

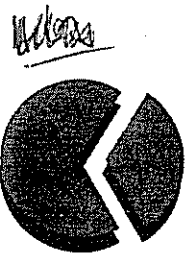


# Policy Submission

**Disability, Exclusion and Poverty**

**Submission to the  
Commission on the Status of  
People with Disabilities**

**September 1994**



COMBAT  
POVERTY  
AGENCY

**Combat Poverty Agency**

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**Disability, Poverty  
& Social Exclusion**

**Submission to**

**The Commission on**

**the Status of People with Disabilities**

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# Disability, Poverty and Social Exclusion

*Poverty and disability seem to be inextricably linked. Disabled people are poorer as a group than the general population. People living in poverty are more likely than others to be disabled. But to date in Ireland the links between poverty and disability have not been systematically examined. Poverty must be put on the disability agenda and disability must be put on the poverty agenda.*

## 1. The Combat Poverty Agency

The Combat Poverty Agency was established by the Government in September 1986 under the Combat Poverty Agency Act. Under this Act the Agency has a statutory duty to advise and make recommendations to the Government on all aspects of economic and social planning in relation to poverty in the state. The Act gives the Agency four main functions which involve the Agency in advising Government on economic and social policy in relation to poverty, initiating and encouraging measures aimed at overcoming poverty and the evaluation of such measures, developing research into the causes, nature and extent of poverty and promoting greater public awareness of poverty issues and the measures required to tackle them.

The Agency welcomes the opportunity to make a submission to the Commission on the Status of People with disabilities as it firmly believes that poverty must be put on the disability agenda and disability put on the poverty agenda.

In 1993 the Agency, in conjunction with the Forum of People with Disabilities and the National Rehabilitation Board, organised a conference on Disability, Exclusion and Poverty. From the perspective of the Combat Poverty Agency the conference was very much the beginning of a process. It was an opportunity to listen and learn and to shed some light on the connections between disability, poverty and social exclusion. The key issues in this submission are drawn from the findings of the Disability, Exclusion and Poverty conference.

## 2. Poverty, Social Exclusion and Disability

This submission begins with a brief clarification of the concepts of poverty and social exclusion, and then presents some evidence on the extent to which poverty and social exclusion exists among people with disabilities. In Ireland and the EU the definition of what was traditionally referred to as poverty is increasingly being replaced by the phrase 'social exclusion'. This does not mean that income poverty is no longer a relevant term; rather, it is recognised that it does not convey the full implications of what it means to be 'poor' in contemporary society.

Social exclusion has four main features:

- It has multidimensional effects, ranging from inadequate income, joblessness, lower health, housing and education standards, social isolation and 'powerlessness'<sup>1</sup>.
- It is a relative phenomenon; to be excluded is to be unable to enjoy an income level and a living standard which is normal in society. (This is the traditional meaning of poverty as measured by major studies of income distribution in Ireland and the EU.)
- It is a process: people are excluded by structures that exist in society and redressing social exclusion will require changes in these root causes. Otherwise, people who are assisted will fall back into social exclusion or else be replaced by others.
- It represents a collective failure to vindicate citizens' social rights. The onus to promote these rights is on society, through public policies, and not on the individual.

What evidence exists as to the extent of poverty and social exclusion among people with disabilities? Unfortunately very little, even from the major poverty surveys carried out by the ESRI<sup>2</sup>. We must therefore infer the current situation from case studies<sup>3</sup> and from general perceptions. The following points are the most pertinent:

- people with disabilities have a higher risk of poverty, due to the widespread dependence on social welfare and the indirect costs associated with being disabled;
- people with disabilities face greater difficulties in gaining employment, in accessing public services, in participating in cultural events and even in having voting rights;
- people with disabilities experience, on an on-going basis, direct and indirect discrimination by a predominantly able-bodied society, eg design of housing and transport services;
- people with disabilities can find it more difficult to exercise their full social rights, this reflects the absence of a policy framework which specifically addresses their status as citizens. Indeed, infringements of the rights of people with disabilities have become so deeply institutionalised that we fail to recognise them<sup>4</sup>

This review of the rather limited evidence available suggests that people with disabilities have a high exposure to poverty and social exclusion. Detailed research

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<sup>1</sup> Options for the Union - EU Green Paper on Social Policy  
<sup>2</sup> Callan et al, Poverty, Income and Welfare in Ireland, ESRI, 1989 pp 104  
<sup>3</sup> Murray Barbara, Disability, Exclusion and Poverty: What are the Issues, NRB, 1993  
<sup>4</sup> O'Carroll, Austin, Disability Rights in Poverty Today, Sept/Oct 1994 No. 25

is, however, clearly required before more definitive statements can be made as to the nature, extent and impact of these problems for people with disabilities. The following issues and recommendations are therefore somewhat tentative and more indepth enquiry is required on many points.

### 3. Key Issues

The similarity of the experiences of people with disabilities and other groups of people who are living in poverty is striking; a broad range of issues are held in common by people with disabilities and other groups living in poverty. These issues include:

- Lack of comprehensive Research
- Delivery of welfare services
- The need for a comprehensive rights based approach
- Income adequacy
- Access to employment
- Participation and empowerment
- Access to services and quality of services

### 4. Lack of Comprehensive Research

There are no published statistics on the number of people with disabilities in Ireland<sup>5</sup>. The lack of factual information on people with disabilities has been frequently noted by government and policy makers and action has been demanded<sup>6</sup> to no avail.

Department of Health and Social Welfare statistics indicate that in excess of 120,000 people are in receipt of disability payments. Little, however, is known of those who do not claim disability payments; how many of them are employed? how many are dependants? and how many fall through the income support net because they do not qualify for any of the existing payments? Information is not available on the turnover of people with disabilities in the labour market. Policy and practice tends to concentrate on the preparation and recruitment of people with disabilities and not on the retention or career development of people with disabilities within employment.

Less still is known about the social and economic lifestyles of people with disabilities. This gap in information can only weaken the effectiveness of measures to support people with disabilities. For example, a number of studies in the UK have attempted to establish the cost of disabilities. Although variance in estimated

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<sup>5</sup> People First: A Nationwide Survey of Members' Needs, Irish Wheelchair Association, Dublin, 1994  
<sup>6</sup> Towards a Full Life: Green Paper on Services for Disabled People, Government Publications, 1984.  
Interim Report of the Review Group on Services for people with a Physical and Sensory Disability, Department of Health 1993 (Unpublished)

costs is high, much can be learnt from the methodologies employed and indeed from the fact that in all studies an extra disability-related cost was established.

**Recommendation 1:** Research has a fundamental role to play in informing decision makers and influencing policies; without the right information it is much more difficult to design the right policies. Thus resources should be devoted to a major research programme on issues affecting people with disabilities.

## 5. Delivery of Welfare Services

*The fragmentation of bureaucratic and administrative responsibilities across a range of departments and agencies has resulted in less effective policy making and problems for consumers trying to access services. The criticism that the social welfare system is too inflexible, over bureaucratic, suspicious, fragmented and insensitive to people with disabilities is a criticism that has been voiced by other groups who experience marginalisation.*

Currently, disability-related allowances and benefits are administered by two different government departments - the Department of Health and the Department of Social Welfare. The fact that two different Government Departments administer state allowances for people with disabilities contributes to the lack of a standardised approach and the existence of different eligibility criteria. Moreover the dichotomised administration of payments involves people with disabilities in different sets of negotiations when the allowances are reviewed.

**Recommendation 2:** Proposals should be developed on a more integrated and comprehensive system of income support for people with disabilities. A national system of income support for people with disabilities should be established and administered by the Department of Social Welfare.

## 6. A Comprehensive Rights Based Approach

*There is a need for a comprehensive and rights based rather than charitable approach to the issue of disability and poverty. It is only when rights exist that people are given legislative protection and a basis for recourse to the law in cases of discrimination*

Disability is viewed by many as a health matter, rather than a civil rights issue. Existing policy, structures, services and attitudes often do not associate issues around disability with social rights but rather with care requirements. The whole concept of disability would appear to be conceptually locked into a medical model. Indeed, the administration of certain allowances by the Department of Health and the underlying assumption that disability is a health problem exemplify this.

To ensure receipt of disability payments, people with disabilities often have to present a worst case scenario, emphasising their limitations rather than their strengths. This serves to reinforce feelings of inadequacy and low self esteem, accelerating the downward spiral of economic and social exclusion

There is no legislation to underpin the equal rights or civil rights of people with disabilities. The failure of employment quotas outlined above suggests that we do need broad-based civil rights legislation or anti-discrimination legislation.

**Recommendation 3:** There should be a strong rejection of the medical model approach to disability.

**Recommendation 4:** Equality, in terms of social welfare entitlements, employment rights and access to goods and services, should be underpinned by a solid legal basis that gives people clear rights and entitlements.

## 7. Income Adequacy

*An adequate income is a fundamental prerequisite to avoid living in poverty. Because of the inadequacy of social welfare payments, the lack of recognition of the additional costs associated with disability and the difficulties associated with accessing existing provisions, people with disabilities who depend on social welfare payments are living on seriously inadequate incomes. In some cases this welfare dependence is temporary and people receive benefits which are linked to their previous earnings, but in others, dependency may be long-term involving survival on a weekly allowance of £61 per week (July 1994).*

### *The Numbers*

A large number of people with disabilities are dependant on social welfare or health allowances. In 1992, a total of 86,430 people received disability benefit, invalidity pension or injury benefit in Ireland and 1,614 claimed the Blind Persons Pension. In addition approximately 28,759 people received the Disabled Persons Maintenance Allowance. In the same year 7,855 people were in receipt of the Disablement Benefit; while some of this group claimed disablement benefit in addition to disability benefit, 1994 figures<sup>7</sup> suggest that the majority of claimants were in receipt of disablement benefit as a supplement to

**Table 1:  
Claimants of Social Welfare  
Payments for People with  
Disabilities 1992**

Disability Benefit Invalidity Pension Injury Benefit	86,430
Blind Persons Pension	1,614
Disabled Persons Maintenance Allowance	28,759
Disablement Benefit	*7,462
<b>Total</b>	<b>123,265</b>

\* estimate based on 1994 figures see footnote

earnings or non-disability related social welfare payments, thus representing a third category of recipients of disability payments (Table 1).

- *The adequacy of disability payments*

If people are to enjoy an acceptable lifestyle and to exercise their rights and responsibilities as citizens it is essential that they have access to an adequate income. The majority of social welfare payments including Disability Benefit, Disabled Persons Maintenance Allowance and Invalidity Pension (for claimants under age 66) however, still fall some way below the lowest point of the range recommended as minimally adequate by the Commission on Social Welfare (1986). This now stands at £65.23<sup>7</sup>. Disability payments such as Disability Benefit, Disabled Persons Maintenance Allowance, Injury Benefit and Blind Persons Pension are paid at £61 per week and Invalidity Pension is paid at £62.60 per week.

**Recommendation 5:** All disability payments should be increased to the minimally adequate rates recommended by the Commission on Social Welfare.

- *The extra costs of disability*

Many people with disabilities, particularly children, incur essential costs associated with their disability which may add significantly to their, or their families cost of living. The costs of aids, adaptations, higher insurance premia, additional costs for transport, diet or heating are examples of such expenditure.

Disability-related costs are not covered by all social welfare payments. A number of studies in the UK have attempted to establish the cost of disabilities and findings have varied from £6.10 per week<sup>8</sup> to £65.92 per week<sup>10</sup> due to differing methodologies and sample population differences in disability and income. Although variance in estimated costs is high all studies established an extra disability-related cost.

A further point to be made about the current system of allowances is that some disability groups are more favourably treated than others in that allowances exist towards the additional costs of some disabilities but not other.

In a fair society people with disabilities should have the same standard of living at least as other welfare recipients - this would mean that they should be compensated in full for the extra costs connected with their disabilities. If people with disabilities

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<sup>7</sup> Department of Social Welfare Statistics indicate that in June 1994 395 claimants of Disablement Benefit were also in receipt of Disability Benefit the remainder, 8102 claimed Disablement Benefit as a supplement to a non disability related income.

<sup>8</sup> Updated by the Consumer Price Index to 1994 figures

<sup>9</sup> OPCS Survey of Disabled People 1985

<sup>10</sup> Disablement Income Group 1988

are to have an adequate income it will be important that an empirical basis for assessment of the extra cost of disability be devised and documented.

**Recommendation 6:** The extra costs of all disabilities should be assessed, documented and incorporated into disability payments.

- *Carers allowances are inadequate*

In the case of children with disabilities and disabled adults requiring full-time care, carers may be obliged to give up paid employment in order to carry out their caring responsibilities. They receive very little compensation for this in terms of state allowances which may result in them living in poverty.

**Recommendation 7:** Steps should be taken to adequately compensate carers for the costs of their caring responsibilities.

## 8. Access to Employment

*The economic and social status of people in western cultures is largely determined by their jobs. The total or partial exclusion of any section of society from work will have a significant effect on their economic power, on their social standing and on their self-image.*

People with disabilities are likely to face greater difficulty than their non-disabled people in obtaining employment; they are far more likely to be unemployed and are out of work longer than other unemployed workers. When disabled people do find work it is usually low paid, low status with little chance of promotion. Although exact figures are not available, it was estimated in 1991 that the unemployment rate among people with disabilities was in the region of 70%<sup>11</sup>, this compares to a national unemployment rate of 19% in the same year.

- *Benefit traps*

The fact that most allowances are stopped if recipients earn more than a specified amount each week acts as a disincentive to many people with disabilities taking up employment. Furthermore the relative difficulty of regaining allowances once they have been given up in order to take up training or employment and the consequent financial difficulties that this inevitably poses further exacerbate benefit traps. The essential difficulty here is that most allowances are supposed to be for people who are unable to work and offer little support for those who are trying to move out of welfare dependency.

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<sup>11</sup> Richard Bruton, Dail speech, 10 December 91

**Recommendation 8:** Greater flexibility of schemes is needed to create an incentive for people with disabilities to seek employment. Given the higher usage of health services by people with disabilities, particular flexibility is needed with regard to medical benefits such as the medical card.

- ***Prejudice & Discrimination***

Fundamental barriers to employment are discrimination and prejudice, hostile attitudes and disabling environments - so called institutional discrimination. It is often held that employers discriminate against job applicants with disabilities and do not focus on their abilities.

Institutional discrimination includes indirect and passive discrimination such as construction of public buildings, housing and transport systems which are not accessible to disabled people, and the failure of organisations to implement existing policies designed to integrate disabled people into the economic and social life of the community.

**Recommendation 10:** Legislation should be enacted to require employers to remove discriminatory practices in recruitment procedures and operational procedures. Moreover, the implementation of this legislation should be monitored.

- ***Lack of statutory obligation on employers***

In 1977 a 3% employment quota for people with disabilities was introduced in the public sector. Fifteen years later estimates of its implementation rate range between 1.85% and 2.2%. Since 1992 efforts have been made to improve the implementation rate and a code of practice for the recruitment of people with disabilities in the public sector was launched in June 1994. This year the quota implementation rate is reported to be 3% in the civil service.

The private sector however has no such obligation to provide a specified proportion of their jobs to people with disabilities. Such a quota is called for by people with disabilities and trade unions to improve the employment prospects of disabled people.

Other incentives for employers to employ people with disabilities include the Employment Support Scheme and the Workplace/Equipment Adaptation Scheme. These schemes are welcomed as initiatives to improve the employment prospects of disabled people.

People whose productivity level is 50% less than average however cannot benefit from this approach at all and have in fact been the recipients of a very fragmented approach and virtually non-existent policy in terms of support/sheltered provision.

**Recommendation 11:** A proactive effort should be made to ensure that all public bodies reach and adhere to the employment quota for people with disabilities. Private bodies should be encouraged to adhere to a similar quota.

**Recommendation 12:** More consideration should be given to consolidating policies and employment initiatives for disabled people whose productivity level is 50% less than average.

Where people with disabilities obtain formal employment, many of them are concentrated in low-paid, semi-skilled or unskilled jobs with little prospects of promotion. Moreover, many people with disabilities work in informal arrangements in which payment takes the form of a supplement to their main income - a disability-related allowance. Such arrangements do not involve formal work contracts and are not covered by employment legislation. Work of this kind is thus quite insecure.

**Recommendation 13:** Employers should be obliged to ensure that the working conditions of people with disabilities are comparable with those of able-bodied colleagues in terms of opportunities for promotion and career development, and schemes such as pensions schemes.

- *Barriers to employing people with disabilities*

Barriers to employing people with disabilities include insurance risks, medical and recruitment screening tests, health and safety considerations which together constitute an obstacle course for many people with disabilities.

**Recommendation 14:** Adaptations to these employment and recruitment requirements should be considered for recruitment of people with disabilities.

## 9. Participation and Empowerment

*People with disabilities must have a voice in the policy making process. Without their involvement policy making will not reach the right solutions.*

Until recently in Ireland little effort was made to involve people with disabilities in local or national initiatives to combat poverty by either statutory or voluntary organisations. The Combat Poverty Agency welcomes the establishment of the Commission On The Status Of People With Disabilities and the commitment to establish a Council for the Status of People With Disabilities. The establishment of the Commission has empowered the voice of people with disabilities by providing a forum for examination of the issues relating to disabilities.

People with disabilities, as members of communities have a right to participate in community life and activities. To facilitate full participation encouragement, support and allocation of resources is required. The Agency welcomes the inclusion of a community development project for people with disabilities under the auspices of the Irish Wheelchair Association. This project is part of the Department of Social Welfare Community Development Programme.

**Recommendation 15:** Active support and resources should be made available to develop community development responses which would assist the participation of people with disabilities in their own communities.

**Recommendation 16:** Groups and networks representing people with disabilities should be resourced to enable them to undertake background research, develop policy positions and make their contributions to policy making fora.

**Recommendation 17:** Alliances should be cultivated between groups representing people with disabilities and other parts of the voluntary sector. People with disabilities should be given more opportunity to participate in the actual control and planning of voluntary organisations. Voluntary organisations who receive statutory funding should have an obligation to ensure that the groups they are working with are adequately represented on their board of management.

**Recommendation 18:** The Council for the Status of People with disabilities should be composed of people with disabilities and their advocates. The need for a gender balance and a geographical balance should also be kept in mind.

## 10 Access to Services and Quality of Services

*A fundamental aspect of an overall anti-poverty strategy must be improved access to high quality public services such as, health, housing, education and training.*

Particular attention should be paid to health services as disabled people are likely to use health services more than others not simply because of their disability but also because they are unemployed and poor. Access to cultural activities and the arts should also be afforded importance.

There are many aspects of the physical environment that have a particular impact on the quality of life for people with a disability these include access to public buildings, access to transport and access to the roads.

Information on entitlements is inaccessible to many people e.g. in many cases information is not available in Braille or on tape for people who are blind or partially sighted; office staff may not have sign language. While some initiatives have been taken in this regard e.g. the introduction of some Braille leaflets, the use of Aertel and the use of interactive information units at main social welfare offices, these measures are not sufficiently widespread to be considered adequate provision.

**Recommendation 19:** All agencies should be required to take into account in the planning and delivery of their services how access for people with a disability can be improved.

**Recommendation 20:** Clear statutory standards and targets should be set in relation to accessibility to public buildings, public transport and roads.

**Recommendation 21:** Thought should be given to improving the accessibility of information services with extension of some of the existing schemes.

## 11 Conclusion

The Combat Poverty Agency in this submission has put forward a number of recommendations which it believes, if acted upon would improve the position of disabled people, particularly those at risk of poverty in our society. However, much of this work is preliminary and provides a base for a more comprehensive approach to meeting the needs of people with disabilities. The Agency hopes that the recommendations of the Commission on the Status of People with Disabilities are acted upon as soon as possible and that the Council for the Status of People with Disabilities receives the support required to undertake its work to the full.

Combat Poverty Agency  
September 1994