



**Training Local Authorities in Using the UN
Convention on the Rights of Persons with
Disabilities to Fulfil their Public Sector Human
Rights and Equality Duty**

Project Report

**Dr. Meredith Raley
Policy and Research Officer,
Disability Federation of Ireland**



**Coimisiún na hÉireann
um Chearta an Duine
agus Comhionannas**
Irish Human Rights and
Equality Commission

This project is supported
under the Irish Human
Rights and Equality
Commission Grant Scheme

Contents

3	Executive Summary
6	Section 1: Introduction
6	Section 2: Overview of the Project
6	2.1 Project Description
7	2.2 Reasons for Project
8	Section 3: Project Narrative
9	Section 4: Results
9	4.1 Demographic Data
10	4.2 Survey Results
12	4.3 Qualitative Data
17	Section 5: Conclusions and Recommendations
17	5.1 Training Recommendations
18	5.2 Policy Recommendations
18	5.3 Repeating the Training Programme
19	Appendix 1: Demographics of Training Attendees
21	Appendix 2: Results of Initial Evaluation
22	Appendix 3: Results of Follow-up Evaluation

Executive Summary

This project focused on training local authority staff in the use of the UN Convention on the Rights of Persons with Disabilities (UN CRPD) to fulfil their responsibilities under the Public Sector Duty. 14 local authorities received training in the use of the UN CRPD. Training was delivered in two sessions, a short pre-learning focus group and a four-hour training session. This allowed DFI to learn more about how local authorities see disability, and what issues around disabilities local authorities are most interested in. Some of the key findings from the project are:

- Staff responded well to the training and were able to identify barriers to equality in their local authority and brainstorm solutions.
- More training is still needed, particularly in the areas of disability awareness and mental health.
- Awareness of both the UN CRPD and the Public Sector Duty was uneven across the local authorities, and often fairly low, especially in the case of the UN CRPD.
- Local authorities lack the resources to fully exercise their powers to create an inclusive and equal society.
- Despite an official policy of mainstreaming, people with disabilities are still seen as a segregated group by local authority staff.

Training Recommendations

- The training programme developed in this project: This training seemed, based on evaluations, to have a positive impact on those who received it. It raises awareness of the UN CRPD, and local authorities' human rights responsibilities under the Public Sector Duty. It also promotes a rights-based approach to disability. DFI will continue to explore how best to offer this training.
- Disability awareness training: Some negative stereotypes and misconceptions still exist within some local authorities. Disability awareness training could help to address these issues. It could also ensure that staff are aware of, and practicing, the social model of disability.
- Mental health training: Staff in many local authorities have concerns about providing services to people with mental health difficulties. These concerns seem to be at least partially rooted in stigma and stereotypes around mental health. Mental health training could help allay these concerns, and make the local authority a more welcoming place for service users with mental health difficulties.
- Public Sector Duty training: Awareness of the Public Sector Duty was generally higher than awareness of the UN CRPD, but still very uneven among local authority staff. Given that this is a statutory responsibility, it's important to raise awareness among as many people as possible. Equally it is important that local authorities understand and are supported to provide training.

Policy Recommendations

- Lack of resources: Implementing a complex treaty like the UN CRPD will require resources. While low-resource ideas were discussed during the training, many of the changes required will need at least some new resources. To create a more equal and inclusive society, some investment by government will be needed.
- Lack of support: Local authority staff will need support from senior management to implement the UN CRPD. Solutions to ensure support from all of these bodies will have to be found. The use of a mechanism such as a Disability Charter would clearly demonstrate local authority commitment to support staff. A Disability Charter would oversee what the local authority committed to doing internally to deliver on UNCRPD and Public Sector Duty.
- Accessibility champions: Staff are in a good position to identify systematic barriers and brainstorm solutions, when given the opportunity. This should be encouraged, and solutions implemented whenever possible.
- Mainstreaming: Current policy is to promote mainstreaming of people with disabilities. It's clear, however, that staff in local authorities for the most part still view people with disabilities as a segregated group. Mainstreaming policy may need some additional work, to fully promote the idea of people with disabilities as part of the community.

Section 1: Introduction

In 2014, the Public Sector Equality and Human Rights Duty (Public Sector Duty) became part of Irish law. This is a statutory requirement that all public bodies take discrimination, equality, and human rights into account in their work. In 2018, Ireland ratified the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), the first major treaty on the rights of people with disabilities. With both developments, it is clear that public bodies must take the human rights of people with disabilities into account in their work.

In this context DFI applied for a grant to receive funding to train local authorities in the UN CRPD, and how it relates to the Public Sector Duty. Our goal was to provide free training to up to 15 local authorities in the UN CRPD, and how it can be used by local authorities to fulfil their responsibilities under the Public Sector Duty. This project was funded by the Irish Human Rights and Equality Commission (IHREC), under the Human Rights and Equality Grant Scheme 2018.

Section 2: Overview of the Project

2.1 Project Description

This project focused on training local authorities in using the UN CRPD, as part of their fulfilment of the Public Sector Duty. 14 local authorities were trained. Each local authority was able to send up to 15 staff members to the training. Training was done in two sessions. The first session, a pre-learning discussion, was focused on learning more about the local authority, to tailor training to their needs. This session attempted to determine the level of knowledge in the group around disability, the UN CRPD, and the Public Sector Duty. The session also established any issues around disability that the staff wanted to discuss during the training session.

The second part of the training was a four-hour training session. In this session, staff learned to apply the principles of the UN CRPD to the work of the local authority.

The training programme was broken into five sections. These were:

- What is Disability?
- What is the UN CRPD?
- What Rights are in the UN CRPD?
- The Public Sector Duty
- Challenges and Solutions

The first section discussed disability. This included looking at different models of disability, such as the medical model and the social model, and explained why the social model is currently the preferred lens through which to view disability. Staff also learned about disability statistics in Ireland and their own local authority. In the next section, 'What is the UN CRPD', staff learned about the UN CRPD, its history in Ireland and why it is important to the work of the local authority. The bulk of the training was in the section 'What Rights are in the UN CRPD?', which looked at particularly relevant articles in the UN CRPD, and applied them to the local authority. Staff looked at UN CRPD articles around accessibility, services, and social inclusion, and applied them to their local authority, looking both at areas where the local authority was doing well, and areas where improvements could be made. Next, the training looked at the Public Sector Duty. It explained what it was, how it applied to local authorities, and how the UN CRPD could be part of fulfilling the Duty. Finally, the group discussed some of the challenges in using the UN CRPD. Evaluation surveys were filled out and collected at the end of training.

2.2 Reasons for Project

The short terms goals of the training programme were:

1. To raise awareness of the UN CRPD, and the rights of people with disabilities among local authority staff,
2. To teach local authority staff to use the UN CRPD, and demonstrate how the articles of the UN CRPD can apply to local authority work.
3. To raise awareness of the Public Sector Duty, and how the UN CRPD can be used to meet a local authority's responsibilities under the Duty.
4. To learn more about how local authorities think about disability, and the rights of people with disabilities.

The long-term goal is to improve local authority policies around disability and help them move towards greater equality for people with disabilities. This is particularly important given the high levels of discrimination that people with disabilities face in Ireland. At the launch of their 2018 annual report, IHREC noted that discrimination based on disability made up almost a third of the equality-related concerns they received last year.¹

At the end of the project, 14 local authorities had received training. They were:

- Cork City
- Dún Laoghaire-Rathdown
- Fingal
- Galway City
- Galway County
- Kildare
- Laois
- Leitrim
- Limerick
- Louth
- Meath
- Offaly
- Tipperary
- Wexford

This list represents a good sample, including both rural and urban local authorities with a good geographical spread across all regions of Ireland. Therefore, what was learned from the training programme should be broadly applicable across Ireland. The group also includes local authorities that DFI has worked extensively with and those with whom DFI have had very little contact. There was also a short waiting list for any training spots that opened up. All of this indicates a desire for training of this nature on the part of local authorities.

Each local authority was able to send up to 15 staff members to the training and was invited to identify the staff personnel most relevant to attend. As a result, a wide range of staff from across the organisations participated and benefited from the training. Further information on the benefits of this approach will be discussed in the Results section. A breakdown of the demographics of training attendees can also be found at Appendix 1.

¹ <https://www.rte.ie/news/2019/0624/1057112-human-rights-annual-report-disability/>

Section 3: Project Narrative

Step One: Communication with Local Authorities and Scheduling Training

The project began in early 2019. As a first step, a letter to Training Officers was drafted, outlining the training that was being offered, free of charge, to local authorities under this programme. DFI then contacted the Local Government Management Agency (LGMA), who agreed to distribute the letter to all Training Officers in local authorities across Ireland. The LGMA also invited DFI to present the training programme to local authorities at an Access, Equality and Social Inclusion Officers' Seminar that was held on the 20th of March 2019, in Dublin. After the letter was sent, DFI followed up with Training Officers by phone. Because the training programme was new, there were many questions about it, and explaining the programme and its goals was more time consuming than expected both for DFI and local authorities. A fairly low level of knowledge about the UN CRPD among local authorities also contributed to this problem.

The goal for the programme was to recruit up to 15 local authorities to take part in the programme.² The original goal was to recruit all 15 local authorities fairly quickly, and schedule training from February until May. In fact, as explained above, recruitment took longer than expected, and local authorities were still signing up into late April. While training did begin in February, it was not possible to finish by May, and training continued into June.

Step Two: Training Local Authorities

Pre-learning sessions and training sessions ran from February until June. A breakdown of the schedule for each month follows:

- February: 2 pre-learning sessions
- March: 2 pre-learning sessions; 4 training sessions
- April: 3 pre-learning sessions; 2 training sessions
- May: 5 pre-learning sessions; 5 training sessions
- June: 3 pre-learning sessions; 3 training sessions

When scheduling the two sessions, the goal was to have a few days or a week between the pre-learning session and the training session, to allow time to adapt the training for each group. In practice, the time between the first and second session varied considerably. At the longest, there were over two weeks between sessions. On the other end of the scale, two local authorities choose to do both sessions over the course of one day, due to the difficulty of asking staff to travel on two different days. Both of the local authorities were fairly rural, with staff that were widely distributed. As much as possible, local authorities were asked to ensure that the same people attended both sessions. The vast majority of attendees did attend both sessions, but a minority were only able to make it to one session. Possibly because the pre-learning sessions were shorter, at around 90 minutes, there were slightly more total attendees at these sessions than at the longer training sessions.

². At the end of recruitment, 15 local authorities had signed up. However, one dropped out between the pre-learning session and the training, due to scheduling conflicts, meaning that only 14 local authorities received the full training.

DFI provided very little guidance to local authorities on who should attend the training. The only stipulation was that groups should be fairly small, at around 15 staff members, to allow for easy group discussions and questions. Each local authority chose how to recruit staff to attend training, and which staff were targeted. Numbers and types of staff varied greatly. Groups varied between seven and 17 attendees, and the departments and civil service grades represented were different for each local authority. Data on attendees was collected at the pre-learning session, and will be presented in the results section. At the same time the data was collected, attendees were informed that a final report on the training would be prepared, but all data would be anonymised and none would be traceable to any individual or particular local authority.

Step Three: Evaluation and Reporting

After completing the training, all of the information gathered was analysed and a report written. Data included information on the attendees, the initial evaluation survey, the follow up evaluation survey, and all of the qualitative data generated during the two sessions. Quantitative data from information sheets and evaluation surveys was tallied and averaged, where possible, to create an overall picture. Qualitative data from the surveys and the two sessions was analysed for trends. Finally, this report was prepared.

Section 4: Results

4.1 Demographic Data

As stated above, 15 local authorities took part in pre-learning sessions, and 14 took part in the full training programme. At the pre-learning session, data was collected on who was attending the training. This included:

- Grade
- Department
- Length of time in current role
- Gender
- Age
- Whether the person identified as having a disability

In total, 178 information sheets were collected from 15 local authorities. Participants represented a wide range of grades and departments. Full demographic details can be found in Appendix 1.

While a wide range of departments were represented at training, the most common departments were administration, housing, and human resources.

Participants varied between describing their grade as a number and a job title. A wide range of grades were represented at the trainings.

Participants were also asked for their gender. There was a noticeable gender imbalance in the training, with over 70% of the attendees being women.

Finally, participants were asked if they identified as having a disability. In total, 21 participants reported identifying as a person with a disability, which is over 11% of those in attendance.

As this data shows, a good cross-section of local authority staff attended the training. This means that, as a tool to raise awareness of the UN CRPD and the Public Sector Duty within the local authority, the training will hopefully have been very effective, as people in many departments and at different levels of seniority are now aware. This awareness may spread from those who attended the training throughout the local authority.

The majority of participants were over 45, and most had spent five years or less in their current role. The gender disparity was noticeable at most training sessions. From this data, it is impossible to know what the cause of this disparity is. Possible explanations are a greater interest in disability or human rights among female staff, or possibly the departments most represented at the training (housing, human resources and administration) have a gender disparity in their staffing. Whatever the cause, it is worth noting, and tracking whether future human rights or disability training sessions show a similar disparity.

4.2 Survey Results

After the training session, attendees were asked to fill out evaluation surveys on the training. In total, 146 surveys were collected from 14 local authorities.³ The surveys collected both quantitative and qualitative data on the attendee's experience of the training. For the quantitative section, attendees were asked to rank various aspects of the training on a five-point scale. The scale broke down in the following way:

- One – Not at All
- Two – Not Very
- Three – Somewhat
- Four – Very
- Five – Extremely

The average was calculated for each quantitative question from all the results. These results can be found in Appendix 2.

³ There are a number of reasons that the number of surveys is lower than the number of information sheets. Most obviously, 15 local authorities contributed information sheets, while only 14 completed the full training and so completed surveys. In addition, some people left training early, and did not complete surveys. A few more people must have attended the pre-learning session than the training, possibly because the pre-learning session was shorter.

Using the UN CRPD

On average, the participants rated the training favourably, with most ratings around four. There are, however, some noticeable trends. In the first section, the two questions with the lowest average are "Do you think that you will be able to use this information in your work?" and "Do you now feel confident discussing and using the UN CRPD?" The fact that these two questions have the lowest average is slightly discouraging, as one of the goals of the training was to help local authority staff learn to use the UN CRPD in their work. However, the averages are still relatively high, very close to an overall average of four. Therefore, it can be expected that local authorities will now be able to apply the UN CRPD to their work. In addition, the highest average in the first section is "How useful was the information you received in this training?", so it seems clear that participants felt that they got something of value out of the training.

Most Useful Part of the Training

In the second part, looking at the different sections of the training, it's interesting that the first section "What is Disability?" has the highest average. This section focused on basic information about disability, including statistics about disability in Ireland as a whole and in the local authority. It also discussed some theory around disability, including the medical model versus the social model, and how the UN CRPD distinguishes between a person with a disability, and the barriers they encounter in society. The fact that this section is rated so highly, with the highest average anywhere in the evaluation, suggests that local authority staff had not encountered these ideas before. This is backed up by the fact that terms such as "social model" were never used in pre-learning sessions. As an understanding of the social model and a rights-based view of disability are a critical part of achieving disability equality, this suggests that local authority staff require more training to understand and embrace a rights-based view of disability. Encouragingly, it also suggests that staff are quite open to these ideas once they are presented.

Qualitative Questions

The evaluations also asked a number of qualitative questions. The vast majority of the answers to these questions were positive. The first question was "What were you hoping to learn from this training?" Answers varied, most centring around learning the local authorities' duties under the UN CRPD or Public Sector Duty, or learning more about disability rights and barriers faced by people with disabilities. The second question was "What was the most useful part of the training?" The most common response to this question was that the discussions, which focused on applying the rights in the UN CRPD to the local authority, were the most useful part. The question "What was the least useful part of the training?" was also asked. Answers to this question were highly varied, with no consensus. Some participants felt the training was too long, a few disliked the pre-learning sessions, and there were several who felt that the training would be difficult or impossible to implement, due to lack of resources. Finally, participants were asked if they had any other comments to make. Comments in this section were largely positive. One trend was a note that different staff should have attended. Some participants wanted more senior management at the training, and others wanted to ensure that every department sent a member.

Follow-Up Survey

Finally, a few weeks after training was completed, participants were sent a follow up survey. This was an online survey, and completely anonymous. Response to this survey was fairly low, with around 26.5% of participants responding. This means that the conclusions that can be drawn are limited. However, it can provide some insight into how participants felt about the training after they had a chance to apply it in their work. Full results from the survey can be found in Appendix 3. The first question in the survey was “Overall, how would you rate the training?”. The vast majority, around 70%, rated the training as “very good” or “excellent”. The second question was “Have you used any information or materials from the training since you received it?”, and the third question was “Have you noticed any difference in your approach to your work since the training?”. It’s positive that most of those who answered the survey—around 60%—had noticed a change in their approach to work. And while only around 30% had used information or materials from the course directly by the time of the follow up survey, it shows that the training seemed to have an impact on a significant fraction of those who attended.

The fourth question asked participants how the training has been useful to them. For those who answered, and found the training useful, the most common response was that it had raised their awareness of disability issues. The fifth question asked if people had anything else to share, but few people answered that question. Of those that did, a few noted that they would have preferred not to have the pre-learning sessions, and one was unhappy with the training as a whole. Finally, participants were asked on a scale of one to 10 if they would recommend this training to others. One was the lowest, or would not recommend and 10 was the highest, or would definitely recommend. Most participants gave a rating of seven or higher.

4.3 Qualitative Data

This section is dedicated to what was learned during the pre-learning sessions and training sessions. One of the goals of the pre-learning sessions was to get a better idea of how local authority staff think about disability. During the training sessions, the discussions shed further light on disability issues in the local authority. This section focuses on trends in the local authorities. Every local authority was different, and not every trend applies to every local authority.

Basic Ideas About Disability

When local authorities were asked what they think of when they think of disability, there were two main answers. For over half of the local authorities, the first answer was “physical disability”. In most of these cases, the group was then quick to point out that they are aware other disabilities exist. For the groups that did not bring up physical disability immediately, the answer was usually a word such as accessibility, barriers, or inequality. In some groups, the discussion went over why the group thought of physical disability first. Answers included that physical disabilities are the most visible disabilities, and that the most common symbol for disability is a person in a wheelchair. When groups brought up hidden disabilities, the most common disabilities mentioned were ADHD and autism. In most discussions, at different points, sensory disabilities and mental health were also discussed. Intellectual disability was the least discussed at these sessions.

During the pre-learning sessions, no group brought up the medical or social model by name. In some groups, participants in the discussion articulated something close to the social model, discussing the ways that society creates barriers for people with disabilities. In other groups, no overall model of disability was discussed.

Disability Terminology

One idea that was discussed in all sessions was terminology around disability. The words we use to discuss disability have changed over the years, different people with disabilities prefer different terms, and the UN CRPD uses very specific terminology. In particular, the UN CRPD uses “impairment” to refer to whatever is happening with an individual—visual impairment, mobility impairment—and “disability” to refer to the barriers created when this impairment interacts with society. In discussions, the changing terminology around disability was discussed, and in particular the terms “impairment” and “disability” were discussed, before their meanings in the UN CRPD were introduced. What was most interesting about this section was the lack of trends or agreement. Different people preferred different terms, with some people feeling that “disability” was a negative term, and some finding it neutral. Some felt that “impairment” was more negative than “disability”, some felt the opposite. Some people rejected both terms. Some people felt that “impairment” sounds less severe than “disability”, others again felt the opposite. Discussion of the language around disability was generally very lively. All of this suggests that the language we use around disability is still in flux, and local authority staff are generally concerned with ensuring they use the right language. Staff generally liked the model proposed by the UN CRPD, separating the individual from the barriers created by society, even if they did not like the exact terms the UN CRPD uses to express these ideas.

Housing/Accommodation and Other Services

There were noticeable trends when local authorities talked about the issues they faced. Housing was one of the most common issues. Partly, this can be explained by the fact that housing departments were well represented at the sessions. It is also likely a reflection of the current housing crisis. Many local authorities reported a lack of housing to accommodate people with disabilities, and backlogs in housing adaptation. In general, when asked about local authority services for people with disabilities, housing adaptation was the most common answer. Interestingly, at least a few local authorities reported that they had begun to expand housing adaptation, from adaptations solely for physical disabilities, to providing sensory rooms for autism. It’s also interesting that when local authority staff were asked about the services they provide for people with disabilities, they thought of disability-specific services first. In most cases, they did not discuss providing mainstream services to people with disabilities without prompting.

Outside of housing, footpaths and parking spaces were a common discussion. Issues around blocked footpaths, and people parking illegally in parking spaces for people with disabilities, were fairly common. The design of footpaths also came up. While local authorities generally try to ensure that any new work is up to current standards, they noted that, both for footpaths and other infrastructure, there aren’t resources to retrofit everything to match current ideas about universal design. Retrofitting in general was often mentioned as the most expensive task around disability. At the same time, more than one local authority noted obstacles to building more universally designed buildings and housing that would be cheaper to retrofit. Many local authorities also noted that in general, while public awareness around disability is improving, it is still fairly low, and this can create problems for people with disabilities.

Negative Stereotypes

When discussing housing and other services, a few groups mentioned the idea that people will claim a disability they do not have, in order to get services and housing from the local authority. This is not an uncommon belief, but it is quite negative, and can cause problems for people with disabilities, particularly those with invisible disabilities, who find that people distrust or disbelieve them when they need services. This clearly demonstrates that more training around disability is needed.

Lack of Resources

Another issue that came up often was a lack of resources. As mentioned, retrofitting is expensive, and many services that the local authority provides are limited by available resources. Many staff remember resources for disabilities being more plentiful before the recession, and noted that cuts to disability funding that came during the recession have never been restored. Another problem identified by a few groups was a tendency to fund a new, popular idea for a few years, then move on to another new idea. This meant that in many areas, long term funding to support programmes could not be relied on.

Employment of People with Disabilities

There were also trends on issues more internal to local authorities. The employment of people with disabilities was discussed by several groups. Local authorities, like all public sector bodies, must meet a quota of 3% of their workforce being people with disabilities. This will rise to 6% over the next few years. Some local authorities discussed problems with meeting the quota, and wanted to encourage more people with disabilities to apply for jobs with the local authority. A small number of local authorities mentioned finding it difficult to find “meaningful” work for staff with disabilities. This last point reflects a negative attitude about disability, and suggests a need for more training around disability and common prejudices and stereotypes.

Mental Health

One common issue that several local authorities discussed was mental health difficulties among the local authorities’ service users. This was expressed in two different issues: The difficulty in finding services for people with mental health difficulties, and the impact of providing services to people with mental health difficulties on staff.

Some local authorities discussed both issues, some only one, and some neither. The impact on staff was more likely to come up. This is understandable, as the groups were composed of local authority staff, many of whom had in the past had a negative experience providing services to a person they perceived as someone with a mental health difficulty. Staff in many local authorities felt that they had inadequate training to assist people with mental health difficulties, and that procedures that do exist are not as good as they could be. For instance, in one local authority, they noted that if someone is having difficulties in a public space, there is nowhere private for them to go to rest and recover.

In general, staff gave the impression of feeling overwhelmed and unprepared, rather than uncaring. It is possible that the stigma around mental health, and the stereotypes that many people have, could have been feeding into this feeling. Some groups noted difficulties in referring people with mental health difficulties to other services.

Knowledge of the UN CRPD and the Public Sector Duty

Finally, all groups were asked about their level of knowledge around the UN CRPD and the Public Sector Duty. In general, knowledge of both was low. Participants were more likely to have heard of the Public Sector Duty than the UN CRPD. In most cases, knowledge of the UN CRPD was based on news articles and media. Knowledge of the Public Sector Duty was inconsistent, with some staff identifying it as a new duty of the local authority, and others unaware of it.

Using the UN CRPD

Part of the training sessions was discussions of how to apply the UN CRPD to the work of the local authority. Some of the trends that came up in these discussions are worth exploring. Participants were presented with UN CRPD articles, and asked to apply them in three areas: accessibility, services, and social inclusion. Most of the discussion during the session focused on this task. Participants were engaged during the discussion, and came up with a number of interesting and creative ideas in all three areas. Some of these ideas include:

- Using coloured lines on walls or floors to guide people to different departments in a building
- Mirrors in stairways so that people with hearing impairments can see if someone is coming from the other direction
- Accessibility awards for businesses, to raise awareness of accessibility concerns and highlight accessible private businesses
- Making it possible to contact local authorities over Skype, for those who cannot get to the building in person
- Buying passenger cycles for nursing homes, so that volunteers could cycle residents around town
- Recording audio versions of some documents, for people with print disabilities
- Including language to make it clear that events are welcoming to people with disabilities
- Asking businesses about their equality and human rights plans during planning permission meetings.
- Accessible consultations: Ideas around this were discussed at every local authority, and a few brought them up without prompting, before they came up in the training. The need to make sure people with disabilities are included in the implementation process was discussed by all groups, and ideas for making consultations accessible were discussed.

Obstacles to using the UN CRPD

It's clear that, when presented with the opportunity to brainstorm, local authorities are eager to think of ways to make their areas and services more inclusive and accessible. In addition, during discussions participants mentioned a number of barriers to achieving a fully inclusive, accessible local authority.

This included:

- **Lack of resources:** This was probably the most common barrier mentioned by participants in the training.
- **Lack of buy-in from senior management:** This was brought up most often in training sessions where no or few representatives from senior management attended. Participants worried that they would not be able to get senior management to apply the lessons they had learned in training.
- **Lack of support from government:** Local authorities cannot implement the UN CRPD alone. For some actions, they will require both the financial and logistical support of the government, and many participants felt that this would not be forthcoming.
- **Lack of sanctions attached to the UN CRPD:** This is related to the above points. Participants generally liked the ideas in the UN CRPD, and felt that applying them to their work would be useful. But because the UN CRPD is a treaty, without the same sanctions or funding that a statute would carry, they worried that it would not be seriously applied by the government or the local authority, and so would not be able to make a substantial change to the local authority.

In general, participants were positive about the UN CRPD itself. Very few participants argued with the value of its ideas, or the idea that society could be more accessible and inclusive for people with disabilities. Their concerns were around how the UN CRPD could be applied, and whether the resources and will to apply were available.

Section 5: Conclusions and Recommendations

Overall, the training programme has produced worthwhile outcomes, and useful data on how the local authorities see disability and their role. Government, local authorities, IHREC, and the disability charity sector should all be able to build on this work to produce a more equal society for people with disabilities. Participants in the training were engaged, and interested in the ideas presented. They were able to both think of ways to make local authorities more equal, and identify barriers to doing so. The reactions to the training have been positive overall, and a significant percentage of those trained seem to feel that it has made some difference in their work. What was learned can be broken down into three areas: training, policy, and insights for repeating the training programme.

5.1 Training Recommendations

This project has identified three areas where further training and development could make an impact on the work of local authorities:

- **The training programme developed in this project:** This training seemed, based on evaluations, to have a positive impact on those who received it. It raises awareness of the UN CRPD, and local authorities' human rights responsibilities under the Public Sector Duty. It also promotes a rights-based approach to disability. DFI will continue to explore how best to offer this training.
- **Disability awareness training:** Some negative stereotypes and misconceptions still exist within some local authorities. Disability awareness training could help to address these issues. It could also ensure that staff are aware of, and practicing, the social model of disability.
- **Mental health training:** Staff in many local authorities have concerns about providing services to people with mental health difficulties. These concerns seem to be at least partially rooted in stigma and stereotypes around mental health. Mental health training could help allay these concerns, and make the local authority a more welcoming place for service users with mental health difficulties.
- **Public Sector Duty training:** Awareness of the Public Sector Duty was generally higher than awareness of the UN CRPD, but still very uneven among local authority staff. Given that this is a statutory responsibility, it's important to raise awareness among as many people as possible. Equally it is important that local authorities understand and are supported to provide training.

5.2 Policy Recommendations

The training programme suggested several ways that policies within local authorities and government could be changed to promote a rights-based approach to disability, and move towards a more equal, inclusive society

- **Lack of resources:** Implementing a complex treaty like the UN CRPD will require resources. While low-resource ideas were discussed during the training, many of the changes required will need at least some new resources. To create a more equal and inclusive society, some investment by government will be needed.
- **Lack of support:** Local authority staff will need support from senior management to implement the UN CRPD. Solutions to ensure support from all of these bodies will have to be found. The use of a mechanism such as a Disability Charter would clearly demonstrate local authority commitment to support staff. A Disability Charter would oversee what the local authority committed to doing internally to deliver on UNCRPD and Public Sector Duty.
- **Accessibility champions:** Staff are in a good position to identify systematic barriers and brainstorm solutions, when given the opportunity. This should be encouraged, and solutions implemented whenever possible.
- **Mainstreaming:** Current policy is to promote mainstreaming of people with disabilities. It's clear, however, that staff in local authorities for the most part still view people with disabilities as a segregated group. Mainstreaming policy may need some additional work, to fully promote the idea of people with disabilities as part of the community.

5.3 Repeating the Training Programme

- **Recruitment time:** Recruitment for training programmes took longer, and required more time from staff, than was originally expected.
- **Scheduling:** Scheduling also took longer than expected. Local authorities were still scheduling their training sessions into late April.
- **Preparation time for local authorities:** Because local authorities needed enough time to recruit staff to attend the training, it was not possible to hold as many trainings early in the year as DFI had hoped. This meant that the training programme ran longer than expected.
- **Flexibility:** Flexibility was important in scheduling sessions, to accommodate the needs of the different local authorities.

Training time: Training, including preparation and travel, took more time than expected. A more realistic time frame would need to be factored into future training plans.

Appendix 1: Demographics of Training Attendees

Departments of attendees

Departments that made up more than 10 participants in training were:

- Administration
- Housing
- Human Resources

Departments that made up between 5 and 10 participants were:

- Community Department
- Customer Services
- Planning
- Water Services

At least one participant came from each of these departments:

- Access
- Accounts
- Architects
- Building Control
- Corporate Affairs
- Corporate Communications and Governance
- Economic Development
- Economic, Rural and Community Development
- Finance
- Fire Services
- Health and Safety
- IT
- Legal Affairs
- Local Enterprise Office
- Physical Development
- Roads
- Senior Enterprise Development
- Social Directorate
- Sports
- Tourism
- Traffic
- Transport

Grades of attendees

Participants varied between describing their grade as a number and a job title. Among those who provided a number, participants gave the following grades:

Grades of Participants who Provided a Numerical Grade

Grade 1	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8
1	13	14	11	11	14	5

Among participants who provided a job title, the following numbers were seen:

Job Title of Participants who Provided Job Titles			
Arts Officer	1	Library Assistant	13
Caretaker	1	Local Enterprise Officer	1
CFO	2	Place Finder	1
Chief Technician	2	Senior Executive Officer	7
Clerical Officer	13	Senior Staff Office	6
Director of Service	3	Staff Officer	19
Executive Engineer	6	Technician	1

Age of attendees

Age of Participants	
18 - 34	19
35 - 44	54
45 - 60	92
60+	7

Length of time in current role

Length of time in current role	
Up to 1 year	39
1 - 5 years	75
6 - 9 years	14
11 - 20 years	29
20+ years	8

Gender of attendees

Male 61

Female 127

Attendees who identified as having a disability

Disabilities Reported by Participants	
Physical	10
Intellectual	1
Sensory	5
Mental Health	3
Other	2

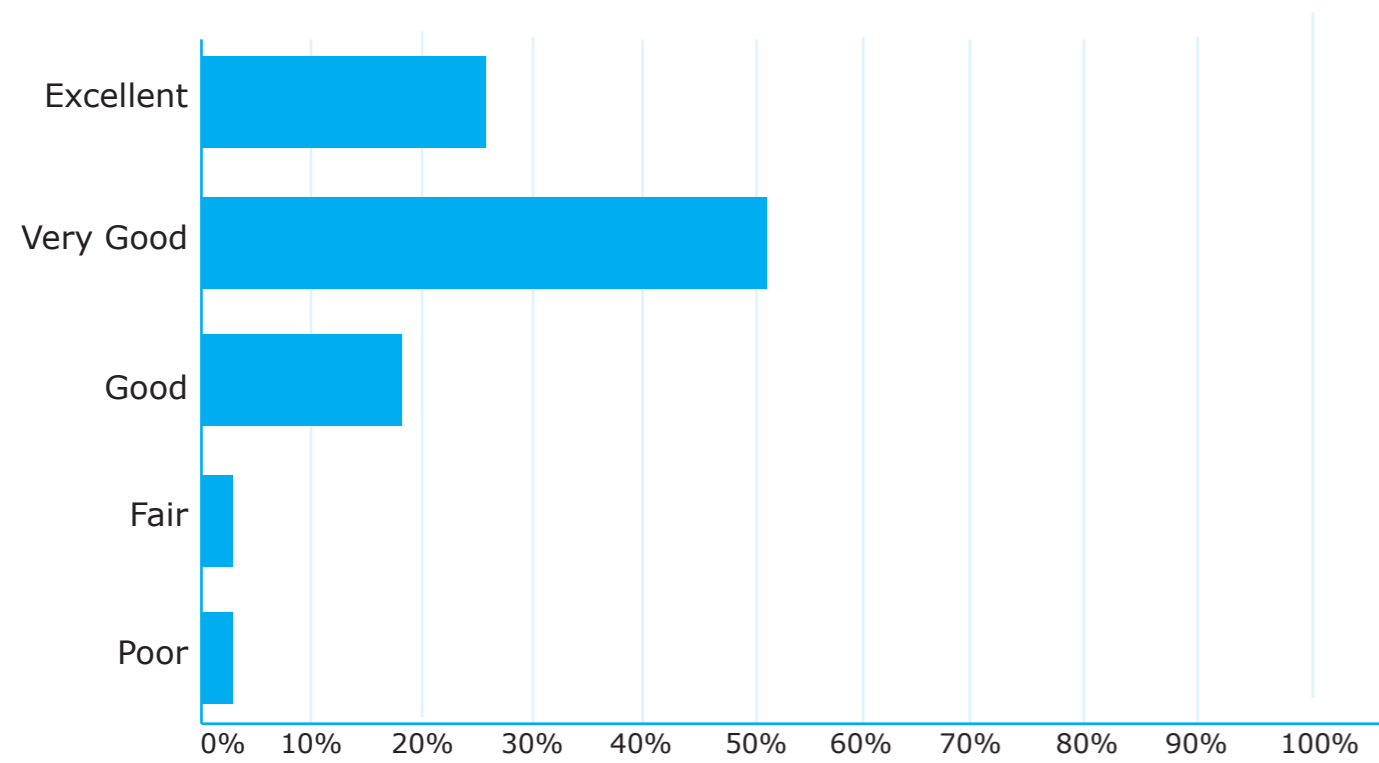
Appendix 2: Results of Initial Evaluation

Table of Quantitative Questions from Evaluation

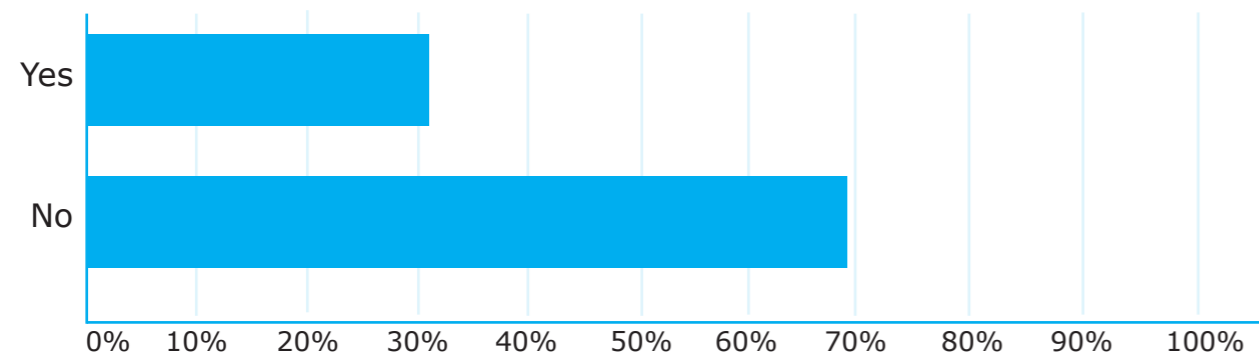
Question	
How useful was the information you received in this training?	4.32
Was the information easy to understand?	4.29
Do you think that you will be able to use this information in your work?	3.88
Do you now feel confident discussing and using the UN CRPD?	3.5
Were the exercises and discussion useful?	4.05
Did the training meet your expectations?	4
How likely would you be to recommend this training to others?	4.18
Training Sections: How useful did you find each part of the training session?	
What is Disability?	4.42
What is the UN CRPD?	4.39
What rights are in the UN CRPD?	4.31
The Public Sector Duty	4.28
Challenges and Solutions	4.22

Appendix 3: Results of Follow-up Evaluation

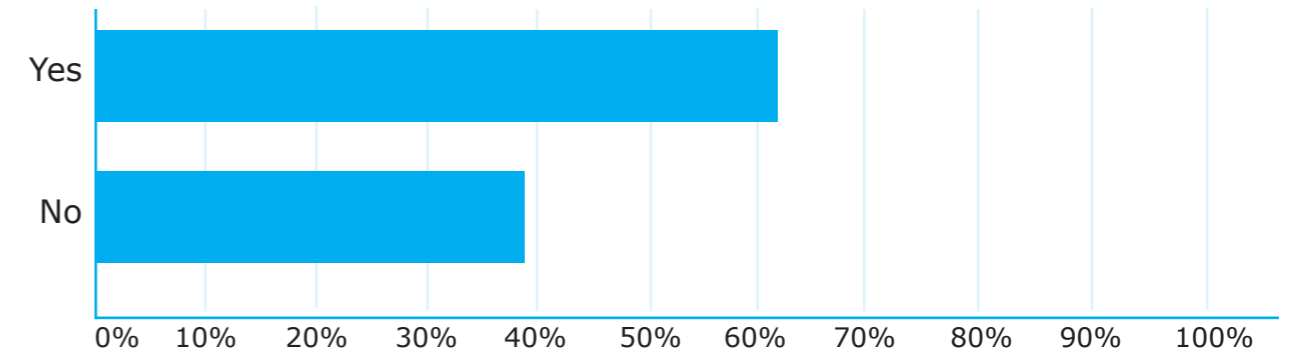
Overall how would you rate this training?



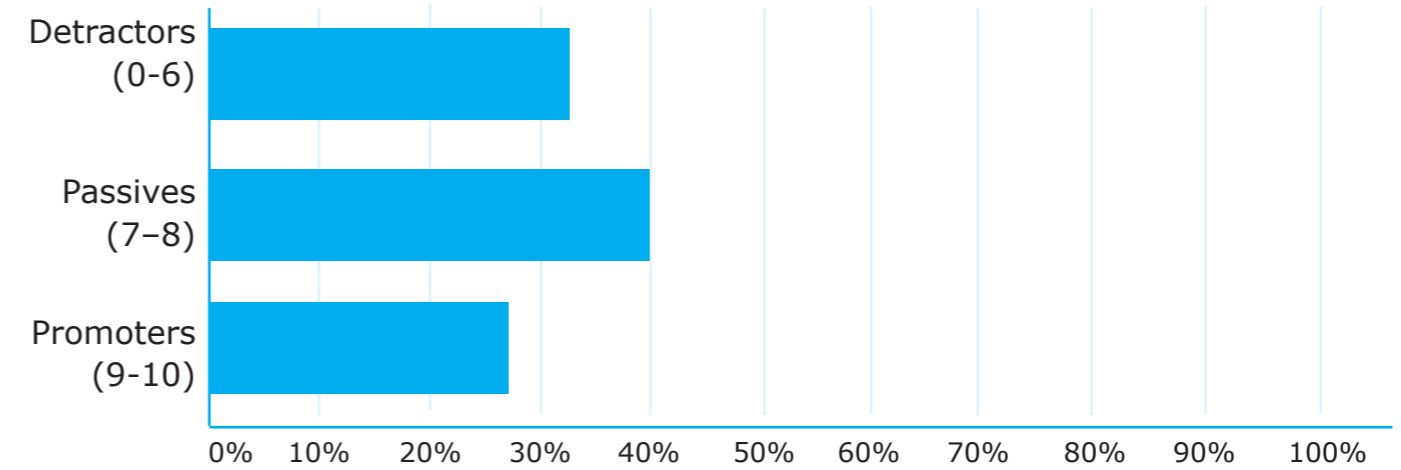
Have you used any information or materials from the training since you received it?



Have you noticed any difference in your approach to your work since the training?



How likely is it that you would recommend this training to a friend or colleague?





DFI is about making Ireland fairer for people with disabilities.

We work to create an Ireland where everyone can thrive, where everyone is equally valued.

We do this by supporting people with disabilities and strengthening the disability movement. There are over 120 member organisations in DFI. We also work with a growing number of other organisations that have a significant interest in people with disabilities.

DFI provides:

- Information
- Training and Support
- Networking
- Advocacy and Representation
- Research, Policy Development and Implementation
- Organisation and Management Development

Disability is a societal issue and DFI works with Government, and across all the social and economic strands and interests of society.

DFI, Fumbally Court, Fumbally Lane, Dublin 8

Tel: 01-4547978, Fax: 01-4547981

Email: info@disability-federation.ie

Web: www.disability-federation.ie

Disability Federation of Ireland is a company limited by guarantee not having share capital, registered in Dublin.

Registered No 140948, CHY No 6177, CRA No 20010584

