all disabled persons.¹ And yet, in Ireland, disabled people are significantly poorer than the general population², are much less likely to be in paid employment³, and have worse health outcomes⁴ including having much higher levels of depression.⁵ Closing that gap is at the core of the Disability Federation of Ireland's, DFI's work, and advocacy is one of our primary tools for achieving this.

DFI is a federation of member organisations, large and small, working with people with disabilities to implement the UN CRPD and ensure the equal participation in society of disabled people.¹

In addition, as an estimated two-thirds of all disability community-based services and supports are provided by voluntary organisations in Ireland⁶, umbrella bodies such as DFI have a particularly critical role, as a way for the Health Service Executive (HSE), Government Departments and government officials and elected representatives to liaise with a wide range of organisations more efficiently. Due to the history of our work and the breadth of membership, DFI has significant levels of access and representation at political level, but also a responsibility to represent, consult and pass on information to its member organisations.





DFI's strategic plan states that along with the work of others, we will contribute to the following outcomes:

1. Policy implementation developments at national level spanning income and access to community participation.
2. Member organisations in a sustainable and stronger position to support people with disabilities to have a full life.
3. People with disabilities being more active within their communities, as participants, advocates, and representatives.

Advocacy has a significant role in the implementation of our strategic plan. DFI advocates in a variety of ways – international, EU, national government, HSE, local government and local communities. Despite DFI's relatively small size, we maintain our reach by working as much as possible in coalitions and alliances, and by working through and with our member organisations.

We also seek to live by the values set out in our equality and human rights statement, those of: **inclusion; respect; voice; social justice** and **autonomy**. These principles are interdependent and apply to both how we work and what we work on.

This advocacy plan provides a framework on where, why, what, and how we do our advocacy work. It supports our prioritisation, resource allocation and aims to improve effectiveness. It relates to the advocacy areas we can plan for, but allowance is also made within the organisation for those issues that are unknown. We will continue to be flexible and agile in response to emerging concerns.

- **Where** – across three different areas: policy, health and community.
- **Why** – using a framework we have developed to select priorities.
- **What** – using three specific priorities for this Plan.
- **How** – we will monitor and evaluate this Plan.

2

Areas in which we do our advocacy

This section provides an overview of what we intend to do in response to key developments across the three areas in which we currently work within - **policy**, **health** and **community programmes** - and the various groups, structures and stakeholders with whom we engage.



Policy



At policy level, our advocacy objective is to ensure that the necessary structures, policies and implementation plans are in place. To ensure the rights of disabled persons are respected and promoted. With the specific needs of disabled persons and organisations addressed, so they are best able to effectively support people.

In our policy work, DFI will:

- Continue to campaign for **full implementation of the UN CRPD**.
- Develop and run campaigns for the **upcoming local, European and general elections**.
- Make **annual budget submissions and run pre-budget campaigns**.
- Inform policy development and implementation, in particular following the **transfer of functions** for disability community-specialist services to the Department of Children, Equality, Disability, Integration and Youth.
- Engage in processes for development and monitoring of Ireland's implementation of the UN CRPD.
- Make **policy submissions** across a range of issues of concern to our members and disabled people.
- **Represent our members'** on a wide range of external committees. Where possible, and following DFI's relevant policies and protocols, we will support member organisations representation on external committees on behalf of the wider membership.
- Continue to work with **key alliances, networks and movements** in the political space where we can bring disability concerns into broader social justice advocacy.

Health



In our work on health and with the HSE, our advocacy objective is to ensure that disabled people have access to quality health and social care, and to ensure their right to enjoy the highest attainable standard of health, without discrimination on the basis of ability.⁷ In Ireland, disabled people are six times more likely to report poor health than the rest of the population.⁸ Tackling this requires early intervention, flexible and tailored responses, holistic approaches and disability inclusive mainstream health and social services. DFI aims to narrow this gap in health outcomes by engaging in the key developments and structures listed below, but also by critically assessing the capacity of these structures to deliver health and social care outcomes for disabled people.

In our work on health, DFI will:

- Continue to be an active member of **the Department of Health Dialogue Forum with Voluntary Organisations** in the health and social care sector.
- Advocate for the prompt implementation and sufficient funding of the forthcoming **Action Plan for Specialist Disability Services** following the 2021 Capacity review.
- Ensure that the **rollout of Sláintecare** improves outcomes for disabled people by better integrating disability, health and community services at regional and local level.
- Work to ensure that the services provided by our members are fully integrated into the broader systems as **the new Health Regions** are developed, and that **structures of representation** at a national and regional level are put in place.
- Continue to participate in national **HSE committees**. We are committed to growing our member engagement on committees, and to enhance the knowledge transfer loop between DFI and our members on health representation.
- In addition to engaging with the range of existing structures and fora on health, we will reflect on and **critically assess the capacity of these structures** to deliver on health outcomes for disabled people.





Community Inclusion



In our work at community level, our advocacy objectives are to ensure that the UN CRPD is understood and used as a tool to improve the lives of disabled persons in the communities in which they live, and that the voices of people with disabilities (themselves) is heard and included in key decision-making. In advance of a national implementation plan for the UN CRPD, DFI is aware that across 31 Local Authorities, different models and approaches are being employed to meet the requirements of both the UN CPRD and Public Sector Duty. There is an apparent lack of formal coordination and sharing between Local Authorities, leading to the potential for duplication and lack of value for money.

In our community work, DFI will:

- Continue to work towards **disabled people's inclusion** in their local communities. We currently have an active presence in Cork, Kerry, Galway, Wicklow and the Southeast.
- Further the local implementation of the UN CRPD by working with **local groups and structures**, including access groups, housing groups and age friendly groups.
- Use our learnings from each of these sites, and others, to **identify approaches** on which other local authorities can build.
- Link DFI teams across community, health and policy to ensure that **community advocacy and learning** from the ground informs the overall advocacy approach in DFI.
- Continue our work with groups of **self-advocates**, offering training including self-advocacy and mental well-being, and media training for disability activism.
- Explore and trial **different approaches and methodologies** to community development in partnership with members and disability activists and self-advocates.

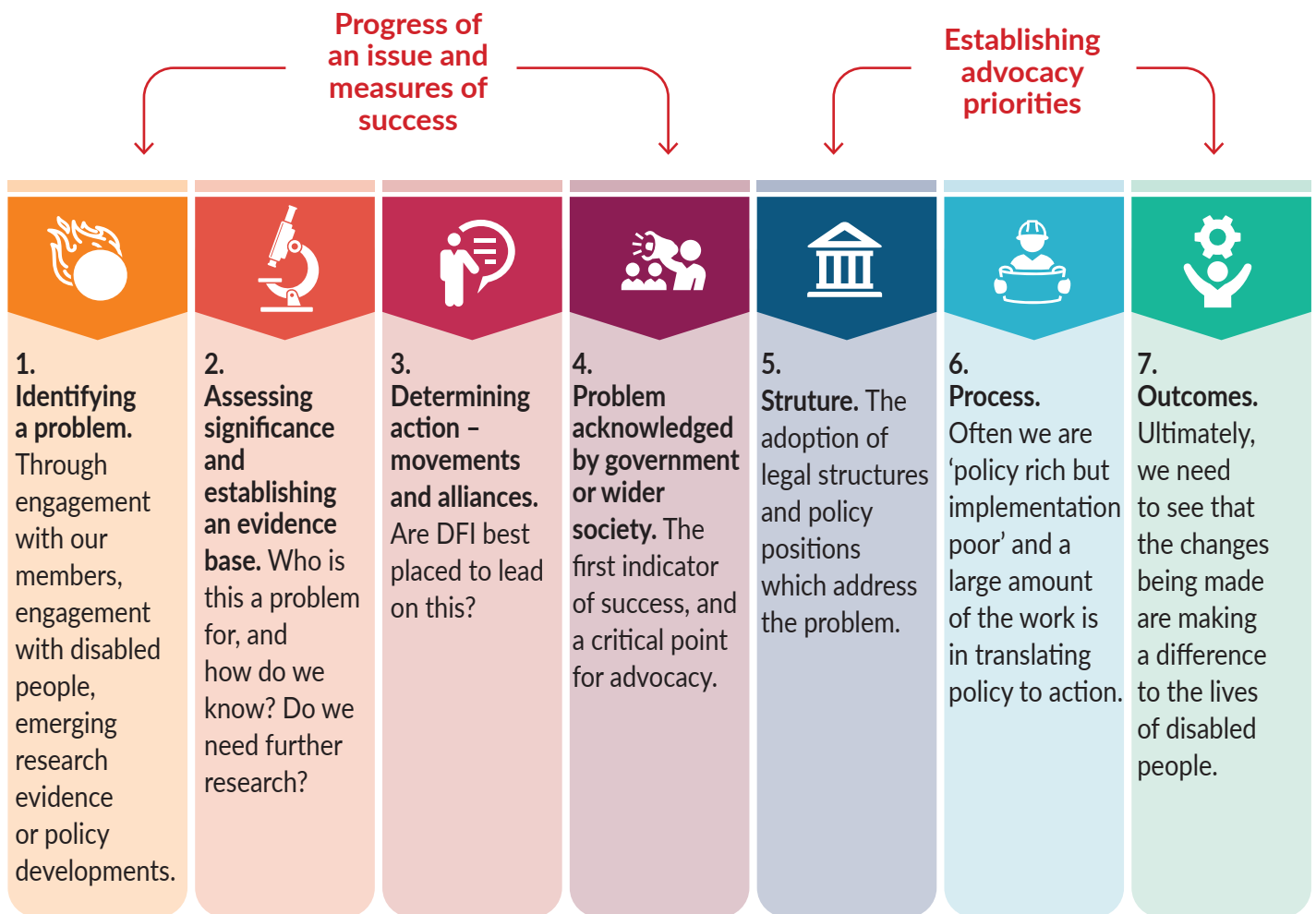
3

How we choose what to focus on



In developing this plan, it was noted by staff, member organisations, and external stakeholders that there is a huge variety of issues that could, should and do matter in the lives of disabled people. DFI works with a wide range of stakeholders and structures to further these issues. Yet to achieve maximum impact, we also need to identify a smaller number of priority issues which will be the primary focus of our advocacy efforts. We therefore developed the following tailor-made **framework** in order to **identify, prioritise and track success** on specific advocacy issues.

Framework: How we choose what to focus on





For this advocacy plan, some 30 issues were identified in Step One, in discussions with DFI members and staff, disability activists and external stakeholders. In Step Two and Three, we further refined and measured these against a list of questions designed to assess the significance of the issue, and whether DFI were best placed to lead on this. In some cases, DFI might instead support or amplify action by members, or by other disability organisations, coalitions, or stakeholder groups.

The second half of our framework above deliberately mirrors the United Nation's indicators for measurement and implementation of human rights.⁹ This is also the approach used by the National Disability Authority to measure progress against the National Disability Inclusion Strategy, and which they recommend using for the forthcoming national strategy on disability.¹⁰ We have used this structure/process/outcomes framework to develop a baseline and indicators for success in our three priorities listed in section 4.

4

What we will work on: Our current priorities



Having applied our framework to all issues identified, **three priorities** emerged.

A. Tackling poverty by ensuring adequate income supports and employment opportunities for disabled people

Disabled people are entitled to access employment and an adequate standard of living, on an equal basis with others (Articles 27 and 28 of the UNCRPD)¹¹. Yet disabled people in Ireland are at least twice as poor, on average, as the general population¹². Budget 2023 represented a significant win for DFI and other campaigners when Cost of Disability was acknowledged for the first time in the annual Budget Statement, and a once-off cost of disability support grant was announced. Our immediate priority is to campaign for an ongoing Cost of Disability payment, and that the Social protection supports for disabled people provide adequate income, to ensure people do not fall further into poverty.

We will also seek to acknowledge the link between tackling poverty and identifying the structural barriers to employment for people with disabilities.

In addition, we must further ensure that disabled people are not further disenfranchised or discriminated against as they age, and we will explore the intersection between age and disability.

B. Sustainability and value of DFI member organisations

Voluntary organisations play a key role in helping the State to fulfil the rights of disabled persons - among them, the right to health (Article 25) and the right to live independently and be included in the community (Article 19). However, voluntary organisations are frequently not sufficiently valued and/or resourced to support disabled persons to the best of their ability.

The crisis of recruitment and retention of staff has a direct effect on their sustainability to provide quality services to disabled persons. Our first priority, therefore, is the **sustainability** of services and supports for disabled people and that organisations are funded adequately to maintain services. More broadly, we must also ensure that voluntary organisations are both valued and adequately resourced, on a multi-annual basis, to be able to deliver quality, future-proofed service. We must also ensure that there is coherence and coordination between various State bodies in terms of requirements on governance, quality and standards, and that organisations are properly resourced to meet these expectations.

C. Advancing the inclusion and rights of people with disabilities at local level: Local implementation of the UN CRPD

As outlined earlier, there have been large scale changes to disability legislation and policy in recent years, yet outcomes for disabled persons remain disappointing. Key to improving these outcomes is ensuring that disabled people are rightfully considered and included at local level, across all local services. The implementation of the UN CRPD, together with the need to respect the Public Sector Equality and Human Rights Duty, provides the framework for considering and ensuring the local implementation of those rights.

DFI is working in different locations across the country on local implementation of the UN CRPD. Our immediate priority, therefore, is to build on our learnings **to identify good practice models and gaps in local implementation of the UN CRPD**, which could form the basis of national policy on local implementation.

By improving the implementation structures for the UN CRPD at local level, we can improve outcomes for disabled people across a range of rights, including Article 9 (accessibility); Article 19 (living independently and being included in the community) and Article 30 (Participation in cultural life, recreation and sport). Article 29 of the UNCRPD (Participation in political and public life) is particularly relevant, its realisation would mean people are actively engaged in decision-making on policy, political and community issues.



5

Monitoring, evaluating and adjusting the plan



The three priorities listed in section 4 will be subject to an annual review against an agreed indicators and baselines. DFI's broader advocacy work across policy, health and community will be measured using an outcome harvesting technique, which considers any positive change in the landscape and maps backwards to reflect on what part DFI may have played in bringing about this change. Finally, we also intend to regularly review priorities during the lifetime of the plan (2024-2026) to ensure their continued relevance and importance, particularly where sudden developments may require a change in perspective.

The full version of DFI's Three-year Advocacy Plan is available on request. Email info@disability-federation.ie.



References

1. United Nations [Convention on the Rights of Persons with Disabilities](#), adopted 13 December 2006.
2. Persons with a physical, psychological or chronic illness were at least twice as likely to be in consistent poverty as the rest of the general population, [Indecon, The Cost of Disability in Ireland, 2021](#), pviii.
3. 22% of disabled persons are employed, against 59% of the general population (Census 2016); Ireland is the worst performing in the EU in terms of this employment gap between persons with and without disabilities, European Disability Forum, [7th Human Rights Report, the Right to Work: The employment situation of persons with disabilities in Europe](#), 2023.
4. 25% of disabled persons report having bad or very bad health as against 4% of the general population, Central Statistics Office, [Irish Health Survey 2019- Persons with Disabilities](#)
5. 43% as against 14% in the general population, Central Statistics Office, [Irish Health Survey 2019- Persons with Disabilities](#)
6. Cited in Department of Health, [Report of the Independent Review Group](#) established to examine the role of voluntary organisations in publicly funded health and personal social services, 2019.
7. UN CRPD [Article 25](#); The [WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022-2030](#)
8. [Ibid](#)
9. United Nations Human Rights, Office of the High Commission. [Human Rights Indicators. A Guide to Measurement and Implementation](#). 2012. New York and Geneva: United Nations Human Rights, Office of the High Commission.



10. National Disability Authority, [Review of Progress under the National Disability Inclusion Strategy 2020](#).

11. United Nations [Convention on the Rights of Persons with Disabilities](#), adopted 13 December 2006.

12. [Indecon, The Cost of Disability in Ireland, 2021](#), pviii





DFI's vision

An Ireland where people with disabilities are participating fully in all aspects of society.



DFI's mission

DFI is a federation of member organisations working with people with disabilities to implement the UN CRPD and ensure their equal participation in society.



Four-year goal

Member organisations are actively involved in DFI, working to implement the UN CRPD and to achieve the equal participation of people with disabilities in society.

DFI, Fumbally Court, Fumbally Lane, Dublin 8

Tel: 01-4547978

Email: info@disability-federation.ie

Website: www.disability-federation.ie

Registered Charity Number: 6177 Company Number: 140048

Charities Regulator Number: 20010584



@DisabilityFed



@disabilityfederationire



@DFIIreland

