



**From promises to progress:
Deliver the step change for
people with disabilities**

**Pre-Budget Submission
2026**

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Deliver the step change in Budget 2026

1: Introduction

Disabled people, and their families and communities across Ireland, are deeply dissatisfied with the State's delivery and development of disability policy, services and supports. Budget 2026 is the first opportunity for Government to deliver on its promises to change this.

Time to deliver on promises

The new Programme for Government promises a "step change in the supports and services required by people with disabilities".¹ This is a welcome, long overdue, and ambitious commitment, one of many made by the new government.² It acknowledges the real challenges disabled people face and the actions needed to deliver change.

The UN Convention of the Rights of Persons with Disabilities (UN CRPD) is the guiding light that should inform all policy development and budgetary decisions on disability. Throughout this submission we have highlighted the relevant articles in the Convention that underpin the investments needed to realise disability rights in Ireland.

What's needed in Budget 2026

DFI calls for budget investment in the following areas:

- Enabling and resourcing disability organisations
- Children's services and education

¹ [Programme for Government 2025 - Securing Ireland's Future](#), p. 92.

² Notable commitments include (i) Prioritise the publication and fund a new National Disability Strategy, setting out a vision to 2030, as well as enhanced political oversight to ensure the delivery of the Strategy. (ii) Adopt a whole-of-government approach and advance the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) and the Optional Protocol. (iii) Introduce a recurring Cost of Disability payment. (iv) Tackle waiting lists for specialist disability services by implementation of the Action Plan for Disability Services, and resourcing and delivering on its targets. Develop and implement a follow-on plan that builds capacity for a growing population. (v) The development of a multi-annual approach for disability services.

- Sustainable health and social care services
- Tackling poverty, Cost of Disability, and employment
- Ensuring community inclusion and participation.
- Realising housing for all.

Making the Budget accessible, transparent, and accountable

Previous Budget announcements have fallen short on transparency and accessibility. To ensure full transparency and clarity, Budget 2026 should:

- Clearly distinguish where funding is allocated for the HSE/disability specific community budget
- Explain where funding appears to fall short of the overall allocations under the Disability Action Plan
- Specify how much funding is allocated to existing levels of services versus new service developments.

We have long called for all budget decisions to be subject to equality, gender, and poverty proofing. In particular disability-proofing should assess the impact on disabled people: Budget 2026 should result in a permanent reduction in disability poverty.

Current context

Budget 2026 is being prepared while we await publication of the National Human Rights Strategy for Disabled People, which will require a whole of government approach. The structural barriers to inclusion and participation for disabled people are not the responsibility of just one Government department.

Achieving the promised step change will require:

- Consistent, coherent and coordinated efforts across all Government Departments
- Robust implementation plans with measurable targets
- Inclusive monitoring and review frameworks

- High-level oversight at Cabinet.

Around the world, we are seeing the rollback of hard-won Diversity, Equity and Inclusion (DEI) policies, including employment and social programmes. At EU level there is also a worrying narrative that social spending should be reduced. We see a “pandemic of disabilities” in Palestine, with the Gaza strip now home to the highest number of child amputees in the world.

Ireland is an important actor in the world, and it is crucial that we continue to act according to our values as a nation, to promote inclusion, equality, equity and adherence to human rights norms. Even in uncertain times, this Government’s first Budget must be a clear declaration of Ireland’s commitment to disabled people, both at home and on the world stage.

Disability investment is equity in action

The purpose of economic growth is to support and serve society and social development. Investment in disability will support broader social cohesion as well as equity and delivery of rights for the one in five people in Ireland who live with disabilities.

1.1 Current status – Failing to deliver disability rights

Ireland is a wealthy country, but continually fails to deliver and uphold the rights of disabled people.

- Nearly one in five people who experience a condition or significant difficulties report bad or very bad health, compared with just 1.7% of the general population.ⁱ
- One in three people (32.6%) who are unable to work due to long-standing health problems reported low life-satisfaction, compared to the national average of one in ten (10.6%).ⁱⁱ
- Ireland ranks 20th of the EU 27 for disability povertyⁱⁱⁱ, and fourth worst in the EU for its disability employment gap.^{iv}
- One in five people (19%) who are unable to work due to disability live in consistent poverty. That’s nearly four times the national average of 5%.

- One in three people who are unable to work (32.5%) are at risk of poverty, while two in five (38.5%) live in enforced deprivation.
- Households with a disabled member spend €488-€555 (52-59%) of their average weekly disposable income on extra costs associated with disability. This can be as high as 93% for people with high levels of need.^v The Disability Allowance weekly rate of €244 is less than half the above extra weekly costs.
- Two in five (40.6%) households have a disabled family member.^{vi}
- Between 2021 and 2024, the general social housing waiting list increased by over 1%, while the number of households with a disability-related housing need increased by over 20%.^{vii}
- 1,227 people with disabilities under sixty-five are inappropriately living in nursing homes.^{viii}
- Almost 70% of disability services are provided by voluntary organisations.^{ix}
- Specialist community-based disability services are delivered to approximately 7% of those with a disability (up to 80,000 people).^x
- 7,319 adults and children require additional services (residential, home support, PA, overnight respite or day services). That's almost 20% of those recorded on the National Ability Support System database. An additional 3,422 adults required a support service like physiotherapy, occupational therapy and speech and language therapy.^{xi}
- At the end of March 2025, around 15,296 children were waiting for an Assessment of Need, with approximately 8,875 waiting over 12 months for initial contact.^{xii}

2. Key Areas for Investment in 2026

Enabling and Resourcing Disability Organisations (UN CRPD Articles 4 and 33)

Strengthening community-based disability services

The majority of community-based disability services are delivered by organisations funded under Section 38 (S38) or Section 39 (S39)

agreements. These voluntary organisations are a core part of Ireland's support infrastructure for disabled people.

They are not supplementary. They are foundational.

Adequate investment in the voluntary sector is crucial for the successful implementation of Government disability policies, including the Action Plan for Disability Services 2024-2026.³

Pay parity and financial pressures

The recent agreement to increase pay of S39 workers to match the current public sector pay agreement, and link S39 wages to future public sector pay increases, is very welcome.⁴ Existing funding models have placed substantial strain on organisations, undermining their capacity to provide essential supports and to be competitive in the labour market.

But this investment must be seen in the context of the difficult financial reality for disability organisations. Many organisations are still dealing with legacy funding shortfalls dating back to the recession, while also facing mounting compliance demands driven by increased regulation with no additional funding to meet these demands. Rising global economic instability, coupled with some of the highest energy costs in Europe, further exacerbates financial pressures.

Funding the true cost of service delivery

For voluntary disability services to remain effective and sustainable, funding must be aligned with the true cost of delivering services. This includes not only aligning staff pay with public sector levels, but also adequately covering all operational costs, such as compliance obligations, utilities, insurance, and other non-pay expenses. As recommended by the Independent Review Group, nationally fixed prices for essential services should be agreed to prevent pay disparities.⁵

Responding to new funding demands

The rollout of pension auto-enrolment will have significant financial and administrative implications for disability organisations, particularly under-resourced Section 39 agencies. Without additional, ring-fenced financial

³ [Action Plan for Disability Services 2024 – 2026](#).

⁴ [DCED Press Release – 12.03.25](#).

⁵ See Department of Health (2019), [Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and social care services](#).

support to cover these new mandatory obligations, there is a real risk of undermining service provision for disabled people and compounding recruitment challenges within disability organisations.

Planning for the long term

The Programme for Government commitment to “consider the development of a multiannual approach for disability services” is a welcome step forward. It is essential to enable services to plan for the future, to address demographic and growing unmet needs. This approach would also align Ireland with other EU countries and reflect the recommendations set out in the Sláintecare Implementation Strategy.⁶ The EU’s new Economic Governance Framework also requires Member States to submit medium-term fiscal plans spanning the full Government term.⁷

Expanding proven funding models

Community and voluntary organisations receive limited multi-annual funding towards core costs to address social exclusion through the Scheme to Support National Organisations (SSNO). This established scheme provides a strong model for how multi-annual funding could be rapidly expanded to support other community organisations, including disability organisations.

Funding Disabled People’s Organisations (DPOs)

Ireland has obligations to ensure people with disabilities are involved in and can influence the decisions that affect them. Their voices are critical to policy development and Budget 2026 must ensure that Disabled People’s Organisations (DPOs) are sufficiently funded. This will realise commitments in the UN CRPD to support DPOs, who in turn support disabled people to organise and advocate for disability rights.

Key asks:

- Resource the Community and Voluntary sector with a reformed, sustainable multi-annual funding programme, as per the Programme for Government commitment.

⁶ Ibid.

⁷ See [European Commission \(2024\), Recommendation for a Council Recommendation on the economic, social, employment, structural and budgetary policies of Ireland](#), pp. 1-2.

- Recognise the value of Section 39 organisations to support disabled people, provide sufficient funding to deliver pay parity as per the WRC agreement, and resource the data gathering exercise to inform targeted low pay measures.
- Provide funding to address inflation and the full cost of service delivery (including pension auto-enrolment) to ensure organisations can maintain levels of service provision.
- Provide adequate, ongoing, and sustainable funding to support DPOs.
- Expand the Scheme to Support National Organisations (SSNO) and double the allocated budget.

3. Children's Services and Education (UN CRPD Articles 7 and 24)

An unequal start to childhood

The Government has committed to making Ireland one of the best places to be a child. While some progress has been made, children with disabilities do not have the same experience of childhood as their non-disabled peers. Disabled children cannot access the early interventions and health services they need.

Assessments of need are intended to be the start of a holistic and comprehensive treatment and plan of support. After inexcusably long waiting times for assessment, children and their families are often left with care pathways that are inconsistent and fragmented. Some parents can afford to pay privately for services but many cannot, highlighting the unequal impact of the extra Cost of Disability.

Strengthening children's disability services

We welcome the Programme for Government commitment to prioritise recruitment and retention initiatives to expand staffing within the Children's Disability Network Team. Budget 2026 must ensure sustainable career streams into the sector.

Segregation in education

Just as the health system is failing disabled children, so too is the education system. Government has prioritised the creation and expansion

of special classes and special schools, which runs the risk of segregating disabled children in the education system. This segregation can carry over into later life, undermining social cohesion and reinforcing exclusion.

Barriers to inclusive education

There are also structural barriers to mainstreaming. The Department of Education's Inspectorate⁸ recent findings on exclusionary criteria in schools' admission policies are concerning. Criteria that deny access based on potentially disruptive behaviour, higher levels of need or lack of capacity to "meaningfully participate" in a mainstream class act as a barrier for some children.

These admission barriers inhibit the Government's stated policy of inclusive education, and deny the legal right of every child or young person with additional educational needs to an education in an inclusive environment with their peers.⁹ Along with other pressures, this can drive the creation of a separate tier of special education, a concern recently noted by the European Commission.¹⁰ While greater oversight is needed to ensure consistent application and legal compliance of admission policies, schools also need to be adequately resourced so they can meet their obligations.

Supporting inclusion in practice

Inclusion is more than just policy. In addition to oversight and funding, schools also need support to train and upskill. This can develop the culture, capacity, and expertise necessary to implement mainstreaming admission and educational policies.

Key asks:

- Fund at least 75 additional Children's Disability Network Teams posts.
- Provide sufficient financial support to schools to enable them to support all students in the classroom, including funding to support training and upskilling of teachers and school staff.
- Continue to invest in community supports for disabled children, including access to Personal Assistance services and home support.

⁸ [Supporting all children and young people to access an appropriate education.](#)

⁹ S.2 [The Education for Persons with Special Educational Needs Act 2004.](#)

¹⁰ European Commission (2025), Country Report – Ireland, p. 101.

- Give children and families an opportunity to access individualised and tailored care and support through personalised budgets.

4: Sustainable Health and Social Care Services (UN CRPD Articles 19, 25 and 26)

4.1 Specialist Disability Services

The publication of the 'Action Plan for Disability Services 2024–2026' marked a critical step forward. Framed as a living document, the Action Plan was designed to evolve in response to emerging demand. But with only one Budget remaining, it will fail to meet most of its service targets.

End nursing home placements for disabled people

A key concern in Budget 2026 is the continued institutionalisation of people under the age of 65 in nursing homes. Currently, 1,227 people remain in these settings. Even if the current, limited targets were met it would take 14 years for disabled people in nursing homes to have appropriate community-based supports.

Both the Ombudsman and the HSE have expressed concerns that even these targets will not be met without sufficient resources.¹¹ DFI maintains its long-standing position is that it is unacceptable that young disabled people would be offered the sole pathway of inappropriate nursing home care.

Root causes need root solutions

Sustainable progress will only be possible if the root causes of inappropriate placements are addressed including:

- Lack of rehabilitative services
- Insufficient access to community supports such as Personal Assistance and home care
- A lack of joined up collaborative working across agencies.

¹¹ <https://www.rte.ie/news/primetime/2025/0617/1518998-hse-warns-of-risk-to-nursing-home-exit-plan-for-under-65s/> and <https://www.thejournal.ie/younger-people-nursing-homes-unacceptable-ombudman-report-6735451-Jun2025/>.

- Critical shortage of accessible housing options (see housing section below).

Investing in Personal Assistance and independence

Investment in Personal Assistance services is essential to enable independence, supporting people to participate fully in education, employment, and community life. With equity of access and based on assessed need, not on geography or postcode.

The Government's 2021 Cost of Disability report¹² showed how many disabled people pay for essential health and social care services privately, a significant financial burden. For example:

- 20.7% of respondents paid for a Personal Assistance service privately
- 21.9% paid for private respite care
- 29.4% for psychological or counselling services
- 38.5% for physiotherapy¹³

Those who cannot afford to pay privately face a significant disadvantage.

Transport: a persistent barrier

A lack of funding for transport to access services continues to be a structural barrier to participation. Future service funding models must account for transport costs.

Personalised budgets

The underinvestment in personalised budgets continues to limit autonomy and choice. The review of the existing pilot scheme should be completed promptly; applying the lessons learned to shape a sustainable and scalable model, one that places real control in the hands of disabled people.

Disconnect between ambition and capacity

The Action Plan for Disability Services was developed to address unmet and emerging health and social care needs. However, the Action Plan's

¹² [The Cost of Disability in Ireland – Research Report](#).

¹³ [The Cost of Disability in Ireland – Research Report](#), pp. 122-126.

targets did not align with the health services' capacity to meet these. This disconnect between strategic ambition and operational capacity will result in the Action Plan failing to deliver on every service target bar Home Support – which has not been disaggregated between disability services and older persons services.

This lack of capacity points to serious systemic issues in the health and social care sector that undermine its ability to scale-up to meet the policy ambitions of the Government. These issues include:

- Chronic underinvestment in recruitment and retention
- Absent workforce planning
- Siloed organisational practices
- Onerous compliance and service delivery costs beyond the scope of restrictive service agreements
- Inappropriate yet persistent medical model approach dictating funding to certain service areas.

Tracking progress and remaining gaps

Below we outline DFI's attempt to track delivery on the Action Plan commitments¹⁴ in recent years, and the remaining requirement for 2026 to meet the original target, where such information is available.

Table 1: Targets set out in the Disability Capacity Review, 2024 and 2025 HSE Service Plan, and remaining which need to be delivered

¹⁴ See page 48 of [Action Plan for Disability Services](#) for breakdown of capacity planned from 2024-2026.

Service area	Action Plan target (increase above current level)	2024 HSE Service Plan	2025 HSE Service Plan	2026 to meet target
Children's services	600 extra Whole Time Equivalents (WTE) for CDNTs	131	75 posts (2,009 WTEs currently)	394
Adult multi-disciplinary therapies	222 extra posts in specialist adult therapy services			
Adult day services	c. 3,650 additional places	1,300 places	790 places	1,560 places
Personal Assistance	800,000 additional hours	80,000 hours	95,000 hours	625,000 hours
Home Support	110,000 additional hours	280,000 hours	40,000 hours	over target
De-congregation	500 community-based residential care places for de-congregation	51	21	428
Residential	900 additional residential care places to tackle unmet need/demographic change	266	70	564
Intensive support packages	550	113	15	422
Personalised budgets	Complete evaluation by 2024, present proposals to government			Not complete as of mid-2025
Under 65s nursing homes	260 people supported to move into community	Unclear- and no target in service plan	15	245

Key asks:

- Provide funding to deliver the Action Plan targets (Department of Children, Disability and Equality).

As shown above, the original Action Plan had ambitious targets that should ideally be fully delivered in 2026. However, based on significantly

lower levels of delivery in the last two years, more realistically Budget 2026 should at minimum:

- Establish 250 additional therapy posts for children and adults
- Provide 168 new residential places
- Support a minimum of 167 people to move from congregated settings into the community
- At a minimum, Budget 2026 should support the modest target of moving 87 people under 65 out of nursing homes and into the community, and invest in rehabilitative and community supports to prevent any new admissions of people under 65 to nursing homes
- Provide 1,217 new day service places
- Expand respite provision and further develop alternative respite options.
- Increase Personal Assistance provision by a minimum of 270,000 hours
- Increase home support and home care supports by a minimum of 40,000 hours
- Fund four fully staffed teams for the Midlands, North Dublin/North East, South East and North West to complete the national rollout of community neuro-rehabilitation teams
- Provide 184 intensive support packages to prevent emergency residential places
- Complete the evaluation of the pilot project on personalised budgets, and use the findings to develop a new, viable model to deliver personalised budgets with secure permanent funding
- Resource accessible, flexible, door-to-door transport services to promote access to services and supports, employment, and community participation.

4.2 Mainstream Health Services

Over 90% of people with disabilities access mainstream health and social care services, under the remit of the Department of Health.¹⁵ This clearly shows that siloing disabled people to specialist disability community services only is completely inappropriate. Mainstreaming disability must be a priority, and specific funding is needed to support this.

This should also be carefully planned as an integral part of the ongoing development of the Health Regions. Integration across our hybrid system will strengthen its effectiveness, where public, private, and voluntary providers are all part of the structure of service delivery in the community.

Co-design and participation in Health Regions

For reform to be effective, disabled people must be involved from the outset. Meaningful engagement and co-design should be built into the Health Regions from the beginning. This requires:

- Mechanisms to facilitate genuine participatory engagement
- Compensation for participants
- Resourcing to support this process.

Tackling health inequalities

Disabled people face significant health inequalities. They have twice the risk of developing conditions such as depression, asthma, diabetes, stroke, obesity, or poor oral health.¹⁶

Just one in four people who experience at least one long-lasting condition or difficulty to any extent reported very good health, compared to one in two people in the general population. There is also a significant intersection between disability, poor health, and poverty. The consistent poverty rate for people severely limited in their usual activities because of a health problem (8.9%) is almost four times higher than the rate for those not limited (2.4%).

¹⁵ Department of Health (2021), [Disability Capacity Review to 2032: A Review of Disability Social Care Demands and Capacity Requirements up to 2032](#), p.16.

¹⁶ World Health Organisation (2022). [Global report on health equity for persons with disabilities](#), p.64.

Access to medical cards

Currently, disabled people who receive Disability Allowance may lose access to a medical card if they take up employment. This undermines Government efforts to address Ireland's very low disability employment rates. In line with OECD recommendations,¹⁷ a medical card should be made available to any disabled person who needs it, as part of a State package to address the extra Cost of Disability.

Key asks (Department of Health)

- Provide funding for a Disability Unit in the Department of Health with direct responsibility for improving disabled people's access and equity to mainstream health services, and integration of services. This includes monitoring and evaluation of outcomes for disabled people.
- Make sure disabled people have fair access to health services by putting their needs at the centre of all health decisions as recommended by the WHO Global Report on Health Equity for Persons with Disabilities.¹⁸
- **Cost of Disability:** Make the **medical card** available to any disabled person who needs it. Medical card entitlement should be based on medical need rather than means-testing. This is a structural barrier to employment (see section below).
- Health and social care professionals (HSCP) should be required to do training on disability rights (funded by the Department) so they understand the needs of disabled people and can provide proper support and reasonable accommodations.
- DFI members emphasise the importance of funding Department of Health programmes and strategies including:
 - Fund the full implementation of the Rare Disease Strategy including regard for existing rare disease pathways not fully implemented/resourced in delivery

¹⁷ OECD (2021), [Disability, Work and Inclusion in Ireland](#), p 19.

¹⁸ [Global report on health equity for persons with disabilities](#).

- Invest in the National Clinical Programme for Eating Disorders (NCP-ED) to ensure all teams are complete
- Continue to develop an accessible, co-designed, comprehensive and community-based mental health service through Sharing the Vision Implementation Plan 2025-2027.

5: Tackling Poverty, Cost of Disability, and Employment (UN CRPD Articles 28, 19 and 27)

Disabled people are disproportionately likely to live with poverty and deprivation. In 2024, one in five people unable to work due to long standing health difficulty (disability) lived in consistent poverty, and two in five lived in enforced deprivation, unable to afford basic essentials like heating, new clothes, or socialising with friends or family. These figures would have been even higher without the one-off measures the previous Government relied on to address high costs in recent years.

The 2024 CSO national SILC poverty and deprivation data¹⁹ shows that people unable to work due to disability:

- Have consistent poverty rates nearly four times higher (19%) than the national average of 5%. By comparison 1.7% of employed people and 1.9% of those who are retired live in consistent poverty.
- Are at a much higher risk of poverty - 32.5%, compared to a national average of 11.7%. This rate increased by 5% since 2023.
- Have an enforced deprivation rate 3.5 times higher (38.5%) than employed people (11.6%)

Clearly something isn't working, and our social protection system is failing to deliver.

Poverty in a time of prosperity

This failure is especially shocking given Ireland's strong economic status, with ongoing wage growth and employment rates at an all-time high

¹⁹ CSO (2025) [Survey on Income and Living Conditions 2024](#).

(though not for disabled people). Yet many people with disabilities have deeply inadequate incomes and face insurmountable structural barriers when they try to seek and retain employment.

The high Cost of Disability

The Government's own Cost of Disability report confirmed what DFI and people with disabilities have long said, living with a disability is expensive. These costs have increased significantly in recent years due to inflation.²⁰ As the ESRI have recently shown,²¹ households with a disabled member "face significant financial burdens related to disability and have very high at risk of poverty (AROP) rates." Their report establishes that:

- Disabled households are more likely than other household types to be at risk of poverty and have a lower standard of living.
- Disabled people face extra costs in the range of €488-€555 on average a week.
- Disabled households required between 41% to 93% extra disposable income to achieve the same standard of living as a similar household with no disabled members.
- The at risk of poverty (AROP) rate is substantially higher for disabled people - 24%, compared to 10% for non-disabled people.
- But when Cost of Disability is factored in, their AROP rate increases to a staggering 65%-76%.

Despite this, the basic weekly income currently provided by Disability Allowance is €244, which covers less than half the additional weekly costs.

EU Commission recommends disability action

At an EU level, Ireland performs poorly. The EU Commission's 2025 Country Specific Report once again marked Ireland red ("critical situation") only once on its social scoreboard of 17 indicators, for the

²⁰ The Indecon report, [The Cost of Disability in Ireland](#), quantified the annual Cost of Disability as €8,700 - €12,300 in 2020. Adjusted for inflation, this is now €10,651 - €15,059. The [Consumer Price Index Inflation Calculator](#) shows inflation of 22.4% from January 2021 to May 2025.

²¹ ESRI (2025), [Adjusting estimates of poverty for the cost of disability](#).

disability employment gap of 38.2% (compared to the EU average of 24%).²²

For the first time in a number of years, the EU Commission's six Country Specific Recommendations included a social recommendation. The Commission recommended that Ireland "strengthen the labour market and social inclusion of disadvantaged groups, in particular persons with disabilities and single parents"²³. This is one of only four disability recommendations across all 27 EU member states.

Commitments must become action

Ireland has promised to address disability poverty, including

- A target in the Roadmap for Social Inclusion committing to reduce the EU AROPE (At Risk of Poverty and Social Exclusion) rate to 28.7% by 2025.
- A promise to reform and progressively increase disability payments
- A pledge to act on the Cost of Disability.

But progress is lagging. The most recent Roadmap Progress Report shows Ireland's disability poverty rate at 32.7%, 4% above the EU average (28.8%).²⁴ Ireland is also far removed from achieving the goal of entering the top 10 EU countries for disability poverty by 2025.

The new government has promised to ensure that available resources are targeted at groups unable to work including disabled people, to act on the Cost of Disability, and to reform and progressively increase disability payments. Budget 2026 offers the opportunity to deliver on these commitments.

A different future is possible

Poverty is not inevitable and different policy choices can be made. It's time to establish the long-called for Cost of Disability payment. Targeted action on a range of areas, and a specific disability poverty reduction plan are required to start to chart a path towards a different future. One where

²² European Commission (2025), [2025 Country Report – Ireland](#), p.105.

²³ EU Commission (2025), [Recommendation for a COUNCIL RECOMMENDATION on the economic, social, employment, structural and budgetary policies of Ireland](#).

²⁴ Department of Social Protection (2024), [Roadmap for Social Inclusion 2020-2025 Ambition, Goals, Commitments - Fourth Progress Report July 2023 to June 2024](#).

our social protection system strongly and effectively supports disabled people to live, and to participate in society equal to others, instead of locking them into poverty and deprivation.

Key asks: (Department of Social Protection and Department of Children, Disability and Equality)

Poverty and Cost of Disability

- Introduce a recurring, universal and non-taxable **Cost of Disability payment** of a minimum of €55 weekly (€2,860 a year) as an interim measure. Over the duration of the current Government, a graduated Cost of Disability Payment scheme must be developed, based on differential need and best practice internationally, in consultation with people with disabilities.
- In addition, to make progress on restoring the real value of the core social protection personal rate and as a step towards improving income adequacy, adjust core rates by a minimum of €16, based on Minimum Essential Standard of Living (MESL) data.²⁵

Employment

- Raise the Disability Allowance income disregard to €625, equivalent to Carers Allowance income disregard. For those who cannot work, this disregard should apply to other forms of income, such as pension from a parent.
- Accessibly promote the new Work and Access scheme and provide sufficient funding for its operation (including an infrastructure of delivery) and growth in scale in 2026.
- Provide sufficient funding to resource ambitious actions under the Employment Pillar of the National Disability Strategy (DETE, DSP, DCED, DFHERI etc), including actions to specifically address the Cost of Disability and its impact on employment.
- Change criteria for the medical card (Department of Health) and other entitlements like the free travel scheme (Department of Transport) to link them to medical need and disability status, rather

²⁵ Vincentian MESL Research Centre (2025), [MESL 2025](#).

than means-testing. Remove the time limit on entitlement for those who work.

- Link the Wage Subsidy Scheme (WSS) to increases in the National Minimum Wage and restore it to 70% of the minimum wage.

Means Testing

- Increase the general weekly means disregard from €7.60 to €20.
- Only a disabled person's income and means should be assessed, not their family member, partner, or anyone else they live with.
- Increase the Disability Allowance capital disregard to €100,000.²⁶

Energy Poverty

- Restore the purchasing power of the Fuel Allowance by increasing the payment rate to €42.50 as per recommendations of MESL.
- Implement [DFI's recommendations on Energy Poverty](#), including expanding the Fuel Allowance to all people on a disability-related social protection payments, providing a higher level all year round for those with higher energy usage due to disability, and strengthening provision and increasing awareness, via accessible formats, of the Heating Supplement.

Benchmarking to Minimum Essential Standard of Living (MESL) and Indexation (factoring in the Cost of Disability)

- Social welfare rates must be indexed or benchmarked annually, to a level above the poverty line and considering inflation and wage growth. Use the MESL as a guide, taking into account the extra Cost of Disability, and the evidence from both the Indecon report and the recent ESRI findings.²⁷
- Recalibrate eligibility thresholds annually across State schemes (multiple Departments). Ensure that eligibility thresholds are

²⁶ This disregard has not been reviewed since 2007.

²⁷ Any benchmarking or indexation would need to explicitly and carefully factor in the findings of the recent ESRI report on the Cost of Disability and its impact on poverty rates of disabled households, along with relevant previous findings, in order to avoid locking in disability poverty. See ESRI (2025), [Adjusting estimates of poverty for the cost of disability](#).

realigned according to increases in social welfare payments to avoid unintended loss of other supports (for example medical card or housing supports).

Working with other Government departments, there is an opportunity and need for a longer-term strategic approach to the above issues.

The government should develop and resource a clear cross-Departmental **Action Plan to fully address the Cost of Disability, as well as a disability poverty reduction commitment, strategy and set of actions** – these can be integrated into the new National Disability Strategy and the next Roadmap for Social Inclusion.

6: Ensuring Community Inclusion and Participation (UN CRPD Articles 8, 9, 19, 21, 29 and 30)

One of the key goals of the UN CRPD is to vindicate people with disabilities' right to be part of their community. This does not just mean living in the community, but being able to participate and engage in community life as much as you would like. That means the ability:

- To participate in local events
- To work
- To access education
- To join in public life on an equal basis with others.

Inconsistent disability inclusion across local authorities

Findings from DFI's 2025 research on [the implementation of the UN CRPD at a local authority level](#) found that there are inconsistencies in approaches to disability inclusion across each of the local authorities, with examples of good practice, and fundamental gaps.

Local government has a key role to play

Decisions to support inclusive communities are often made at local government level. To support inclusion, local authorities need:

- Dedicated, full-time staff who understand the barriers faced by disabled people locally

- To establish meaningful ways for people with disabilities to engage with the local authority
- Clear pathways for participation in local governance.

Removing barriers to participation

Disabled people must be included in local structures such as Public Participation Networks, Strategic Policy Committees, and other decision-making fora. This may involve reasonable accommodations for disabled members, such as:

- Ensuring accessible meeting spaces
- Offering Irish Sign Language interpretation
- Making information available in easy-to-read formats
- Creating a less pressurised, more supportive environment that enables people with disabilities to fully engage.

These changes will support disabled people to advocate for their rights and actively shape decisions that affect their lives.

The need for sustainable funding

To achieve these goals a consistent, long-term commitment to funding and staffing is needed. At present, there is no dedicated or ongoing funding stream to support the implementation of the UN CRPD at local level or to support disability inclusion.

There is a clear need for a dedicated programme specifically designed around the needs of disabled people. This can create mechanisms to boost the voice of people with disabilities at the local level, to ensure their needs and priorities are understood and factored in by local authorities.

Key asks

- **Local Authority Disability Inclusion:** The Department of Housing, Local Government and Heritage and Department of Children, Disability and Equality to:

- Create and fund a new programme, structured and standardised across all local authorities, to create disability inclusive communities. This programme would provide reliable, sustained funding to make communities more open and inclusive to people with disabilities.
- Make the role of Access Officer a full-time, Grade 7 role in every local authority - senior enough to be able to properly implement change.
- **Transport:** The Department of Transport to:
 - Invest in increased accessibility and frequency of Local Link Transport services for disabled people living in rural areas.
 - **Cost of Disability:** Urgently establish a Transport Support Scheme to replace the Mobility Allowance, Motorised Transport Grant, and other transport schemes, as per the Ombudsman's longstanding recommendation.
 - Extend the criteria for the disabled parking badge to include categories of disability currently excluded.
- **Assistive Technology (AT):** Support the recommendations of the WHO assistive technology capacity assessment (ATA-C) towards the establishment of a national AT ecosystem, with prioritisation of the following: funding for digital assistive technology (AT) supports, including a national network, AT Passport, loan library, national funding database, website, training programme and peer support development programme.
- To ensure the full and equal inclusion of deaf and hard of hearing people **invest in deaf-led Services and Irish Sign Language:**
 - Ensure there is resourced, equality-based and Deaf-led interpreting services available to all who need it, a fully resourced ISL voucher scheme and ISL dissemination for the scheme.
 - Fund necessary increases to the supply of Irish Sign Language Interpreters.

7: Realising Housing for All (UN CRPD Article 4 and 19)

Another social determinant of health is safe, accessible housing. Yet disabled people in Ireland continue to face persistent structural barriers that prevent them from accessing appropriate housing across all tenures.

These include insufficient availability of fully accessible universally designed housing, and the lack of joined up provision of social care packages alongside social housing offers.

Longer waits, greater need

Disabled people spend longer on social housing waiting list than their non-disabled peers,²⁸ and the disability category of need is growing at a much higher rate than the general waiting list.

5,974 households on social housing waiting lists had disability as their main need in 2024 – representing 10% of all households on the lists.²⁹ 4,960 households with a disability need were on the list in 2021.

Between 2021-2024 the number of households on the housing list increased by nearly 1.2%. But the number of households with a disability basis of need increased by nearly 20.5% over the same period.³⁰

Many disabled people's housing and support needs are not reflected in official waiting lists. As already outlined, this includes approximately 1,227 people under 65 living in nursing homes,³¹ who require accessible housing and tailored social care supports to transition into the community. Many others live with family members, often excluded from housing data.

Approved Housing Bodies flag decline in their supported housing delivery

The Irish Council for Social Housing (ICSH) has flagged a worrying decline in supported housing delivery by Approved Housing Bodies (AHBs).

²⁸ Citizens Information Board and Disability Federation of Ireland (2022), [The Right Home: the Housing Needs of People with Disabilities](#).

²⁹ Housing Agency (2025), [Summary of Social Housing Assessments 2024](#).

³⁰ DFI Analysis of Summary of Social Housing Assessment Data 2021-2024.

³¹ [HSE warns of risk to nursing home exit plan for under 65s](#).

Previously 50% of their stock served people with additional needs, however just 20% does so today.³²

This shift undermines commitments under Housing for All and the UN CRPD. A rebalancing is urgently needed to ensure disabled people are not left behind in housing delivery.

Reform and resource the Capital Assistance Scheme (CAS)

The Capital Assistance Scheme (CAS) is designed to support specialist housing but remains underfunded and is structurally limited. Structural barriers within the scheme must be addressed, such as: increasing capital expenditure limits in line with actual need and rising construction costs, and recognising higher ongoing maintenance costs.

Accelerating the National Housing Strategy for Disabled People

To accelerate delivery of the National Housing Strategy for Disabled People 2022–2027, Budget 2026 must resource key areas. These include:

- Accessible housing design
- Adaptation grants
- Local-level collaboration (especially on budget and service delivery) between housing, health, and disability services.

For example, the introduction of the Disability Friendly Housing Technical Advisor role within Local Authorities is a welcome step – but its potential is undermined without dedicated funding.

Adaptation grants still falling short

Likewise, while recent improvements to the Housing Adaptation Grant are positive, the scheme still falls short, particularly in light of rising costs and the ongoing backlog of unmet need.

DFI's recent study on [the implementation of the UN CRPD at a local authority level](#) (undertaken before the grant review was published) highlighted many issues, and the great scope and potential of increasing its provision.³³

³² [Elderly and people with disabilities at risk of becoming social housing 'underclass' – The Irish Times](#).

³³ [DFI \(2025\) Bridging the Gap](#). See page 17 for recommendations.

Reflections on Housing from Bridging the Gap Focus Groups

"The level of [housing adaptation] grant aid available is determined on the basis of gross household income and shall be between 30% – 95% of the approved cost of the works. Demand is greater than the budget available, we could double the number of houses adapted in one year. Increasing accessible housing stock and supported services [is needed]." **Chief Executive, County Council**

"The CRPD recognises our right to live independently and to choose where and with who we want to live with, but we cannot get the financial support needed to adapt our homes." **Participant 5**

"Housing is an enormous elephant in the room. People with disabilities go to the bottom of the very long list." **Focus Group with County Councillors**

Universal design

As Ireland continues to invest strongly in housing, it must also future proof its stock by building fully universally designed and wheelchair liveable housing. At least 7.5% of all new builds must be fully wheelchair liveable. Designing homes with accessibility in mind from the start meets the needs of disabled people and benefits everyone over the course of their lives. Retrofitting homes later is far more expensive and less effective than getting it right from the beginning. Accessible housing must be available across all tenures including social housing, private rental and private home ownership.

Health, housing and energy poverty

There is a link between disability, poor quality housing and poverty. An ESRI study confirms disability as a key risk factor for inadequate housing, with disabled households encountering additional financial strain from home adaptations, increased energy use, and reduced income. The ESRI and the Irish Green Building Council have recommended additional and targeted supports to counteract these extra costs, including adaptation grants, and adjustments to benefits or to means assessment.³⁴

³⁴ Laurence, J., Russell, H. and Smyth, E. (2024), Housing, Health and Happiness: How Inadequate Housing Shapes Child and Parental Wellbeing, ESRI Research Series 183 and

Key asks:

Funding to **implement the National Housing Strategy for Disabled People 2022-2027**

- Provide funding for Local Authority Disability Friendly Housing Technical Advisor positions to be dedicated, standalone roles.
- **Cost of Disability:** Continue to increase funding for the Housing Adaptation Grant and address ongoing issues with grant levels, income thresholds and means-testing.
- Increase the Disabled Persons Grant to support adaption of social and private housing.
- Provide a one-off Capital Investment Fund to support disability upgrading and futureproofing of private and Local Authority homes not adapted in recent years due to insufficient funding.
- Provide funding to ensure that a sufficient % (at least 7.5%) of new build housing is universally designed UD+ and UD++ for wheelchair liveable accommodation.
- Increase Capital Assistance Scheme funding to €150m and remove barriers to the functioning of the scheme (including capital expenditure ceilings and timeframes).
- Increase the Capital Advanced Leasing Facility (CALF) funding and enable this to be accessed for supported housing.
- At a minimum, ensure housing to support 87 people under sixty-five to move from nursing homes into the community in 2026, and to ensure a supply of accessible housing to prevent more people entering nursing homes.³⁵ This must be delivered in tandem with health and social care supports (see earlier Health section).

Irish Green Building Council (2024), [Bridging the Gap Between Energy Poverty and Energy Renovation](#).

³⁵ Note: funding for housing from DHLGH, related ask for funding for necessary health and social care related supports is included for DCDE.

Energy Poverty and Cost of Disability (Department of Environment, Climate and Communications)³⁶

- Ramp up delivery of the Warmer Homes Scheme, expand eligibility for people with disabilities and consider prioritising those with a disability or health need.
- Provide increased retrofitting and other grants to disabled people who own their own homes, given their risk of energy poverty.

8: Conclusion: Deliver the Step Change

Disabled people, and their families and communities across Ireland, are deeply dissatisfied with the State's delivery and development of disability policy, services and supports. Essential supports are lacking and as a result, daily life for people with disabilities is often a struggle. This cannot continue.

Poverty and exclusion are not inevitable

No one should be forced to live in deprivation, with a lack of supports and services, and so many barriers preventing them from participating in society on an equal basis with others. This is not inevitable. Things can, and must, be different.

The new government has made significant commitments to change this situation. Most recently, at the National Economic Dialogue (June 2025), Taoiseach Micheál Martin mentioned disability in his address, admitting that the system is not delivering for disabled people. He promised that "we can and will do better."

Budget 2026 is a test of commitment

In this Budget submission we have outlined essential areas of focus, and key solutions that can make things better for disabled people, and, as a result, for our country as a whole. If Government is serious about making real and lasting change for people with disabilities in Ireland, Budget 2026 must deliver the investment needed to do so. Otherwise, not only will it fall short on meeting its commitments in the Programme for Government, but also its international obligations under the UN CRPD.

³⁶ See [DFI's 2024 Submission on Energy Poverty](#), and the joint civil society [8 priorities to guarantee warm homes manifesto on energy poverty](#) for more detail.

References

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- ⁱⁱⁱ Sprong, S., and Maître, B. (2023). [Thematic report on poverty and social inclusion indicators: Poverty and social inclusion indicators in the Roadmap for Social Inclusion 2020–2025](#), p. 6.
- ^{iv} European Commission (2025), [2025 Country Report – Ireland](#), see for example p.s 23, 91 and 90. See also [Disability employment gap by level of activity limitation and sex](#).
- ^v ESRI & IHREC (2025), [Adjusting Estimates of Poverty for the Cost of Disability](#), p. 25.
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- ^{xi} Health Research Board (2025), [Overview of people engaging with disability services, 2024](#), p.27.
- ^{xii} <https://www.oireachtas.ie/en/debates/debate/dail/2025-05-20/17/>, <https://labour.ie/news/2025/04/30/families-and-schools-under-pressure-from-a-disability-service-creaking-at-the-seams-new-figures-released/>.



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.

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