Implementing the Public Sector Equality and Human Rights Duty

PSI Implementation Plan

December 2024

PSI
The Pharmacy Regulator
An Rialtóir Cógaisíochta

Contents

1. The Public Sector Equality and Human Rights Duty

The Public Sector Equality and Human Rights Duty (the Duty) is a legal requirement on public bodies to have regard to the need to eliminate discrimination, promote equality of opportunity, and protect human rights, for employees, service users, members, and policy beneficiaries, across all their function areas.[1] Section 42 of the Irish Human Rights and Equality Commission Act 2014 makes provision for the Duty:

Section 42 Irish Human Rights and Equality Commission Act 2014.

(1) A public body shall, in the performance of its functions, have regard to the need to:

- Eliminate discrimination;
- Promote equality of opportunity and treatment of its staff and the persons to whom it provides services; and
- Protect the human rights of its members, staff and the persons to whom it provides services.

Section 42.2(a) and (b) sets out what a public body is required to do in order to give effect to this Duty to have regard to the need to eliminate discrimination, promote equality of opportunity for and protect the human rights of its employees, service users, members and policy beneficiaries.

S42.2 (a) and (b):

- (a) set out in a manner that is accessible to the public in its strategic plan (howsoever described) an assessment of the human rights and equality issues it believes to be relevant to the functions and purpose of

[1] Section 42, Irish Human Rights and Equality Commission Act 2014.

the body and the policies, plans and actions in place or proposed to be put in place to address those issues, and

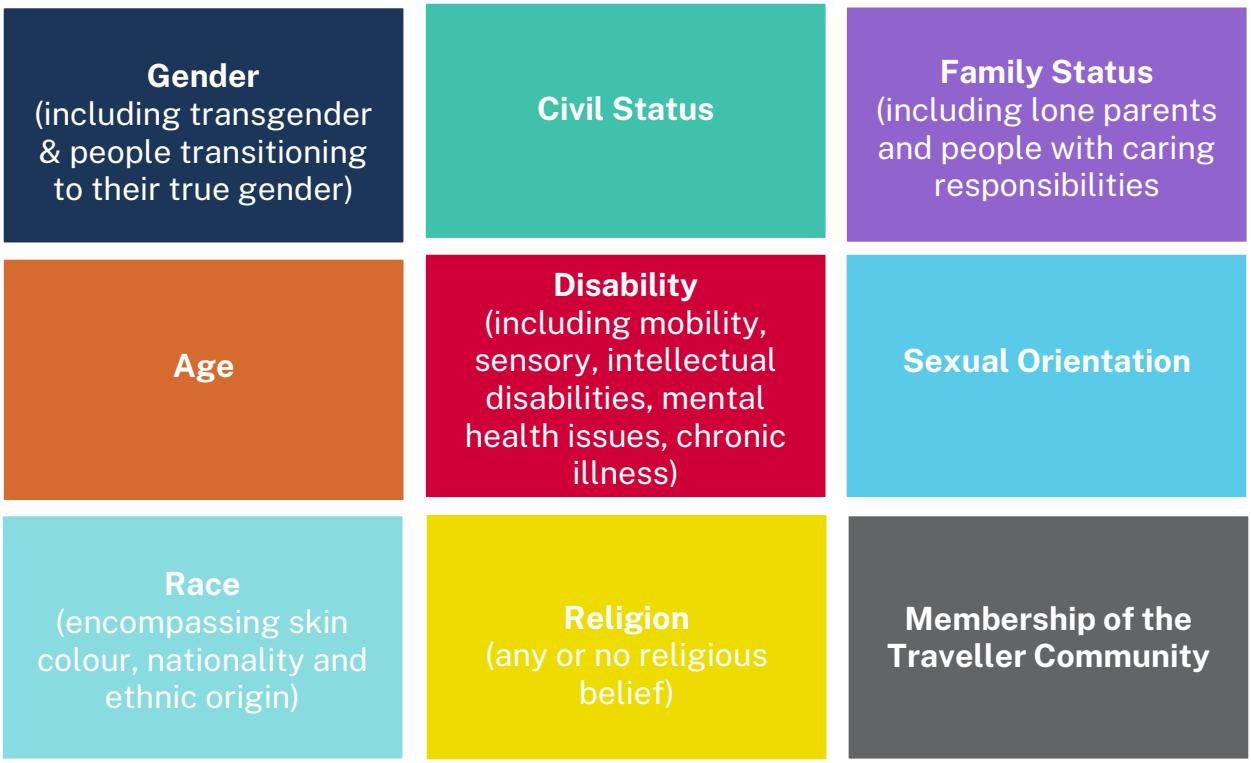
- (b) report in a manner that is accessible to the public on developments and achievements in that regard in its annual report (howsoever described).

Guidance issued by the Irish Human Rights and Equality Commission[2] sets out these required steps to give effect to the Duty as follows:

- **Step 1. Assess**: Undertake an assessment of the equality and human rights issues facing the identified groups for the Duty that have relevance to the functions and purpose of the public body, and to make that assessment publicly available.
- **Step 2. Address**: Identify and communicate the plans, policies and actions being taken or proposed, to address the issues identified in the assessment, in the plans, policies, programmes and services of the public body; and
- **Step 3. Report**: Report annually on developments and achievements in implementing the Duty.

[2] Implementing the Public Sector Equality and Human Rights Duty, Irish Human Rights and Equality Commission, 2019.

The groups identified for the Duty are those groups protected under equality legislation under the nine grounds of:



- a tenth group of those at risk of poverty, discrimination, and social exclusion, on the basis of their disadvantaged socio-economic status;[3] and

- individual rights holders under relevant international human rights instruments.

The functions and activities of PSI encompass:

- Our principal function is to ensure patient safety and public protection. The Pharmacy Act 2007 (as amended) established the role and responsibilities of the PSI, which include:
  - Registration of pharmacists, pharmaceutical assistants and pharmacies;

[3] This 'tenth ground' focus is recommended by the Irish Human Rights and Equality Commission in its 2019 Duty Guidance.

- Setting standards for pharmacy education and training;
- Ensuring all registered pharmacists are undertaking appropriate continuing professional development;
- Promoting good professional practice by pharmacists through raising standards and sharing information for the benefit of patients and the wider health system;
- Assessing compliance and taking actions to address poor performance, practices and behaviours through our inspection and enforcement functions, by considering complaints made against a pharmacist or a pharmacy, and through the imposition of sanctions;
- Providing advice, support and guidance to the public, pharmacy profession and to the Government on pharmacy care, treatment and service in Ireland.

- Human resource functions
- Corporate functions
- Organisational governance functions

2. Equality and Human Rights Values Statement

2.1 Introduction

The PSI takes a values-led approach to implementing the Public Sector Equality and Human Rights Duty (the Duty). This equality and human rights values statement identifies the values that motivate our concern for equality and human rights in the PSI, providing a frame for our work to implement the Duty.

Organisational values are central to shaping organisational culture, which in turn, impacts on the priorities, processes, and practice of an organisation. A values-led approach to the Duty, therefore, can assist in embedding a focus on equality and human rights within the culture of an organisation thus mobilising that culture behind implementation of the Duty.

This equality and human rights values statement underpins our implementation of the Duty. We use the statement to:

- frame our assessment of equality and human rights issues, to ensure a comprehensive approach;
- capture and benchmark our ambition in implementing the Duty;
- offer an accessible language to support and communicate our work to implement the Duty; and
- drive our ambitions to eliminate discrimination, promote equality and protect human rights.

We deploy this equality and human rights values statement as a means of engaging these values across our organisation, to shape our organisational culture in a manner that drives our implementation of the Duty and ensures its impact.

This equality and human rights values statement is anchored in our corporate values, in particular that of: ‘Everyone Counts: We value and respect everyone with whom we engage with’.

From this anchor value, we identify three specific values as motivating our pursuit of the goals of the Duty to eliminate discrimination, promote equality, and protect human rights:

The implications of each value for our organisational priorities and work processes are set out in a Statement of Priority and a Statement of Process, where the:

- **Statement of Priority** establishes the implications of the value for the change we seek to contribute to in addressing equality and human rights issues; and
- **Statement of Process** establishes the implications of the value for the way we work in pursuing this change.

These statements are specifically focused on the identified groups for the Duty.

2.2 Our Equality and Human Rights Values Statement

Respect

Respect is about dignity, compassion, kindness, and transparency, and involves treating people fairly and with openness and honesty.

Statement of Priority: We strive, within our role and remit, to remove barriers experienced by the identified groups and ensure their fair and equal access to services and employment within our organisation and across the sector we regulate.

Statement of Process: We work in a manner that is transparent and person-centred, meeting people from the identified groups where they are at; we are knowledgeable and informed about the issues affecting them; and we encourage and enable their feedback on such issues.

Inclusion

Inclusion is about accessibility, and recognising, embracing and valuing diversity, adapting for specific needs that flow from diversity and ensuring everyone counts.

Statement of Priority: We strive, within our role and remit, to ensure a presence of people from the identified groups in our organisation and in the sector we regulate, and to foster a culture that values the diversity of experience and perspective across the identified groups in our organisation and across the sector we regulate.

Statement of Process: We work in a manner that understands the needs specific to the identified groups; we are flexible and agile in adapting to meet these needs and remove barriers; and we engender a culture of dialogue about difference where there is trust and people feel safe in disclosing their needs.

Voice

Voice is about having a say, being heard, and being involved in decision-making. It involves representation, collaboration, and co-production, whereby people from the diversity of groups have influence, are empowered and feel their perspective matters.

Statement of Priority: We strive, within our role and remit, to: ensure representation for the identified groups on panels, committees, working groups, and through patient and public involvement in our work; and establish processes of empowerment, co-production and collaboration where we engage with the identified groups behind common goals, both in our organisation and across the sector we regulate.

Statement of Process: We work in a manner that engages with the identified groups; we tailor the approach in our engagement to ensure their full and effective participation; we empower their participation in decision-making; and give feedback on their engagement and illustrate its impact in our actions on foot of this engagement.

3. Assessment of Equality and Human Rights Issues

3.1 Introduction

The PSI has undertaken this assessment of equality and human rights issues in compliance with our legal obligations under Section 42 of the Irish Human Rights and Equality Commission Act 2014. In giving effect to the Duty, step one of the Duty requires a public body to prepare and make publicly available an assessment of the equality and human rights issues relevant to its functions, for the identified groups under the Duty. In undertaking this assessment, the PSI has ensured alignment with guidance issued by the Irish Human Rights and Equality Commission.[4]

The assessment of equality and human rights issues involves an examination of the situation, experience, and identity of the identified groups for the Duty, by which we mean:

- **Situation** of the group in terms of their access to resources and any particular disadvantage they experience.
- **Experience** of the group in terms of the quality of their interaction with employers and service providers and the wider society.
- **Identity** of the group in terms of how they choose to give expression to their identity and the specific needs that arise from their identity.

The purpose of the assessment is to identify the equality and human rights issues facing the identified groups for the Duty, that have relevance to the functions of the PSI. This assessment of equality and human rights issues is not an assessment of the PSI or of the sector it regulates, in regard to their work. Nor does it set out the specific actions, plans or policies that the PSI or the sector it regulates, are undertaking or intend to undertake, to address these issues.

This assessment is developed from the available up-to-date research on the equality and human rights issues for the identified groups, of relevance to the functions of the PSI. This evidence base is set out in Appendix 2. While much of the available data provides more generalised information on barriers and challenges faced by the

[4] Tool for an Evidence Based Assessment of Equality and Human Rights Issues, Irish Human Rights and Equality Commission (2020).

identified groups, rather than specific to health-related services or to pharmacies, these barriers and challenges are of relevance for the sector.

This assessment is a living document in that it can be informed and evolved in its application based on new learning and new sources of data. It will be formally reviewed on a cyclical basis when the Corporate Strategy is being prepared, at which point a new assessment and PSI implementation plan for the Duty will issue.

The PSI employ a values lens to frame our approach to implementing the Duty, with the core PSI value 'Everyone Counts' serving as the anchor value in this regard. The values of **Respect, Inclusion**, and **Voice,** thus serve to organises the assessment of equality and human rights issues (Section 2.) with the issues set out according to their relevance to each of these three values.

3.2 Assessment of Equality and Human Rights Issues

The equality and human rights issues identified below relate to all of the identified groups for the Duty, unless otherwise indicated. In some instances, specific examples are given for particular groups where national data indicate: a unique experience for that group in regard to the issue(s); or that the group(s) experience a significant or persistent inequality, discrimination, human rights violations in regard to the issue(s).

Respect

Respect is about dignity, compassion, kindness, and transparency, and involves treating people fairly and with openness and honesty.

The equality and human rights issues to be addressed in implementing the Duty, related to this value and relevant to the functions of the PSI, are:

- Discrimination, at individual and institutional levels:
  - Employment-related discrimination[5] for all of the identified groups (when seeking work and/or in-work discrimination). In particular, the data point to:

[5] As defined under the Employment Equality Acts.

    - high levels of discrimination, when seeking employment, for: Travellers and other minority ethnic groups, disabled people, and transgender people, and
    - high levels of in-work discrimination for: minority ethnic groups, women, disabled people, and transgender people.
  - Discrimination in access to services[6] across the identified groups, including health services. In particular, the data point to:
    - high levels of discrimination in accessing services for: Travellers, Roma and other minority ethnic groups; disabled people; and transgender people.
- High levels of sexual harassment experienced by women in the workplace.
- Harassment and abuse on the basis of one's identity, in the workplace and in service provision settings, across the identified groups, rooted in: racism, homophobia, transphobia, ableism, sexism, ageism.
- Stereotyping, biases, prejudice, stigma, and false assumptions that can affect decision-making that impacts on employment and service access for identified groups, including in particular:
  - gender stereotyping of women in relation to caring roles and capacities which impact negatively in regard to employment chances;
  - stigma and prejudice in relation to disabled people (in particular those with emotional, psychological and/or mental health issues) and LGBTI[7] people, resulting in poorer outcomes from required supports and services;
  - predominance of a problematic medical model of understanding the situation and experience of disabled people over a social model, including by health service providers;
  - stereotyping of older people as vulnerable and dependent;
  - stereotyping of minority ethnic groups and religious minorities, and oppressive notions in relation to superior and inferior cultures, resulting in negative treatment in employment and service provision; and
  - internalisation of stereotypes affecting career trajectories and decisions.
- Hiding one's identity at work and in service provision settings, due to fear of negative treatment:

[6] As defined under the Equal Status Acts.

[7] While the PSI employs the term LGBTQIA+, the equality and human rights issues in this assessment are drawn from research with 'LGBTI' people. In order to ensure accuracy therefore, we employ the same terms as used in the research reports which we have drawn from.

    - transgender people feeling compelled to hide their true gender identity;
    - LGBTI people feeling unable to come out;
    - people with 'hidden' disabilities; and
    - Travellers feeling compelled to hide their ethnic identity.
- Under-reporting of discrimination, sexual harassment and/or harassment, including in particular:
    - lack of information on and knowledge about rights and how to exercise rights;
    - lack of confidence in and fear of exercising rights, including fear of repercussions; and
    - limited coverage of equality legislation, in particular in relation to the ground of socio-economic status.
- Vulnerability of Black, Asian and other minority ethnic health professionals to being the subject of a complaint, by a service user or colleague, in particular as a result of: cultural stereotyping; feedback gaps; lack of socio-cultural induction; and out-group bias in relation to Black and minority ethnic staff.
- Lack of knowledge, understanding and/or capacity of employers and service providers to effectively prevent and address issues of discrimination, identity-based harassment and sexual harassment for employees and service users.

Inclusion

Inclusion is about accessibility and recognising, embracing and valuing diversity, adapting for specific needs that flow from diversity and ensuring everyone counts.

The equality and human rights issues to be addressed in implementing the Duty, related to this value and relevant to the functions of the PSI, are:

- Health inequalities, including in particular:
    - high incidence of mental ill-health for LGBTI people;
    - high risk of poor health among older people;
    - poor physical and mental health associated with poverty;
    - impact of energy poverty on health status; and
    - low levels of health across a broad range of indicators for Travellers.
- Barriers in access to health-related services, information, and related complaints mechanisms. In particular the data point to:

- language barriers for people whose first language is not English;
- literacy barriers;
- cost barriers for people living in poverty, including the additional costs associated with being disabled;
- digital inequality and exclusion for: older people; people with mental health and learning disabilities; Travellers; newly arrived migrants to Ireland; and people living in/at risk of poverty;
- barriers to accessing services for people living in the direct provision system, including: poverty; rural isolation and lack of/cost of public transport to access services; language barriers; and lack of knowledge about services and how to access information on services.
- inadequacies and delays in service provision for transgender people in accessing health-related supports for transitioning, including 'one-size fits all' approaches, lack of provision for specific needs, a labelling of difference as 'abnormal', and pressure to undergo medical and/or psychological tests.

- Unemployment, underemployment and employment gaps, including in particular:
  - high unemployment rates for young people, lone parents, disabled people, and Black and minority ethnic people (in particular black and minority ethnic migrants, and Travellers);
  - disabled people leaving employment due to lack of adequate reasonable accommodation by employers and/or issues pertaining to complications experienced related to their disability;
  - inadequate protection from compulsory retirement for older workers; and
  - absence of members of identified groups from the professions and lack of pathways for them to enter the professions.
- Barriers to participation in the workplace and in services for migrants and asylum seekers, including in particular:
  - issues of legal status and documentation (difficulty in providing necessary documentation to verify education and/ or validate work experience and fulfilment of required competencies for professional registration),
  - difficulties in securing recognition for qualifications acquired outside of Ireland;
  - specific requirements in terms of waiting periods to access work and vocational training; and

- negative impact of direct provision for asylum seekers including on the wellbeing of children.

- Failure to ensure **flexibility and adaptability in service provision** to respond to the specific needs that flow from diversity, including in particular:
  - lack of universal design in physical infrastructure impeding access for people with disabilities.
  - lack of systems in service provision to identify and ensure a response to the specific needs and barriers facing members of the identified groups;
  - lack of provision for reasonable accommodation for disabled people in accessing services;
  - failure to understand and respond flexibly to cultural and ethnic diversity of Black and minority ethnic groups, including Travellers and Roma;
  - lack of service provision environment that is welcoming to diversity; and
  - lack of equality data to inform service development and delivery, with data systems failing to collect such data and/or to disaggregate data across the identified groups.
- Failure to ensure **flexibility and adaptations in the organisation of work and workplaces,** to respond to the specific needs that flow from diversity, including in particular:
  - lack of systems to identify and ensure a response to the specific needs and barriers facing members of the identified groups;
  - lack of provision for reasonable accommodation for disabled people, in the workplace, including unavailability of assistive technology, inadequate flexibility in job design, and workplace barriers;
  - inadequate availability and take up of flexible working arrangements for people with caring responsibilities;
  - failure to address barriers for transgender people when transitioning at work; and
  - lack of workplace environment that is welcoming to diversity.
- Failure to ensure **flexibility and adaptations in organisational communication and information provision** to ensure accessibility, including in particular:
  - lack of provision of ISL interpretation;

- lack of reasonable accommodation for disabled people, including inaccessible websites;
- lack of translation and interpretation to respond to language diversity; and
- failure to take account of literacy barriers.

- Limited understanding of and appreciation for diversity, and lack of knowledge of the specific needs or accommodations required by the identified groups.

Voice

Voice is about having a say, being heard, and being involved in decision-making. It involves representation, collaboration, and co-production, whereby people from the diversity of groups have influence, are empowered and feel their perspective matters.

The equality and human rights issues to be addressed in implementing the Duty, related to this value and relevant to the functions of the PSI, are:

- Absence from decision-making positions, including in particular:
  - low representation of women in senior positions; and
  - lack of diversity across the identified groups in senior positions.
- Gender imbalance and lack of diversity in organisational structures with a decision-making function.
- Lack of focus on diversity and specific engagement with the identified groups in consultation mechanisms, including surveys.
- Disempowering engagement with health professionals and lack of autonomy, including in particular:
  - low levels of capacity among health professionals to engage appropriately with diversity and poor communication, in particular with disabled people;
  - lack of respect for autonomy and self-determination in decision-making in particular regarding disabled people;
  - low levels of intercultural awareness among health professionals to enable appropriate engagement with Black and minority ethnic groups;

- negative experiences of engagement with health professionals among Travellers and LGBTI people;
- labelling of LGBTI identities as ‘abnormal’; and
- unhelpful assumptions made on the basis of stereotypes of different groups.

4. Enabling Implementation of the Duty in the PSI

4.1 Leadership

The PSI Council act as guardian for the Duty, and take steps to ensure members are familiarised with the Duty and take account of the Duty in their deliberations.

The Executive Leadership Team give leadership for the Duty, and take steps to be familiar with the Duty, to adopt the implementation plan and annual action plans for the Duty, to ensure a priority is given to its implementation within the organisation, and to engage and give leadership for the specific values of respect, inclusion and voice in their work.

The Wider Management Team ensure implementation of the Duty in their areas of responsibility and take steps to be familiar with the Duty and the PSI implementation plan for the Duty, to ensure an ongoing implementation of the Duty in alignment with the implementation plan and annual action plan, and to engage and give leadership for the specific values of respect, inclusion and voice in their areas of responsibility.

The EDI Working Group acts as the driver for the implementation of the Duty, taking steps to:

- Prepare an annual action plan for implementing the Duty and enabling its implementation.
- Support and monitor implementation of the annual action plan by the relevant sections of the organisation.
- Support and monitor an organisational engagement with the specific values of respect, inclusion and voice.
- Prepare an annual report on progress made in implementing the Duty and achievements in addressing the equality and human rights issues.

4.2 Capacity

Opportunities are provided, on an ongoing basis, for the PSI Council, the Executive Leadership Team, the Wider Management Team, and all staff to become familiar with the Duty and the PSI implementation plan for the Duty.

Training provision is made, as required, for those across the organisation with responsibility for the development and review of any plan, policy, procedure, code, charter, programme or project that is to be a focus for implementing the Address Step of the Duty.

Learning and development frameworks prepared for PSI Council and PSI staff will include for provision on equality and human rights, the Duty and its requirements, and the PSI equality and human rights values.

4.3 Communication

In our internal and external communication, we work to:

- Communicate about the Duty and its requirements and potential, the implementation plan for the Duty of the PSI, and the progress the PSI is making in implementing the Duty and the impact achieved through this.
- Communicate about and engage our specific values of respect, inclusion and voice as a means of shaping an organisational culture with a sustained concern for equality and human rights.

In pursuing these goals through our internal communications, we will make use of appropriate internal communication channels, such as: team connects, workshops on anchor days, all-user emails, our EDI channel on MS Teams, induction training, and signage in our work locations. The internal Sharepoint site has a dedicated page for the Duty.

In pursuing these goals through our external communications, we will make use of external communication channels such as our quarterly newsletter. The information pages for registrants and patients on our website will also be used. The equality and human rights values statement, the assessment of equality and human rights issues, and the implementation plan for the Duty are publicly available on the PSI website.

5. The Address Step of the Duty

5.1 Implementing the Address Step

The Address Step of the Duty (Step 2) is the core of the ongoing work to address equality and human rights issues in compliance with the Duty. The assessment of equality and human rights issues is a key tool in this work to ensure that our plans, policies, procedures, codes, charters, programmes and projects are sufficiently robust to address equality and human rights issues, across our function areas.

The Address step is implemented as an integral part of the development and review of plans, policies, procedures, codes, charters, programmes or projects: identified as 'key moments' for implementing the Duty. This is, in effect, a process for an equality and human rights impact assessment of these documents.

The **PSI Corporate Strategy** is foundational for the implementation of the Duty. It includes a link to the assessment of equality and human rights issues, and the implementation plan for the Duty. It includes provisions to drive ongoing action to address the equality and human rights issues as assessed.

PSI **annual Service Plans** are a key driver for implementing the Duty. Plans, policies, procedures, codes, charters, programmes and projects identified for development or review in the annual Service Plan will be tagged as key moments for implementation of the Address Step of the Duty during the year. Additionally, existing plans, policies, procedures, codes, charters, programmes or projects could be further identified that, while not scheduled for review could be identified as a focus for implementing the Address Step in any given year.

There are a range of **key moments** within the strategic planning cycle of the PSI, some of which are linked to statutory review requirements to be complied with by PSI. At these key moments, we act to ensure the relevant equality and human rights issues, from the assessment, are adequately and appropriately addressed. These key moments include:

- The development/review of the PSI guidance materials and standards, such as code of conduct, core competency framework, accreditation standards.
- The development/review of the PSI internal policies, such as human resources policies, corporate services policies, and procurement policy.
- The development/review of the processes overseen by the PSI, such as the Continuing Professional Development (CPD) model for pharmacists and pharmaceutical assistants, and fitness to practise and complaints process.

The Address step can also involve the scheduling of a 'one-off' development or review moment if this is identified as required to immediately respond to particular equality and human rights issues as assessed, that are prioritised by PSI.

The Duty is passed on in an appropriate manner by PSI to third party contractors.

Each year, at the point when the annual Service Plan is being developed, a number of initiatives will be identified for implementation of the Address Step of the Duty by the EDI Working Group and incorporated into an annual action plan for the Duty.

5.2 Process for the Address Step

At the **commencement** of the development/review process of a plan, policy, procedure, code, charter, programme or project:

- Review the assessment of equality and human rights issues to establish those issues that are relevant to the particular plan, policy, procedure, code, charter, programme or project. In the rare case where no such issues are found to be relevant, no further action is required and this is noted to show that such consideration was given. More normally, this review provides a tailored assessment of equality and human rights issues for use in the review or development of the plan, policy, procedure, code, charter, programme or project. A template is provided (Appendix 1) to assist with this process.
- Gather the data and information available in relation to the equality and human rights issues that have been identified as relevant, making use of the evidence base (Appendix 2).

- Review the equality and human rights values statement to extract the statements of priority or statements of process that are relevant to the plan, policy, procedure, code, charter, programme or project.

In **implementing** the development/review process:

- Include a focus on the relevant equality and human rights issues in any evaluation or contextual review undertaken as part of the development or review process.
- Transmit the obligations under the Duty to any external consultants contracted in this process and ensure they are fully briefed in this regard.
- Track the relevant equality and human rights issues to ensure they are addressed and track the values benchmarks to ensure they are respected, during the development or review process.

At **final stage** of the development/review process:

- Convene a meeting of relevant staff to check that the draft adequately and appropriately addresses each of the equality and human rights issues identified as relevant to the plan, policy, procedure, code, charter, programme or project, and that the draft is aligned with the relevant statements of priority and process in the equality and human rights values statement.
- Conduct a participative exercise, for initiatives of scale, with the working group for the Duty and, possibly, with representatives of the identified groups to check that the equality and human rights issues are adequately and appropriately identified and addressed in the draft.

After the development/review process:

- Establish and/or use existing monitoring systems and KPIs to track progress on addressing the equality and human rights issues identified as relevant, and to enable annual reporting of progress made and achievements.

6. The Report Step of the Duty

Public bodies are required to report on progress and developments in implementing the Duty, within the annual report of the organisation. The PSI Annual Report will include a summary report on the progress in implementing the Duty and on the achievements in addressing the equality and human rights issues, based on a report prepared by the working group.

The EDI Working Group will organise or support a reflection process on this report with a view to: acknowledging achievements; strengthening the process for implementing the Duty, and further developing actions to address the equality and human rights issues, as found to be necessary.

Steps will be developed and taken to strengthen the collection of equality data. This would be done in a manner characterised by clarity of purpose, self-disclosure and building an understanding of purpose and value of such data. It would include a focus on surveys undertaken and measurement of KPIs established for plans, policies, procedures, codes, charters, programmes or projects.

7. Identifying Priority Actions

A number of actions are to be taken in the short-term:

- Undertake the Address Step in reviewing the recruitment policy.
- Undertake the Address Step in reviewing the Customer Charter.
- Review the draft annual Service Plan for 2025 to tag initiatives for implementation of the Address Step.

Appendix 1

Implementation Template

1. **Purpose of plan, policy, procedure, code, charter, programme or project, and intended beneficiaries.**

   Set out the purpose established for the [insert name of plan, policy, etc.] and the intended beneficiaries of this [insert name of plan, policy etc]

2. **Address Step**
   1. Using the PSI's assessment of equality and human rights issues, ***at the start of the development or review process***, extract the equality and human rights issues of relevance to this plan, policy, procedure, code, charter, programme or project (in column 1.).
   2. Identify (in column 2.), ***at final draft stage***, whether each of the relevant issues extracted from the assessment, is addressed in the current draft plan, policy, procedure, code, charter, programme or project.
   3. Identify how the draft plan, policy, procedure, code, charter, programme or project could be amended to adequately and appropriately address the each of the relevant equality and human rights issues (column 3.)

Relevant equality and human rights issues identified from the assessment	**Is this issue addressed in the current draft? (fully/ partially (gaps)/no)**	**Relevant section(s) where this issue is addressed**	**Amendments required to adequately and appropriately address the issue**

4. Does the current draft plan, policy, procedure, code, charter, programme or project align with the ambition set in the PSI's equality and human rights values statement under the statement of priority or statemen of process?

5. Is there any language from the values statement that you would usefully bring into the plan, policy, procedure, code, charter, programme or project?

6. Are the KPIs identified for the plan, policy, procedure, code, charter, programme or project sufficient to report on achievements in addressing the equality and human rights issues identified as relevant? If not, what further amendment is required

Appendix 2

Evidence Book for the Assessment of Equality and Human Rights Issues

In this section the evidence-base from which the assessment of issues is drawn, is set out. This evidence base will be used in tandem with the assessment of issues, as part of our work to implement step two of the Duty: the Address step.

We set out the evidence base for the assessment, according to the grounds identified for the Duty, specifically, identifying data and information on the situation, experience, and identity of the identified groups for the Duty across these grounds[8]:

- **Situation**: refers to disadvantage in the level and quality of resources the identified groups can access.
- **Experience**: refers to the group's engagement with wider society (in particular, as employees, service users, and policy beneficiaries) and negative experiences/treatment.
- **Identity**: refers to diversity and, specifically, whereby any lack of recognition for, or failure to accommodate this diversity will result in barriers due to the failure to address people's needs that arise from this diversity.

This evidence base will be periodically updated by the PSI to ensure that the most up-to-date data and information is informing our ongoing work to address equality and human rights concerns across our function areas.

Gender (including transgender and gender expression)

Situation

- CSO data, for 2019, on gender equality[9] indicate the following:
    - Men have a higher employment rate (75%) than women (64%) in Ireland.
    - On average female employees were paid 14.4% an hour less than male employees in 2017.
    - Men were slightly more likely to have pension than women (61% vs 59%).

[8] There are no data available in regard to the equality and human rights issues regarding the protected ground of civil status, therefore we do not include reference to this ground in the current evidence book.
[9] CSO Women and Men in Ireland 2019.

- When marital status is considered, married men worked longer hours than married women in 2018. There were large variations in employment rates between women with and without children. The presence of children had a much smaller effect on the employment participation rate for men, than for women.

- 24% of women in employment are in low paid work.[10]
- Gendered allocation of unpaid work (caring, housework and other work in the home) is a key component to gender inequality for women, in employment, pay, poverty and lifetime income.[11]
- The gender pay gap is approximately 12%. The gender pension gap is currently 38%, a number of contributory factors are: women being overrepresented in precarious and part-time work and women are less likely to have occupational or private pensions than men or, if they have them, generally at lower rates.[12]

Experience

- Nearly 7% of women (6.7%), compared to 4% of men, felt that they had been discriminated against at work.[13] This is consistent with evidence regarding the gender pay gap and the low female representation in the most senior positions in the Irish labour market.[14] For women who experienced in-work discrimination, the types of discrimination/relevant issues were (in order of prominence) harassment or bullying (34.3%), work conditions (19.4%) and promotion (17.2%). For men who experienced in-work discrimination, the types of discrimination experienced were (in order of prominence) harassment or bullying (30.4%); promotion (21.6%)[15].
- Rates of perceived discrimination in accessing private services, are higher for women than for men (5.2% vs 4.2%).[16]

[10] Mc Ginnity et al. (2021) Monitoring Decent Work in Ireland. ESRI and IHREC.
[11] Russell, H., Grotti, R., McGinnity, F., and Privalko, I. (July 2019) Caring and Unpaid Work in Ireland, ESRI.
[12] IHREC (2017). Submission to the Citizens Assembly on: How we respond to the challenges and opportunities of an ageing population
[13] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[14] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[15] Central Statistics Office: Equality and Discrimination. CSO release July 2019
[16] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.

- An Irish survey[17] on sexual harassment[18] in the workplace found: high incidence of sexual harassment in the workplace, with the perpetrator most likely to be a male colleague or manager (7 out of 10 (72%) of the survey responses were from women). The key findings were:

Level and type of sexual harassment experienced:

- 54% had been subject to unwelcome jokes of a sexual nature; 41% reported receiving unwelcome verbal sexual advances in the workplace; 37% were subject to unwelcome comments of a sexual nature about their body or clothes; 37% experienced unwanted touching; 34% have been subject to unwelcome questions or comments about their sex life; 23% reported receiving unwanted messages with material of a sexual nature by email, text or over social media; 17% had been exposed to displays of pornographic photographs or drawings in the workplace; and 2% reported being seriously sexually assaulted or raped at work, of which five respondents said that this occurred within the past 12 months.

Perpetrator and location:

- For 81%, the perpetrator of the incident was a male; for 54% the harasser had been a colleague; 31% said their direct manager or another manager was the perpetrator;
- One in five sexual harassment incidents had taken place at a work-related social event. One in seven had taken place on the phone, by email or online.

Impact of sexual harassment in the workplace on victims:

- 41% avoided certain work situations as a result of the harassment; 30% felt less confident at work; 18% felt it had a negative impact on their performance at work; 26% reported that the harassment had a negative impact on their mental health; 10% reported that there was a negative impact on their physical health;

[17] Irish Congress of Trade Unions (November 2019) Survey with 1,300 union members on their experience of sexual harassment and sexual assault in the workplace. 72% of the survey respondents were women.
[18] The Employment Equality Acts place a legal onus on employers to prevent sexual harassment in the workplace and to deal effectively with incidents of sexual harassment.

16% wanted to leave their job as a result but unable due to financial or other factors; and 6% said the harassment had caused them to change their role within the company or leave their job with that employer.

Reporting of sexual harassment incidents to employer:

- 81% of those who had experienced sexual harassment did not report it to their employer. Of those who did report the incident(s) only one in four felt it was taken seriously and dealt with satisfactorily.
- Reasons for not reporting were as follows: would have a negative impact on their working relationship and/or career (32%); would not be believed or taken seriously (28%); 12% feared that they would be blamed; 26% did not believe person responsible would be punished; 26% were too embarrassed to report the incident; 10% did not report as the perpetrator was part of the reporting process; and 5% were unaware that they could report or knew how to report the harassment.

- Biases and stereotypes in regard to employment can result in women facing unequal treatment in the workplace in comparison to men. These biases and stereotypes include: unchallenged prototypes in regard to what a career trajectory should look like; men typically being hired on the basis of their potential and women on the basis of their past performance; assumptions about the availability and/or commitment of women of childbearing age/ with children; and bias in the evaluation of performance and career progression (for example, more women are found in staff or support functions, while more men are found in line or operational roles. Such biases can become embedded in recruitment and progression policies and procedures.[19]
- Domestic violence can have a significantly negative impact on women's participation in employment. A UK study[20] found the following:
  - 1 in 5 victims of domestic violence took time off work because of abuse with a further 1 in 5 having to take a month or more off work due to the abuse.

[19] IBEC (undated). Mind the Gap: an introduction to gender pay gap reporting.
[20] TUC (2014). Domestic Violence and the Workplace: a TUC Survey Report.

- More than 80% reported that the impact of domestic abuse had affected their work performance.
- Over 40% said domestic violence had affected their ability to get to work for reasons such as physical injury or restraint (71.9%), threats (67.8%), car keys or money for public transport being hidden or stolen by their abuser (26.5%), refusal or failure to look after children (27.7%).
- 12.6% of those who experienced domestic violence reported that the violence continued in the workplace, primarily through: harassing or abusive emails or phone calls; partner turning up at the workplace or stalking them outside the workplace. In addition, the safety of other employees affected, caused conflict and tension with a quarter reporting that their co-workers were harmed or threatened.
- Fewer than one in three victims discussed the violence with anyone at work: the main reasons cited were "shame" and "privacy": 2% lost their jobs as a direct result of the abuse, often in cases where a manager was unaware or unsympathetic.

- An EU-wide survey[21] on issues facing transgender and non-binary people found the following in regard to Irish survey respondents:
  - 50% had experienced discrimination when seeking employment and 20% had experienced discrimination in work, in the previous twelve months,
  - 13% had experienced hate-motivated violence, and 31% had experienced hate-motivated harassment, in the previous 12 months,
  - 18% had experienced discrimination in accessing healthcare in the previous 12 months, and
  - they identified they had experienced the following negative treatment in their interaction with healthcare providers in Ireland: inappropriate curiosity (21%); specific needs ignored or not taken into account (17%); and pressure to undergo medical or psychological tests (15%). In addition: 14% avoided getting necessary treatment due to fear of negative treatment. A higher percentage (in some cases

[21] FRA (2014). Being Trans in the European Union Comparative analysis of EU LGBT survey data. European Agency for Fundamental Rights.

double) of transgender women (versus transgender men) reported these experiences across all issues.[22]

- Many transgender people fear disclosing gender identity to healthcare providers, which, in turn can have a negative impact on their health and healthcare pathways.[23]
- A national study on the mental health and wellbeing of LGBTI people in Ireland, found the following in regard to transgender and intersex respondents[24]:
  - Negative experiences and bullying (in the workplace) related to their gender identity for transgender and intersex people was 24% and 36% respectively,
  - 25% of intersex respondents and 12.5% of transgender respondents skipped work in order to avoid negative treatment due to their TI identity. 9.4% of transgender participants reported leaving employment due to negative treatment about their gender identity, from colleagues, and
  - 49% of transgender participants reported self-harming behaviours.

Identity

- Issues of intersectionality, which can give rise to experiences of multiple and compounding discrimination and inequality, are evident for women with diverse identities, where inequality or discrimination on the basis of their gender intersects with experiences of inequality and discrimination on the basis of other protected characteristics that are part of their diversity, including on the basis of their ethnicity, class, sexual orientation, disability, age, gender identity, or religious belief.
- Since 2015, people over 18 have a legal right to self-declare their own gender identity.
- Some, though not all, transgender people will medically transition and undergo hormone replacement therapy and/or surgery to help affirm their gender, therefore, a 'one-size fits all' approach is not appropriate.[25]

[22] FRA (2014). Being Trans in the European Union Comparative analysis of EU LGBT survey data. European Agency for Fundamental Rights.
[23] Crowley, D. and Lacey, V. (February 2021). Guide for Providing Care for Transgender Patients in Primary Care. ICGP Quality and Safety in Practice Committee
[24] GLEN, BeLonGTo. (2016). The LBGTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland, GLEN, BeLonGTo, TCD and the HSE, 2016.
[25] Crowley, D. and Lacey, V. (February 2021). Guide for Providing Care for Transgender Patients in Primary Care. ICGP Quality and Safety in Practice Committee

- Nearly half of transgender people in one Irish study, said they would feel unsafe or very unsafe to express their gender identity in public,[26] and transgender people face many barriers in coming out in the workplace.[27]
- Since 2015, people over 18 have a legal right to self-declare their own gender identity.

Family Status

Situation

- Data[28] on unpaid 'caring' (defined as childcare, care of older adults or those with a disability, and housework) found that:
  - 55% of those regularly providing care are in employment: 45% in the case of women and 72% in the case of men.
  - the allocation of caring responsibilities is highly gendered: 40% of women assume childcare responsibilities compared to 26% of men, and caring responsibilities are a key component of gender inequality in the labour market, in terms of access to employment, hours of work, promotion prospects, wages and working conditions.
  - working-class women, migrant women, and women from minority ethnic groups may face compounded barriers in balancing paid work and unpaid care, often due to limited financial resources, social support, and access to public services.
  - supports for caring are comparatively low; combining paid work and caring remains challenging; and policies to encourage men to take on caring responsibilities are underdeveloped.
  - carers may face exclusion and/or a lack of accommodation in the workplace, as many employers fail to provide sufficient support, such as flexible work schedules or caregiver leave policies, and those with caring responsibilities can experience isolation and lack of peer support in balancing work and care responsibilities.

[26] GLEN and BeLonGTo (2016). LGBTI Ireland report- national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender, and intersex people in Ireland.
[27] The 'LGBTI National Youth Strategy 2018-2020'
[28] Russell, H., Grotti, R., McGinnity, F., and Privalko, I. (2019). Caring and Unpaid Work in Ireland. The Economic and Social Research Institute and the Irish Human rights and Equality Commission.

- there is a lack of recognition for diverse forms of care, including the different needs and experiences of caregivers based on age, disability, and family composition (e.g., care for children with special needs, elderly relatives, or people with disabilities).
- employer policies are crucial in allowing individuals to combine work and care; previous research has shown that men's access to flexible working arrangements is low.

- The presence of children (in the family) has a much smaller effect on the employment rate for men compared to women; and, in 2019, nearly all (94%) of those who were 'looking after home or family' were women.[29]
- Many mothers would like to work, or work more, but they are constrained by family responsibilities. Career gaps for caring reasons can result in a "motherhood penalty"[30] due to interrupted employment. This can also lead to lost opportunities for training, promotion and salary increments.
- 45% of lone parents were below the income poverty line in 2021. This group is also at much higher risk of material deprivation (the inability to afford 2 or more items from a list of 11 deemed essential).[31]
- A 2019 report on the employment and living conditions of one parent families in Ireland found the following[32]:
  - one parent families in Ireland are almost 5 times more likely to experience income poverty than two parent families,
  - the proportion of lone parents in employment is the lowest among the EU-15 and lone parents in Ireland face particular difficulties in accessing employment relative to their female counterparts in two parent households,
  - lone parents are much more likely to be employed on temporary contracts and in precarious employment, than adults in two-parent families,

[29] CSO Women and Men in Ireland 2019.
[30] IBEC (undated). Mind the Gap: an introduction to gender pay gap reporting.
[31] Roantree, B., Barrett, M., and Redmond, P. (October 2022) Poverty, Income Inequality, and Living Standards in Ireland. ESRI.
[32] St. Vincent De Paul (2019) Working, Parenting, and Struggling :an analysis of the employment and living conditions of one parent families in Ireland.

- accessing childcare and the high cost of childcare in Ireland (compared to other EU countries) is continually cited as the main barrier to employment for lone parents who want to take up or increase their working hours.

Experience

- Family status affects rates of discrimination among those seeking work, particularly lone parents. More than 12% of lone parents who were never married report discrimination while searching for work compared to 6.3% of those who are single with no children and 4% of those who are cohabiting with children.[33]
- Gender stereotypes in regard to women's caring role contribute to gender inequality in regard to women assuming the greater responsibility for caring for children and other family members.[34]
- Women who are primary caregivers may face discrimination in the labour market, including biased assumptions that they are less committed or less available for work. Discrimination based on pregnancy or childcare responsibilities further limits women's equal participation in the labour force.[35]
- Women experience pregnancy-related workplace discrimination with job offers rescinded, reduced hours, negative impact on performance rating, and lack of promotion.[36]

Identity

- 85.7% of lone parents in Ireland are women.[37]
- Women are more likely than men to shoulder more responsibility for caring (45% of women, 29% of men provide care on a daily basis).[38]

[33] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[34] IHREC (2017) Submission to the United Nations Committee on the Elimination of Discrimination Against Women on Ireland's combined sixth and seventh periodic reports.
[35] Russell et al. (2019). Caring and Unpaid Work in Ireland. The ESRI and the Irish Human Rights and Equality Commission.
[36] IHREC (2017) Submission to the United Nations Committee on the Elimination of Discrimination Against Women on Ireland's combined sixth and seventh periodic reports
[37] CSO Women and Men in Ireland 2019.
[38] Russell et al. (2019). Caring and Unpaid Work in Ireland. The ESRI and the Irish Human Rights and Equality Commission.

Age

Situation

Young people:

- 2019 data indicate that unemployment rates are higher for young people (20-24 years) than for those above this age, and higher for males in this age group, than for females: 14.5% of males aged 20-24 were unemployed vs 8% of females aged 20-24.[39]
- Reductions to welfare payments to young unemployed persons under 25 years of age (by the previous government) have not been restored, which, in the context of increases in the cost of living, is creating additional financial barriers and concerns for young people.[40]

Older people:

- 2022 CSO data indicates that 19% of people aged 65 and over in Ireland are at risk of poverty (up significantly from 11.9% in 2021).[41]
- Mandatory retirement at age 65 persists in many employment contracts and is upheld by the law, however, many people in this age range want the opportunity to continue in employment [42]
- Older women (60-64) had a much lower employment participation rate than older men: 47.5% vs 63%. For persons aged 65 and over, the female participation rate was just 6.7% compared to a male rate of 16.4%.[43]
- The gender pension gap is currently 38% in Ireland. A number of factors have contributed to this including: the gender pay gap, women being overrepresented in precarious and part-time work. Women are also less likely to be in receipt of either an occupational pension or contributory State Pension due to the increased likelihood of career interruptions. Therefore, women over the age of 65 are more

[39] CSO Women and Men in Ireland 2019.
[40] National Youth Council of Ireland (2023). Pre-Budget Submission.
[41] Central Statistics Office: Survey on Income and Living Conditions (SILC). 2022.
[42] Age Action Ireland (2022): Reframing Ageing: the State of Ageing in Ireland 2022.
[43] CSO Women and Men in Ireland 2019.

likely to depend on the social security systems as their primary source of income in the form of a non-contributory pension.[44]

- Early retirement is common but often unplanned, due to illness and disability and due to a redundancy package or a pension that made early retirement affordable. Research also finds a strong preference for gradual retirement and more flexible retirement options.[45]
- The law does not adequately protect workers from compulsory retirement at an age before they are entitled to receive a State pension.[46]
- Older people's access to services, including healthcare services, is hampered by a number of factors[47]:
    - Digital exclusion and lack of access to information (in particular online): 41% of 'older households' do not have internet access. 25% of those aged 60-74 and 56% of those aged 75+ do not use the internet. Of those aged 60-74 who are online, 43% have digital skills below a basic level. 65% of those aged 65+ are either not using the internet or have below basic level digital skills;
    - Low literacy levels: 2016 data indicate that 61% of people aged 65+ had low literacy and 63% had low numeracy;
    - loss of / reduced mobility including the ability to drive, which is particularly difficult for rurally-based older people and those in areas where there are no/inadequate local transport links: nearly 50% of women aged 65+ in rural areas, and 28% of men, have unmet transport needs.
- Many older people incur increased costs due to accumulating health problems and they often have to pay for medicines, aids, or services that are not covered by health insurance or the public health service.[48]
- Older peoples' preferences for receiving care and support in their home and community is not being realised.[49]

[44] IHREC (2017). Submission to the Citizens Assembly on: How we respond to the challenges and opportunities of an ageing population.
[45] Department of Health (2013). Positive Ageing – Starts Now, National Positive Ageing Strategy, Department of Health. 5
[46] IHREC (2017). Submission to the Citizens Assembly on: How we respond to the challenges and opportunities of an ageing population.
[47] Age Action Ireland (2022): Reframing Ageing: the State of Ageing in Ireland 2022.
[48] Age Action (2023): Spotlight on Income and Older People.
[49] IHREC (2017). Submission to the Citizens Assembly on: How we respond to the challenges and opportunities of an ageing population.

Experience

Young People:

- The 18-24 age group report higher levels of discrimination in accessing private services (7.6%) than those aged 65+ (2.8%).[50]
- CSO data from 2019[51] indicate that 5% and 4% of 18-24 year-olds respectively reported that they had experienced age-related discrimination when looking for work, and in the workplace, in the previous two years.
- 50% of young people aged 18-29 in Ireland are classified as having 'Low' levels of mental wellbeing with this appearing to peak amongst young women (57%) and young disabled people (62%).[52]

Older people:

- Older working-age respondents, 45- 64 years, report significantly higher levels of discrimination while looking for work (12%), compared to younger job-seekers (5.2% of 18–24-year-olds and 5.9% of 25–44-year-olds).[53]
- The number of older people taking no action in regard to incidents of discrimination increased from 52% in 2004, to 79% in 2019.[54]
- Ageism is a pernicious barrier to older people's full participation in society and in regard to how older people are viewed by other age groups. Older people link the inadequate supports for healthcare costs to ageist attitudes that older persons should just put up with health difficulties as part of getting older.[55]
- Stereotyping of older people as vulnerable, dependent, and not contributing to society, prevent their full participation in society.[56]

[50] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[51] Central Statistics Office: Equality and Discrimination. CSO release July 2019
[52] National Youth Council of Ireland (2024). State of our Young Nation: A report into the lives of Irish18 to 29 year-olds.
[53] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[54] Age Action Ireland (2022): Reframing Ageing: the State of Ageing in Ireland 2022.
[55] Age Action (2023): Spotlight on Income and Older People.
[56] The 'National Positive Ageing Strategy'

- Established trends confirm that older women are among the groups at higher risk of abuse, yet there is no adult safeguarding strategy targeting the abuse of high-risk groups.[57]
- Social workers report challenges accessing (including being refused access to) adults at risk (such as older vulnerable people) in the care of service providers (e.g. private nursing homes /residential services/ voluntary/charitable providers).[58]
- UK research found that older doctors are among the groups who are more likely than their counterparts to be referred to the General Medical Council by employers or healthcare providers. Ageism, including stereotyped perceptions of older people, was among the factors involved.[59]
- Older people, particularly those living alone and in rural areas, can experience social isolation and loneliness.[60]

Identity

- The diversity of young people and older people needs to be considered in terms of the specific needs that arise from this diversity, including for: women, men, and transgender people; those with a minority ethnic identity; those with a disability; and LGBTI young people and older people.
- By 2041 it is estimated that 20-25% of the population in Ireland will be aged over 65 years, with the greatest increases expected in the over-80 year's age group. The ageing of the Irish population represents one of the most significant demographic and social developments that society has encountered. Demographic transition may have profound economic, social and political implications. [61]
- Older women have different needs to older men, as a result of longer life expectancy, physical and mental health and caring roles and responsibilities.[62]

[57] Irish Association of Social Workers (2022). Position Paper on Adult Safeguarding: Legislation, Policy, and Practice.
[58] Irish Association of Social Workers (2022). Position Paper on Adult Safeguarding: Legislation, Policy, and Practice.
[59] Doyin Atewologun, Roger Kline, and Margaret Ochieng (June 2019). Fair to Refer: Reducing disproportionality in fitness to practice concerns reported to the GMC. Commissioned by the General Medical Council.
[60] IHREC (2017). Submission to the Citizens Assembly on: How we respond to the challenges and opportunities of an ageing population.
[61] Department of Health (2013). Positive Ageing – Starts Now, National Positive Ageing Strategy, Department of Health.
[62] Department of Health (2013). Positive Ageing – Starts Now, National Positive Ageing Strategy, Department of Health.

- Some older people will be at increased risk of social exclusion/ marginalisation and isolation due to: rural isolation; ill-health and/or physical and mental capacity; poverty; and lived experience of discrimination due to their gender, ethnicity, sexual orientation, or ability.[63]
- Between the ages of 70- 79 the incidence of disability steeply rises, from 25% to 43%[64].
- Almost all older people wish to 'age in place' (in their own homes and/or within their community) and barriers to this include: unsuitable housing, rural isolation and lack of access to public transport links, digital exclusion, income adequacy, and health issues.

Sexual Orientation

Situation

- In a 2017 survey of LGBT+ young people (aged 13 to 24) identified mental health was identified as a core burning issue for 19% and health for 13% of respondents.[65]
- A significant number of LGBTI individuals struggle with poor mental health, with high levels of stress, anxiety, and depression: 60% said they had seriously thought of ending their own life, with approximately 45% having thought of doing so within the past year. 60% reported that their suicidal thoughts were at least somewhat related to their LGBTI identity; and LGBTI youth report severe/extremely severe mental health issues at rates four times higher than the general youth population.[66]
- In regard to research participants who had accessed Irish mental health services in the previous 2 years, LGBTI people were less likely than their non-LGBTI counterparts, to: have had a 'good overall experience' of these services (24% versus 30%); report that they were treated with dignity and respect (31% versus 44%).[67]

[63] The 'National Positive Ageing Strategy'
[64] Age Action Ireland (2022): Reframing Ageing: the State of Ageing in Ireland 2022.
[65] GCN and BeLonGTo (2017). The Issues Facing Ireland's LGBT+ Young People.
[66] GLEN and BeLonGTo (2016). The LBGTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland.
[67] Mental Health Reform and LGBT Ireland (2022). My LGBTI Voice Matters: a mixed method exploration of the views and experiences of LGBTI+ mental health service users.

- LGBTI participants in an Irish study[68] were asked about barriers to accessing mental health services in Ireland, their responses:
  - by far the most prominent individual barrier cited was that of fear: fear that their sexual or gender identity would be pathologized and consequently, correlated to the causation of their mental distress, and 29% said they were afraid of the stigma of being labelled,
  - More than a quarter (27%) either knew someone who had a bad experience of mental health services or had a bad experience themselves,
  - LGBTI people experience higher rates of substance misuse (alcohol and recreational drug use) compared to the general population, which may further limit their ability to access appropriate care and support,
  - 39% indicated that barriers were that 'private services are too expensive'.[69]

Experience

- 18% of people in Ireland aged 18 years or over said that they felt discriminated against in the previous two years, of these 33% said that their experience of discrimination was on the basis of their LGBT identity: for 17.5% the discrimination was employment related, and for 17% the discrimination related to accessing services.[70]
- Consultations with LGBTI+ people across Ireland identified the need for greater inclusion of LGBTI+ people in the workplace as a key issue to be addressed by employers.[71]
- A national study on the mental health and wellbeing of LGBTI people, found the following[72]:
  - 21% of respondents had witnessed LGBTI bullying at work and 17% reported negative experiences and bullying, in work, related to their LGBTI identity. 6% reported that they missed or skipped work to avoid receiving negative treatment

[68] GLEN and BeLonGTo (2016). The LBGTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland.
[69] GLEN and BeLonGTo (2016). The LBGTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland.
[70] Central Statistics Office: Equality and Discrimination. CSO release July 2019.
[71] LGBTI+ Inclusion Strategy 2019-2021. Government of Ireland.
[72] GLEN, BeLonGTo. (2016). The LBGTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland, GLEN, BeLonGTo, TCD and the HSE, 2016.

due to being LGBTI. 13% considered leaving work and 4.5% did leave employment due to negative treatment,

- 75% report having been verbally abused, and 1 in 3 have been threatened with physical violence,
- Transgender and intersex individuals are especially vulnerable, with high levels of harassment, including being mis-gendered and physically attacked. Transgender individuals often face additional difficulties, such as incorrect use of gender pronouns and a general lack of safety expressing their gender in public.

- Garda figures on reported hate crime incidents for 2023, found that 15.6% of the incidents reported related to abuse/violence targeting the sexual orientation of the victim.[73]
- A 2017 survey of LGBTI+ young people (aged 13 to 24) identified that their main issue of concern, to be addressed for the community, was "lack of understanding and acceptance" (47%) and "Bullying and homophobia" (25%).[74]
- LGBTI+ people experience negative treatment from service providers due to stereotyping and heteronormative assumptions.[75]

Identity

- Over half of the LGBTI participants (53%) in an Irish survey reporting feeling unsafe or very unsafe showing affection in public, and 16% reporting they would not do it.[76]
- 48% of LGBTI participants in an Irish study stated that a fear of rejection and discrimination was a reason for not coming out.[77]
- LGBTI people can experience anxiety and stress as a result of having to continuously 'come out' for example when engaging with health and other services and professionals.

[73] An Garda Síochana Hate Crime Statistics 2023
[74] GCN and BeLonGTo (2017). The Issues Facing Ireland's LGBT+ Young People.
[75] LGBTI+ Inclusion Strategy 2019-2021. Government of Ireland.
[76] GLEN and BeLonGTo (2016). The LBGTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland.
[77] GLEN and BeLonGTo (2016). The LBGTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland.

Disability

Situation

- Census 2016 data indicates that the employment rate of disabled people was about half that for non-disabled people (36.5% vs. 72.8%),
- Research[78] on disabled people's participation in employment[79] found the following:
  - Among working age people (18-64) with a disability, only 29% are in employment,
  - An estimated 38% of married men (with a disability) are in employment compared to 23% of married women (with a disability). men and women were equally likely to have left employment because of a disability (41-42%) but women were more likely to have left for other reasons (19% vs. 11%),
  - Young adults with a disability are more likely to be in employment (43% of those aged 18-34 vs. 21% of those aged 45+ 28),
  - The labour market challenges faced by younger and older people with a disability are different: for younger people the problem is likely to be difficulty in getting the first job; and for older people, the challenge is to maintain employment, after the onset of disability.
  - 47% of unemployed people with a disability, particularly those aged 18- 34, would like to be in employment if the circumstances were right,
  - In terms of participation in employment and type of disability: people with hearing disability and those with learning disability were most likely to be in employment (57% to 58%); the proportion of those in employment was lowest for people with mobility and dexterity disability, pain disability and Emotional Psychological and Mental Health (EPMH) disabilities (all in the 22% to 24% range); and the percentage in employment is at an intermediate level for those with intellectual disability (38%),
  - Of those with a moderate level of difficulty, 43% are in employment, compared to 22% of those with a lot of difficulty, and 16% of those who cannot do certain things,

[78] The research included the following types of disability: Seeing, Hearing, Speech, Mobility and Dexterity, Remembering and Concentrating, Learning , Intellectual Emotional, Psychological and Mental Health (EPMH) , chronic pain, Breathing.
[79] Watson, D., Banks, J., and Lyons, S. (2015) Educational and Employment Experiences of People with a Disability in Ireland: an analysis of the National Disability Survey. ESRI.

- those who were affected by their disability while in school or college are more likely to be in employment (37%) than those whose disability has a later onset (26%).
- 58% per cent of people with intellectual disability had never worked and much of this disadvantage was linked to their lower levels of education,
- barriers to participation in employment: lack of reasonable accommodation to address specific needs (e.g. aids/ technology; flexible work arrangements etc.); fear of losing needed social protection benefits; for some disabled people, the main barrier was getting first job; some had to leave employment because of impact of disability.

- EU-level data shows that only 51.3% of working age persons with disabilities in the European Union are employed, compared to 75.6% of persons without disabilities. The employment rate of persons with disabilities is lowest in Ireland (32.6%) and Greece.[80]
- 26% of employees with a disability are in low paid work.[81]
- The 'cost of disability' refers to the extra expenses a disabled person has, associated with their impairment/illness (housing, transport, medical, and other costs). The overall average annual costs for disabled people in Ireland ranges from €9,482 to €11,734 per annum, depending on the number of disabilities a person has, and their severity.[82]
- Disabled people experience a range of barriers in regard to accessing and deriving good outcomes from "all levels of health care services". [83] Key barriers include:
  - lack of knowledge among health care providers about the needs of people with disabilities: health service professionals feel unprepared and lacking in training when engaging with patients with learning disabilities;
  - poor communication and negative attitudes on the part of providers, and providers being insensitive to the needs of disabled people;

[80] European Disability Forum (2023). European Human Rights Report Issus 7 The Right to Work; the Employment Situation of Persons with a Disability in Europe.
[81] Mc Ginnity et al. (2021) Monitoring Decent Work in Ireland. ESRI and IHREC.
[82] Indecon (November 2021). The Cost of Disability in Ireland. Page xvii. Department of Social Protection.
[83] D'Eath, M., Sixsmith, J., Cannon, R., and Kelly, L. (2005). The Experience of People with Disabilities in Accessing Health Care in Ireland: Do Inequalities Exist?. Centre for Health Promotion Studies, NUI Galway. Report for the National Disability Authority.

- communication barriers were reported most frequently by those with sensory disabilities who identified a lack of alternative forms of communication and information provision;
- inaccessible built environment;
- lack of information, which was not only dis-empowering, but dangerous: "Many of the participants were severely disadvantaged in their access to health information and health education";
- disabled people having to educate the provider about their disability and related needs, with an unwillingness, among some providers, to educate themselves;
- people with intellectual disabilities, people with mental health issues, and people who are deaf, were found to be particularly excluded. For example, health providers refusing to engage with a person with an intellectual disability, unless they were accompanied at all times by a carer; and
- assumptions, on the part of health providers, about disabled people not being sexual beings, which has resulted in inadequacies in sexual and reproductive healthcare to disabled people, including: disabled women not being referred for cervical smear tests; disabled people not being given information on STIs and HIV.

- Digital exclusion presents barriers to disabled people accessing key services:
  - people with mental health and learning disabilities were found to have a high risk of digital exclusion in regard to accessing services online.[84]
  - a 2017 national survey on attitudes towards disabilities found that disabled respondents were significantly less likely than those without a disability to: access the internet (66% vs. 88%), own a mobile phone (85% vs. 96%).[85]

Experience

- 18% of people in Ireland aged 18 years or over said that they felt discriminated against in the previous two years, of these 24% said that their experience of discrimination was on the basis of having a disability: for 12% the discrimination was employment related, and for 18% the discrimination related to accessing services.[86]

[84] Paul Partnership 2021 Exploring the meaning and experience of digital exclusion among at-risk groups in Limerick
[85] National Disability Authority (June 2023) Final Review of Progress on Indicators of the National Disability Inclusion Strategy.
[86] Central Statistics Office: Equality and Discrimination. CSO release July 2019.

- People with a disability are more likely to experience discrimination in the workplace (12.3%) and when accessing services (18.3%) compared to persons without a disability (9% and 11% respectively).[87] Employment and/or service provision discrimination, against persons with a disability, accounted for the highest number of information queries to IHREC in 2021.Also, 31.8% of all cases to the WRC under the ESA and EEA, in 2021, related to disability.[88]
- A national survey of public attitudes to disability[89] found the following:
  - 35% of the respondents said they would be uncomfortable working with a person with a disability,
  - compared with non-disabled survey respondents, disabled survey respondents reported much higher rates of: depression (18% versus 4%); loneliness (16% versus 4%); isolation (32% versus 22%); and 'feeling tense all the time' (19% versus 4%), and
  - adults who have an intellectual or emotional disability have an increased likelihood of receiving negative treatment in the workplace (17%) compared with people with physical disabilities.
- People with a disability are twice as likely to experience discrimination when accessing health services (4.8%) compared with those without a disability (2.1%).[90]
- People with emotional, psychological, and mental health (EPM) disabilities are particularly vulnerable to stigma and prejudice, when compared to other types of impairment, and this can cause them to limit their interaction with people and services: 39% of people with EPM disabilities (rising to 51% of younger people with EPM disabilities) avoided participating in activities, due to negative attitudes of others, compared to 22% of those with mobility impairments.[91]
- Established trends confirm that disabled people are among the groups at higher risk of abuse, yet there is no adult safeguarding strategy targeting the abuse of high-risk groups.[92]

[87] Watson, D., Banks, J., and Lyons, S. (2015) Educational and Employment Experiences of People with a Disability in Ireland: an analysis of the National Disability Survey. ESRI.
[88] National Disability Authority (June 2023) Final Review of Progress on Indicators of the National Disability Inclusion Strategy.
[89] National Disability Authority. (2017). National Survey of Public Attitudes to Disability in Ireland 2017.
[90] Central Statistics Office. (July 2019). Equality and Discrimination 2019.
[91] Watson and Maitre (2014) Understanding Emotional, Psychological and Mental Health disability in Ireland: factors facilitating Social Inclusion. ESRI.
[92] Irish Association of Social Workers (2022). Position Paper on Adult Safeguarding: Legislation, Policy, and Practice.

- Disabled people living in congregated settings are "more likely to experience a poorer quality of life when compared to their peers living in small community based settings", with lack of autonomy and choice being key issues of concern.[93]
- The situation of people with a disability under the age of 65 living in nursing homes, due to lack of support options available in the community, is an issue of concern noted by the Ombudsman's Office.[94]
- Social workers report challenges accessing (including being refused access to) adults at risk (such as people with intellectual disabilities) in the care of service providers (e.g. private nursing homes /residential services/ voluntary/charitable providers).[95]
- Specific accommodations are needed to ensure people with a range of impairments can access community pharmacies and prescribed medications. These include:
    - Accommodations for people with a range of hand impairments, in regard to the containers in which medicines are dispensed,
    - Accommodations to make premises more accessible for people with mobility impairments,
    - Accommodations in regard to communicating with customers who are pre-lingually deaf and those with acquired hearing loss,
    - Accommodations for customers who are blind/visually impaired, and
    - Accommodations to ensure customers with learning disabilities, low literacy, and those whose first language is not English, can fully understand how to take prescribed medicines.[96]

Identity

- Approximately 13.5% of the population identify as having a disability[97] Most disability is acquired during life rather than being present at birth, and people with

[93] National Disability Authority (June 2023) Final Review of Progress on Indicators of the National Disability Inclusion Strategy.
[94] National Disability Authority (June 2023) Final Review of Progress on Indicators of the National Disability Inclusion Strategy
[95] Irish Association of Social Workers (2022). Position Paper on Adult Safeguarding: Legislation, Policy, and Practice.
[96] Specific examples are set out in: The Equality Authority and the Irish Pharmacy Union (2008) Accessibility for Customers with Disabilities in community Pharmacies: some practical advice.
[97] Census 2016

an acquired disability may face barriers associated with 'a need to change direction'.[98] People with emotional, psychological, and mental health (EPMH) disabilities account for one-third of those with disabilities in Ireland: 87% of those with EPMH disabilities have another disability type.[99]

- Ensuring access and participation for disabled people (in workplace and in accessing services), requires attention to such as: provision for Irish Sign Language; assistive technology; universal design of buildings; and provision of information in plain English and different formats. Disabled working age people reported that they require the following accommodations in order to fully participate in employment: flexible work arrangements such as reduced hours (46%); modified job tasks (29%); accessibility modifications (32%); and a wage subsidy (24%).[100]
- Many disabled people advocate for disability to be viewed through a social model lens rather than a medical model lens. A social model of disability focuses on societal barriers (social, economic, cultural, political) that disable people and hinder their ability to lead independent, self-determined lives. The medical model on the other hand, views disability predominantly as a medical 'problem', where efforts are focused on cure and/or rehabilitation, with the medical professional, rather than the disabled person, positioned as the 'expert'. The UN Convention on the Rights of People with a Disability is underpinned by the social model of disability. While the Irish Government is committed to re-orient services for people with disabilities towards a social model of service provision, in reality, the medical model is still pervasive.[101]

[98] Watson, D., Banks, J., and Lyons, S. (2015) Educational and Employment Experiences of People with a Disability in Ireland: an analysis of the National Disability Survey. ESRI.
[99] Watson and Maitre (2014) Understanding Emotional, Psychological and Mental Health disability in Ireland: factors facilitating Social Inclusion. ESRI.
[100] Watson, D., Banks, J., and Lyons, S. (2015) Educational and Employment Experiences of People with a Disability in Ireland: an analysis of the National Disability Survey. ESRI.
[101] Advocates of the social model approach, prefer the use of the term 'disabled person/ people' rather than 'person with a disability' to denote that the person is being dis-abled by society.

Race (encompassing skin colour, ethnic origin, and nationality) and Religion[102]

Situation

- Irish research on ethnicity and employment[103] found the following:
  - Despite having the same education, experience, and labour market skills, some minority ethnic groups have poorer outcomes in the labour market, (mainly due to discrimination).
  - Muslims and migrants from countries with higher rates of protection/asylum application (born outside the EU have worse labour market outcomes in Ireland compared to other migrants.
  - Difficulties in obtaining recognition of foreign educational qualifications pose a barrier to labour market integration and may lead non-Irish nationals to situations of under-employment and over-qualification.
- Refugees and asylum seekers may have difficulty in providing necessary documentation to verify education and/ or validate work experience and fulfilment of required competencies for professional registration, due to: war, political or other conditions in their country of origin; fear of repercussions in requesting the documents; and institution closed or unable to provide documentation.[104]
- Research on the experiences of families living in direct provision accommodation[105] identified the following challenges they face which impact negatively on health and access to services (including health services): limited public transport/ affordability of public transport (53%); financial constraints affecting the wellbeing of family (50%); lack of childcare facilities (43%); difficulty accessing appropriate food/nutrition (43%); limited social support network (31%); language barriers impacting communication and integration (8%).

[102] We include Religion in conjunction with data on the Race ground as the data indicate that religious discrimination is mainly targeted at minority ethnic groups who are members of minority religions.
[103] McGinnity, F., Grotti, R., Groarke, S., and Coughlan, S. (2018). Ethnicity and Nationality in the Irish Labour Market, ESRI and IHREC.
[104] Human Rights Issues in Registration: Approaches to Credential Recognition for Professionals Without Official Documentation. CLEAR conference, 2018.
[105] Cid., S. (2023). Living in International Protection Accommodation: exploring the experiences of families and children. The Irish Refugee Council.

- Digital exclusion: migrants are more at risk of digital exclusion, especially those who have newly arrived to Ireland and if English is not their first language, and migrants are less likely to have access to digital devices.[106]
- Language barriers, lack of interpretation services, lack of information in different languages, and lack of support to access information prevent access to health services and act as barriers to informed decision-making on healthcare for people whose first language is not English. These barriers can "deter people from seeking (official) prescriptions altogether and drive them to seek medicines from other sources".[107]
- Access to healthcare services and supports in Ireland, for minority ethnic migrants is hampered in a number of ways, including:
    - inadequate provision of quality and regulated interpreting services for those whose first language is not English;
    - limited availability of key information in languages other than English;
    - lack of access to a PPS number, medical card or GP visit card, due to right to reside conditions (the Habitual Residence Condition) and other regulatory restrictions;
    - migrants being unable to find a GP to take them as a patient.[108]
    - difficulty in communication between healthcare providers and non-native speakers, potentially leading to misdiagnosis or inadequate care.
    - insufficient training for healthcare staff on cultural competence, leading to ineffective or inappropriate care,
    - Challenges for minority groups in understanding and navigating the Irish healthcare system.[109]
- There is a lack of disaggregated data, on the basis of ethnicity, collected across the public sector, including the health system, to measure the health status of minority ethnic groups and allow for evidence-based service planning and delivery.

[106] Paul Partnership 2021 Exploring the meaning and experience of digital exclusion among at-risk groups in Limerick
[107] UK General Pharmaceutical Council (September 2023) Language Barriers and Health Inequalities: Report from Roundtable Event.
[108] Irish Human Rights and Equality Commission (October 2019). Ireland and the Convention on Racial Discrimination, Submission to the United Nations Committee on Racial Discrimination on Ireland's Combined Fifth to Ninth Periodic Report, Irish Human Rights and Equality Commission.
[109] NCCRI (2002) Cultural Diversity in the Irish Healthcare Sector: Towards the Development of Policy and Practice Guidelines for Organisations in the Health Sector.

Experience

- "discrimination varies significantly across equality groups and is high in multiple domains (employment, recruitment, accessing private and public services) among minority ethnic groups (Black, Asian, and especially Irish Travellers) minority religions and those with a disability."[110] 18% of people in Ireland aged 18 years or over said that they felt discriminated against in the previous two years, of these 33.1% said that their experience of discrimination was on the basis of their non-white ethnic background: for 20% the discrimination was employment related, and for 23% the discrimination related to accessing services.[111]
- The highest rates of in-work discrimination (across the protected equality grounds) are reported by Black people (14%), followed by: those with a minority religion (11%), people with Asian ethnicity (10%), and While non-Irish nationals (8.5%). The highest rates of reported discrimination while looking for employment, are reported by Black people (16.5%). 7.5% of Asian people reported discrimination when seeking work.[112]
- 11.3% of people in Ireland with a minority religion said they had experienced discrimination in the workplace, and 10% reported discrimination when seeking work. In addition, 6.4% of those with a minority religion experienced discrimination in accessing public services, compared to 3% and 1.7% of those whose religion is Catholic or Church of Ireland respectively.[113]
- Research on ethnicity and nationality in the Irish labour market[114] found the following:
    - Despite having the same education, experience, and labour market skills, some minority ethnic groups have poorer outcomes in the labour market, due to discrimination.

[110] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC. Page 44
[111] Central Statistics Office: Equality and Discrimination. CSO release July 2019.
[112] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[113] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[114] McGinnity, F., Grotti, R., Groarke, S., and Coughlan, S. (2018). Ethnicity and Nationality in the Irish Labour Market. ESRI and IHREC.

- 20% of Black non-Irish nationals, compared to 6% of white Irish, report discrimination when seeking work.

- CSO data[115] indicates the following:
  - non-Irish nationals were twice as likely to have experienced discrimination in the workplace, and when seeking work, in the previous two years, compared to Irish nationals (9% vs 5%) and (8% vs 4%).
  - people with an Asian, Black ethnicity were more than three times more likely to have experienced discrimination in the workplace, and more than twice as likely to experience discrimination when seeking work, than those with a white ethnicity (17% vs 5%) and (11% vs 4.5%).
  - of people in Ireland who have experienced in-work discrimination in the previous two years, the Race ground is the third most common ground cited (22.6%) for this type of discrimination.
- A 2022 UK survey of pharmacists found that pharmacy team members of Black, Asian and minority ethnic origin experience more harassment, bullying and abuse, poorer career progression and greater experience of discrimination than White pharmacy team members.[116]
- UK research found that Black, Asian and other minority ethnic doctors, and overseas graduates, are more likely than their counterparts to be referred to the General Medical Council by employers or healthcare providers: Black, Asian and other Minority Ethnic doctors have more than double the rate of being referred by an employer compared to white doctors; and non-UK doctors have 2.5 times higher rate of being referred by an employer compared to UK graduate doctors.[117] The research found that "the factors likely to account for disproportionate representation of certain groups of doctors in fitness to practice referrals" included:
  - Cultural stereotypes and a lack of understanding in regard to cultural difference;
  - A lack of 'socio-cultural' induction for overseas employees and exclusion from ongoing socialisation support, often referred to as learning the informal rules of the (system); and

[115] Central Statistics Office: Equality and Discrimination. CSO release July 2019
[116] September 2023 (NHS) Pharmacy Workforce Race Equality Standard Report
[117] Doyin Atewologun, Roger Kline, and Margaret Ochieng (June 2019). Fair to Refer: Reducing disproportionality in fitness to practice concerns reported to the GMC. Commissioned by the General Medical Council.

- ‘Out-group bias and in-group favouritism’.

- Nearly 10% of Black/other ethnic groups report discrimination in accessing public services, compared to 3.2% and 3.6% of White Irish and White non-Irish nationals respectively. 18.5% of Black/other and 15.7% of Asian ethnic groups report discrimination in accessing private services, compared to 4.1% of White Irish and 5.6% of White non-Irish nationals.[118]
- The Roma community experience high levels of discrimination and social exclusion in a European and Irish context. A national Roma needs assessment[119] found the following:
  - 70.5% of respondents feel that they had been discriminated in health care services, with Roma women much more likely than men to experience such discrimination (84% vs 53%).
  - A significant number of Roma adults have very low levels of literacy and numeracy in their mother tongue which compounds their exclusion in regard to learning and conversing in English. Translating written material to their native languages, therefore, will not reach all Roma. Roma often have to rely on their children or another family member to interpret for them with service providers.
  - 71% reported difficulty reading English forms and 66% said they had difficulty filling in English forms.
- Muslim women are three times more likely to suffer from verbal and physical violence in public spaces than Muslim men.[120]
- Research on attitudes to ethnic diversity in Ireland, found the following[121]
  - attitudes to some migrants are much more negative than others: 58% of Irish-born people report they would allow many or some immigrants from members of the same ethnic group as most Irish people to come to Ireland, the equivalent figures for Muslim Roma migrants are 41% and 25% respectively.
  - just under half of adults born in Ireland believe that some cultures are superior to others, and 45% believe that some races/ethnic groups were born harder working. 17% believe that some races/ethnic groups were born less intelligent.

[118] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[119] Pavee Point & Department of Justice and Equality (2018). Roma in Ireland: A national needs assessment
[120] Carr (2016). Islamophobia in Dublin: Experiences and how to respond. The Immigrant Council of Ireland.
[121] McGinnity, F., Grotti, R., Russell, H., and Fahey, E. (March 2018). Attitudes to Diversity in Ireland

- the finding suggest that social contact for the most part promotes less negative attitudes to immigration and immigrants, suggesting that enhancing opportunities for meaningful and positive interactions between the Irish-born population and immigrants will reduce anti- migrant sentiment. Such interaction would also have positive implications for the social integration of migrants and their children.

- The recent rise of far-right groups and growing support for anti-immigrant policies highlight that civil rights for minority groups and freedom to live and work without racist abuse and violence cannot be taken for granted.
- Garda figures on reported hate crime incidents for 2023, found that 71% of the incidents reported related to abuse/violence targeting the race/ethnicity/nationality of the victim.[122] The Garda figures represent only a fraction of incidents: the INAR public reporting system for incidents of racism found that only about 20% of victims report incident(s) to the Gardaí.[123]

Identity

- People from minority ethnic groups and those with a minority religion, require consideration of specific needs arising from their cultural, ethnic and/or religious diversity, to ensure they can fully access and participate in employment and services. Such needs may include: language and interpretation needs; food considerations; consideration of workplace leave etc. to observe religious days of importance / to attend family and community events relevant to their ethnicity and/or religious faith.
- Ethnic and cultural diversity considerations to ensure that people with a minority ethnic identity can access health care services, include consideration of: cultural differences regarding gender roles and modesty, particularly in medical settings; accommodating diverse religious beliefs and practices within healthcare settings; consideration of culturally specific dietary requirements in patient care; language

[122] An Garda Síochana. Hate Crime Statistics 2023.
[123] Irish Network Against Racism. iReport 2022.

barriers and ensuring the use of trained interpreters and understanding the ethical issues related to interpretation.[124]

- A range of reports and research reiterate that staff in frontline state services are not often adequately trained to understand and respond to the needs of service users arising from cultural and ethnic diversity, including an absence of training for staff on anti-racist practice.[125]

Membership of the Traveller Community

Situation

- Research on the situation and experience of the Traveller community[126] found the following:
  - 91% of Traveller adults had left school at age 16 or younger, compared to 25% non-Travellers and one-quarter of working-age Travellers have no formal education. This means that there are low levels of literacy and numeracy in the Traveller adult population.
  - the labour market participation rate[127] was 61% for Travellers and 79% per cent for non-Travellers; just 11% of Travellers were in employment, compared to 66% of non-Travellers and Travellers were more likely to be engaged in home duties than non-Travellers (24% vs 10%).
  - 12% of Travellers were unable to work due to illness or disability (compared to 5% of non-Travellers).
  - taking educational attainment into account, Travellers are still much more likely (9 times more likely) than the general population to experience unemployment. The ESRI conclude that discrimination and prejudice is the reason for this significant difference.

[124] NCCRI (2002) Cultural Diversity in the Irish Healthcare Sector: Towards the Development of Policy and Practice Guidelines for Organisations in the Health Sector.
[125] Irish Human Rights and Equality Commission (October 2019). Ireland and the Convention on Racial Discrimination, Submission to the United Nations Committee on Racial Discrimination on Ireland's Combined Fifth to Ninth Periodic Report, Irish Human Rights and Equality Commission.
[126] Watson D., Kenny O., & McGinnity F. (2017). A Social Portrait of Travellers in Ireland, ESRI.
[127] This is the percentage of adults aged 25–64 who are active in the labour market – those who are either in employment or unemployed and seeking work, as opposed to being 'inactive' in the labour market (caring for home and family, in education or unable to work because of illness or disability).

- An identified barrier to Travellers access to employment is a lack of family and community networks and connectors to get a foothold into employment. Such networks and connectors are more readily available to non-Travellers.[128]
- Digital exclusion: 24% of Traveller-specific accommodation (caravans and group housing) have internet access (compared to 82% of non-Traveller households).[129]
- Travellers have much poorer health than the non-Traveller population. A national Traveller health study found the following[130]:
    - Traveller infants are 3.6 times more likely to die than infants in the general population and Traveller children have higher reported prevalence of hearing, eyesight and speech problems.
    - Traveller men have 4 times the mortality rate, and Traveller women have 3 times the mortality rate of the non-Traveller population
    - Travellers have a higher burden of chronic diseases than the non-Traveller population, as well as higher measures of risk factors such as smoking, high blood pressure, cholesterol.
    - Travellers more likely to report less positive experiences of accessing health services, than non-Travellers, and health service provider respondents considered Travellers less likely than other patients to access and use mainstream services.
    - Literacy issues and digital exclusion present barriers to Travellers accessing and/ or understanding healthcare information.
- Census data indicate that Travellers are about three times as likely to have poor health or some type of difficulty or disability than non-Travellers and, with age, there is a sharper rise in regard to poor health among Travellers, especially between the ages of 35 and 64 years.[131]
- Travellers report higher rates of mental health difficulties than the non-Traveller population: 63% of Traveller women, and 59% of Traveller men said their mental health was not good for one or more days in the last 30 days compared to 20% of

[128] Mullen, R., Kelly, B., and Crowley, N. (2021) Mincéir Misl'er a Tom Tober – Travellers in the Mainstream Labour Market: Situation, Experience and Identity. St Stephens Green Trust, Dublin.
[129] Discrimination and Inequality in Housing in Ireland June 2018 Raffaele Grotti, Helen Russell, Éamonn Fahey, Bertrand Maître.
[130] Kelleher et al (2010) All Ireland Traveller Health Study
[131] CSO Census of population 2016: Profile 8 Irish Travellers.

GMS female card holders and 22% of GMS male card holders; and 56% of Travellers said that poor physical and mental health restricted their normal daily activities compared to 24% of GMS population.[132]

Experience

- "discrimination varies significantly across equality groups and is high in multiple domains (employment, recruitment, accessing private and public services) among minority ethnic groups (Black, Asian, and especially Irish Travellers) minority religions and those with a disability."[133]
- Travellers are 10 times more likely than White Irish to experience discrimination in seeking work, and are over 22 times more likely to report discrimination in accessing services.[134]
- Travellers have very low levels of trust in regard to engaging with mainstream services, including health services: their experiences of high levels of racism and discrimination, when interacting with wider society, are key factors.[135]
- Educational disadvantage delays and thwarts Travellers' career aspirations. Many interviewees had left school early, most had experienced racist bullying in school, particular from their peers at second level, and many had experienced low expectations from teachers at primary and second level.[136]
- Many Travellers feel compelled to hide their ethnic identity in the workplace due to fears of racism, discrimination and social exclusion.[137]
- Established trends confirm that Traveller women are among the groups at higher risk of abuse, yet there is no adult safeguarding strategy targeting the abuse of high-risk groups.[138]

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[132] National Traveller Health Action Plan 2022-2027. Department of Health.
[133] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC. Page 44
[134] McGinnity, F., Grotti, R., Kenny, O., and Russell, H. (2017) Who Experiences Discrimination in Ireland: Evidence from the QNHS Equality Modules. ESRI and IHREC.
[135] Kelleher et all (2010) All Ireland Traveller Health Study
[136] Mullen, R. Kelly, B, and Crowley, N. (2021) Travellers in the Mainstream Labour Market: Situation, Experience, and Identity. St. Stephen's Green Trust.
[137] Mullen, R. Kelly, B, and Crowley, N. (2021) Travellers in the Mainstream Labour Market: Situation, Experience, and Identity. St. Stephen's Green Trust.
[138] Irish Association of Social Workers (2022). Position Paper on Adult Safeguarding: Legislation, Policy, and Practice.

- The suicide rate among Travellers is 6 times higher than among non-Travellers and accounts for approximately 11% of all Traveller deaths.[139]

Identity

- In 2017, the Irish government officially recognised Travellers as a distinct ethnic group with specific customs and traditions. There are specific needs arising from this diversity that need to be considered to ensure they can fully access and participate in supports and services, however, there is a lack of support for Traveller culture and identity in Irish society.[140]
- Family and kinships holds particular importance and centrality in Traveller culture.[141]
- Travellers marry younger, with 33% between 18-29 married compared to 8% of people the same age. Travellers have an average of 5 children compared to national average of 3.[142]
- Travellers are a relatively young population: average age 22.4 compared to 36.1 in wider population.[143]

Socio-Economic Status (poverty and social exclusion)

Situation

- Many of the groups protected under the nine grounds in equality legislation are more likely to live in, or be at risk of poverty and material disadvantage (see above for specific details in regard to different grounds) as a result of their vulnerability to, and the impact of discrimination on the basis of such as, gender and gender identity, family status, ethnicity, disability, and sexual orientation. Negative treatment on the basis of identity often results in, or is compounded by poverty and material disadvantage.

[139] The 'National Traveller and Roma Inclusion Strategy 2017-2021 Department of Justice and Equality.
[140] The National Traveller and Roma Inclusion Strategy 2017-2021. Department of Justice and Equality.
[141] The 'National Traveller and Roma Inclusion Strategy 2017-2021 Department of Justice and Equality.
[142] The 'National Traveller and Roma Inclusion Strategy 2017-2021 Department of Justice and Equality.
[143] The 'National Traveller and Roma Inclusion Strategy 2017-2021 Department of Justice and Equality.

- 2022 CSO data indicates the following: 13% of the population are at risk of poverty (an increase of 2% from 2021) and 5.3% of people were living in consistent poverty (up from 4% in 2021); 1 in 3 unemployed persons are at risk of poverty; 17.7% of the population were defined as living in enforced deprivation, i.e. experienced two or more of the eleven types of deprivation (compared with 13.8% in 2021).[144]
- Ireland's rate of workers in permanent contracts between 2011 and 2018 was lower than the EU average. Roughly 9% of country hold a temp contract.[145]
- Employment contracts with unspecified hours of work (commonly referred to as 'zero hour' contracts) have become a feature of work for many individuals without a permanent or fixed-term work contract, leading to insecurity of income and uncertain employment situations for many employees working under these conditions.[146]
- Those with the lowest skilled jobs are most likely to be: people with no third level qualification; people with a disability; separated people.[147]
- People from poorer socio-economic backgrounds may be more at risk of experiencing mental health difficulties in general and this risk is more widespread during times of recession.[148] Poverty is both a consequence of mental health issues and a catalyst for poor mental health.[149]
- There is a correlation between income level and self-reported level of health: 2020 figures indicate that 77% of people in Ireland aged 65+ with incomes in the top 20%, reported that they were in good/very good health. The corresponding figure for those aged 65+ with incomes in the bottom 20%, is 62%.[150]
- 2021 research[151] found the following:

[144] Central Statistics Office: Survey on Income and Living Conditions (SILC). 2022.
[145] Mc Ginnity et al. (2021) Monitoring Decent Work in Ireland. ESRI and IHREC.
[146] Irish Human Rights and Equality Commission (May 2015). Irish Human Rights and Equality Commission Report, Ireland and the International Covenant on Economic, Social, and Cultural Rights. Irish Human Rights and Equality Commission.P14.
[147] Mc Ginnity et al. (2021) Monitoring Decent Work in Ireland. ESRI and IHREC.
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[149] Elliott, I., (June 2016), Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy, London: Mental Health Foundation
[150] Age Action Ireland (2022): Reframing Ageing: the State of Ageing in Ireland 2022.
[151] Roantree, B., Barrett, M., and Redmond, P. (October 2022) Poverty, Income Inequality, and Living Standards in Ireland. ESRI.

- "there is a sizeable group of individuals who report being materially deprived (the inability to afford 2 or more items from a list of 11 deemed essential) but who are not classified as being at risk of poverty (AROP)." In 2021, 69% of the 695,000 people experiencing material deprivation were not officially classified as being AROP.
- Renters, lone parents, those in households where someone has a disability and those in households where no one of working age is in paid work stand out as groups at particular risk of income poverty.
- 55% of households where no one of working age is in employment were below the income poverty line in 2021. Those living in households where someone of working age is in paid work still make up over one-third of those below the poverty line.

- The significant increase in prescription charges for medical card holders, as well as the continuing high cost of pharmaceuticals despite price reductions overall, further interfere with access to medicine by people on low to moderate incomes.[152]
- According to the Government's most recent (2016-2019) strategy to tackle energy poverty[153], up to 28% of households in Ireland are in or at risk of energy poverty (shown to be both a consequence and cause of poor health outcomes).[154]
- People with low income/unemployed have a higher digital exclusion risk because of a number of factors linked to income status (not being able to afford digital devices or broadband access; not having enough time to attend digital training course because they may have more than one low-paid job).[155]

Experience

- CSO data for 2019[156] indicate the following:
  - 18% of people in Ireland (aged 18+) felt they had been discriminated against (in accessing employment/services) in the previous two years. The highest rates of

[152] Irish Human Rights and Equality Commission (May 2015). Irish Human Rights and Equality Commission Report, Ireland and the International Covenant on Economic, Social, and Cultural Rights. Irish Human Rights and Equality Commission.
[153] A household is energy poor, if / when that household is unable to achieve an adequate (i.e., comfortable and safe) standard of warmth, and supply of energy services at an affordable cost.
[154] Lawlor, D., and Visser, A. (March 2022). Energy Poverty in Ireland. Oireachtas Library and Research Service.
[155] Paul Partnership 2021 Exploring the meaning and experience of digital exclusion among at-risk groups in Limerick
[156] Central Statistics Office: Equality and Discrimination. CSO release July 2019

discrimination were reported by people who identify as LGBTI+ (33.2%), followed by persons from non-white ethnic backgrounds (33.1%), unemployed (30.2%) and non-Irish nationals (26.7%).

- 1 in 5 (20%) of unemployed persons experienced discrimination while *looking for work in the previous two years.*
- irrespective of their knowledge of their rights, just 3% of persons who experienced discrimination made an official complaint (such as to the Irish Human Rights and Equality Commission (IHREC), Workplace Relations Commission (WRC), Residential Tenancies Board (RTB), Garda Síochána Ombudsman Commission (GSOC), etc.) or took legal action.

- The absence of a socio-economic ground, as a basis for discrimination, in equality legislation impacts on people's ability to challenge socio-economic discrimination in accessing key services, such as employment and education.[157]

Identity

- Issues of intersectionality which can give rise to experiences of multiple and compounding discrimination and inequality, are evident for people living in/at risk of poverty with diverse identities involving more than one protected characteristic.

[157] Ireland and the Convention on the Elimination of all forms of Discrimination Against Women, Submission to the United Nations Committee on the Elimination of Discrimination Against Women on Ireland's Combined Sixth and Seventh Periodic Reports, Irish Human Rights and Equality Commission, January 2017.