



Disability Research Series **14**

A National Survey of Public Attitudes to Disability in Ireland

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Údarás Náisiúnta Míchumais
National Disability Authority

A National Survey of Public Attitudes to Disability in Ireland

October 2011

Foreword

Public attitudes to people with disabilities can be a key facilitator or a serious barrier to their inclusion and participation in society. Recognising this, the National Disability Authority has had a long standing commitment to measuring attitudes and researching effective strategies to address negative attitudes where they exist.

The National Disability Authority has conducted a series of national surveys of public attitudes to disability since it was established. Our studies examine attitudes in key areas of every day life including local communities, work life, education and family life choices. The survey data is broken down in relation to attitudes towards people with physical, sensory, intellectual and mental health impairments. Our studies in 2001 and 2006 demonstrated a degree of improvement in attitudes in most areas, except in relation to those with mental health difficulties. However, the findings of our study in 2011 unfortunately show a hardening of attitudes across all types of impairments, and of particular concern are the less positive attitudes towards children with disabilities in mainstream education, which challenges the improvements that were achieved between 2001 and 2006.

Once again, the findings show that where someone knows a person with a disability (and this is decreasing across our surveys) that they are generally more likely to have positive attitudes to disability. This consistent finding highlights the importance of promoting and enabling active participation of people with disabilities in the mainstream community and access to mainstream services. The National Disability Authority's work is particularly focused around building greater awareness to enhance attitudes and access to public services. Positive attitudes to disability are vitally important in that they break down the barriers that prevent people with disabilities from being valued as equal citizens thus allowing them to live as independently as possible and maximise their true potential.

The findings in our 2011 survey, while disappointing, indicate the importance of ensuring that Irish society and all its stakeholders recognise the need to address the negative attitudes that exist if we are to achieve real and meaningful inclusion of people with disabilities in Irish society.

We in the National Disability Authority will continue our commitment to playing a prominent role in guiding policy and practice, and through our work with others to promote and support initiatives that can achieve improvements in attitudes in the wider community.

Peter Mc Kevitt
Chairperson
National Disability Authority



**Executive
summary**

In June 2011, the National Disability Authority commissioned Social Market Research (www.socialmarketresearch.co.uk) to conduct a national survey on public attitudes to disability in Ireland. The survey builds on previous surveys conducted by the National Disability Authority in 2001 and 2006, and is based on a representative sample of 1,039 adults aged 18+, plus a booster sample of 256 people with disabilities. Interviews were conducted on a face-to-face basis in respondent's homes. The key findings from the research are summarised under each of the research objectives.

The survey covered a range of topics on attitudes relating to disability, including knowledge of disability and general attitudes. Specific issues covered in the survey included: education, employment, relationships, state benefits, neighbourhood, and awareness of disability related organisations, legislation and initiatives. The survey also measured social isolation and use of public service websites. Where possible, comparisons are made with the 2001 and 2006 surveys. All differences between groups alluded to in the text of this report are statistically significant. Where differences are not highlighted, it can be assumed that they are not statistically significant.

Awareness of disability

When asked without prompting what particular sorts of illnesses, conditions or disabilities the term ‘people with disabilities’ refers to, 81% of respondents mentioned physical disability, followed by intellectual disability (55%), mental health difficulty (52%) and hearing loss / vision difficulties (39%). In terms of disability status, respondents with a disability were more likely to mention hearing loss (32% vs. 24%), with no significant variation in unprompted recall of other disabilities.

Prevalence of disability and familiarity with people with disabilities

The survey found that 14% of respondents reported having a disability, which is 3 percentage points higher than the level recorded in 2006 (11%). The most common disabilities reported were conditions that substantially limit one or more basic physical activities, with 3% citing deafness or a severe hearing impairment and the same number mentioning psychological or emotional conditions.

Almost two out of three (64%) respondents said they know someone with a disability (71% in 2006), with 18% having ‘another relative’ with a disability, 17% a friend, 15% an immediate family member and 13% a neighbour. Respondents with a disability were more likely to say that they know someone with a disability (79% vs. 61%).

General attitudes to people with a disability

More than half (57%) of respondents agreed with the statement: ‘it is society which disables people by creating barriers’, with no significant variation in response to this question by disability status. In contrast, a minority (44%) of respondents agreed with the statement: ‘people with disabilities are treated fairly in society’, with respondents with a disability more likely to disagree with this statement (43% vs. 33%). Almost seven out of ten (68%) respondents believe that there are occasions or circumstances when it is alright to treat people with disabilities more favourably than others, with respondents with a disability (74% vs. 67%), and respondents who know someone with a disability (73% vs. 60%),

more likely to support this view. More than half of respondents believe that people with mental health difficulties (61%) and people with intellectual disabilities or autism (59%), are not able to participate fully in life, with just under half (49%) holding this view in relation to people with physical, vision, hearing or speech disabilities.

Disability and education

Half of respondents (50%) believe that people with disabilities do not receive equal opportunities in terms of education, with no difference in response to this question by disability status. With the exception of physical disability (62%), only a minority of respondents agreed that people with disabilities (mental health, 37%; intellectual disabilities or autism, 38%; and, vision, hearing or speech disabilities, 48%) should attend the same schools as children without disabilities. There were no significant variations in response to this question between respondents with disabilities and others in the survey.

In relation to children with disabilities being in the same class as respondent's children, almost one in four (24%) said they would object if children with a mental health difficulty were in the same class as their child, with 21% objecting if children with intellectual disabilities or autism were in the same class as their child. The levels of objection for children with physical disabilities and visual, hearing or speech disabilities being in the same class as their children were relatively lower at 8% and 11% respectively. The most common reasons for objecting to such scenarios were on the grounds of special needs considerations and children with special needs not receiving sufficient support for their special needs.

Disability and employment

Almost two out of three (63%) respondents believe that people with disabilities do not receive equal opportunities in terms of employment, with respondents with a disability more likely to support this view (76% vs. 61%). When asked how comfortable respondents would feel having people with various disabilities as work colleagues, there were relatively higher comfort scores recorded for working with people with physical, hearing and vision disabilities, with relatively lower comfort scores recorded for

having work colleagues with intellectual disabilities or autism and work colleagues with mental health difficulties. Respondents with a disability recorded significantly higher comfort scores in relation to having work colleagues with disabilities, regardless of disability type. Among all respondents who indicated being uncomfortable having a work colleague with a disability, personal discomfort and suitability of work or work environment were the most common reasons why.

Disability and relationships

Approximately eight out of ten respondents agreed that people with vision, hearing or speech disabilities (78%) have the same right to sexual relationships as everyone else, with 77% supporting the people with physical disabilities to have the same right to sexual relationships as everyone else. Although still a majority of respondents, support for people with mental health difficulties (56%), and people with learning disabilities or autism (51%), to have the same right to sexual relationships as everyone else was relatively lower. Respondents with a disability were more likely to be supportive of people with disabilities having the same right to sexual relationships as everyone else, regardless of disability. Among all respondents who were unsupportive of this right, people with disabilities not being capable of making decisions or of consenting, were the main reasons offered for their lack of support.

In contrast with sexual relationships, support among respondents for adults with disabilities to have children if they wish was relatively lower, with 37% of respondents agreeing that people with mental health difficulties should have children if they wish. Support for people with intellectual disability or autism to have children if they wish was recorded at 38%, whereas the level of support for people with physical (68%), visual, hearing and speech disabilities (69%) was relatively higher. Again, regardless of disability type, respondents with a disability were more likely to be supportive compared with others in the survey. Concern about the child's emotional well-being (36%) was the main reason why respondents were unsupportive of people with disabilities having children if they wish.

Disability and neighbourhood

In terms of level of comfort, respondents recorded relatively high levels of comfort if people with different disabilities were living in their neighbourhood, with the highest level of comfort recorded for people with vision, hearing or speech disabilities and the lowest for people with mental health difficulties. With the exception of intellectual disabilities or autism, respondents with disabilities were more likely to record a higher level of comfort if people with other disabilities (vision, hearing, speech, physical and mental health difficulties) were living in their neighbourhood. Among those who were uncomfortable with people with disabilities living in their neighbourhood, their main concern was disruptive or dangerous behaviour.

In relation to other groups, the survey revealed that compared with people with disabilities, respondents would feel more uncomfortable if other groups were living in their neighbourhood (lesbian, gay, bisexual or transgender; black and minority ethnic groups; eastern European migrant workers; and Travellers).

Disability and state benefits

More than four out of ten (43%) respondents believe that the state does not provide enough benefits for people with disabilities, with 26% of the view that provision is adequate and 4% of the view that the state provides enough benefits. Groups more likely to hold the view that the state does not provide enough benefits for people with disabilities included people with a disability (62% vs. 40%), those who know someone with a disability (51% vs. 41%), and those with child who has a disability (53% vs. 42%).

Awareness of disability related organisations, legislation and initiatives

Awareness of the National Disability Authority was recorded at 33%, with 22% aware of the Disability Act, 16% aware of the National Disability Strategy and 7% aware of sectoral plans prepared under the Disability Act. With the exception of sectoral plans, respondents with a disability were more likely to be aware of each of the other items listed.

Disability and public service websites

Although the majority (52%) of all respondents said they use Irish public service websites, use among people with a disability was significantly lower (33%). Among users of public service websites, users with a disability were more likely to use these websites to find out about public services or entitlements (66% vs. 49%). The main reasons for not using public service websites were having no interest in using these websites and not having a computer or internet access. Non-users with a disability were more likely to report not having a computer as a reason for non-use, with this group more likely to find these websites hard to use or understand. Non-users with a disability were less likely to cite lack of interest in these websites as a reason for non-use.

Disability and social isolation

The survey estimated that 10% of all respondents are classified as being at risk of social isolation from friends and family, with people with disabilities twice as likely to be at risk compared with others (18% vs. 9%). Compared with non-disabled respondents, those with disabilities being classified as at risk of social isolation specifically from friends (26% vs. 17%) and family (19% vs. 12%), were significantly higher. Overall, 43% of respondents said they attend community groups or organisations, with no difference in relation to disability status.

Participating in age appropriate life activities

Income was identified by 12% of respondents as a barrier to their participation in age appropriate life activities, with climate / weather mentioned by 9% and the physical environment by 6%. Analysis by disability status found that people with a disability were more likely to identify all of the factors listed as barriers to their participation (for example, income, people's attitudes, services and support, transport, the physical environment, access to information, laws and entitlements and personal characteristics). In terms of further restrictions, people with disabilities were also more likely to identify the following as areas that have restricted them in the previous 12 months (education and training; employment and job seeking; community life; family life; socialising; shopping; living with dignity; leisure / cultural activities; sports or physical recreation; religion; general health services; hospital services; mental health services; and, community based health services).

Summary of key findings

- Physical disability (unprompted awareness) was the most frequently mentioned disability type (81%)
- Unprompted awareness of 'mental health difficulties' as a disability was recorded at 52%, which represents a significant increase on the 2006 figure of 43%, with this increase even more dramatic when compared with the 2001 figure of 34%
- The proportion of respondents aware of someone with a disability (64%) has fallen below the level recorded in 2006 (71%), but still remains significantly higher than the level recorded in 2001 (48%)
- The majority (57%) of respondents believe that 'It is society which disables people by creating barriers'. This represents a fall in agreement compared with 2006 (62%)
- More than four out of ten (44%) respondents believe that 'people with disabilities are treated fairly in Irish Society'. This represents an increase on the 2006 figure of 39%

- Most (68%) respondents believe that there are occasions or circumstances when it is alright to treat people with disabilities more favourably than others. This represents a decline in the level of agreement when compared with 2006 (80%)
- Half (50%) of all respondents believe that in general people with disabilities receive equal opportunities in terms of education (2006, 52%)
- One in five (20%) respondents believe that people with disabilities receive equal opportunities in terms of employment (2006, 15%)
- Respondents are relatively less comfortable having a work colleague with mental health difficulties compared with other disabilities, with the same true for people with disabilities living in respondents' neighbourhoods
- Three out of ten (30%) respondents believe that the state provides adequate or enough benefits for people with a disability (2006, 24%)
- One in ten respondents were classified as being at a high risk of social isolation, with the risk significantly higher for people with a disability (18% vs. 9%)
- Respondents with disabilities were more likely than non-disabled respondents to experience a range of barriers and restrictions to their participation in age appropriate life activities
- Only a minority (33%) of respondents with a disability use Irish public service websites compared with the majority (55%) of others in the survey
- Awareness of the National Disability Authority is 33% (2006, 34%)

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A woman with short dark hair, glasses, and a red lace top is sitting at a desk. She has a neutral expression. In the foreground, a computer keyboard is visible, slightly out of focus. The background consists of a light-colored wall with vertical wood paneling.

1

Introduction

1.1. Research rationale

The National Disability Authority is an independent statutory agency whose principal function is to advise the Minister for Justice and Equality on disability issues. Promoting the full inclusion of people with disabilities is a key objective of the National Disability Authority and challenging negative attitudes and prejudice which pose major obstacles to the equal social, cultural and economic participation for people with disabilities is a priority for National Disability Authority. To support its work the National Disability Authority has a programme of ongoing research, and it is anticipated that this current study will further contribute to a better understanding of disability issues within Irish society.

1.2 Public attitudes to disability in Ireland

In June 2011, the National Disability Authority commissioned Social Market Research (www.socialmarketresearch.co.uk) to conduct a national survey of public attitudes to disability in Ireland. This current survey builds upon previous surveys conducted by the Authority in 2001 and 2006.

Given the economic, legislative and other changes that have occurred in Ireland in the five years since the last attitude to disability survey, this current survey provides an opportunity to reassess the impact of these changes on perceptions and attitudes to disability. The results of the survey will facilitate the planning of interventions that address attitudinal barriers and promote positive attitudes to people with disabilities.

1.3 Survey aim and objectives

The survey aim was:

‘to provide evidence on attitudes to disability among a representative population of males and females aged 18 and over living in the Republic of Ireland with specific analysis across a range of variables including gender, age, and disability status’.

Within this overarching aim, the survey objectives were to elicit: public understanding of disability; public knowledge and awareness of disability; views on issues associated with disability and education, employment, relationships, neighbourhood, state benefits, and friends and family. The survey also sought to assess awareness of the National Disability Authority, and use of public service websites.

1.4 Methodology

The research is based on a nationally representative sample of 1,039 adults aged 18+ plus a booster sample of 265 adults (aged 18+) with disabilities. Overall, the survey is based on a sample of 1,304 interviews, with the survey administered on a face-to-face basis.

Sampling

Given the importance of the survey, and the contribution of the survey results to shaping various National Disability Authority work streams, it was imperative that the sampling methodology produce survey results representative of all adults (aged 18+) living in Ireland. To this end, the survey was conducted using quota sampling with tightly controlled quotas applied for: age; sex; social class; and area of residence. Note that survey estimates have a margin of error of +/- 3% at most.

Questionnaire design

The questionnaire was developed collaboratively between the National Disability Authority and Social Market Research and is included as an Appendix to this report. To facilitate trend analysis, most of the questions were similar to those included in previous

surveys in 2001 and 2006. However, a number of new questions were included which related to social isolation and use of public service websites.

As was the case with the 2006 survey, a person with a disability was defined using the 2006 census definition of disability. The question wording was ‘Do you have any of the following long lasting conditions?’ Table I.1 shows the response categories for this question. If the respondent answered ‘other’ to this question their answer was classified during data processing.

Table I.1 Definition of a person with a disability

Blindness
Deafness or a severe hearing impairment
A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying
An intellectual disability
A psychological or emotional condition
Chronic illness
Other
None of the above
Don't Know

Certain questions in the survey were broken down by type of disability. The disabilities were mental health difficulties, intellectual disabilities or autism, physical disability, and vision, hearing or speech disabilities.

Data collection

Fieldwork on the survey was conducted between 18 July and 26 August 2011. A pilot survey, based on 20 respondents (including 10 respondents with disabilities) was conducted prior to the main stage fieldwork. All interviews were conducted on a face-to-face basis in respondents' homes, with interviewers briefed before the commencement of fieldwork. No significant problems were identified during piloting.

A representative sample of Irish adults aged 18 years and over was used. A total of 1,039 interviews were conducted in the main survey plus an additional booster sample of 265 adults with disabilities. A booster sample of people with disabilities was generated to facilitate greater in-depth analysis of this particular group. Overall 406 people with disabilities were interviewed (141 in the main survey plus 265 in the booster sample). Note that the 2006 census question on disability was used to recruit the booster sample.

Again to facilitate comparison between the different survey years the sampling methodology was similar. For the national survey the data was collected from 100 randomly allocated locations around the country. These locations were based on the list of District Electoral Divisions (DEDs). Households were randomly selected at each location. Only one person per household was eligible to participate in the study. Quotas were set for age, gender, region and social class. Respondents were representative of the national population of adults' aged 18 and over. The data collection guidelines as set out by ESOMAR (World Association of Opinion and Market Research Professionals) were followed. For the booster sample of people with disabilities quota controls were set by region.

Other methodology issues

Given that the sample was boosted with an additional 265 people with disabilities, a corrective weighting procedure was applied to compensate for the over representation of this group. The main survey (n=1,039) estimated that 14% of Irish adults (aged 18+) have a disability, with this estimate used as the control weight. Results at the overall national level are based on weighted data and presented for a total sample size of 1,304. Based on a sample size of 1,304, the margin of error is +/- 2.7% (at most).

Due to rounding row and column totals within tables may not always sum to 100. Note that base totals may also change in tables depending on question routing. It should be noted that dash marks [-] are used in some tables to indicate that the figure is less than 1%. Note also that any differences between subgroups of the sample referred to in the text of this report are statistically significant at the specified level of significance (95% level, $p \leq 0.05$; 99% level, $p \leq 0.01$, and 99.9% level, $p \leq 0.001$). Note also that where differences are not commented upon (e.g. by age, sex, social class, disability status etc), these differences are not statistically significant.

The occupation of the chief income earner (CIE) for the household was captured and categorised into social class. The social class definition used is derived from the occupation of the head of household. A is Upper Middle Class; B is Middle Class; C1 is Lower Middle Class; C2 is Skilled Working Class; D is Other Working Class; E is Casual Workers and those dependent on welfare. Farmers are classified as F1 and F2, F1 being farmers who farm more than 50 acres, F2 being those with smaller farms.

Geographical analysis

Analysis by geographical area is based on region: Dublin; Rest of Leinster; Munster; and Connacht / Ulster.



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**Research
Findings**

This study was designed to elicit public attitudes to a range of issue associated with disability. The results are presented under specific themes in line with the structure of the survey questionnaire (see Appendix 1).

The results for each question are presented in either tabular or graphical format, with a commentary describing the key findings as well as highlighting where differences exist between key sub groups of the population (for example, age, gender, disability status, region). Where differences are alluded to in the text, these differences are statistically significant with the level of statistical significance also listed. The results are presented for the overall sample of 1,304 respondents.

2.1. Knowledge of disability and general attitudes

2.1.1 The term ‘people with disabilities’

When asked without prompting what particular sorts of illnesses, conditions or disabilities they think the term ‘people with disabilities’ refers to, the most frequent response was ‘physical disability’, mentioned by 81% of respondents, with 55% mentioning ‘intellectual disability (for example, Down Syndrome, cognitive impairment) and

52% mentioning 'mental health difficulty (mental illness – depression, schizophrenia, anorexia)'. Less frequently mentioned were: alcoholism (9%); HIV / Aids (10%); and, addiction (13%).

Table 2.1 presents a comparison of this question across the three survey years and shows that the number of respondents mentioning 'physical disability' has fallen by 5 percentage points in 2011 compared with the 2006 (down from 86% to 81%), with the current estimate of 81% similar to that recorded in 2001 (80%). The largest increase in unprompted awareness relates to 'mental health difficulty' which recorded an increase of 9 percentage points between 2006 (43%) and 2011 (52%). Between 2001 and 2011 the increase the proportion of respondents mentioning 'mental health difficulty' increased by 18 percentage points (i.e. up from 34% in 2001 to 52% in 2011).

Table 2.1 Illnesses, conditions or disabilities the term 'people with disabilities' refers to (unprompted)

Illnesses, conditions or disabilities the term 'people with disabilities' refers to	2001 %	2006 %	2011 %
Physical disability	80	86	81
Intellectual disability (e.g. Down Syndrome, cognitive impairment)	48	54	55
Mental health difficulty (mental illness, depression, schizophrenia, anorexia)	34	43	52
Hearing loss / vision difficulties ¹	26	39	39
Vision difficulties		34	33
Hearing loss		26	25
Long-term illness (e.g. diabetes, epilepsy)	12	22	21
Frailty in old age		9	16
Addiction	4	7	13
HIV/AIDS	5	5	10
Speech difficulties ²			23
Alcoholism ³			9

Illnesses, conditions or disabilities the term 'people with disabilities' refers to	2001 %	2006 %	2011 %
None mentioned	2	2	3
Other	3	1	1
Base = 1304 (2011)			

There were a number of statistically significant differences in response (unprompted) in relation to what sorts of illnesses, conditions or disabilities the term 'people with disabilities' covers:

Term 'people with disabilities' refers to physical disability

- Those in higher social classes (ABC1, 83%) were more likely to mention 'physical disability' (C2DE, 78%, $p < 0.05$)
- Those educated to 3rd level (86%) were more likely to mention 'physical disability' compared with those educated to 2nd level (79%) or primary / no formal qualifications (76%, $p \leq 0.01$)
- Respondents who know someone else with a disability were more likely to mention 'physical disability' (82% vs. 77%, $p \leq 0.05$)

Term 'people with disabilities' refers to hearing loss

- Separated, widowed or divorced respondents (35%, $p \leq 0.05$) were more likely to mention 'hearing loss' compared with single respondents (24%) and respondents who are married or living together as married (23%)
- Respondents with a disability were more likely to mention 'hearing loss' (32% vs. 24%, $p \leq 0.05$)

Term 'people with disabilities' refers to vision difficulties

- Women were more likely to mention 'vision difficulties' compared with men (36% vs. 29%, $p \leq 0.05$)

Term 'people with disabilities' refers to intellectual disability

- Women were more likely to mention 'intellectual disability' compared with men (59% vs. 50%, $p \leq 0.001$)

- Those relatively less well educated (primary or no formal qualifications, 44%) were significantly less likely to mention 'intellectual disability' compared with others (3rd level, 59%: 2nd level, 54%, $p \leq 0.05$)
- Respondents who know someone else with a disability were more likely to mention 'intellectual disability' (59% vs. 48%, $p \leq 0.001$)

Mental health difficulty

- Those relatively less well educated (primary or no formal qualifications, 42%) were significantly less likely to mention 'mental health difficulty' compared with others (3rd level, 56%: 2nd level, 52%, $p \leq 0.05$)
- Respondents who know someone else with a disability were more likely to mention 'mental health difficulty' (57% vs. 45%, $p \leq 0.001$)

Long-term illness

- Single respondents (18%, $p \leq 0.05$) were significantly less likely to mention 'long-term illness' compared with respondents who are married / living together (23%) and respondents who are separated, widowed or divorced (29%)
- Those relatively less well educated (primary or no formal qualifications, 33%) were significantly more likely to mention 'long-term illness' compared with others (3rd level, 22%: 2nd level, 20%, $p \leq 0.01$)

HIV / Aids

- Women were more likely to mention 'HIV / Aids' compared with men (13% vs. 8%, $p \leq 0.01$)

Addiction

- Separated, widowed or divorced respondents (20%, $p \leq 0.05$) were more likely to mention 'addiction' compared with single respondents (10%) and respondents who are married or living together as married (13%)

Alcoholism

- Separated, widowed or divorced respondents (15%, $p \leq 0.05$) were more likely to mention 'alcoholism' compared with single respondents (7%) and respondents who are married or living together as married (9%)

Frailty in old age

- Women were more likely to mention 'frailty in old age' compared with men (19% vs. 13%, $p \leq 0.01$)
- Separated, widowed or divorced respondents (26%, $p \leq 0.05$) were more likely to mention 'frailty in old age' compared with single respondents (14%) and respondents who are married or living together as married (16%)

2.1.2 Prevalence of 'long lasting conditions'

Respondents were asked (prompted) if they had a range of long lasting conditions. Among all respondents, 14% reported having a long lasting condition, with 6% specifically reporting a condition that substantially limits one or more physical activities. Overall, the disability profile among respondents in 2011 is consistent with that reported in the 2006 survey. The overall prevalence of long lasting conditions increased from 11% to 14%, which represents a statistically significant increase.

Table 2.2 Do you have any of the following long lasting conditions (prompted)

Long lasting conditions mentioned by respondents (unprompted)	2006 %	2011 %
A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	6	6
Deafness or a severe hearing impairment	1	3
A psychological or emotional condition	1	3
An intellectual disability	2	2
Chronic illness	3	2

Long lasting conditions mentioned by respondents (unprompted)	2006 %	2011 %
Blindness	1	1
Other, please specify	-	1
None mentioned	89	86
Base = 1,304 (2011); *Multiple responses possible as respondents can have multiple disabilities		

Table 2.3 presents the profile of long lasting conditions recorded by respondents in the survey booster sample and shows that 38% of these respondents reported a long lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, with 22% reporting a psychological or emotional condition and 20% deafness or a severe hearing impairment.

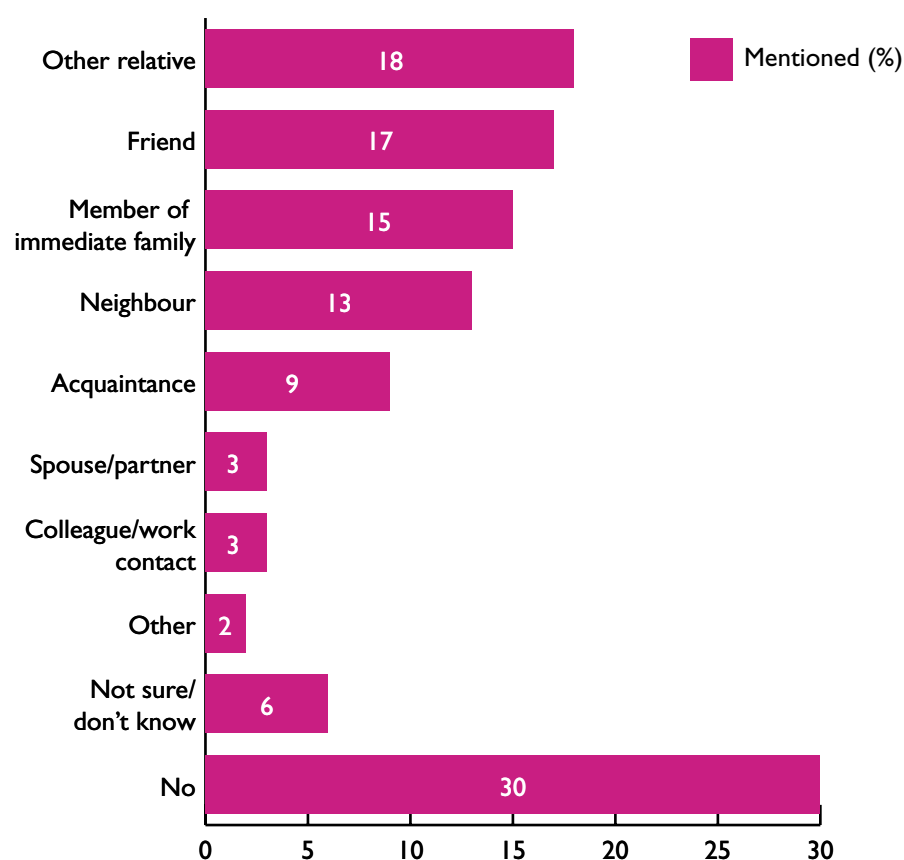
Table 2.3 Do you have any of the following long lasting conditions (prompted) [booster sample of people with disabilities: n=256]

Long lasting conditions mentioned by respondents (Prompted)	2006 %	2011 %
A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	55	38
A psychological or emotional condition	12	22
Deafness or a severe hearing impairment	11	20
An intellectual disability	7	14
Chronic illness	28	12
Blindness	9	5
Other	2	9
Base = 256 (2011); *Multiple responses possible		

2.1.3 Know someone with a disability

Almost two out of three (64%) respondents said that they know someone with a disability, with 18% mentioning 'other relative', 17% a friend, 15% an immediate family member and 13% a neighbour. Among all respondents, 64% said that they know someone who has a disability. This compares with 71% in 2006, a drop of 7 percentage points, but still remains significantly higher than the figure of 48% recorded in 2001.

Figure 1: Do you know anyone (else) who has a disability?



Analysis by respondent background characteristics found that younger respondents (aged under 35, 56%) were significantly less likely to say that they know someone with a disability compared with respondents in other age groups (35-54, 67%; 55+, 69%, $p \leq 0.001$). Furthermore, those with a disability were significantly more likely to say that they know someone with a disability (79% vs. 61%, $p \leq 0.001$).

Respondents indicating that they know someone with a disability were asked what type of disability the person they know has. In response, almost half (49%) of this group know someone

with a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, with 28% knowing someone with an intellectual disability. With the exception of chronic illness, the overall pattern of response is largely consistent with the findings from the 2006 survey.

Table 2.4 What type (or types) of disability does the person (people) you know (with a disability) have?

Types of disabilities the person (people) you know (with a disability) have?	2006 %	2011 %
A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	52	49
An intellectual disability	29	28
A psychological or emotional condition	17	19
Chronic illness	25	15
Deafness or a severe hearing impairment	15	13
Blindness	9	8
Other	2	3
Base = 825 (2011); *Multiple responses possible		

2.1.4 Attitudes to disability

Having questioned respondents on their awareness of disability as well as prevalence of disability, respondents were then presented with the following definition of ‘people with disabilities’ that is, ‘... those with physical, hearing, visual, speech, intellectual, or mental health difficulties or with autism¹’. After being presented with this definition, respondents were asked if they agreed or disagreed with a series of statements (Figure 2).

¹ Note that autism was included in the 2011 survey but not either the 2001 or 2006 surveys

Figure 2: Statement: It is society which disables people by creating barriers (Base: 2011, n=1,225)

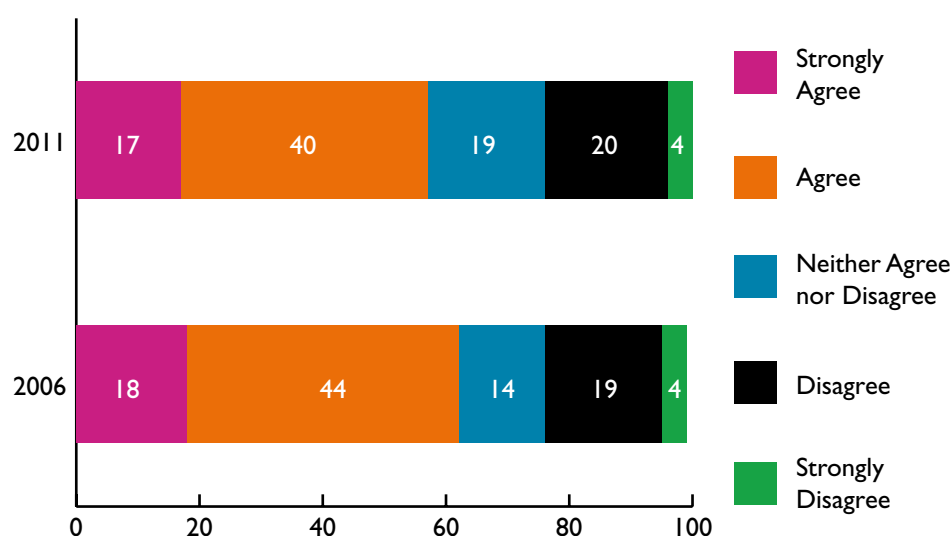


Figure 2 presents the response to the statement ‘It is society which disables² people by creating barriers’ and shows the level of agreement to be 57% (17% strongly agree and 40% agree), 19% neither agreeing nor disagreeing and 24% either disagreeing (20%) or strongly disagreeing (4%). In comparison with 2006, the level of agreement has fallen by 4 percentage points, with the level of disagreement increasing slightly from 23% in 2006 to 24% in 2011 (up 1 percentage point).

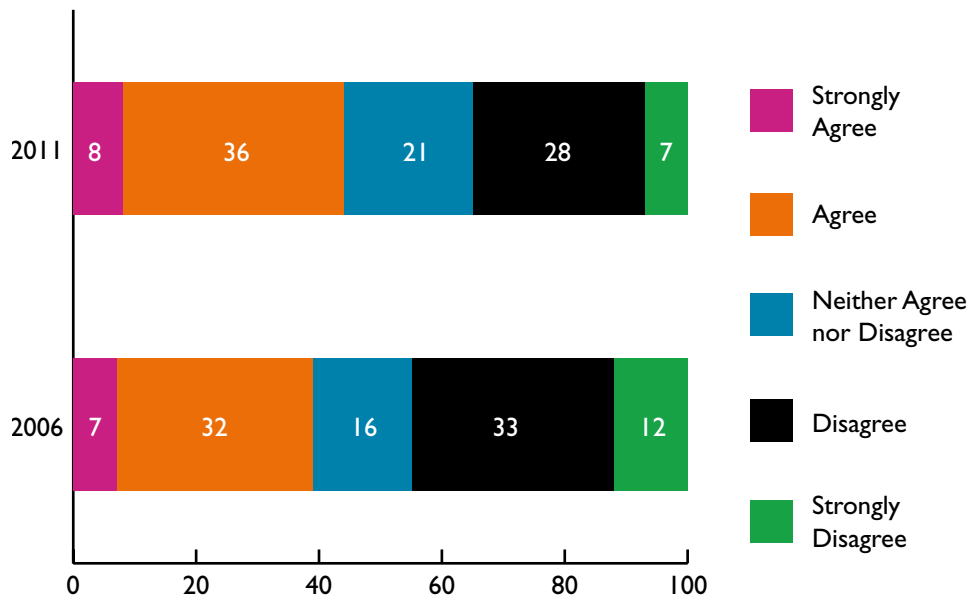
Analysis by respondent background characteristics found that respondents who are separated, widowed or divorced were less likely to agree with this statement (51%) compared with others (single, 56%; married / living as married, 59%, $p \leq 0.05$), whereas those who know someone with a disability were more likely to disagree with this statement (25% vs. 21%, $p \leq 0.05$).

Figure 3 presents the response to the statement ‘people with disabilities are treated fairly in Irish Society³’ and shows the level of agreement to be 44% (8% strongly agree and 36% agree), 21% neither agreeing nor disagreeing and 35% either disagreeing (28%) or strongly disagreeing (7%). In comparison with 2006, the level of agreement has increased by 5 percentage points (up from 39% to 44%), with the level of disagreement falling from 45% in 2006 to 35% in 2011 (down 10 percentage points).

² Don’t Knows excluded to facilitate comparison with 2006

³ Don’t Knows excluded to facilitate comparison with 2006

Figure 3: Statement: People with disabilities are treated fairly in Irish society (Base: 2011, n=1,215)

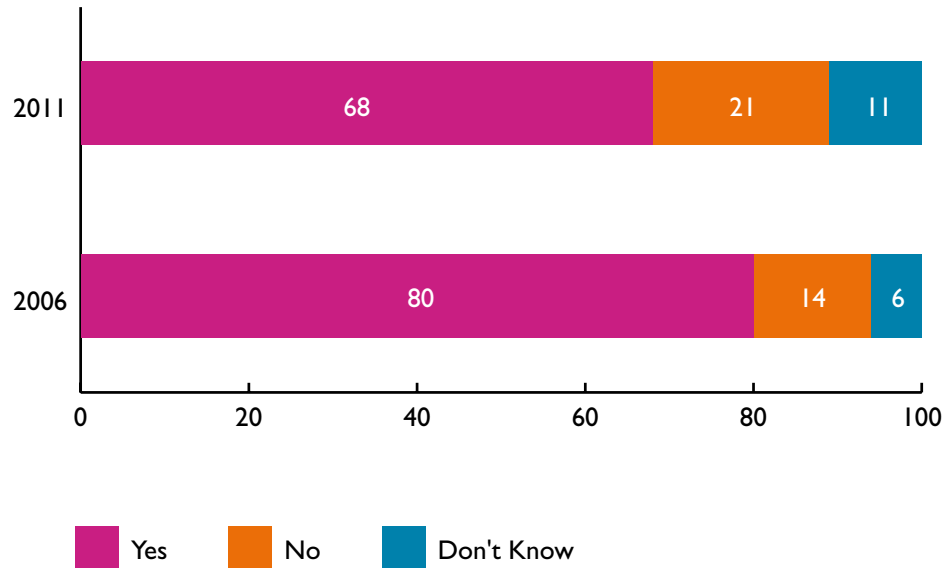


Analysis by respondent background characteristics found that respondents who reported having a disability were significantly more likely to disagree with this statement (43% vs. 33%, $p \leq 0.05$), with respondents who know someone with a disability also significantly more likely to disagree with this statement (38% vs. 29%, $p \leq 0.001$).

2.1.5 Treating people with disabilities more favourably than others

More than two out of three (68%) respondents believe that there are occasions or circumstances when it is alright to treat people with disabilities more favourably than others. This represents a significant fall of 12 percentage points compared with the 2006 figure of 80%.

Figure 4: Do you think there are occasions or circumstances when it is alright to treat people with disabilities more favourably than others? (Base: 2011, n=1,296)



There were some differences in response with younger respondents (aged under 35, 61%), compared with respondents in other age groups (35-54, 76%: aged 55+, 67%, $p \leq 0.001$), less likely to say that there are occasions or circumstances when it is alright to treat people with disabilities more favourably than others. Conversely, respondents with a disability (74% vs. 67%, $p \leq 0.01$) and respondents who know someone with a disability (73% vs. 60%, $p \leq 0.001$), were more likely to support the premise that there are occasions or circumstances when it is alright to treat people with disabilities more favourably.

2.1.6 People with disabilities participating fully in life

All respondents were asked if they agreed or disagreed with the statement ‘people with the following disabilities are not able to participate fully in life’⁴.

⁴ Don’t knows excluded from analysis to allow comparison with the 2006 survey

Figure 5: Do you agree or disagree that people with the following disabilities are not able to participate fully in life (Base: 2011, n=All Respondents)

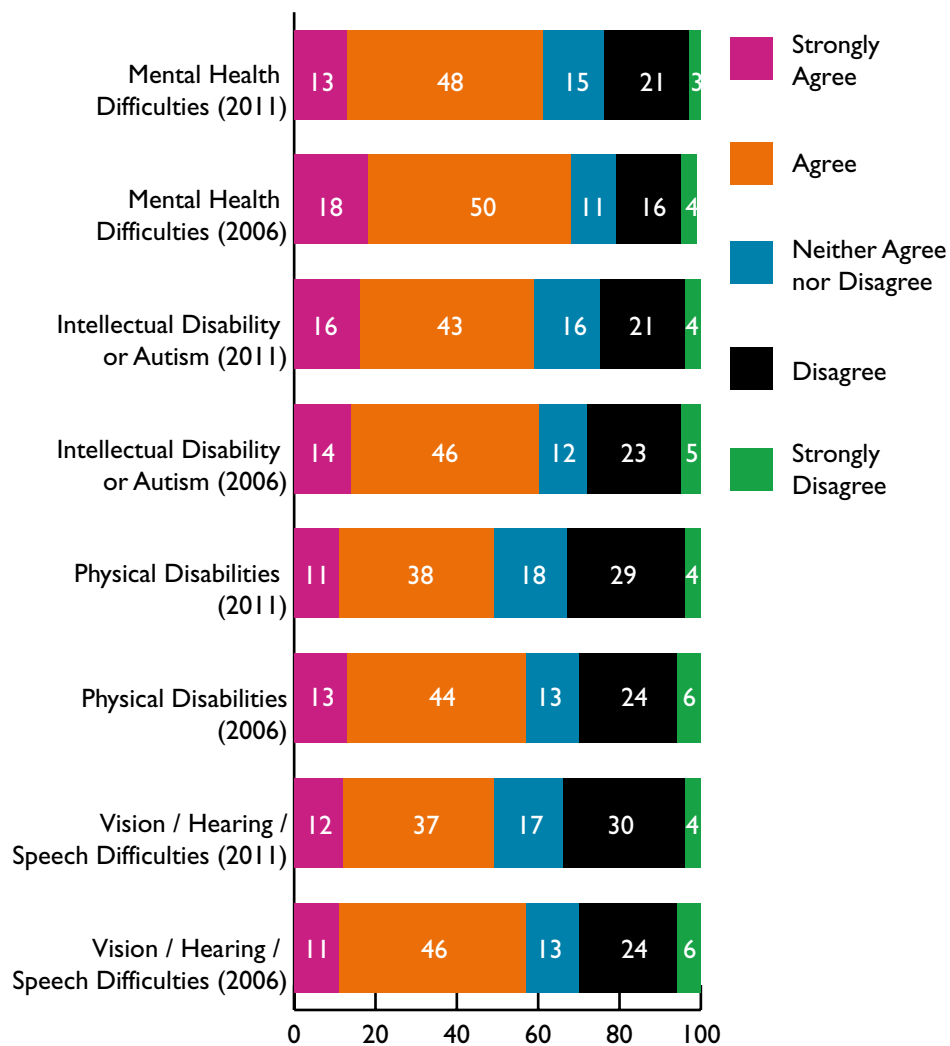


Figure 5 shows that across the various disabilities, the majority of respondents believed that people with mental health difficulties (61%) and people with intellectual disabilities or autism⁵ (59%) are not able to participate fully in life, with just under half of respondents (49%) agreeing with this view in relation to people with physical and vision, hearing or speech disabilities.

Compared with the 2006 survey, there has been a fall in the proportion of respondents believing that people with the various disabilities listed are not able to participate fully in life, with the

⁵ Note that autism included in this category in the 2011 survey but not in 2006 survey

highest falls in agreement relating to physical disabilities (down 8 percentage points from 57% to 49%) and vision, hearing or speech disabilities (also down 8 percentage points from 57% to 49%).

There were a number of statistically significant differences in response which are listed below:

Statement: People with mental health difficulties are not able to participate fully in life

- Those with a disability were significantly more likely to disagree with this statement (30% vs. 23%, $p \leq 0.05$)
- Respondents who know someone with a disability were more likely to agree with this statement (64% vs. 56%, $p \leq 0.01$)

Statement: People with intellectual disabilities or autism are not able to participate fully in life

- Respondents who know someone with a disability were more likely to agree with this statement (62% vs. 52%, $p \leq 0.01$)

Statement: People with physical disabilities are not able to participate fully in life

- Those in higher social classes (ABC1, 20%) were more likely to neither agree nor disagree with this statement (C2DE, 14%, $p \leq 0.05$)

Statement: People with vision, hearing or speech disabilities are not able to participate fully in life

- There were no variations in response to this statement

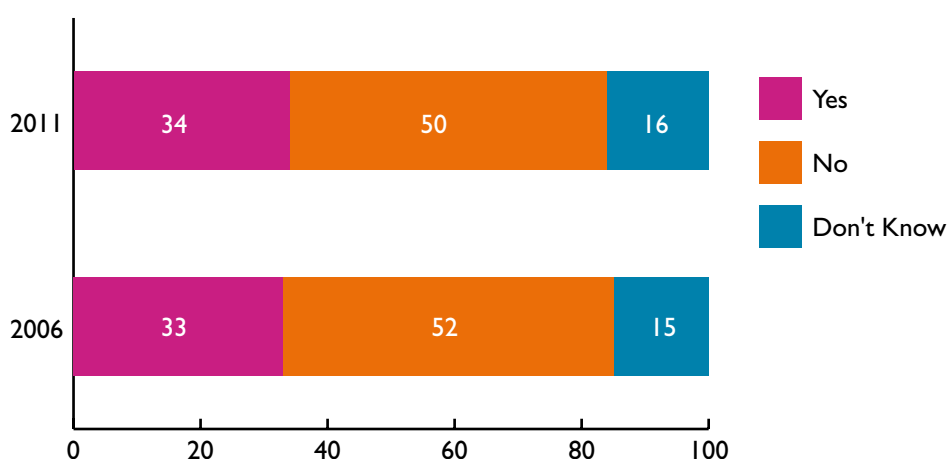
2.2 Education

The survey also sought to elicit public opinion on a range of issues associated with disability and education and this section of the report presents the findings from this element of the study.

2.2.1 People with disabilities and equality of opportunity in terms of education

Approximately one in three (34%) respondents believe that in general people with disabilities receive equal opportunities in terms of education, with half of respondents (50%) holding the opposite view and 16% unsure. Figure 6 shows that the pattern of response in the current survey is consistent with that reported in the 2006 survey. In terms of subgroup analysis, the current survey found that those who know someone with a disability were more likely to say that people with disabilities do not receive equal opportunities in terms of education (55% vs. 41%, $p \leq 0.001$).

Figure 6: In general do you think people with disabilities receive equal opportunities in terms of education? (Base: 2011, n=1,292)



Note that there were no other significant variations in response between different respondent groups.

2.2.2 People with disabilities attending the same schools as people without disabilities

All respondents were asked if they agreed or disagreed with the statement 'that people with the following disabilities should attend the same schools as children without disabilities'.⁶

⁶ Don't knows excluded from analysis to allow comparison with the 2006 survey

Figure 7: Do you agree or disagree that people with the following disabilities should attend the same schools as children without disabilities (Base: 2011, n=1,304)

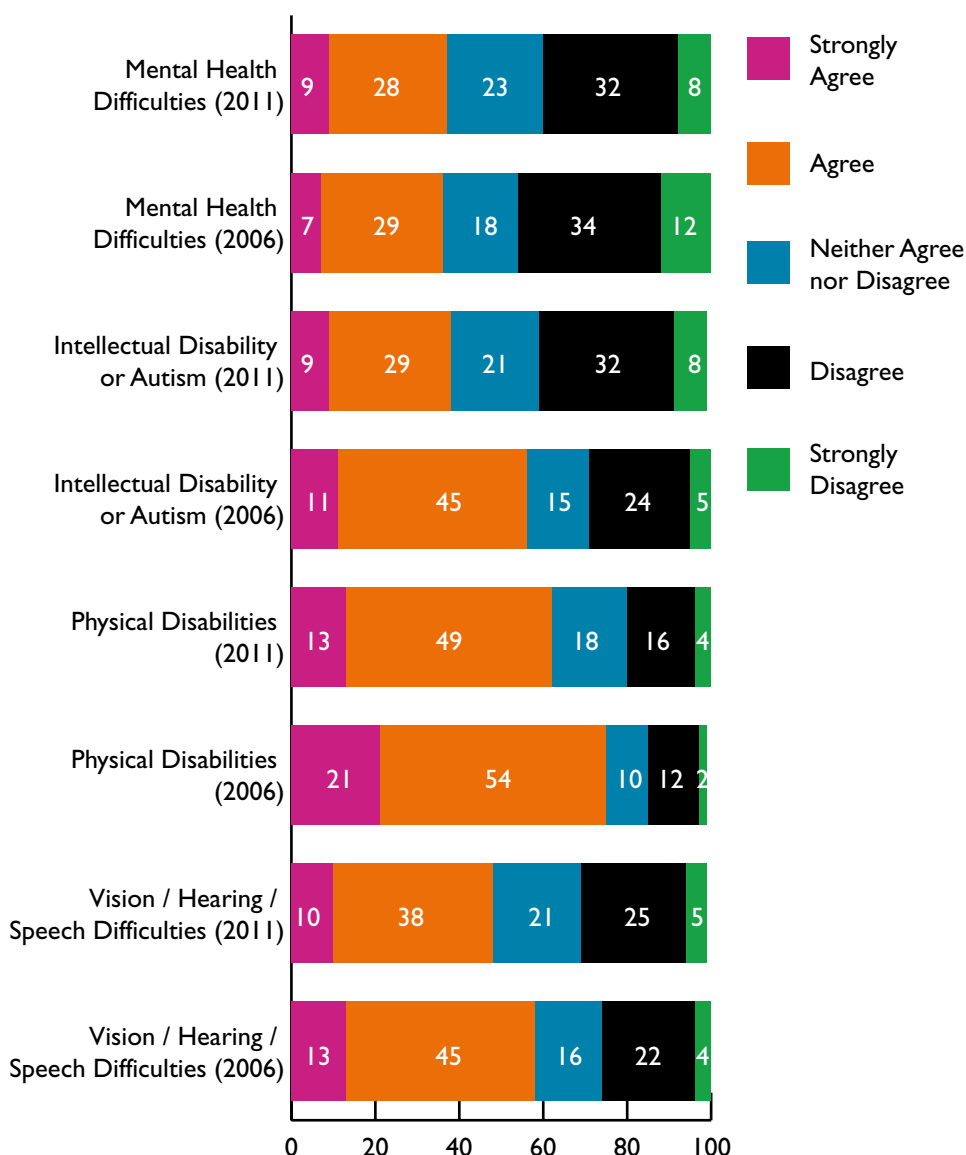


Figure 7 shows that with the exception of physical disabilities (62%), only a minority of respondents are supportive of people with mental health difficulties (37%), intellectual disabilities or autism⁷ (38%), or vision, hearing or speech disabilities (48%), attending the same schools as children without disabilities. This represents a marked shift in opinion when compared with the 2006 survey, which shows that with the exception of mental health, the majority of respondents favoured people with different types of disability

⁷ Note that autism included in this category in the 2011 survey but not in 2006 survey

(i.e. intellectual or autism, physical disabilities and vision, hearing or speech disabilities) attending the same schools as people without disabilities.

There were a number of statistically significant differences in response which are listed below:

Statement: People with mental health difficulties should attend the same schools as children without disabilities

- Those educated to 3rd level (41%) were significantly more likely to agree with this statement (primary / no qualifications, 35%: 2nd level, 34%, $p \leq 0.05$)
- Respondents with a child with a disability were more likely to disagree with this statement (50% vs. 40%, $p \leq 0.05$)

Statement: People with intellectual disabilities or autism should attend the same schools as children without disabilities

- Older respondents (aged 55+, 31%) were less likely to agree with this statement (18-34, 40%: 35-54, 41%, $p \leq 0.05$)

Statement: People with physical disabilities should attend the same schools as children without disabilities

- There were no significant variations in response to this statement

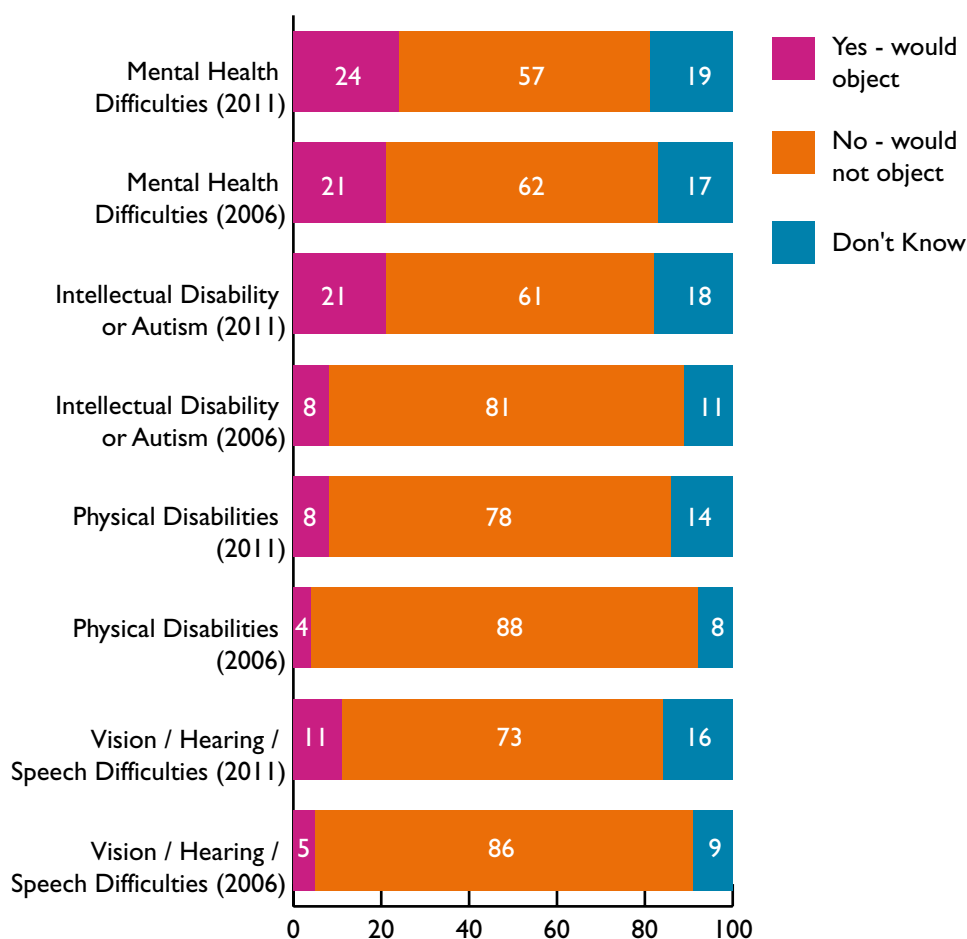
Statement: People with vision, hearing or speech disabilities should attend the same schools as children without disabilities

- There were no significant variations in response to this statement

2.2.3 Children with disabilities in the same class as your child

Respondents were asked if they would object if children with different types of disabilities⁸ were in the same class as their child.⁹ Of the various disabilities, respondents were most likely to object to children with mental health difficulties being in the same class as their child (24%), and least likely to object to children with physical disabilities being in the same class as their child (8%).

Figure 8: In general, would you object or not if children with the following disabilities were in the same class as your child? (Base: 2011, n=1,304)



⁸ Note that autism included in this category in the 2011 survey but not in 2006 survey
⁹ Don't knows excluded from analysis to allow comparison with the 2006 survey

Across all of the disabilities listed, and in comparison with 2006, the current survey recorded higher levels of objection with the greatest difference relating to intellectual disability or autism (up 13 percentage points from 8% to 21%) although this may be explained by including autism in this response category in 2011 which was not the case in 2006.

There were a number of statistically significant differences in response which are listed below:

Scenario: Would you object if people with mental health difficulties were in the same class as your child?

- Respondents aged 35-54 (28%) were more likely to object to this scenario compared with respondent in other age groups (18-34, 21%; 55+, 23%, $p \leq 0.05$)
- Those who do not know someone with a disability were more likely to object (31% vs. 20%, $p \leq 0.001$)
- Respondents with a child with a disability were more likely to say they would not object to this scenario (71% vs. 56%, $p \leq 0.05$)

Scenario: Would you object if people with intellectual disabilities were in the same class as your child?

- Those who know someone with a disability were more likely to say they would not object (67% vs. 52%, $p \leq 0.001$)

Scenario: Would you object if people with physical disabilities were in the same class as your child?

- Those who know someone with a disability were more likely to say they would not object (83% vs. 68%, $p \leq 0.001$)

Scenario: Would you object if people with vision, hearing or speech disabilities were in the same class as your child?

- Those educated to 3rd level (77%) were more likely to say they would not object to this scenario (primary / no qualifications, 65%; 2nd level, 74%, $p \leq 0.05$)
- Those who know someone with a disability were more likely to say they would not object (79% vs. 63%, $p \leq 0.001$)

Among all respondents, those in the higher social classes (ABC1, 30%; C2DE, 24%, $p \leq 0.05$) were more likely to object to at least one of the scenarios listed above, whereas those who know someone with a disability were less likely to object to any of the scenarios listed above (24% vs. 32%, $p \leq 0.001$).

2.2.4 Reasons for objecting to children with disabilities being in same class as your child

The 27% (n=351) of respondents who said they would object to children with disabilities being in the same class as their child were invited (unprompted) to say why they would object to such a scenario. The most common reasons for objecting were 'special needs considerations' (52%) (for example, facilities in the study area, needing special medication, requirement equipment to assist, requiring special care etc) and that the progress of children without disabilities would be hindered (51%).

Comparing the current findings with 2006 shows that although the profile of response is similar, there have been increases in the proportion of respondents objecting on the basis of special needs (up by 7 percentage points from 45% in 2006 to 52% in 2011) and concern about hindering the progress of children without disabilities (up by 15 percentage points from 36% in 2006 to 51% in 2011). Conversely, there was a fall in the proportion of respondents objecting on the basis of mental or emotional reasons (a fall of 17 percentage points from 36% in 2006 to 19% in 2011).

Table 2.5 Why would you object if children with disabilities were in the same class as your child (children)?

Reasons for objecting if children with disabilities were in the same class as your child (children)	2006 %	2011 %
Special needs considerations	45	52
Progress of children without disabilities hindered	36	51
Children with disabilities not receive sufficient support for their special needs		39
Safety considerations ⁴	34	33 ⁵
Progress of children with disabilities hindered	27	31
Safety considerations for children without disabilities		28
Mental or Emotional Reasons	36	19
Safety considerations for children with disabilities		12
Mobility Difficulties	3	9
Base = 351 (2011); *Multiple responses possible		

2.3 Employment

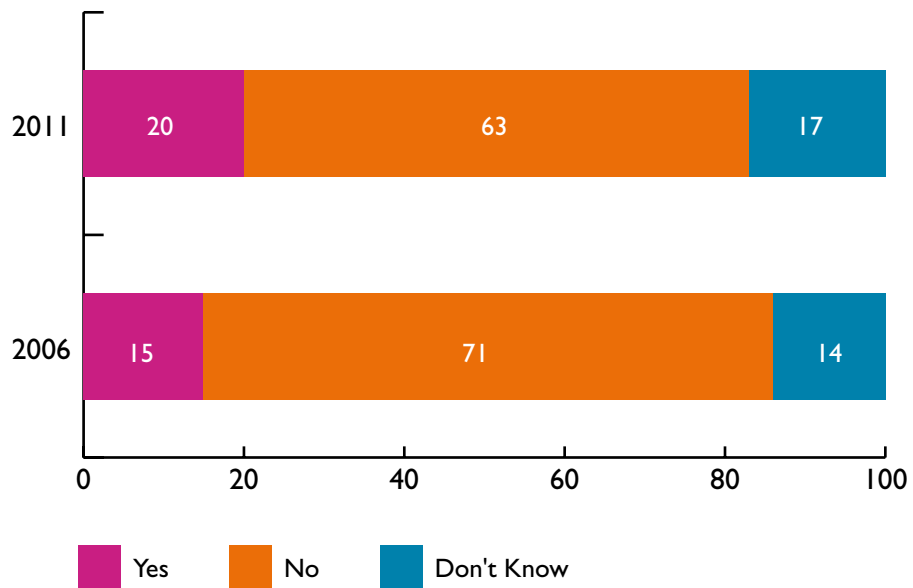
The survey included a number of questions on issues associated with disability and employment and the findings from these questions are presented in the following paragraphs.

2.3.1 Employment in terms of equal opportunities for people with disabilities

Overall one in five (20%) respondents believe that people with disabilities receive equal opportunities in terms of employment, with most (63%) respondents believing this not to be the case and 17% recording 'don't know'.

Comparing the findings from the current survey with 2006, shows an increase of 5 percentage points in the proportion of respondents who believe that people with disabilities receive equal opportunities in terms of employment (up from 15% in 2006 to 20% in 2011).

Figure 9: in general do you think people with disabilities receive equal opportunities in terms of employment? (Base: 2011, n=1,297)

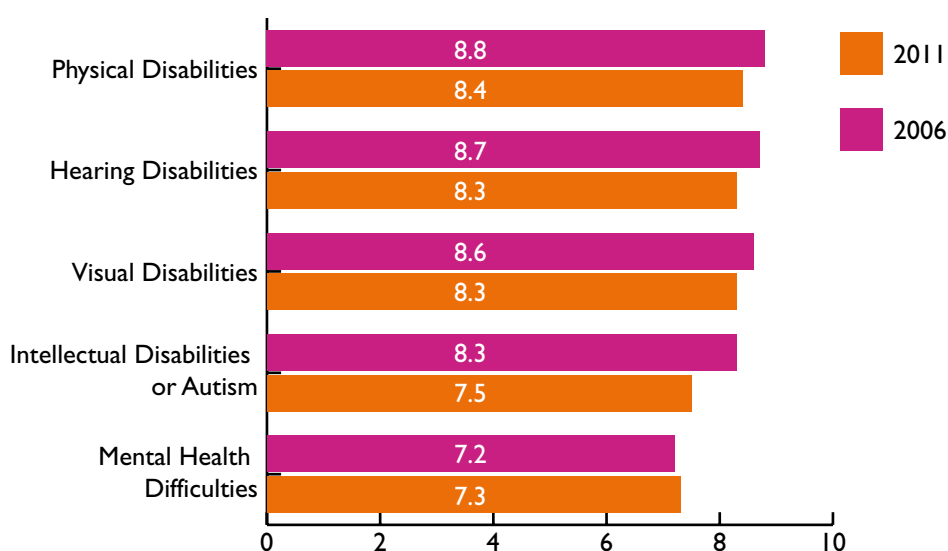


Analysis by background characteristics found that respondents educated to primary level only or who had no formal educational qualifications (12%) were less likely to believe that people with disabilities receive equal opportunities in terms of employment (educated to 2nd level, 21%; 3rd level, 21%, $p < 0.05$). Similarly, respondents with a disability were also less likely to believe that people with disabilities receive equal opportunities in terms of employment (15% vs. 21%, $p \leq 0.001$) with the same holding true for respondents who know someone with a disability (17% vs. 26%, $p \leq 0.001$). Finally, respondents with children with a disability were more likely to agree with this statement (35% vs. 20%, $p \leq 0.01$).

2.3.2 Level of comfort working with people with different disabilities

Respondents were asked how comfortable they would feel if people with different disabilities were their work colleagues.¹⁰ Responses were scored on a scale from 1 to 10 where 1 indicates being uncomfortable and 10 indicates being comfortable¹¹. Figure 10 presents the average scores for the whole sample and shows that working with people with physical disabilities recorded the highest mean level of comfort (8.4) whereas having work colleagues with mental health difficulties scored the lowest mean level of comfort (7.3).

Figure 10: On a scale from 1 to 10 where 1 is uncomfortable and 10 is comfortable, can you indicate how comfortable you would feel if people with the following disabilities were your work colleagues? (Base: 2011, n=1,304)



With the exception of mental health difficulties which recorded a marginal increase in average comfort score between 2006 and 2011, the scores for all of the other disabilities listed fell (that is, respondents in the 2011 survey reporting to be less comfortable working with people with different disabilities).

There were a number of statistically significant differences in response which are listed below:

¹⁰ Note that autism was included in this response category in the 2011 survey but not in the 2006 survey.

¹¹ Note that autism was included in this response category in the 2011 survey but not in the 2006 survey.

Scenario: Having work colleagues with mental health difficulties

- Those in the lower social classes (C2DE, 7.5) were more likely to be comfortable with this scenario (ABCI, 7.2, $p \leq 0.05$)
- Respondents with a disability were more likely to be comfortable with this scenario (8.0 vs. 7.2, $p \leq 0.001$)
- Respondents who know someone with a disability were more likely to be comfortable with this scenario (7.6 vs. 6.9, $p \leq 0.001$)

Scenario: Having work colleagues with intellectual disabilities or autism

- Respondents with a disability were more likely to be comfortable with this scenario (8.1 vs. 7.4, $p \leq 0.01$)
- Respondents who know someone with a disability were more likely to be comfortable with this scenario (7.7 vs. 7.2, $p \leq 0.001$)

Scenario: Having work colleagues with physical disabilities

- Respondents with a disability were more likely to be comfortable with this scenario (8.9 vs. 8.3, $p \leq 0.001$)
- Respondents who know someone with a disability were more likely to be comfortable with this scenario (8.6 vs. 7.9, $p \leq 0.001$)

Scenario: Having work colleagues with hearing disabilities

- Respondents with a disability were more likely to be comfortable with this scenario (8.7 vs. 8.2, $p \leq 0.001$)
- Respondents who know someone with a disability were more likely to be comfortable with this scenario (8.5 vs. 7.9, $p \leq 0.001$)

Scenario: Having work colleagues with visual disabilities

- Respondents with a disability were more likely to be comfortable with this scenario (8.7 vs. 8.2, $p \leq 0.001$)
- Respondents who know someone with a disability were

more likely to be comfortable with this scenario (8.5 vs. 7.9, $p \leq 0.001$)

Respondents who recorded a comfort score of 5 or less ($n=365$) in relation to any of the disabilities listed previously, were asked to say why they would feel uncomfortable having a work colleague with a disability. Table 2.6 shows that the most common response was personal discomfort (47%), followed by suitability of work or work environment (40%), and behavioural concerns (38%).

Table 2.6 What would make you uncomfortable about having a work colleague with a disability?

Reasons for feeling uncomfortable about having a work colleague with a disability	2011 %
Personal discomfort	47
Suitability of work or work environment	40
Behavioural concerns	38
Safety concerns for person with disability	34
Safety concerns for self or others	30
More work for self or other work colleagues	22
Having to make accommodations around the workplace	12
Other	1
Base = 365 (2011); *Multiple responses possible	

2.4 Relationships

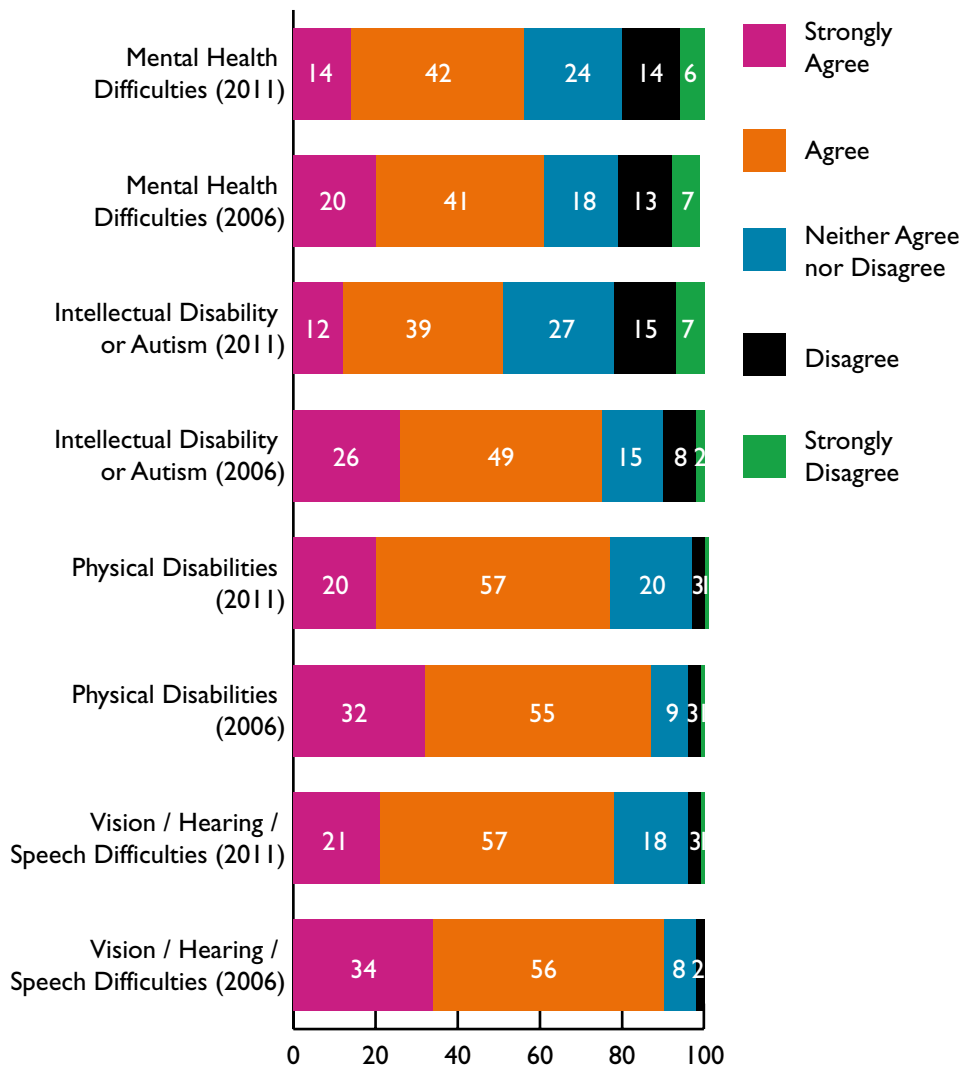
2.4.1 Adults with disabilities and rights to fulfilment through sexual relationships

All respondents were asked if they agreed or disagreed with the statement ‘...adults with the following difficulties have the same right to fulfilment through sexual relationships, as everyone else’.¹²

¹² Don’t knows excluded from analysis to allow comparison with the 2006 survey

Figure II shows that across the various disabilities, more than three quarters of respondents agreed that adults with physical (77%) or visual, hearing or speech disabilities (78%) should have the same right to fulfilment through sexual relationships as everyone else. In contrast there were lower levels of agreement recorded by respondents in relation to intellectual disabilities or autism¹³ (51%) and mental health difficulties (56%) [note that data for intellectual disability incorrectly recorded in 2006 report].

Figure II: Please rate your level of agreement or disagreement with the following statement: Adults with the following difficulties have the same right to fulfilment through sexual relationships, as everyone else? (Base: 2011, n=All Respondents)



¹³ Included in the 2011 survey but not in the 2006 survey

In comparison with the 2006 survey, the level of agreement that adults with the various disabilities listed should have the same right to fulfilment through sexual relationships as everyone else has fallen for all disabilities in 2011.

There were a number of statistically significant differences in response which are listed below:

Statement: Adults with mental health difficulties have the same right to sexual fulfilment as everyone else

- Younger respondents (aged 18+, 62%) were more likely to agree with this statement compared with respondents in other age groups (35-64, 53%; 55+, 50%, $p \leq 0.05$)
- Those in the lower social classes (C2DE, 60%) were more likely to agree with this statement compared with respondents in higher social classes (ABCI, 52%, $p \leq 0.05$)
- Respondents with a disability were more likely to agree with this statement (68% vs. 54%, $p \leq 0.01$)
- Respondents who don't know anyone with a disability were more likely to neither agree nor disagree with this statement (28% vs. 22%, $p \leq 0.05$)

Statement: Adults with intellectual disabilities or autism have the same right to sexual fulfilment as everyone else

- Younger respondents (aged 58+, 62%) were more likely to agree with this statement compared with respondents in other age groups (35-64, 49%; 55+, 41%, $p \leq 0.001$)
- Those in the lower social classes (C2DE, 55%) were more likely to agree with this statement compared with respondents in higher social classes (ABCI, 47%, $p \leq 0.05$)
- Respondents with a disability were more likely to agree with this statement (63% vs. 49%, $p \leq 0.01$)
- Respondents who know someone with a disability were more likely to agree with this statement (25% vs. 18%, $p \leq 0.05$)

Statement: Adults with physical disabilities have the same right to sexual fulfilment as everyone else

- Respondents with a disability were more likely to agree with this statement (87% vs. 75%, $p \leq 0.01$)
- Respondents who know someone with a disability were more likely to agree with this statement (81% vs. 69%, $p \leq 0.001$)

Statement: Adults with vision, hearing or speech disabilities have the same right to sexual fulfilment as everyone else

- Respondents with a disability were more likely to agree with this statement (90% vs. 76%, $p \leq 0.001$)
- Respondents who know someone with a disability were more likely to agree with this statement (82% vs. 70%, $p \leq 0.001$)

Respondents who either disagreed or strongly disagreed with the view that adults with disabilities should not have the same rights to fulfilment through sexual relationships as everyone else were asked to say why they held this view. Table 2.7 shows that the most common response was people with disabilities (non specific) are not capable of making decisions or of consenting (62%), with 38% of this group holding the view that people with disabilities may be vulnerable to abuse.

Table 2.7 Why do you feel adults with disabilities should not have the same right to fulfilment through sexual relationships as everyone else?

Reasons why adults with disabilities should not have the same right to fulfilment through sexual relationships as everyone else	2011 %
Not capable of making decisions or of consenting	62
Vulnerable to abuse	38
Not capable of raising a child	33
Not capable of sustained relationships or marriage	19
Risk of pregnancy, e.g. difficulty using contraception	17
People with disabilities are not interested in sex	4
Other	1
Base = 302 (2011); *Multiple responses possible	

2.4.2 Adults with disabilities having children

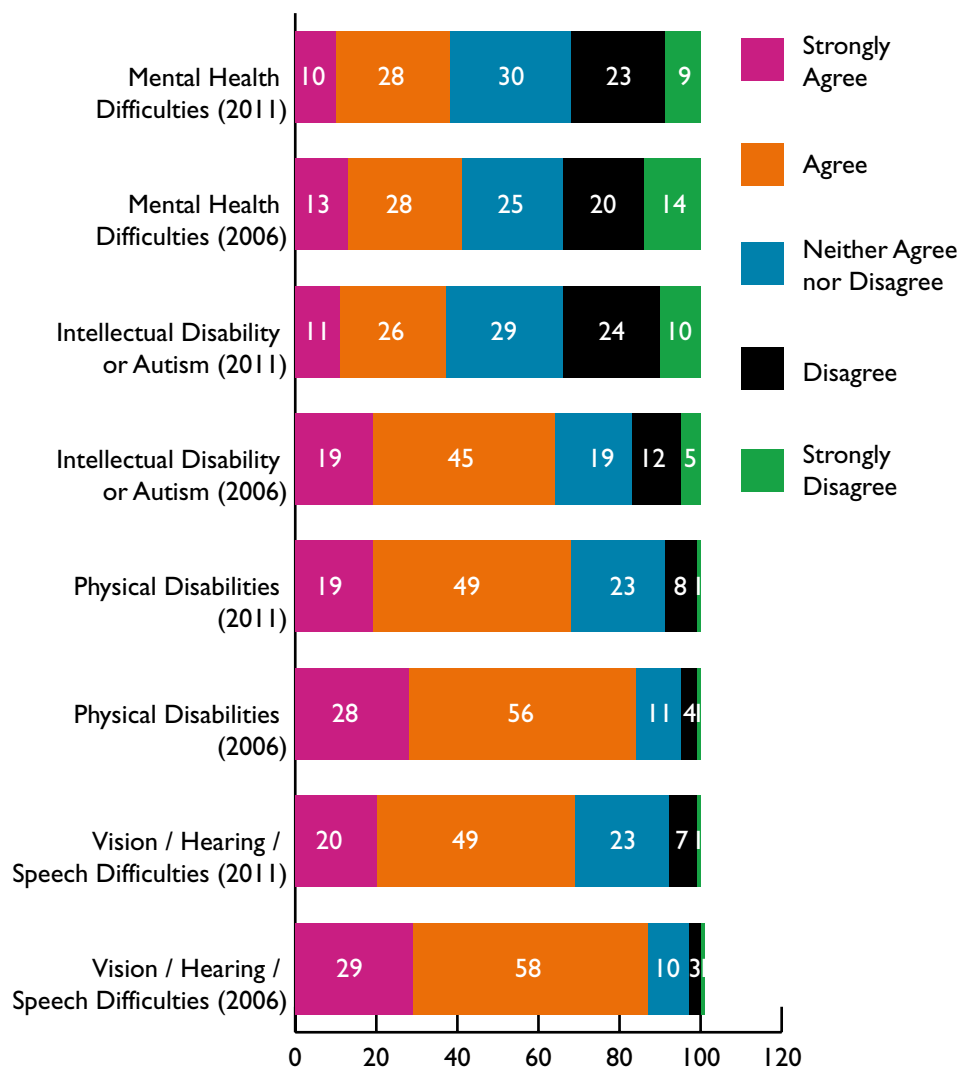
All respondents were asked if they agreed or disagreed with the statement ‘...adults with the following disabilities should have children if they wish’.¹⁴

Figure 12 shows that across the various disabilities, the majority of respondents were supportive of adults with vision, hearing or speech disabilities having children if they wish (69%), with the majority also supportive of adults with physical disabilities having children if they wish (68%). However, only a small minority of respondents agreed that adults with mental health difficulties (38%) or adults with intellectual disabilities or autism¹⁵(37%) should have children if they wish.

¹⁴ Don't knows excluded from analysis to allow comparison with the 2006 survey

¹⁵ Autism included in this response category in the 2011 survey but not in the 2006 survey.

Figure 12: Please rate your level of agreement or disagreement with the following statement: Adults with the following disabilities should have children if they wish? (Base: 2011, n=All Respondents)



In comparing the findings from the current survey with the 2006 survey, the level of support for adults with intellectual disability having children if they wish was recorded at 37%, which is a significant fall (down 27 percentage points) from the 64% figure recorded in 2006 [note that this may be explained by the inclusion of autism in the question response category in 2011]. Also the level of support for adults with physical and vision, hearing or speech disabilities having children if they wish, has also fallen significantly in the intervening survey period.

There were a number of statistically significant differences in response which are listed below:

Statement: Adults with mental health difficulties should have children if they wish

Respondents with a disability were more likely to agree with this statement (53% vs. 35%, $p \leq 0.001$)

Statement: Adults with intellectual disabilities or autism should have children if they wish

- Those in the lower social classes (C2DE, 42%) were more likely to agree with this statement compared with respondents in higher social classes (ABC1, 31%, $p \leq 0.01$)
- Respondents with a disability were more likely to agree with this statement (54% vs. 34%, $p \leq 0.001$)

Statement: Adults with physical disabilities should have children if they wish

- Respondents with a disability were more likely to agree with this statement (79% vs. 66%, $p \leq 0.01$)
- Respondents who know someone with a disability were more likely to agree with this statement (73% vs. 59%, $p \leq 0.001$)

Statement: Adults with vision, hearing or speech disabilities should have children if they wish

- Respondents with a disability were more likely to agree with this statement (81% vs. 67%, $p \leq 0.001$)
- Respondents who know someone with a disability were more likely to agree with this statement (74% vs. 61%, $p \leq 0.01$)

Respondents who either disagreed or strongly disagreed with the view that adults with disabilities should not have children if they wish were asked to say why they held this view. Table 2.8 shows that the most common responses were concerns about the child's emotional well-being (36%), a risk that the disability will be passed on to the child (33%), concerns that parents with disabilities cannot economically provide for the child (33%), and concerns about the child's physical well-being (33%).

Table 2.8 Why do you feel adults with disabilities should not have children if they wish?

Reasons why adults with disabilities should not have children if they wish	2011 %
Concerns about the child's emotional well-being (for example, lack of stability or affection)	36
Risk that the disability will be passed on to the child	33
Concerns that parents with disabilities cannot economically provide for the child	33
Concerns about the child's physical well-being (for example, nutrition, hygiene)	33
Likelihood of the child being given up for adoption/ taken into care	29
Concerns over the child's intellectual development (for example, language, education)	22
Lack of state or social supports for parents with disabilities	17
Risk to the mother's health of pregnancy, childbirth	13
Concerns that the child may be stigmatised	9
Other	1
Base = 433 (2011); *Multiple responses possible	

2.5 Neighbourhood

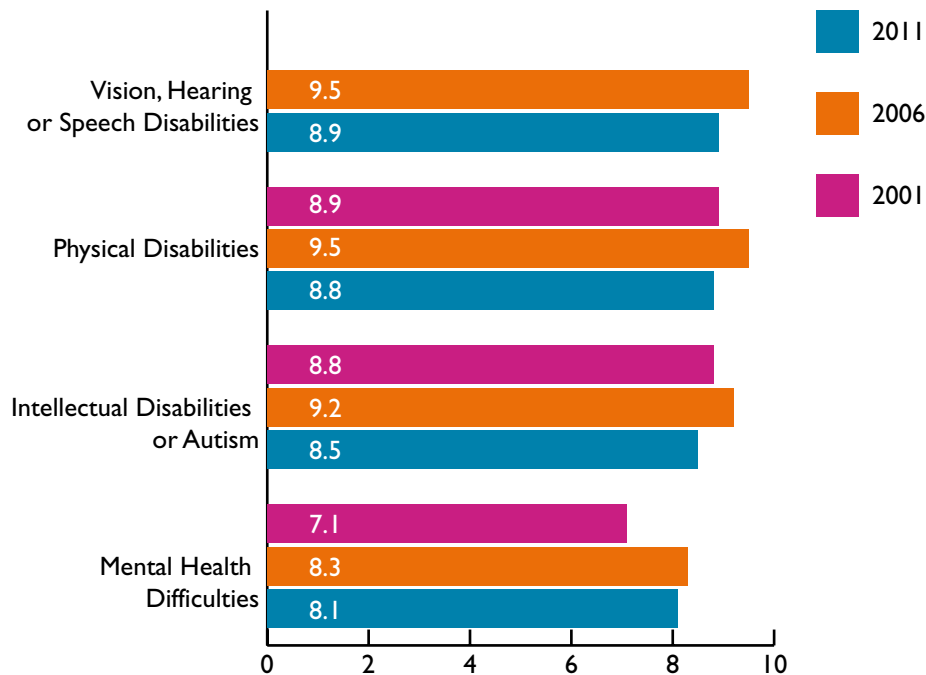
2.5.1. Comfortable with people with disabilities living in your neighbourhood

Respondents were asked how comfortable they would feel if people with different disabilities were living in their neighbourhood. Responses were scored on a scale from 1 to 10 where 1 indicates being uncomfortable and 10 indicates being comfortable.¹⁶ Figure 13 presents the average scores for the whole sample and shows that respondents were most comfortable with people with vision,

¹⁶ Don't knows excluded from analysis

hearing or speech disabilities living in their neighbourhood (8.9), followed by people with physical disabilities (8.8), intellectual disabilities or autism (8.5) and mental health difficulties (8.1).

Figure 13: On a scale from 1 to 10 where 1 is uncomfortable and 10 is comfortable, can you indicate how comfortable you would feel if people with the following disabilities were living in your neighbourhood, people with... (Base: 2011, n= 1,304)



Compared with the 2006 survey, the comfort levels reported by respondents in 2011 have fallen for all disabilities listed. Also in relation to the 2001¹⁷ survey, Figure 13 shows an increase in the comfort score in relation to mental health in 2006, which has been largely sustained in 2011.

There were a number of statistically significant differences in response which are listed below:

Statement: Having people with mental health difficulties living in your neighbourhood

- Respondents with a disability were more likely to be comfortable with this scenario (8.6 vs. 8.0, $p \leq 0.01$)

¹⁷ In 2001 physical and sensory disabilities was one category

- Respondents with a child with a disability were more likely to be comfortable with this scenario (8.9 vs. 8.1, $p \leq 0.05$)

Statement: Having people with intellectual disabilities living in your neighbourhood

- There were no significant variations in response to this questions by any of the key respondent groups

Statement: Having people with physical disabilities living in your neighbourhood

- Respondents with a disability were more likely to be comfortable with this scenario (9.1 vs. 8.8, $p \leq 0.05$)
- Respondents who know someone with a disability were more likely to be comfortable with this scenario (9.0 vs. 8.5, $p \leq 0.001$)

Statement: Having people with vision, hearing or speech disabilities living in your neighbourhood

- Respondents with a disability were more likely to be comfortable with this scenario (9.2 vs. 8.9, $p \leq 0.05$)
- Respondents who know someone with a disability were more likely to be comfortable with this scenario (9.1 vs. 8.6, $p \leq 0.001$)

Respondents who recorded a comfort score of 5 or less ($n=230$) in relation to any of the disabilities listed previously were asked to say why they would feel uncomfortable having people with disabilities living in their neighbourhood. Table 2.9 shows that the most common response was concern about disruptive or dangerous behaviour (71%), followed by risk to themselves (57%) [that is, people with disabilities] and neglect of their children (32%).

Table 2.9 What would make you feel uncomfortable about people with disabilities living in your neighbourhood?

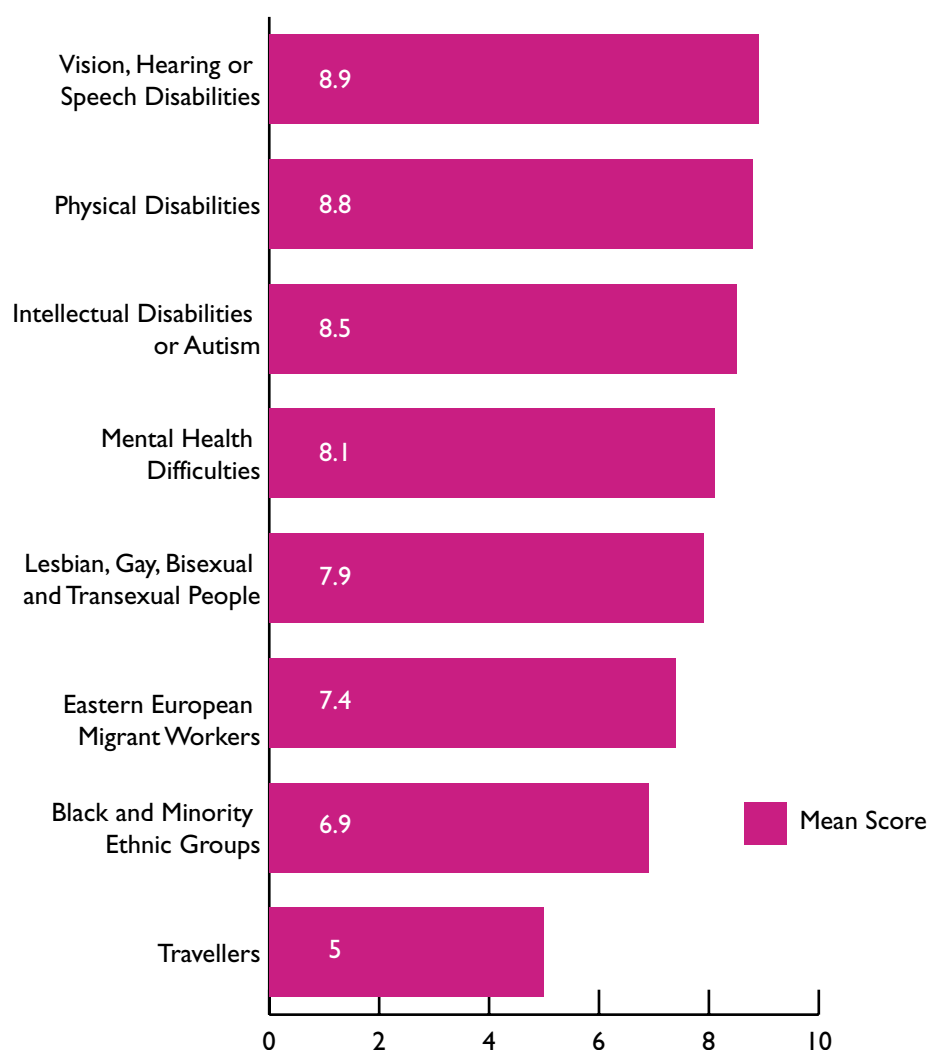
Reasons for feeling uncomfortable about people with disabilities living in your neighbourhood	2011 %
Concerns about disruptive or dangerous behaviour	71
Risk to themselves	57
Neglect of their children	32
Neglect of their property	19
Disruption caused by adaptations to environment, for example, accessibility ramps	18
Expectation to help, do more	15
Base = 230 (2011); *Multiple responses possible	

2.5.2 Other groups living in your neighbourhood

The current survey was an opportunity to gauge how comfortable the public feel about other vulnerable groups living in their neighbourhood.¹⁸ Figure 14 shows that respondents reported to be more comfortable having people with all disability types living in their neighbourhood compared with other vulnerable groups (for example, Travellers, lesbian, gay, bisexual and transexual people).

¹⁸ Don't knows excluded from analysis

Figure 14: And again on a scale from 1 to 10 where 1 is uncomfortable and 10 is comfortable, can you indicate how comfortable you would feel if people from the following groups were living in your neighbourhood?



2.6 Social isolation

2.6.1 Lubben’s social network scale

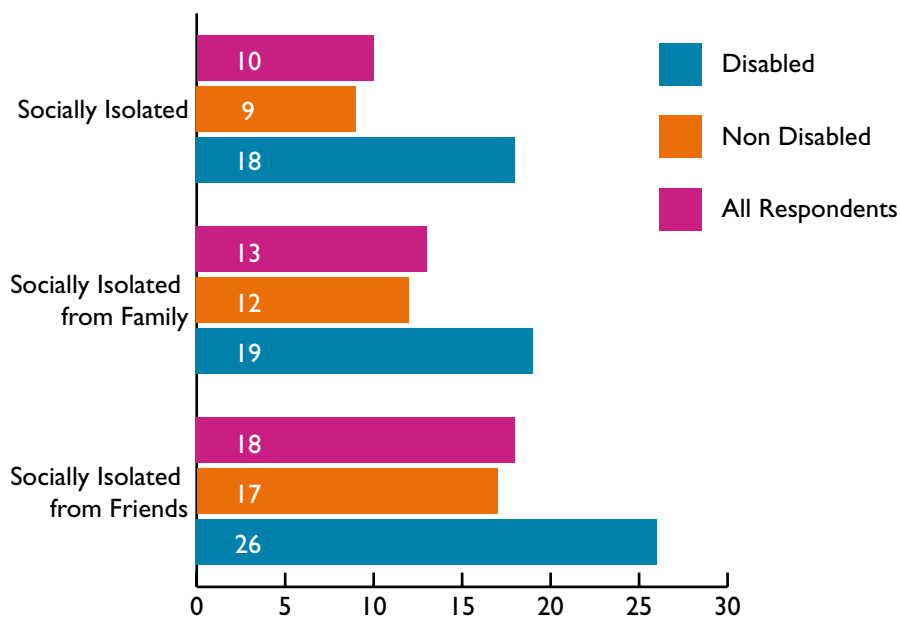
The Lubben Social Network Scale-6 (LSNS-6)¹⁹ measures the size of the social network in terms of respondent contact with friends and relatives. The scale is made up of 6 items, with a total score

¹⁹ Lubben, J, Blozik, E, Gillmann, G, Iliffe, S, von Renteln Kruse, W, Beck, JC, & Stuck, AE (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community dwelling older adult populations. *The Gerontologist*, 46, 503-513.

ranging from 0 to 30. The clinical cut-off point is a score of ≤ 12 which suggests a high risk of social isolation, whereas a clinical cut-off point of ≤ 6 for each of the two subscales (family and friends) suggests social isolation from each group.

Applying this approach found that ten percent of respondents were classified as being at a high risk of social isolation, with 20% at risk of social isolation from their family and 18% at risk of social isolation from their friends.

Figure 15: Social Isolation



Analysis by disability status shows that respondents with a disability were twice as likely to be socially isolated from family and friends (18% vs. 9%, $p \leq 0.001$), as well as being more likely to be isolated from family specifically (19% vs. 12%, $p \leq 0.001$), and friends specifically (26% vs. 17%, $p \leq 0.001$).

2.6.2 Attending community groups or organisations

Approximately four in ten (43%) respondents said that they attend community groups or organisations (that is, sports clubs, residents associations, church groups, social groups or organisations etc), with no significant difference in likelihood of attending between people with a disability and people without a disability. However,

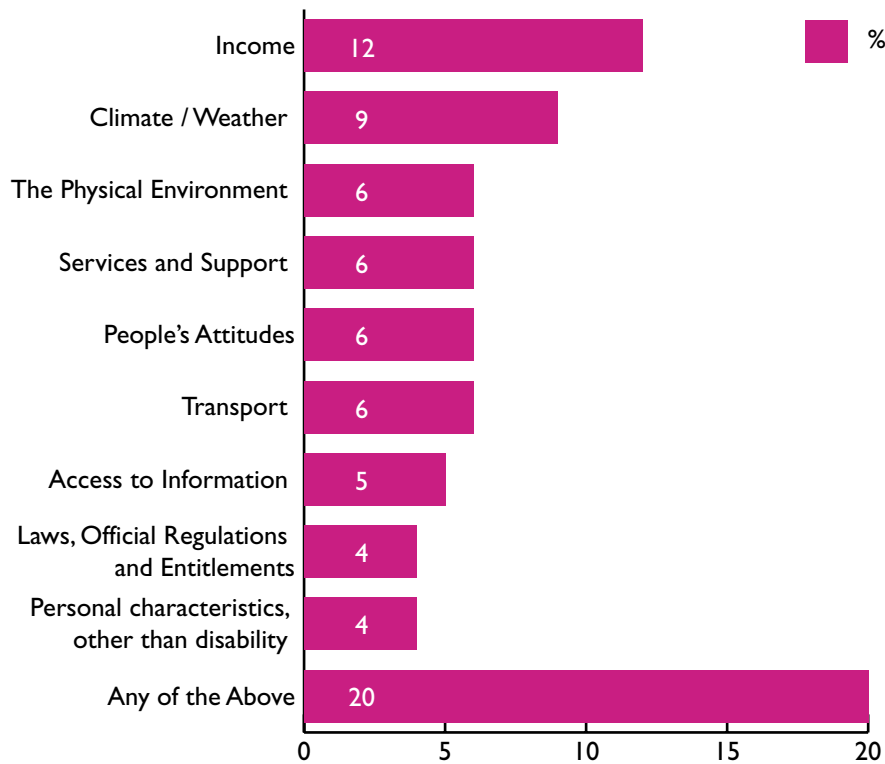
respondents who know someone with a disability were more likely to say that they attend community groups or organisations (44% vs. 36%, $p \leq 0.01$).

2.7 Participating in age appropriate life activities

2.7.1 Barriers to participation in life

Respondents were presented with a range of issues and asked if any had represented a barrier to age appropriate life activities. Overall, 12% of respondents identified income as barrier to their participation in age appropriate life activities with 9% mentioning climate / weather. Just 4% mentioned personal characteristics other than disability (e.g. age, gender, race, religion etc). One in five (20%) respondents identified at least one of the barriers listed in Figure 20, with the majority (59%) of those with a disability identifying at least one barrier compared with others in the survey (14%, $p \leq 0.001$).

Figure 16: Have any of the following represented a barrier to your participation in age appropriate life activities over the past 12 Months?



Analysis by disability status found respondents with a disability were significantly more likely to say that each of the items listed in Table 2.15 represented a barrier to their participation in age appropriate life activities in the last 12 months. For example, 28% of respondents with a disability identified the physical environment as a barrier to their participation in age appropriate life activities compared with 2% of people without a disability.

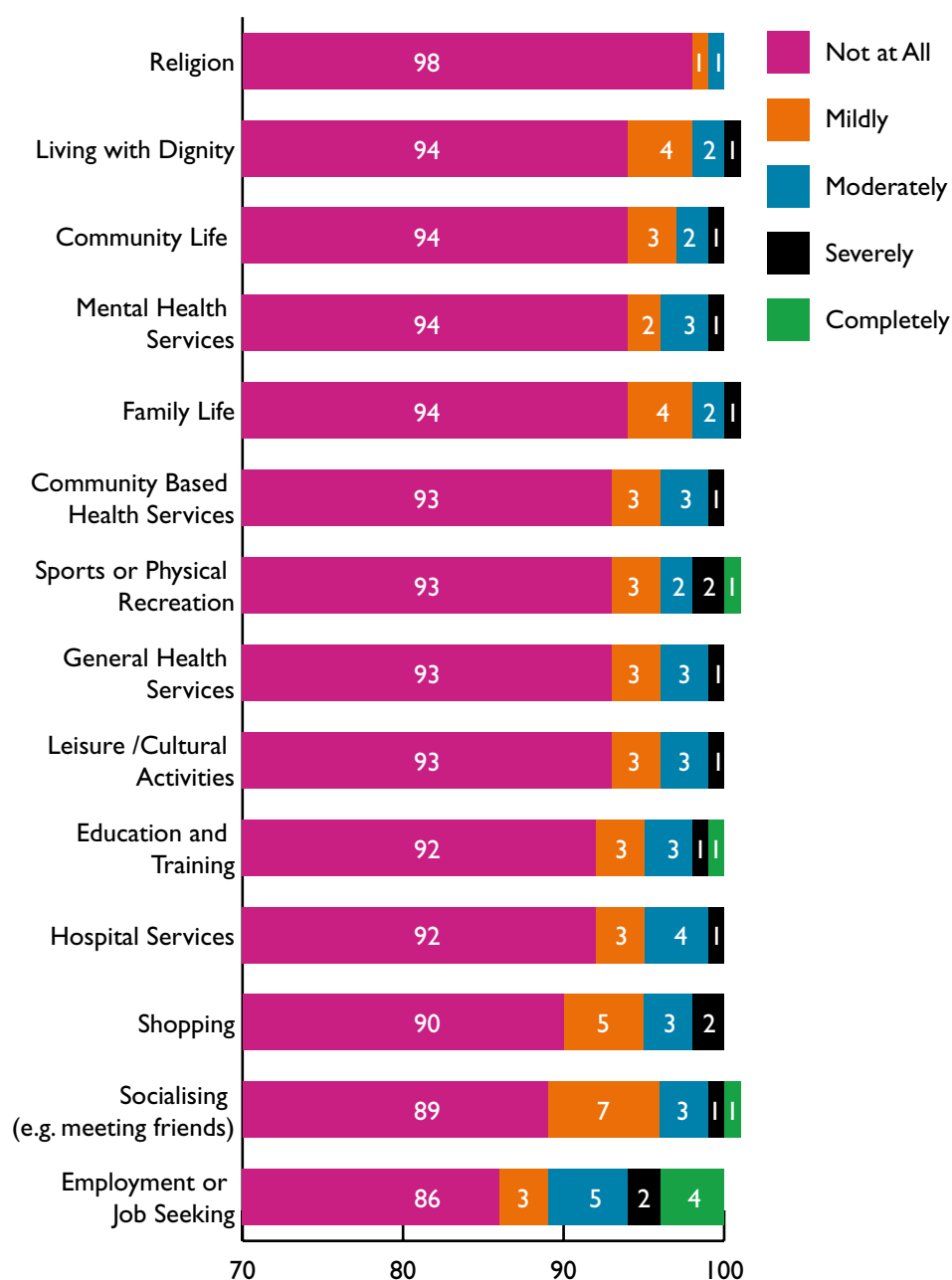
Table 2.10 Have any of the following represented a barrier to your participation in age appropriate life activities over the past 12 Months?

Barriers to Participation in Age Appropriate Life Activities	Disabled	Non Disabled
	%	%
The Physical Environment (for example, difficulties accessing buildings, public footpaths, personal accommodation)***	28	2
Services and Support (for example, difficulties accessing Personal Assistant, Home Help, Physiotherapy) ***	27	2
Income ***	27	10
People's Attitudes ***	26	3
Climate / Weather ***	24	7
Transport (for example, difficulty gaining accessible transport) ***	22	4
Access to Information (for example, about entitlements / services or nature of condition) ***	20	3
Laws, Official Regulations and Entitlements ***	13	2
Do you feel that personal characteristics, other than your disability (for example, Age, Gender, Race, Religion) also affected your participation? ***	10	2
Base = 1,304 (2011) *Multiple responses possible; * p<=0.05; ** p<=0.01; *** p,=0.001;		

2.7.2 Further restrictions on life activities over the last 12 months

Respondents were asked to what extent their participation in a range of areas has been restricted in the previous 12 months, with respondents most likely to have experienced restrictions in relation to employment and job seeking (14%), followed by socialising (11%) and shopping (10%).

Figure 17: To what extent has your participation in the following areas been restricted over the past 12 Months?



2.7.3 Further restrictions on life activities over the last 12 months by disability status

Analysis by disability status found that respondents with a disability were significantly more likely to say that their participation in all of the areas listed in Table 2.16 has been restricted in the previous 12 months.

Table 2.11 To what extent has your participation in the following areas been restricted over the past 12 Months?

Restrictions Experienced in the last 12 Months	Disabled	Non Disabled
	%	%
Socialising (for example, meeting friends) ***	34	7
Employment or Job Seeking ***	31	11
Shopping ***	30	6
Sports or Physical Recreation ***	29	4
Community Life ***	26	2
Hospital Services ***	26	4
General Health Services ***	25	4
Community Based Health Services (for example, GPs, nurses, dentists) ***	25	3
Leisure /Cultural Activities ***	24	4
Mental Health Services ***	24	2
Living with Dignity ***	22	4
Education and Training ***	21	6
Family Life ***	21	4
Religion**	5	1
Base = 1,045 (2011); *Multiple responses possible; * p<=0.05; ** p<=0.01; *** p=0.001;		

2.7.4 Impact of restrictions on life activities

Table 2.17 shows that where respondents experienced restrictions in different aspects of life, in the majority of cases the restriction (regardless of aspect of life) bothered respondent either 'a little' or 'a lot', with this most likely to be the case in employment or job seeking. With regard to disability status, respondents with a disability, and who experienced restrictions relating to socialising, were more likely to say that this restriction bothered them (91% vs. 73%, $p \leq 0.05$).

Table 2.12 Where you have experienced restrictions, what extent did it bother you?

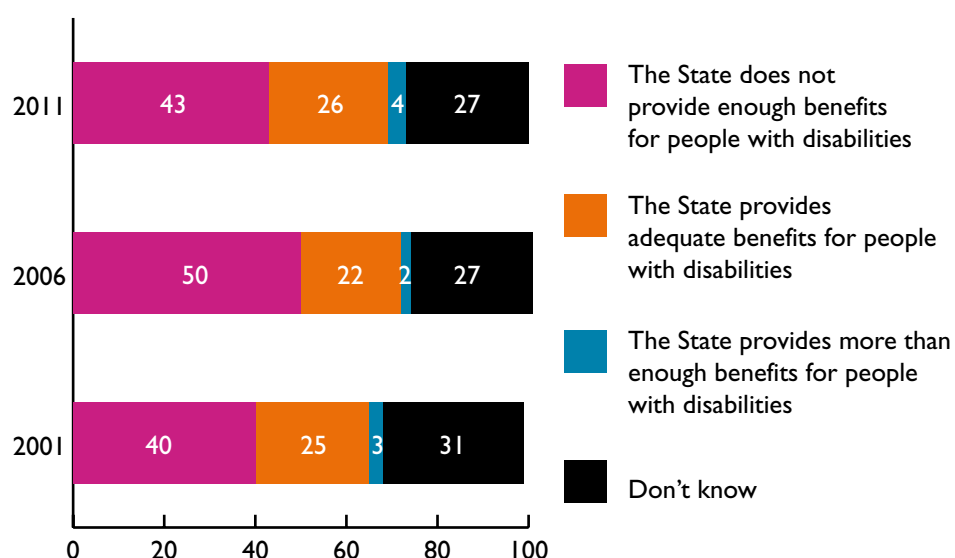
Impact of Experiencing Restrictions	Not at all	A little	A lot
	%	%	%
Employment or Job Seeking	8	30	63
Education and Training	15	24	46
Community Based Health Services (for example, GPs, nurses, dentists)	10	47	44
Mental Health Services	17	40	43
Hospital Services	12	48	40
General Health Services	11	51	38
Family Life	18	49	33
Religion	28	45	28
Living with Dignity	16	57	27
Community Life (for example, civic/political activity, volunteering, neighbourhood watch, residents assoc)	28	46	26
Sports or Physical Recreation	23	52	25
Socialising (for example, meeting friends)	19	57	24
Shopping	17	60	23
Leisure /Cultural Activities	22	58	21
Base = Respondents Experiencing Restriction with Each of the Above; *Multiple responses possible			

2.8 State benefits

2.8.1 Adequacy of state benefits for people with disabilities

In the context of state benefits for people with disabilities, 43% of respondents are of the opinion that the state does not provide enough benefits for people with disabilities, with 26% saying that benefits are adequate, 4% saying that the state provides more than enough benefits and 27% recording 'don't know'.

Figure 18: In the context of state benefits for people with disabilities, which statement do you agree with most? (Base: 2011, n=1,294)



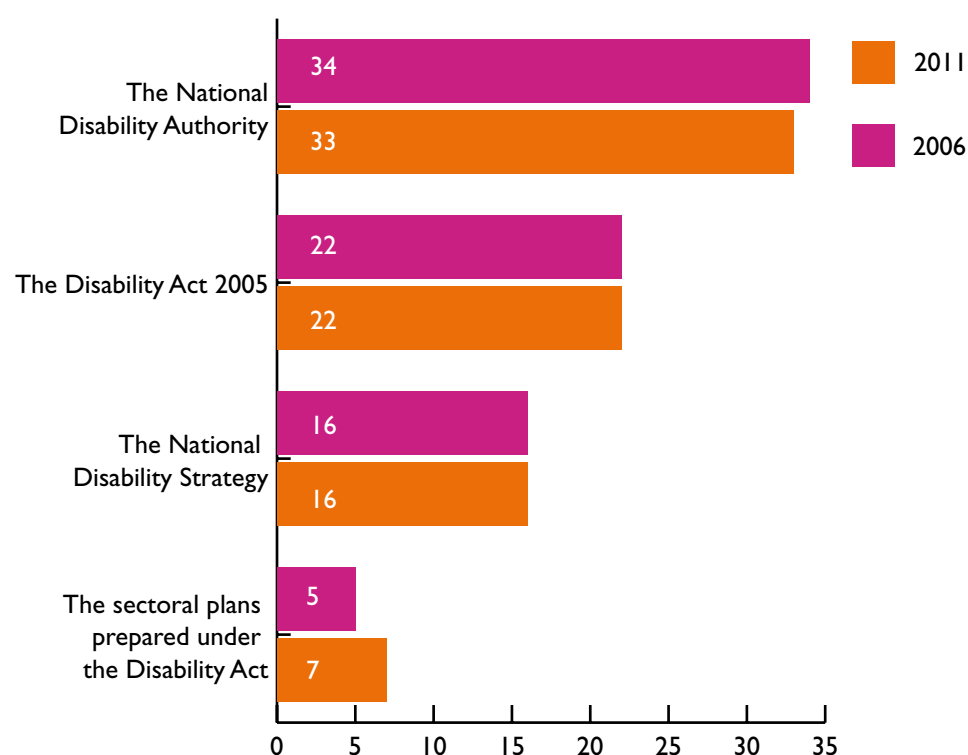
In 2011, support (43%) for the view that the state does not provide enough benefits for people with disabilities has fallen below the level of 50% recorded in 2006, but remains slightly above the level recorded in 2001 (40%). The proportion of respondents saying that the state provides adequate benefits for people with disabilities has increased by 4 percentage points from 22% in 2006 to 26% in 2011.

Analysis by respondent background characteristics found that younger people (aged 18-34, 37%) were less supportive of the view that the state does not provide enough benefits for people with disabilities compared with other age groups (35-54, 48%; 55+, 46%, $p < 0.01$), with those in social classes ABC1 (28%) more likely to take the hold the view that the state provides adequate

benefits for people with disabilities (C2DE, 22%, $p \leq 0.05$). Level of education was also significantly associated with the response to this question, with the majority of those with primary education only or no formal educational qualifications (53%) of the view that the state does not provide enough benefits for people with disabilities compared with 45% of those educated to 2nd level and 41% of those educated to 3rd level ($p \leq 0.001$). Finally, those with a disability (62% vs. 40%, $p \leq 0.001$), as well as those who know someone with a disability (51% vs. 41%, $p \leq 0.001$) and those with a child with a disability (53% vs. 43%, $p \leq 0.05$,) were also more supportive of the view that the state does not provide enough benefits for people with disabilities.

2.8.2 Knowledge of the National Disability Authority and other disability initiatives

Figure 19: Have you ever heard of any of the following:



Respondents were asked if they were aware of particular organisations, legislation, and strategies relating to disability. Figure 16 shows that 33% of respondents said they are aware of the National Disability Authority, with 22% aware of the Disability Act, 16% aware of the National Disability Strategy and 7% aware of the sectoral plans prepared under the Disability Act. Awareness levels are consistent with those recorded in the 2006 survey.

There were a number of statistically significant differences in relation to awareness of particular organisations, legislation, and strategies relating to disability:

Awareness of the National Disability Authority

- Awareness of the National Disability Authority is higher among those in social classes ABC1 (38%) compared with those in social classes C2DE (28%, $p \leq 0.001$)
- Awareness of the National Disability Authority is higher among those educated to 3rd level (40%) compared with those in educated to 2nd level (31%) and those with primary level education only or no formal educational qualifications (24%, $p \leq 0.001$)
- Those with a disability recorded a higher level of awareness of the National Disability Authority (46% vs. 31%, $p \leq 0.001$)
- Those who know someone with a disability recorded a higher level of awareness of the National Disability Authority (39% vs. 24%, $p \leq 0.001$)
- Those with a child with a disability recorded a higher level of awareness of the National Disability Authority (56% vs. 32%, $p \leq 0.001$)
- Awareness of the National Disability Authority is higher among those living in Munster (46%) compared with residents of other areas (Dublin, 26%; Rest of Leinster 34%; and Connacht / Ulster, 26%, $p \leq 0.001$)

Awareness of the National Disability Strategy

- Awareness of the National Disability Strategy is lower among younger respondents (18-34, 14%) compared with other age groups (35-54, 19%; 55+, 17%, $p \leq 0.05$)
- Awareness of the National Disability Strategy is higher among those in social classes ABC1 (19%) compared with those in social classes C2DE (14%, $p \leq 0.05$)
- Those with a disability recorded a higher level of awareness of the National Disability Strategy (24% vs. 15%, $p \leq 0.01$)

- Those with a child with a disability recorded a higher level of awareness of the National Disability Strategy (31% vs. 16%, $p \leq 0.001$)
- Awareness of the National Disability Strategy is higher among those living in Munster (26%) compared with residents of other areas (Dublin, 13%; Rest of Leinster, 13%; and Connacht / Ulster, 12%, $p \leq 0.001$)

Awareness of the Disability Act 2005

- Awareness of the Disability Act 2005 is higher among women compared with men (25% vs. 19%, $p < 0.01$)
- Those with a disability recorded a higher level of awareness of the Disability Act 2005 (32% vs. 20%, $p \leq 0.001$)
- Those who know someone with a disability recorded a higher level of awareness of the Disability Act 2005 (27% vs. 13%, $p \leq 0.001$)
- Those with a child with a disability recorded a higher level of awareness of the Disability Act 2005 (37% vs. 21%, $p \leq 0.01$)
- Awareness of the Disability Act 2005 is higher among those living in Dublin (29%) compared with residents of other areas (Rest of Leinster, 22%; Munster, 20% and Connacht / Ulster, 14%, $p \leq 0.001$)

Awareness of the Sectoral Plans prepared under the Disability Act

- There were no statistically significant variations in response to this question



Appendix 1

Questionnaire

Section 1

Knowledge of disability and general attitudes

Ask all

Q1.1 What particular sorts of illnesses, conditions or disabilities do you think the term ‘people with disabilities’ refer to:

Do not prompt. Probe: any others? **Probe:** any others?

Code all mentions below

	Multi code
Physical disability	
Hearing loss	
Vision difficulties	
Speech difficulties	
Intellectual disability (for example, Down Syndrome, cognitive impairment)	
Mental health difficulty (mental illness – depression, schizophrenia, anorexia)	
Long-term illness (for example, diabetes, epilepsy)	
HIV/AIDS	
Addiction	
Alcoholism	
Frailty in old age	
Other, specify	
Other, specify	
None mentioned	

Ask all

Q1.2 Do you have any of the following long lasting conditions?

Show card I – Code all that apply

	Multi code
1. Blindness	
2. Deafness or a severe hearing impairment	
3. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	
4. An intellectual disability	
5. A psychological or emotional condition	
6. Chronic illness	
7. Other, please specify	
8. None of the above	
9. Don't Know	

Ask all

Q2.1 Do you know anyone (else) who has a disability?

Do not prompt what disability means.

	Multi code	
1. Spouse/partner		If yes go to q2.2
2. Member of immediate family		
3. Other relative		
4. Friend		
5. Neighbour		
6. Acquaintance		
7. Colleague/work contact		
8. Other		
9. Not sure/don't know		If no go to q3
10. No		

Q2.2 (ask if coded 1 - 8 at q2.1. others go to q3) What type (or types) of disability does the person (people) you know have?

Code all that apply

Do not prompt	Multi code
1. Blindness	
2. Deafness or a severe hearing impairment	
3. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	
4. An intellectual disability	
5. A psychological or emotional condition	
6. Chronic illness	
7. Other, please specify	

Read out statement below before you continue:

From this point forward, when we speak of people with disabilities I mean those with physical, hearing, visual, speech, intellectual, or mental health difficulties or with autism.

Ask all

Q3 I am going to read out some statements about people with disabilities. For each one, please rate your level of agreement or disagreement.

Show card 2 — single code per statement

Read out	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
3.1 It is society which disables people by creating barriers	1	2	3	4	5	99
3.2 People with disabilities are treated fairly in Irish society	1	2	3	4	5	99

Ask all

Q4.1 Do you think that there are occasions or circumstances when it is alright to treat people with disabilities more favourably than others?

	Single code
Yes	1
No	2
Don't know	99

Ask all

Q5 Do you agree or disagree that people with the following disabilities are not able to participate fully in life?

Show card 2 — single code per statement

Read out	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
5.1 mental health difficulties	1	2	3	4	5	99
5.2 intellectual disabilities or autism	1	2	3	4	5	99
5.3 physical disabilities	1	2	3	4	5	99
5.4 vision, hearing or speech disabilities	1	2	3	4	5	99

Section 2: Education

Ask all

Q6 In general, do you think that people with disabilities receive equal opportunities in terms of education?

	Single code
Yes	1
No	2
Don't Know	99

Ask all

Q7 Do you agree or disagree that people with the following disabilities should attend the same schools as children without disabilities?

Show card 2 - single code per statement

Read out	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Q7.1 mental health difficulties	1	2	3	4	5	99
Q7.2 intellectual disabilities or autism	1	2	3	4	5	99
Q7.3 physical disabilities	1	2	3	4	5	99
Q7.4 vision, hearing or speech disabilities	1	2	3	4	5	99

Ask all

Q8.1 Do you have any children with a disability?

	Single code
Yes	1
No/No children	2

Ask all

Q8.2 In general, would you object or not if children with the following disabilities were in the same class as your child?

(Prompt if required – Say you have children)

Read out	Yes (I would object)	No (I would not object)	Don't know
Q8.2.1 mental health difficulties	1	2	99
Q8.2.2 intellectual disabilities or autism	1	2	99
Q8.2.3 physical disabilities	1	2	99
Q8.2.4 vision, hearing or speech disabilities	1	2	99

Ask if yes to any part of q8.2 go to q8.3 else go to q9

Q8.3 Why would you object if children with disabilities were in the same class as your child (children)

Do not prompt	Multi code
1. Special needs considerations for example, <ul style="list-style-type: none"> • facilities in the study area, need special medication • require facilities, equipment to assist • require special care 	
2. Children with disabilities would not receive sufficient support for their special needs	
3. Safety considerations for children without disabilities for example, <ul style="list-style-type: none"> • worries about infection • worries about tendency towards aggression 	
4. Safety considerations for children with disabilities, for example, possibility of sudden relapse risk of accidents	
5. Progress of children without disabilities hindered	
6. Progress of children with disabilities hindered	
7. Mobility Difficulties	
8. Mental or Emotional Reasons for example, <ul style="list-style-type: none"> • poor mental health • emotionally unstable • more irritable 	
9 Other, please specify	

Section 3: Employment

Ask all

Q9 In general, do you think that people with disabilities receive equal opportunities in terms of employment?

	Single code
Yes	1
No	2
Don't Know	99

Ask all

Q10.1 On a scale from 1 to 10 where 1 is uncomfortable and 10 is comfortable, can you indicate how comfortable you would feel if people with the following disabilities were your work colleagues:

Please rate from 1 to 10 for each statement.

Read out	Score 1–10	Don't know
Q10.1.1 mental health difficulties		99
Q10.1.2 intellectual disabilities or autism		99
Q10.1.3 physical disabilities		99
Q10.1.4 hearing disabilities		99
Q10.1.5 visual disabilities		99

Ask if 5 or less to any of q10.1 ask q10.2 else go to q11

Q10.2 What would make you uncomfortable about having a work colleague with a disability?

Do not prompt	Multi code
1. Personal discomfort, for example, <ul style="list-style-type: none"> • not knowing how to relate • having to assist them physically • not knowing what or what not to say 	
2. Safety concerns for self or others for example, <ul style="list-style-type: none"> • worries about infection • potential risk of damage 	
3. Safety concerns for person with disability, for example, <ul style="list-style-type: none"> • possibilities of sudden relapse • higher risk of having an accident 	
4. Behavioural concerns, for example, <ul style="list-style-type: none"> • worries about aggressive behaviour • problems with interpersonal communication, teamwork 	
5. Suitability of work or work environment, for example, <ul style="list-style-type: none"> • not capable of the work • they would be better off in sheltered employment, with dedicated supports 	
6. More work for self or other work colleagues, for example, <ul style="list-style-type: none"> • more frequent absences • less reliable • extra and/or physical assistance required 	
7. Having to make accommodations around the workplace, for example, <ul style="list-style-type: none"> • alterations to the building causing disruption • incorporating specialised equipment or extra support staff, such as sign language interpreters or work coaches 	
8 Other, please specify	

Section 4: Relationships

Ask all

Q11 Please rate your level of agreement or disagreement with the following statement:
Adults with the following difficulties have the same right to fulfilment through sexual relationships, as everyone else?

Show card 2 — single code per statement

Read out	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Q11.1.1 mental health difficulties	1	2	3	4	5	99
Q11.1.2 intellectual disabilities or autism	1	2	3	4	5	99
Q11.1.3 physical disabilities	1	2	3	4	5	99
Q11.1.4 vision, hearing or speech disabilities	1	2	3	4	5	99

Ask if disagree/strongly disagree to any part of q11 go to q11.2 else go to q12

Q11.2 Why do you feel adults with disabilities should not have the same right to fulfilment through sexual relationships as everyone else?

Do not prompt	Multi code
1. Not capable of making decisions or of consenting	1
2. Vulnerable to abuse	1
3. Risk of pregnancy, e.g. difficulty using contraception	1

4. Not capable of raising a child	
5. Not capable of sustained relationships or marriage	
6. People with disabilities are not interested in sex	
7. Other, please specify	

Ask all

Q12 Please rate your level of agreement or disagreement with the following statement. Adults with the following disabilities should have children if they wish?

Show card 2 — single code per statement

Read out	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Q12.1.1 mental health difficulties	1	2	3	4	5	99
Q12.1.2 intellectual disabilities or autism	1	2	3	4	5	99
Q12.1.3 physical disabilities	1	2	3	4	5	99
Q12.1.4 vision, hearing or speech disabilities	1	2	3	4	5	99

Ask if disagree/strongly disagree to any part of q12.1 go to q12.2 else go to q13

Q12.2 Why do you feel adults with disabilities should not have the children if they wish?

Do not prompt	Multi code
1. Risk that the disability will be passed on to the child	
2. Risk to the mother's health of pregnancy, childbirth	
3. Likelihood of the child being given up for adoption/taken into care	
4. Concerns that parents with disabilities cannot economically provide for the child	
5. Lack of state or social supports for parents with disabilities	
6. Concerns about the child's physical well-being (for example, nutrition, hygiene)	
7. Concerns about the child's emotional well-being (for example, lack of stability or affection)	
8. Concerns over the child's intellectual development (for example, language, education)	
9. Concerns that the child may be stigmatised	
10. Other, please specify	

Section 5: Your Neighbourhood

Ask all

Q13 On a scale from 1 to 10 where 1 is uncomfortable and 10 is comfortable, can you indicate how comfortable you would feel if people with the following disabilities were living in your neighbourhood, people with:

Please rate from 1 to 10 for each statement

Read out	Score 1–10	Don't know
Q13.1.1 mental health difficulties		99
Q13.1.2 intellectual disabilities or autism		99
Q13.1.3 physical disabilities		99
Q13.1.4 vision, hearing or speech disabilities		99

Ask if 5 or less to any of q13.1 to q13.4 ask q13.2 else go to q14

Q13.2 What would make you feel uncomfortable about people with disabilities living in your neighbourhood?

Code all that apply

Do not prompt	Multi code
1. Risk to themselves	
2. Expectation to help, do more	
3. Concerns about disruptive or dangerous behaviour	
4. Neglect of their property	
5. Neglect of their children	
6. Disruption caused by adaptations to environment, for example, accessibility ramps	
7. Other, please specify	

Q13.3 And again on a scale from 1 to 10 where 1 is uncomfortable and 10 is comfortable, can you indicate how comfortable you would feel if people from the following groups were living in your neighbourhood?

Please rate from 1 to 10 for each statement

Read out	SCORE 1-10	Don't Know
Q13.3.1 Travellers		99
Q13.3.2 Black and Minority Ethnic Groups		99
Q13.3.3 Gay, Lesbian or Bisexual People		99
Q13.3.4 Eastern European migrant worker (for example, Polish, Portuguese, Lithuanian)		99

Section 6: State benefits

Ask all

Q14 In the context of state benefits for people with disabilities, which statement do you agree with most?

Read out	Single code
The State provides more than enough benefits for people with disabilities	1
The State provides adequate benefits for people with disabilities	2
The State does not provide enough benefits for people with disabilities	3
Don't know	99

Section 7: Knowledge of National Disability Authority and other disability initiatives

Ask all

Q15 Have you ever heard of any of the following:

Single code for each statement

Read out	Yes	No	Don't know
Q15.1 The National Disability Authority	1	2	99
Q15.2 The National Disability Strategy	1	2	99
Q15.3 The Disability Act 2005	1	2	99
Q15.4 The sectoral plans prepared under the Disability Act	1	2	99

Section 8: Irish public sector websites²⁰

Q16.1 Do you use any of the following Irish Public Service websites?

Showcard 3 - Single code for each website

Q16.2 Do you have any difficulty using the websites that you use?

²⁰ Note: Findings of questions in Section 8 do not appear in this report.

Showcard 4 - Single code for each website coded at q16.1

Website	Q16.1 Usage				Q16.2 Difficulty		
	At least once a week	At least once a month	At least once a year	Never	No difficulty	Some difficulty	A lot of difficulty
Citizens information	1	2	3	4	1	2	3
County or city council	1	2	3	4	1	2	3
FÁS	1	2	3	4	1	2	3
An Post	1	2	3	4	1	2	3
HSE	1	2	3	4	1	2	3
Motor tax online	1	2	3	4	1	2	3
Revenue	1	2	3	4	1	2	3
RTÉ	1	2	3	4	1	2	3
Social welfare	1	2	3	4	1	2	3
Third level colleges	1	2	3	4	1	2	3
Public transport website, that is, Bus Éireann, Irish Rail, Dublin Bus	1	2	3	4	1	2	3
Other 1 (specify)	1	2	3	4	1	2	3
Other 2 (specify)	1	2	3	4	1	2	3
Other 3 (specify)	1	2	3	4	1	2	3

If don't use any public service websites go to q16.7 else go to q16.3

Q16.3 Please list up to 3 Irish Public Service websites that you have difficulty with, and indicate what the difficulty or difficulties are?

Record name of websites in boxes provided and code for each one.

	Name of Website 1	Name of Website 2	Name of Website 3
It's difficult to find information on the webpage's			
Language or instructions too complex			
Font on screen too small, I can't adjust the settings			
Difficulty filling out online form or paying for something			
Forms or other files slow to open or download			
Formats on the website not compatible with my assistive technology			
Other problem 1 please specify			
Other problem 2 please specify			

Q16.4 Do you use Irish public service websites for the following reasons?

Read out and code for each statement showcard 5

	Yes, regularly	Yes occasionally	No
To make payments on line	1	2	3
To apply for something online	1	2	3
To download forms for printing off	1	2	3
To find out about public services or entitlements	1	2	3
To find travel information or make a travel booking on public transport	1	2	3
To get news or programmes	1	2	3
To get local information	1	2	3
To get training or education information	1	2	3
To see reports, research etc	1	2	3
To find weather information	1	2	3
Other reason 1, please specify	1	2	3
Other reason 2, please specify	1	2	3
Other reason 3, please specify	1	2	3

Q16.5 Have you experienced difficulty using these websites to do the following?

Showcard 6 - Read out and single code for each option.

Q16.6 Would experiencing this difficulty bother you?

Showcard 7 - Read out and single code for each option

	Q16.5 Degree of difficulty				Q16.6 Would experiencing this difficulty bother you?		
	Don't use	No	Yes a little	Yes a lot	A lot	A little	Not at all
To make payments on line	1	2	3	4	1	2	3
To apply for something online	1	2	3	4	1	2	3
To download forms for printing off	1	2	3	4	1	2	3
To find out about public services or entitlements	1	2	3	4	1	2	3
To find travel information or make a travel booking on public transport	1	2	3	4	1	2	3
To get news or programmes	1	2	3	4	1	2	3
To get local information	1	2	3	4	1	2	3
To get training or education information	1	2	3	4	1	2	3
To see reports, research etc	1	2	3	4	1	2	3
To find weather information	1	2	3	4	1	2	3
First other reason (specify)	1	2	3	4	1	2	3
Second other reason (specify)	1	2	3	4	1	2	3

Go to q17.1

Q16.7 Why do you not use Irish public service websites?

Code all that apply

1. Don't have a computer or I don't have internet access	
2. I have a computer and internet access but find them difficult to use	
3. I am not interested in going to these websites	
4. I find these websites hard to use or understand	
5. I have security concerns about using the internet	
6. Other, please specify	

Section 9: Friends and family

Now we would like to ask you a few questions about your family and friends.

Q17.1 Interviewer note: code for each statement

	None	1-2	3-4	5-8	9 or more
Family Considering the people to whom you are related either by birth or marriage...					
How many relatives do you see or hear from at least once a month?					
How many relatives do you feel close to such that you could call on them for help?					
How many relatives do you feel at ease with that you can talk about private matters?					
Friendships: Considering all of your friends including those who live in your neighbourhood...					
How many of your friends do you see or hear from at least once a month?					
How many friends do you feel close to such that you could call on them for help?					
How many friends do you feel at ease with that you can talk about private matters?					

Q17.2 Do you currently attend any community groups or organisations?

Single code only. These groups or organisations could include sports clubs, residents associations, church groups, social groups or organisations.

Yes	1
No	2

Q17.3 Have any of the following represented a barrier to your participation in age appropriate life activities over the past 12 months?

Single code for each statement

	Yes	No
The Physical Environment (for example, difficulties accessing buildings, public footpaths, personal accommodation)	1	2
Services and Support (for example, difficulties accessing Personal Assistant, Home Help, Physiotherapy)	1	2
Access to Information (for example, about entitlements / services or nature of condition)	1	2
People's Attitudes	1	2
Transport (for example, difficulty gaining accessible transport)	1	2
Laws, Official Regulations and Entitlements	1	2
Income	1	2
Climate / Weather	1	2
Do you feel that personal characteristics, other than your disability (for example, Age, Gender, Race, Religion) also affected your participation?	1	2

Q17.4 To what extent has your participation in the following areas been restricted over the past 12 months?

Showcard 8 - Read out and Single code for each option

Q17.5 Where you have experienced restrictions, what extent did it bother you?

Showcard 9

	Q17.4						Q17.5 Where you have experienced restrictions, what extent did it bother you?		
	Not Applicable	Not at all	Mildly	Moderately	Severely	Completely	Not at all	A little	A Lot
Education and Training	1	2	3	4	5	6	1	2	3
Employment or Job Seeking	1	2	3	4	5	6	1	2	3
Community Life (for example, civic/political activity, volunteering, neighbourhood watch, residents assoc)	1	2	3	4	5	6	1	2	3
Family Life	1	2	3	4	5	6	1	2	3
Socialising (for example, meeting friends)	1	2	3	4	5	6	1	2	3
Shopping	1	2	3	4	5	6	1	2	3
Living with Dignity	1	2	3	4	5	6	1	2	3
Leisure /Cultural Activities	1	2	3	4	5	6	1	2	3
Sports or Physical Recreation	1	2	3	4	5	6	1	2	3
Religion	1	2	3	4	5	6	1	2	3
General health services	1	2	3	4	5	6	1	2	3
Hospital Services	1	2	3	4	5	6	1	2	3
Mental Health Services	1	2	3	4	5	6	1	2	3
Community Based Health Services (for example, GPs, nurses, dentists)	1	2	3	4	5	6	1	2	3

Classification

Classification	Type	Number
C1: Gender	Male	1
	Female	2
C2: Age ()		
State exact and code	18-24	1
	25-29	2
	30-34	3
	35-39	4
	40-44	5
	45-49	6
	50-54	7
	55-59	8
	60-64	9
	65+	0
C3: Marital status	Married	1
	Living as married	2
	Single	3
	Widowed/ divorced/ separated	4
C4: Occupation of chief income earner (record details)		

Classification	Type	Number
C5: Social class	AB	1
	C1	2
	C2	3
	DE	4
	F50+	5
	F50-	6
C6: Working status (Chief Income Earner)	Working full time	1
	Working part-time	2
	Self-employed	3
	Unemployed (seeking employment)	4
	Full-time homemaker	5
	Full-time farmer	6
	Part-time farmer	7
	Retired	8
C7: Working status (respondent)	Working full-time	1
	Working part-time	2
	Self-employed	3
	Unemployed (seeking employment)	4
	Full-time homemaker	5
	Full-time farmer	6
	Part time farmer	7
	Retired	8

Classification	Type	Number
C8: Educational status (Respondent)	Primary level	1
	2 nd level	2
	Still at 2 nd level	3
	3 rd level Under Graduate	4
	3 rd level Post Graduate	5
	Still at 3 rd level	6
	No formal education	7
C9: Children: Have you got any children (of any age)?	Yes	1
	No	2
C10: Interviews location	City/ City suburb	1
	Town	2
	Village/ rural area	3



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Is í NDA an t-eagraíocht stáit neamhspleách a chuireann saineolas ar fáil chuig an Aire maidir le polasaí agus cleachtas i leith míchumais, agus a chuireann Dearach Uilíoch chun cinn in Éirinn.

NDA is the independent state body providing expert advice on disability policy and practice to the Minister, and promoting Universal Design in Ireland.