


National Survey of Public Attitudes to Disability in Ireland 2017

Údarás Náisiúnta Míchumais
National Disability Authority

National Survey of Public Attitudes to Disability in Ireland

2017

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Executive Summary

Executive Summary

The National Disability Authority (NDA) commissioned Behaviour & Attitudes (B&A) to conduct a nationally representative survey on public attitudes to disability in Ireland in 2017. The NDA previously conducted national surveys on attitudes to disability in 2001, 2006 and 2011.

The survey used quota sampling and was conducted via face-to-face interviews during January and February 2017. Data were weighted on gender, age, region, socio-economic status and disability status. Data from 2017 were compared to 2011 and 2006 data and these datasets were also weighted to their respective census year. Multivariate analysis was carried out to determine what factors influenced the key findings.

It is important to note that in surveys, some small fluctuations in results can be due to sampling variation and chance rather than reflecting a true change in attitudes. However, differences between groups cited in the report are statistically significant (that is, are not as a result of chance). If differences are not mentioned, it can be assumed that they are not statistically significant.

The survey covered a range of topics on attitudes relating to disability. These included awareness of disability and attitudes towards particular types of disability. Survey questions explored attitudes towards children with disabilities in mainstream education, the employment of people with disabilities as well as relationships, neighbourhood, and the social wellbeing of people with and without disabilities.

Description of the sample

A total sample of 1294 respondents aged 18 years and older participated in the survey. The sample was comprised of an initial sample of 1,021 respondents, of whom 166 had a disability, and a booster sample of 273 people with disabilities, giving a total of 439 people with a disability and 855 without.

People with disabilities were more likely than people without disabilities to be: older; to be from lower socioeconomic groups; to be either unemployed, retired, or a fulltime homemaker; to be single; to have only primary or secondary education; and to have no children.

Awareness of and familiarity with disability

In 2017, physical disability received the highest unprompted association with the term ‘people with disabilities’ (82%), followed by mental health difficulties (54%) and intellectual disability (47%). When compared with the 2011 survey results, unprompted association with intellectual disability (54% in 2011 versus 47% in 2017), vision difficulties (33% in 2011 versus 28% in 2017), and addiction (13% in 2011 versus 9% in2017) had declined among respondents. Unprompted association of the term ‘disability’ with mental health difficulty was slightly higher in 2017 at 54% compared to 50% in 2011 and also higher for long-term illness at

25% compared to 22% in 2011.

Almost three in every four respondents knew someone with a disability**.** On average, they knew two people with a disability and 78% of those who knew someone with a disability had daily or weekly contact with them.

More women than men had daily contact with someone with a disability (44% versus 29%) while respondents living in Dublin were less likely to have daily contact (28%) with someone who has a disability compared to respondents living elsewhere in the country (for example, 43% of respondents living in Munster had daily contact).

Prevalence of disability

The overall prevalence among respondents of having a 'long-lasting condition' increased from 12% in 2006 to 14% in 2011 to 16% in 2017. The 16% disability prevalence of this survey corresponds to that of Census 2016 where the prevalence of disability in the 20 to 85+ year category was 16.1%.[1]

The most common disability reported in the 2017 survey was a condition that substantially limits one or more basic physical activities (57%, up from 45% in 2011), followed by a chronic illness (37%, up from 11% in 2011).[2] There were minimal differences in the distribution of conditions among respondents in the booster sample and among respondents with disabilities in the main sample. The prevalence of disability, as expected, increased with age. Those who were 18-35 years had a prevalence of 7% compared to a 33% prevalence among those aged over 65 years. Those aged 55+ and those in the lower socio-economic group were most likely to have a condition that substantially limits one or more basic physical activities. Chronic illness and deafness were more common amongst those aged over 65 years.

General attitudes to people with a disability

Over one-third (36%) of respondents agreed that 'people with disabilities are treated fairly in Irish society.' This is a decrease from 44% in 2011 and 40% in 2006. Levels of agreement were higher among people living in urban areas and were also higher both among people who knew someone with a disability and, somewhat contradictory, among people who never or rarely interacted with a person with a disability.

There has been a significant increase in the level of agreement with the statements that people with all types of disability can participate fully in life compared to the 2011 and 2006 data. For example, agreement that people with

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[1] CSO 2016, http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/Define.asp?maintable=EZ042&PLanguage=0 (last accessed October 2017). It was not possible to directly compare adults age 18+ as the census age bands include 15-19 years and 20-24 years.

[2] This change may reflect a change in the way respondents classified disability this year due to a definition of chronic illness that was included after the pilot study.

physical disabilities can participate fully in life increased to 46% in 2017 from 31% in 2011 and 30% in 2006. Although not directly comparable, it would appear that more respondents thought that people with both autism and intellectual disability were able to participate fully in life when compared to the combined autism and intellectual disability category in 2011 and 2006. Further analysis found that the levels of agreement that people with disabilities could participate fully in life was higher among younger people (all disability categories except physical disability) and people living in urban areas (all disability categories except intellectual disability). People who were more satisfied with life were more likely to agree that those with mental health difficulties and physical disabilities can participate fully in life.

Three in four respondents (76%) believed that there are circumstances when it is all right to treat people with disabilities more favourably than others. This was an increase from 68% in 2011 but still lower than the 2006 level of 81%. There was a similar level of agreement regarding people with a disability having priority over others concerning social housing (78% agree), hospital waiting lists (78% agree) and receiving increases in welfare payments (77% agree).

Disability and education

Almost two in five people (38%) agreed that, in general, people with disabilities receive equal opportunities in terms of education. This is a non-significant increase from 34% in 2011 and 33% in 2006.

The number of respondents agreeing that children with various disabilities should attend the same schools as children without disabilities increased for all disability types. For example, for children with vision or hearing disabilities 61% of respondents agreed that they should attend the same school as children without disabilities an increase from 46% in 2011 and 57% in 2006. Respondents continue to be most supportive in relation to children with physical disabilities attending the same schools as those without disabilities (75%) and least supportive in relation to children with mental health difficulties (49%).

In further analysis, for all disability categories, people from Leinster (excluding Dublin) had higher agreement levels with the statement that children with disabilities should attend mainstream schools. For three of the five disability categories (intellectual disability, autism and vision or hearing disabilities) people from Connaught/Ulster had higher agreement levels when compared to people from Munster. People who were younger had higher agreement levels with the statement for children with mental health difficulties, autism and vision or hearing disabilities.

Disability and employment

Overall, only 18% of respondents believed that people with disabilities receive equal opportunities in terms of employment (20% in 2011, 15% in 2016).

When asked about their level of comfort working with people with disabilities,

respondents reported highest comfort levels for working with people with physical disabilities (8.9 out of 10), and the lowest comfort levels for working with people with mental health difficulties (8.2 out of 10). Nevertheless, positive attitudes towards all, including people with mental health difficulties, have increased when compared to previous years. Comfort levels working with people with disabilities were slightly lower compared to other minority groups apart from members of the travelling community.

Disability and relationships

Agreement that adults with disabilities have the same right to fulfilment through sexual relationships as everyone else increased for people with vision or hearing disabilities (77% to 90%) and physical disabilities (76% to 88%) when compared to 2011. For people with mental health difficulties agreement that they had the same right to fulfilment through sexual relationships increased to 78% in 2017 from 54% in 2011 and 61% in 2006. Although not directly comparable, the proportion of respondents agreeing that people with autism and intellectual disabilities have the same right to fulfilment through sexual relationships also increased substantially.

In further analysis, living in Connaught/Ulster increased the odds of agreeing with the statement that people with intellectual disability, autism and physical disabilities have the same right to fulfilment through sexual relationships as everyone else.

Having a higher satisfaction with life score increased the odds of agreeing with the statement that people with intellectual disability, autism and mental health difficulties have the same right to fulfilment through sexual relationships as everyone else.

Similarly, support for people with disabilities having children if they wish was highest for adults with vision or hearing disabilities (85%) and physical disabilities (80%) and lowest support was for adults with mental health difficulties (56%). The proportion of respondents agreeing that adults with vision or hearing disabilities (85%), physical disabilities (80%), or mental health difficulties (56%) should have children if they wish increased significantly on 2011 levels (68%, 65%, and 36% respectively) and are back in line with those recorded in 2006. Similar increases were seen for autism and intellectual disability although these were not directly comparable to previous years.

Further analysis found that in four of the five disability types (all except mental health difficulties) people from Leinster (excluding Dublin) and people from Connaught/Ulster had higher levels of agreement with the statements that people with disabilities should have children if they wished compared to Munster. Younger people had higher agreement levels for three of the five disability groups (people with mental health difficulties, intellectual disability and physical disabilities). Having a higher satisfaction with life score were associated with higher agreement scores for people with mental health difficulties and autism.

Disability and neighbourhood

Overall almost nine in ten respondents (87%) agreed that people with disabilities should live in houses like everyone else.

Respondents were asked about their level of comfort if people with disabilities were living in their neighbourhood. Highest comfort levels were for living close to people with physical disabilities or vision and hearing disabilities (9.3 out of 10), and lowest comfort levels were for living close to people with mental health difficulties (8.8 out of 10). Although comfort levels increased since 2011 this was not significant. Comfort levels with living close to people with disabilities were similar to comfort levels with living close to other minority groups such as migrant workers with the exception of members of the travelling community for whom people expressed lower levels of comfort (7.5 out of 10).

In further analysis, people from Leinster (excluding Dublin) had consistently higher levels of comfort with having neighbours with all types of disability when compared to Munster. People at risk of social isolation, and who rarely or never had contact with someone with a disability, had lower levels of comfort with having neighbours with a disability. For four of the five disability types (all except mental health difficulties) people who knew someone with a disability had higher comfort levels.

Disability, social participation and social isolation

Respondents who had a disability were significantly less likely than those without a disability to have taken a holiday at home (36% vs. 53%) or abroad (28% vs. 50%) in the past 12 months, gone on a day trip (55% vs. 75%) or had a hobby (67% vs. 82%). They were also significantly less likely to access the internet (66% vs. 88%) or own a mobile phone (85% vs. 96%) although mobile phone ownership was high overall. Further analysis found that for most activities being younger, living in an urban area, being from the higher socio-economic group and having a higher satisfaction with life score increased the odds of participating in these activities. Having a disability is the most common factor associated with not participating in these activities. Being at risk of social isolation was also a significant factor in not participating in some of the activities. Disability remained a significant factor in lower mobile phone ownership and less internet access even after controlling for age, socio-economic group and other relevant variables.

People with a disability were significantly more likely to be at high risk of social isolation as measured on the Lubben Social Network Scale-6. Thirty-two percent of people with a disability are at risk of being socially isolated versus 22% of people without a disability.

Respondents were asked to rate their level of satisfaction with life and their level of happiness on a scale of one to 10, where 10 was the highest score. People with disabilities reported a significantly lower level of satisfaction with life (7.3 versus 8.0 out of 10) and were less happy (7.4 versus 8.2 out of 10) than

those without disabilities. Further analysis on the satisfaction scale found that those living in Leinster, including Dublin, and those in higher socio-economic groups had a higher satisfaction with life score. People who are younger, who have a disability and who are at risk of social isolation had lower levels of satisfaction with life. Further analysis of the happiness scale found that those living in Leinster, Dublin, or in Connaught/Ulster and those in higher socio-economic groups had higher levels of happiness. Respondents who were younger had lower levels of happiness. A higher proportion of people with a disability compared to people without a disability felt tense (19% vs 4%), lonely (16% vs 4%), and downhearted and depressed (18% vs 4%). There was no variation in the levels of trust expressed between those with and without a disability.

Conclusion

The 2017 NDA national survey data suggests that positive attitudes towards every kind of disability including mental health difficulties are increasing when compared to the 2011 findings, which have largely returned to, or exceeded the 2006 findings. There is a statistically significant increase in the number of respondents agreeing with the statement that people with physical disabilities, vision or hearing disabilities or mental health difficulties can participate fully in life. In further analysis that controlled for demographic and other factors, this increase remained consistent for all disability types across the 2006 and 2011 surveys years.

The findings of this survey need to be considered in relation to a number of contextual factors over the past six years. It is possible that a recession effect may have contributed to the more negative attitudes expressed in 2011 and this is consistent with research findings from other countries. There have been a number of mental health campaigns and campaigns around other disabilities over the last number of years. An evaluation of the largest of these, the See Change Green Ribbon campaign, showed an increase in awareness of mental health issues. The impact of some public policies are now being seen with more accessible buildings and public transport and more access to mainstream schools for people with disability. With the commencement of inspection of residential services for people with disabilities by HIQA in 2014, there has been substantial media coverage of the reports, particularly where problems have been identified.

All of these factors and others may influence attitudes of the general population to people with disability. However, as attitudes form through complex interactions of a multiplicity of factors, it is difficult to pinpoint particular issues or events as drivers of changes in attitude.

It is important to stress that while increasing positive attitudes facilitates the inclusion of people with disabilities, the converse is also true. That is, ensuring inclusion and participation improves attitudes. In this regard, the United Nations Convention on the Rights of People with Disabilities (UNCRPD) with its focus

on full inclusion of people into every aspect of life is an important international instrument for advancing policy and practice and, in so doing, improving attitudes. The UNCRPD insists that people with disabilities must have the support and accommodations they need to exercise their rights. It also includes people with disabilities as equal partners with the government in negotiating each of the principles and articles. Ireland is currently amending its legislation so that, when it ratifies the UNCRPD, it will be in a position to implement it. This will be an important step towards improving attitudes as it highlights the adaptations required so that people with disabilities are fully included in Irish society. By ratifying the Convention, the Irish government will enter into a commitment to translate the UNCRPD principles into policy and practice. The Convention includes both national and international monitoring mechanisms. It is anticipated that the UNCRPD will be ratified by Ireland by the end of 2017 and the NDA urges the government to meet this target.

In conclusion, despite an apparent increase in positive attitudes in 2017, it is essential to continue increasing employment opportunities, promoting inclusive education and reducing stigma associated with mental illness. Well-designed interventions can improve knowledge about, attitudes towards, and acceptance of people with a disability.[3] Interventions that address the rights of people with disabilities such as education, employment and health policies can influence attitudes. Legislation and supporting mechanisms such as standards and monitoring strategies can also influence attitudes as can interventions that increase contact with people with disabilities on an equal footing and positively portray people with disabilities in the media and the arts. Ireland is at an early stage in transformational programmes for people with disabilities. The implementation of policies and strategies such as the Comprehensive Employment Strategy,[4] Time to Move on From Congregated Settings,[5] the Review of Vision for Change,[6] New Directions,[7] the Task Force on Personalized Budgets,[8] and the National Disability Inclusion Strategy, are at an early stage of implementation.[9] The full implementation of these strategies and policies should result in further increases in positive attitudes.

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[3] Fisher KR, Purcal C (2017) Policies to change attitudes to people with disabilities. Scandinavian Journal of Disability Research, 19 (2), 161-164

[4] Comprehensive Employment Strategy for People with Disabilities. 2015-2024. Government of Ireland. http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf (last accessed October 2017)

[5] Health Service Executive (2011). Time to Move on from Congregated Settings: A Strategy for Community Inclusion. Report of the Working Group on Congregated Settings. Dublin, Health Service Executive

[6] A Vision for Change. Report of the Expert Group on Mental Health Policy (2006) The Stationary Office. Dublin.

[7] Health Services Executive (2012) New Directions. Review of HSE Day Services and Implementation Plan 2012 – 2016. Working group report. HSE

[8] http://health.gov.ie/disabilities/task-force-on-personalised-budgets/ (last accessed October 2017)

[9] National Disability Inclusion Strategy. 2017-2021. Department of Justice. http://www.justice.ie/en/JELR/Pages/WP17000244 (last accessed October 2017)

Key Facts

- The proportion of adults with a disability in the sample was 16% (14% in 2011 and 12% in 2006). The disability prevalence of 16% is the same as the Census 2016 figure for adults aged 20 - 85+
- Almost 3 in every 4 respondents knew someone with a disability
  - On average they knew 2 people with a disability
  - 78% of those who knew someone with a disability had daily or weekly contact with them
- There was an overall improvement in attitudes towards people with disabilities when compared to 2011 data, with 2017 attitudes generally returning to 2006 levels. For example, there was increased agreement that:
  - Children with disabilities should be in the same school as those without disabilities
  - People with disabilities should have fulfilment through sexual relationships and have children if they wish
- While attitudes to people with mental health difficulties are more positive, mental illness continues to invite more negative attitudes than other disabilities and this is in keeping with international surveys. For example:
  - Only 49% of respondents agreed that children with mental health difficulties should attend the same schools as children without disabilities compared to 75% for physical disability.
  - Only 56% of respondents agreed that adults with mental health difficulties should have children if they wish compared to 85% for vision or hearing disabilities.
- Only 36% of respondents believed people with disabilities are treated fairly in Irish society compared to 44% in 2011 and 40% in 2006.
- More respondents thought that people with disabilities receive equal educational opportunities (38%) compared to employment opportunities (18%).
- Over 3 in 4 respondents agreed that people with a disability should have priority over others in certain circumstances (for example, waiting for social housing, hospital waiting lists and increases in welfare payments)
- People with disabilities reported more social isolation (32% versus 22%) and less participation in social activities than those without a disability (for example, 28% versus 50% took a holiday abroad in the last 12 months).
- People with disabilities reported a lower level of satisfaction with life (7.3 versus 8.0 out of 10) and lower levels of happiness (7.4 versus 8.2 out of 10) compared to people without disabilities.

1. Introduction

1.1 Research rationale

The National Disability Authority (NDA) is the independent state body that provides expert advice on disability policy and practice to the Minister for Justice and Equality and promotes Universal Design in Ireland.

The advice and guidance of the NDA is independent and impartial, rooted in what the evidence shows. The aim of the NDA is to ensure quality information and evidence-based advice to best inform and guide policies and programmes for people with disabilities.

Promoting the full inclusion of people with disabilities is a key objective of the NDA. This includes challenging negative attitudes and prejudice, which pose major obstacles to equal social, cultural and economic participation for people with disabilities.

1.2 Survey aims and objectives

The National Disability Authority (NDA) commissioned Behaviour & Attitudes (B&A) to conduct a nationally representative survey on public attitudes to disability in Ireland in 2017. The NDA previously commissioned national surveys on attitudes to disability in 2001, 2006 and 2011.

The purpose of the national survey is to provide evidence on attitudes to disability among a nationally representative population of males and females aged 18 and over living in the Republic of Ireland. The survey utilizes key questions from the previous NDA attitudes surveys to facilitate comparisons across time as well as including some additional questions. Survey findings are used to inform research, programming and policy advice and to monitor changes in attitudes toward disability over time. The findings are shared with interested parties including disability organisations who may use them for further research or advocacy.

The report includes a chapter on the methodology, the main findings and a discussion and implications for policy. A large appendix is included that contains the questionnaire (Appendix 1), tables of further statistical analysis (Appendix 2), and tables that correspond to the figures in the main report (Appendix 3).

2. Methods

2.1 Data Collection

In total, 1,294 respondents were interviewed. This sample comprised a nationally representative survey of 1,021 respondents plus a booster survey of 273 people with disabilities. B&A collected data using computer aided face-to-face interviewing during January and February 2017. Interviews were conducted at the homes of the respondents. Only one person per household was eligible to participate in the study. Just over 7.3% (n=95) responded to the survey using a proxy. Of these, just over half (56.8%, N=54) reported having a disability. The methodology is similar to that used in the 2011 and 2006 attitudes surveys making data comparable.

A pilot study of 47 respondents (including 16 with disabilities) was conducted in January 2017 prior to the main fieldwork stage, in order to test questionnaire flow and the wording of the survey questions. We made some amendments to the questionnaire after the survey.

We conducted the survey in three parts:

Part 1: A face-to-face nationally representative survey conducted with 1,021 adults aged 18 years or over (18+). Of this sample, 166 people had a disability.

We applied quotas applied for region, gender, age and social economic group with a tight geographical stratification to ensure that the findings would be representative of Irish adults aged 18+.

We conducted interviewing over 125 sampling points. These locations were selected randomly based on a list of District Electoral Divisions. We randomly selected households at each location.

Part 2: We conducted face-to-face interviews with a booster sample of 273 people with disabilities (aged 18 years or over). This booster sample allowed us to increase the number of people with a disability in the sample, thus enabling a more robust comparison of people with and without disabilities. Regional quota controls were placed on the booster sample to ensure it was in line with the number of people with disabilities in the main sample.

Part 3: We merged and weighted the main and booster samples to match nationally representative proportions based on the 2016 census data for gender, age, region and disability. We applied weighting to social economic status based on the Association of Market Research Organisations agreed data.[10] During analysis, a corrective weighting was added to the booster sample, ensuring that it matched the known profile of people with disabilities in the nationally representative sample. This approach ensured a fully representative sample of the total Irish population. Therefore, analysis of the raw data will not give the percentages in this report. Weighted data must be used.

[10] www.aimro.ie

2.2 Questionnaire Design

The NDA and B&A developed the questionnaire (Appendix 1) collaboratively. Given the importance of the survey and the need to facilitate trend analysis across core questions, some questions were repeated verbatim as in previous studies (2001, 2006 and 2011). However, we changed some questions to achieve greater response clarification and to update the questionnaire. For some of these questions, despite the changes, the NDA is confident they are reasonably comparable with questions from previous years. In addition, a number of new questions were included in the 2017 survey, particularly in the area of wellbeing.

Importantly, for the 2017 survey autism and intellectual disability, previously combined into one category, were separated into two distinct categories.

2.2.1 Definition of a person with a disability

There were a few changes to the definition of a person with a disability from the definition used in previous NDA attitudes surveys. Firstly, based on feedback from the pilot survey, where several respondents asked for clarifications of what chronic illness, autism and intellectual disability were, definitions of these terms were included (Table 2.1). Secondly, autism was included as a separate category whereas in previous years this was coded with intellectual disability. The main difference to the 2016 census question on disability are the addition of autism as mentioned above and the 'exclusion of the category 'difficulty with learning remembering or concentrating'. This was in order that the 2017 attitudes questionnaire stayed as similar as possible to the 2006 and 2011 questionnaire for the disability question.

Table 2.1: Definition of a person with a disability used in 2017 survey

Disability type	Additional explanation included after the pilot
Blindness (including partial)	
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	i.e. involves significant difficulties in reasoning, learning, problem solving, and in everyday practical social skills
A psychological or emotional condition	

Disability type	Additional explanation included after the pilot
Chronic illness	i.e. physical or mental illness that has lasted, or is expected to last, for more than six months
Autism	i.e. a lifelong disability that affects the development of the brain and causes difficulties in social interaction and communication
Other, please specify	
Don't know	

If the respondent answered 'other' to this question, we classified their answer during data processing.

Social Economic Groups:
The socio-economic group of survey respondents was determined by the head of household's occupation and employment status. We classified the entire population using the following eight specific socio-economic groups:

A: Higher Managerial/Professional
B: Intermediate Management/Professional
C1: Supervisory or Junior Managerial/Professional
C2: Skilled Manual Worker
D: Semi-skilled/unskilled Manual Worker
E: Casual or Low Grade Workers, Pensioners and others who depend on Social Welfare
F50>: Farmers with 50+ acres.
F50<: Farmers with less than 50 acres.

Within this report, socio-economic group is analysed comparing higher socio-economic groups (ABC1) and lower socio-economic groups (C2DE). F50> is merged with ABC1 social economic group and F50< is merged with C2DE.

2.3 Analysis and other methodology issues

Analysis software
ASKIA software[11] was used for data collection and tabular analyse and IBM SPSS software[12] was used for the multivariate analysis.

Trend analysis
The 2017 data are compared to findings from the 2011 and 2006 attitudes surveys. Where trend results have not been provided, it can be assumed that the data are not comparable with previous studies, or that the question is new and only asked as part of the 2017 study (see questionnaire in Appendix 1).

[11] https://www.askia.com/
[12] https://www.ibm.com/analytics/us/en/technology/spss/

Comparisons to the 2001 attitudes survey have not been included due to differences in methodology (a booster survey of people with disabilities was not conducted in 2001) and the poor quality of the 2001 dataset.

Weighting
In addition to the weighting of the 2017 dataset described above, the 2006 and 2011 datasets were re-weighted to match demographic proportions as identified by the 2006 and 2011 census. Therefore, the 2006 and 2011 figures in this report may differ slightly from previously published reports.

Rounding Error
Due to rounding, row and column totals may not always sum to 100%.

Base numbers
Base numbers or denominators are the number of people who responded to a particular question in 2017 and are presented for each table and figure.

Margin of Error:
The margin of error on the sample size of 1294 is +/-3 percentage points. For smaller sub-samples, the margin of error will be greater. The quota sampling employed in this research provides a reasonable approximation of random sampling.

Significant Difference:
Significance testing was carried out comparing 2006 and 2011 data to 2017. A statistically significant difference was determined based on a p-value of <0.05 or on a significant 95% confidence interval. In tables and figures, an asterisk (*) is used to indicate a statistically significant finding. Where data from 2011 and 2006 are presented, the asterisk is used to denote a statistically significant difference from 2017 data.

Data Security and access:
B&A is certified to ISO Data Security standard. All B&A information security policies and procedures are based on the international standard for information security management systems (ISO/IEC 27001: 2013). 2017 data files are anonymised and will be available in due course through the Irish Social Science Data Archive.[13]

Bivariate Analysis:
Bivariate analysis, was carried out for most questions by the key demographic variables of age (18-34, 35-44, 45-49, 50-54, 55-64, 65+), gender, socio-economic group, region (Dublin, rest of Leinster, Munster, Connaught/Ulster), area (rural or urban) and disability status (have/do not have a disability). Tables of bivariate analysis are included in Appendix 2 and reported in the findings for questions where multivariate analysis was not carried out.

Multivariate Analysis:
We carried out multivariate analysis out on a number of the findings to determine whether they were affected by any of the other variables. This kind

[13] https://www.ucd.ie/issda/

of analysis examines the data to find explanations for findings and to find out what types of people have a higher or lower odds of agreeing with a particular question.

Each statistical output contains an odds ratio and a 95% confidence interval, which are used to express the magnitude and direction of the association and the statistical significance of the findings. Interpretation of the models assumes that all the explanatory variables are held constant. Statistically significant findings are highlighted in the text and summary tables of the findings are presented in Appendix 2.

We constructed three models as follows:

1) Binary logistic regression model

   This model was used for all the questions that used a five-point agreement scale. These scales were simplified to 'any agree' (i.e. score of 1 or 2) and 'any disagree' (i.e. score of 4 or 5). A score of 3 (neither agree nor disagree) was excluded for this analysis. Explanatory variables were both ranked and categorical data.

Explanatory variables included in this model were

- age (<55 or >=55)
- gender (male or female)
- region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster)
- area (urban or rural)
- socio-economic group (ABC1 or C2DE)
- disability status (disabled or not disabled)
- knowing someone with a disability (yes or no)
- frequency of contact with someone with a disability (at least weekly (constant), every 1-3 months, rarely or never)
- satisfaction with life (score 1-4 (constant), 5-8 or 9-10)
- at risk of social isolation (scored 12 or less on Lubben's Social Network Scale)

2) Binary logistic regression model 2

When comparing data from 2011 and 2006 to 2017 data, the binary logistic regression model outlined above had to be amended as not all variables were present for each year. In 2006 and 2011, vision and hearing difficulties were separate categories. For the regression model they have been combined to allow comparison with 2017 data.

In 2006 and 2011, autism was not included as a disability category but was included with intellectual disability. In 2017, these conditions were separated into two separate categories. For the analysis across years, the autism category from 2017 is excluded and the intellectual disability category from 2017 is compared with the intellectual disability and autism category from 2006 and

2011. These analyses were only conducted for a limited number of questions.

For the binary logistic regression models that included year as a variable, the following variables were included:

- age (<55 or >=55)
- gender (male or female)
- area (rural or urban)
- socio-economic group (ABC1 or C2DE)
- disability status (disabled or not disabled)
- knowing someone with a disability (yes or no)

3) Ordinal regression model

This model was used for all the questions that used a 1 to 10 scale (i.e. level of comfort scale, satisfaction scale, happiness scale and trust scale). Due to the uneven distribution of scores, an ordinal model was considered superior to a model treating the data as continuous. Scores were grouped as 1-4 (due to the low numbers of lower scores) and then individual scores between five and 10.

Variables included in this model were:

- age (<55 or >=55)
- gender (male or female)
- region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster)
- area (urban or rural)
- socio-economic group (ABC1 or C2DE)
- disability status (disabled or not disabled)
- knowing someone with a disability (yes or no)
- frequency of contact with someone with a disability (at least weekly (constant), every 1-3 months, rarely or never)
- at risk of social isolation (scored 12 or less on Lubben's Social Network Scale)

3. Research Findings

3.1 Description of the sample

There were 1294 respondents in the study, of whom 439 had a disability. Of those with a disability, 273 came from the booster sample and 166 from the main sample. Table 3.1 presents the total sample by demographic and other variables and includes a disaggregation by disability status. The percentages are based on the weighted data.

People with disabilities were more likely than people without disabilities to be older (aged over 55 years), to be from lower socioeconomic groups, to be either unemployed, retired, or a fulltime homemaker, to be single, widowed, divorced or separated, to have primary or secondary education only, and to have no children.

Conversely, people without a disability were more likely to be younger (aged 18-44 years), to be from higher socioeconomic groups, be working full time, be married or have a civil partner, and have a third level education.

Table 3.1: Profile of total sample disaggregated by disability status

Selected variables		Total Sample %	Respondents with a disability %	Respondents without a disability %
Gender	Male	49	47	49
	Female	51	53	51
Age	18-35	29	12	33*
	35-44	21	15	22*
	45-49	10	7	10
	50-54	8	9	8
	55-64	14	21*	13
	65+	18	36*	14
Socio-economic group	ABC1F50+	46	31	49*
	C2DEF50-	54	69*	51
Region	Dublin	28	28	28
	Leinster	27	25	28
	Munster	27	28	27
	Connaught/Ulster	18	18	18
Area	Urban	64	66	64
	Rural	36	34	36
Work status	Working full time	37	13	42*
	Working part time	12	8	13
	Self employed	5	2	6

Selected variables		Total Sample %	Respondents with a disability %	Respondents without a disability %
	Unemployed (seeking employment)	13	21*	11
	Full time homemaker	12	16*	11
	Full time farmer	1	0	1
	Part time farmer	0	1	0
	Retired	19	38*	15
Marital Status	Married/civil partner	53	41	56*
	Cohabiting	7	4	8
	Single	28	32*	27
	Widowed/ divorced/ separated	12	22*	10
Education	Primary level	8	17*	6
	2nd level	53	58*	52
	Any 3rd level	39	24	42*
	No formal education	0	2	0
Nationality	Irish	84	89	83
	Non Irish	16	11	17
Parents	Have children	64	56	66
	<18 years	34	14	38
	>18 years	30	42	28
	No children	36	44*	34

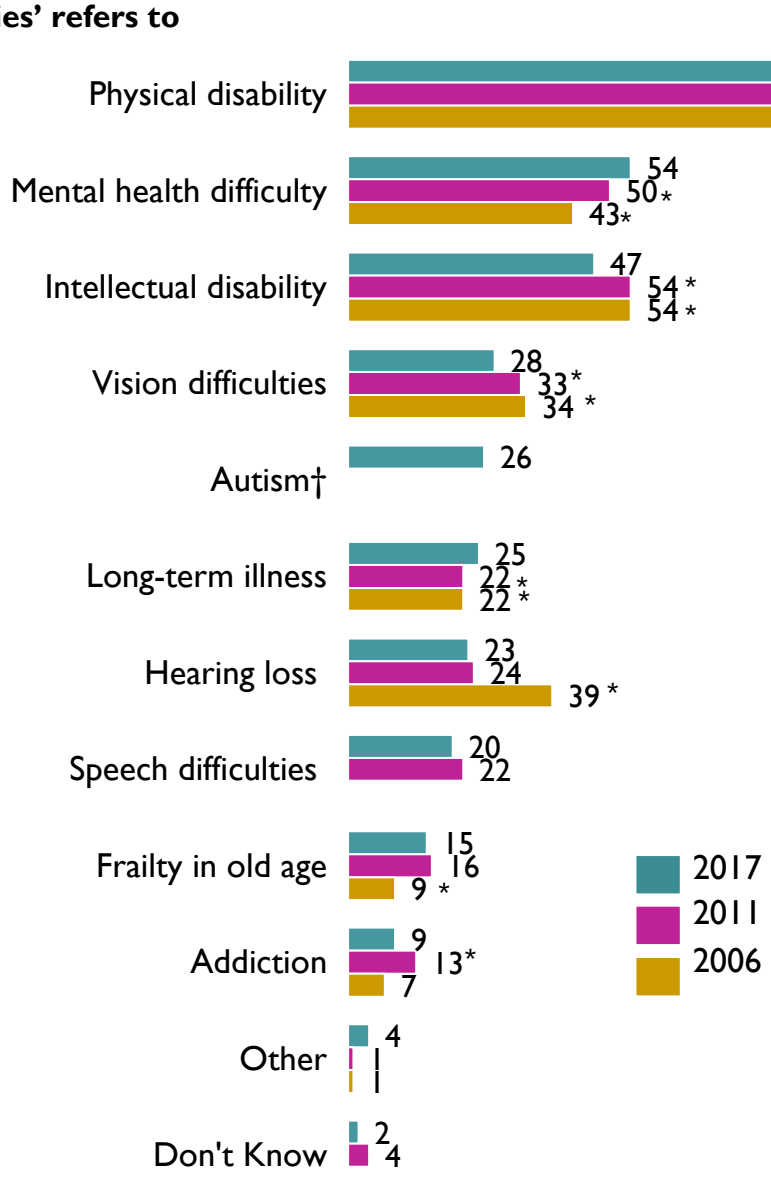
*Denotes a statistically significant difference
Percentages are based on weighted data

3.2 Knowledge of disability

3.2.1 The term 'people with disabilities'

Physical disability continues to receive the highest unprompted mention (82%) when respondents were asked what illnesses, conditions or disabilities the term 'people with disabilities' refers to (Figure 3.1). Mental health difficulty is the second most referenced condition (54%), followed by intellectual disability (47%). The frequency of people mentioning intellectual disability, vision difficulties, and addiction has declined since 2011. However, the frequency of people mentioning 'long term illness' and 'mental health difficulty' has increased.

Figure 3.1: Illnesses, conditions or disabilities the term 'people with disabilities' refers to



Base: 2017, all adults aged 18+, 1294
†Autism was not given a separate category in 2011 and 2006 and may have been classified under intellectual disability or a psychological or emotional condition

People aged 65 years or more were significantly less likely to mention 'mental health difficulties', 'intellectual disabilities', 'autism' or 'addiction' when asked about the term 'people with disabilities' (Table A2.1 in Appendix 2, page 100). People aged 45-49 years were more likely to mention physical disability, mental health difficulty, intellectual disability and frailty of old age.

People with a disability were more likely to mention long-term illnesses than those without a disability and less likely to mention physical disability.

Regional analysis shows that Dublin based respondents associated the term 'people with disabilities' with a wider range of conditions and people living in the Rest of Leinster with a lower range of conditions when compared to the respondents living in Munster and in Connaught/Ulster.

3.2.2 Prevalence of having any 'long lasting conditions'

Respondents were asked if they had any 'long lasting condition' and were shown the disability definition that was outlined in the methods. The overall prevalence of having a disability increased from 12% in 2006 to 14% in 2011, and now stands at 16% in 2017 (Table 3.2).

Table 3.2: Prevalence of having any 'long lasting conditions' by year

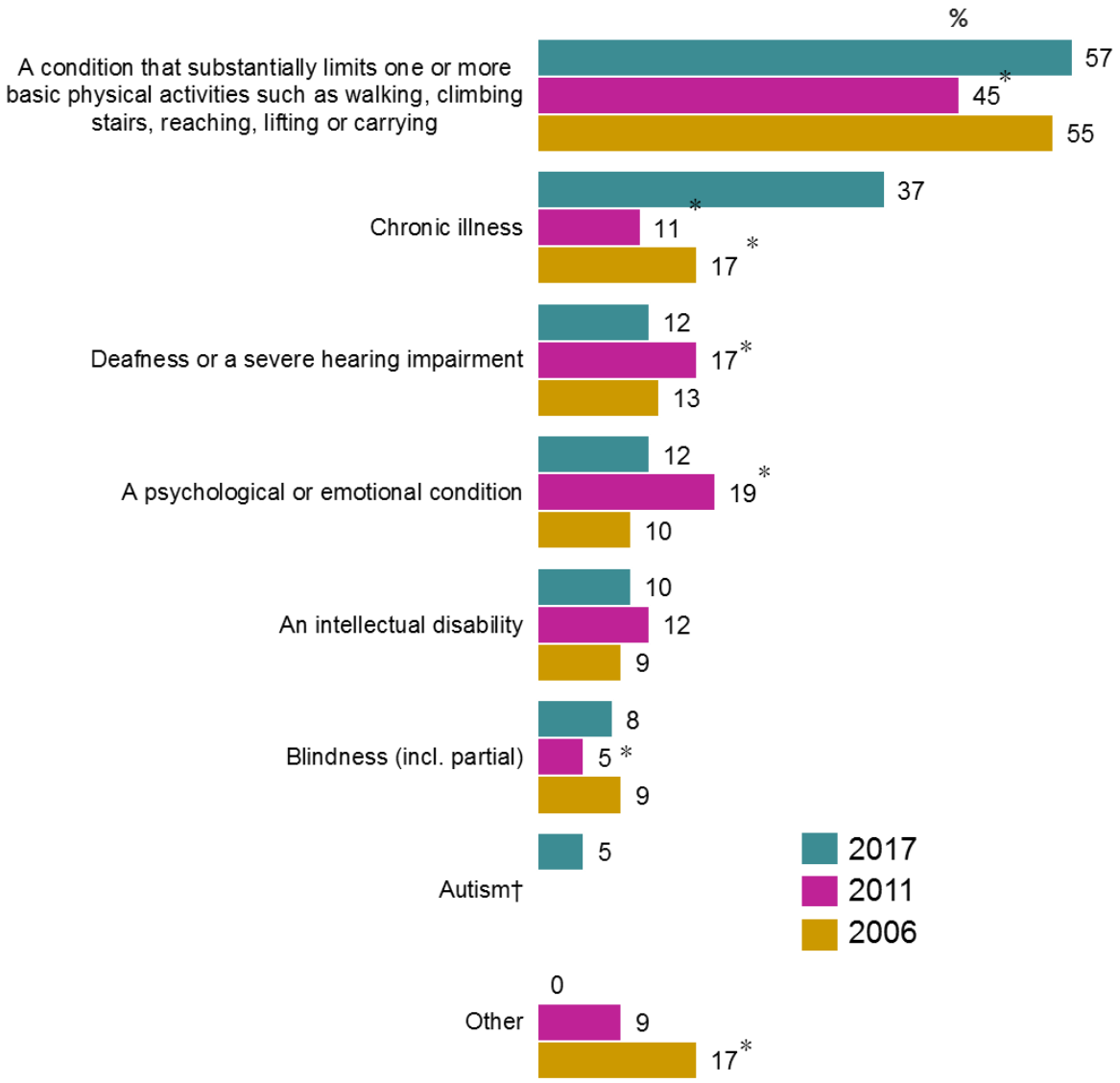
Year	Any disability
2017	16%
2011	14%
2006	12%

The most prevalent condition was a condition that substantially limits one or more basic physical activities at 57%, an increase from 45% in 2011 (Figure 3.2). The next most prevalent condition was chronic illness at 37%, an increase from 11% in 2011. The prevalence of a psychological or emotional condition, or deafness or severe hearing impairment decreased significantly and the prevalence of being blind increased significantly. Some of this variation may have been due to the inclusion of definitions to clarify the categories in the 2017 survey.

The prevalence of living with a disability increased with age and people with disabilities were more likely to be in the lower socioeconomic groups. Having a condition that substantially limits one or more basic physical activities, having a chronic illness or having a hearing impairment, were significantly higher in the older age groups (Table A2.2 in Appendix 2, page 101).

Appendix 2 (figure A2.1, page 102) shows the distribution of disabilities among the booster sample and this is very similar to the distribution of disabilities in the overall sample.

Figure 3.2: Types of disabilities among those reporting having a 'long-lasting condition'



Base: 2017, all adults with a disability, 439.
Respondents were shown a list of disabilities. Respondents could have multiple disabilities
Autism was not given as an option in 2011 or 2006 and may have been classified under intellectual disability or a psychological or emotional condition

3.2.3 Knowing and contact with people with disabilities

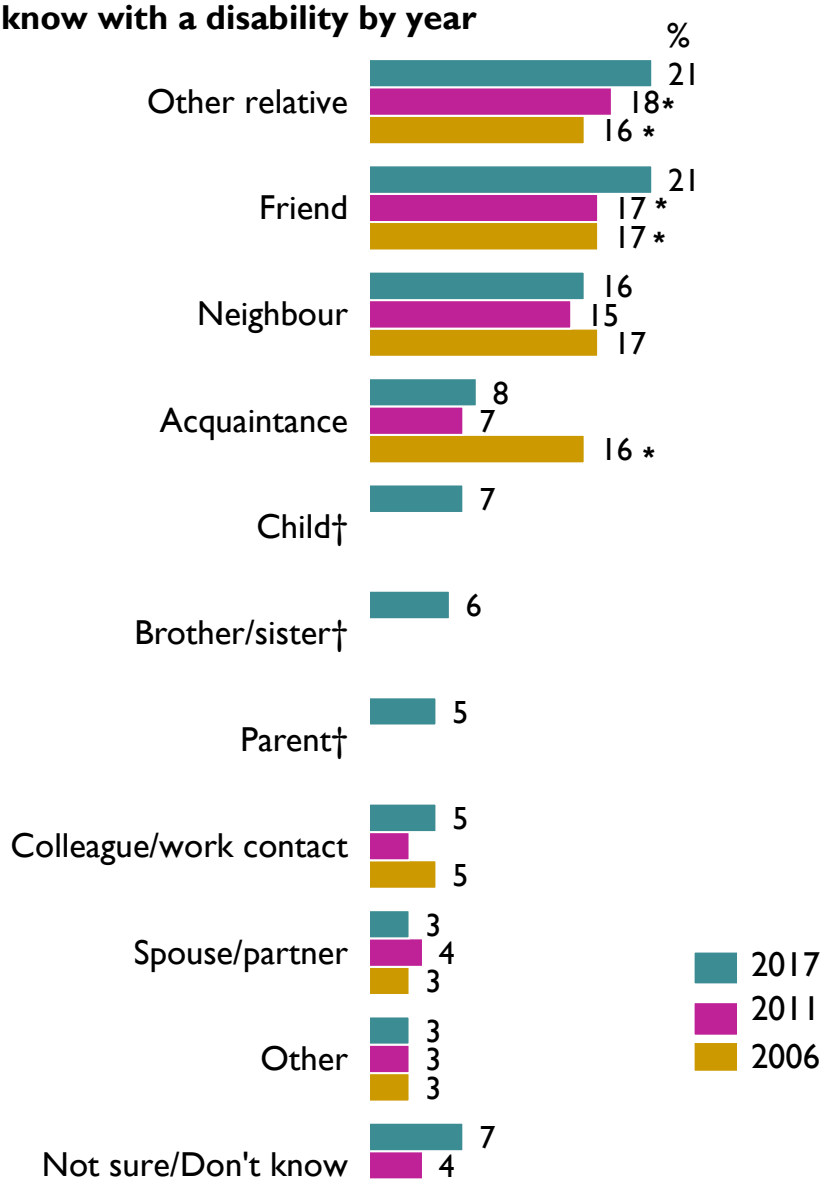
Respondents were asked if they knew anyone with a disability. Just over 7 in 10 people (73%) reported knowing someone with a disability, an increase from 63% in 2011 (Table 3.3).

Table 3.3: Proportion of people that know someone with a disability by year

Year	Know someone with a disability
2017	73%
2011	63%
2006	70%

This increase was mostly driven by an increase in the proportion of people reporting that they know a relative outside the immediate family (21% versus 18% in 2011) or friend (21% versus 17% in 2011) with a disability (Figure 3.3). The proportion having an acquaintance with a disability was 8% compared to a high of 16% in 2006. On average, those who know someone with a disability know two people with a disability.

Figure 3.3: Relationship between the respondent and the person they know with a disability by year



Base: 2017, all adults aged 18+, 1294
†Brother/sister, child, and parent codes used in 2017 to replace members of immediate family (15% in 2011, 18% in 2006). Child includes both respondents own child with a disability and a child they may know that has a disability. [14]

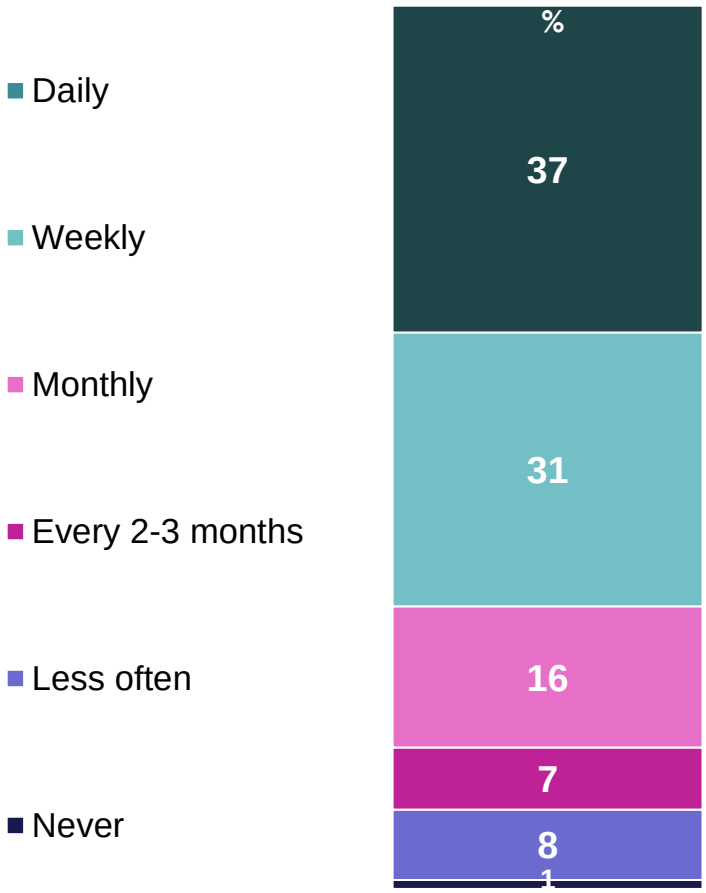
People in the 45-49 age group were more likely to know a child with a disability

[14] Note that data collectors mistakenly asked respondents about any child they knew with a disability rather than whether the respondents own child had a disability. This limited any further analysis in relation to parents of children with a disability.

(13%), while those aged 65+ were more likely to have a spouse/partner with a disability (10%). People with a disability were also more likely to know someone else with a disability (80%), or have a brother/sister (9%) or spouse/partner (8%) with a disability (Appendix 2, table A2.3, page103).

Almost 7 in 10 respondents (68%) report that they have daily or weekly contact with someone who has a disability, rising to almost 8 in 10 (79%) among those with a disability (Figure 3.4).

Figure 3.4: Frequency of being in contact with someone who has a disability

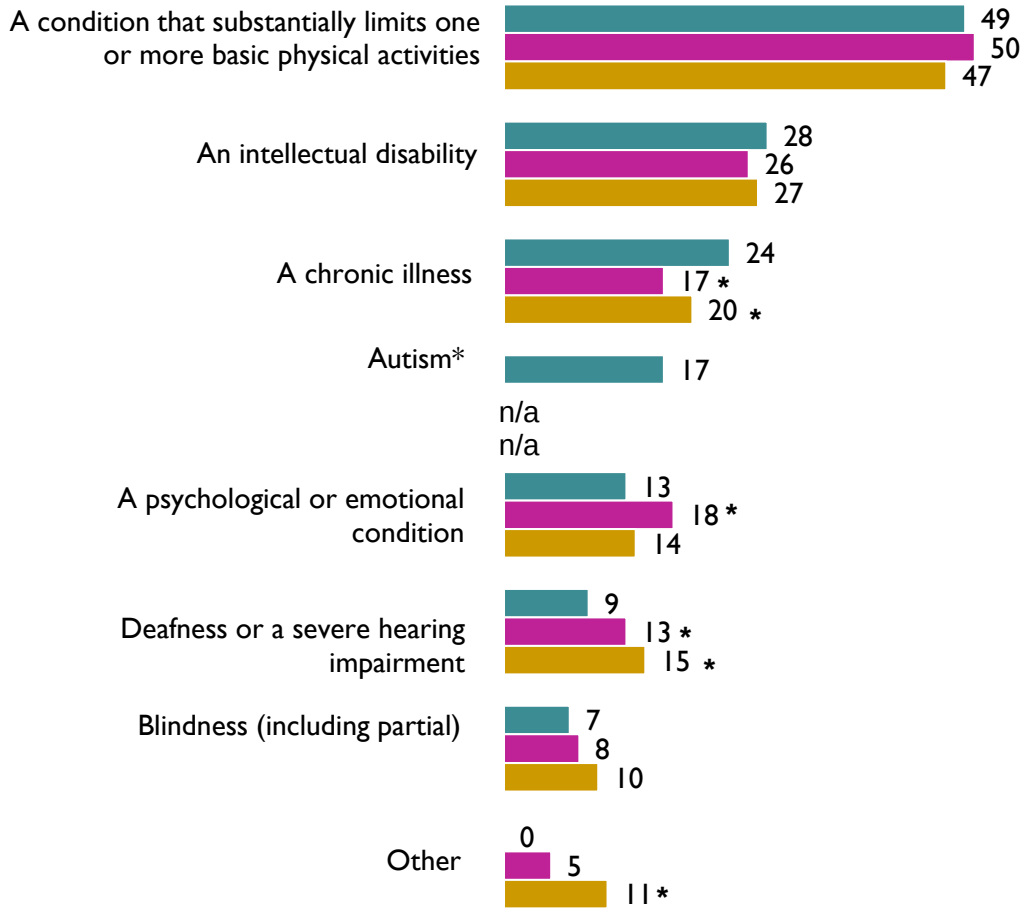


Base: 2017, all who are in contact with someone with a disability, 967

Females and people with a disability are more likely to have daily contact with someone who has a disability (44% and 47% daily contact respectively). Respondents living in Dublin are less likely to have daily contact (28%) with someone who has a disability compared to respondents living elsewhere in the country (for example, 43% of respondents living in Munster had daily contact) (Table A2.4 Appendix 2, page 104).

The most common disabilities among the people with disabilities known to respondents are conditions that substantially limits one or more basic physical activities (49%) and intellectual disabilities (28%) (Figure 3.5). A higher proportion of people know someone with a chronic illness and a lower proportion of people know someone with a psychological or emotional condition or deafness or a severe hearing impairment.

Figure 3.5: Types of disabilities the person (people) with a disability known by respondents have



Base: 2017, all who know someone with a disability, 967, †Autism was not given as an option in 2011 or 2006 and may have been classified under intellectual disability or a psychological or emotional condition

Looking across demographics, the under 35 age group is significantly more likely to know someone with autism (24%), while men (13%) and those aged 55+ are less likely to know someone with autism (55-64: 12%, 65+: 8%). People aged 65+ are also less likely to know someone with an intellectual disability (21%) when compares with the rest of the population (Appendix 2, table A2.5, page 105).

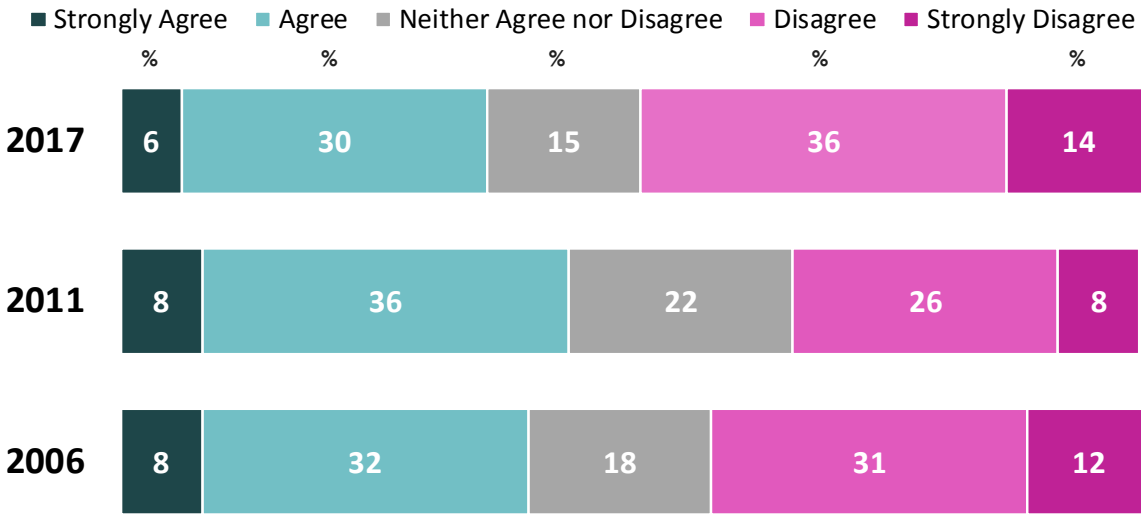
3.3 General attitudes to disabilities

3.3.1 People with disabilities are treated fairly

Having asked respondents about their awareness of disabilities, and how familiar they are with people who have a disability, they were then asked a series of questions regarding the treatment of people with disabilities in Irish society. Respondents were asked their level of agreement with the statement 'People with disabilities are treated fairly in Irish society'. Figures 3.6, summarised in Table 3.4, show that 36% of people strongly agreed or agreed with this statement. This is a statistically significant decline of 8% compared to 2011 and 4% compared to 2006. This decline persisted during further analysis to control

for other factors such as age and gender that may have varied across the years (Appendix 2, Table A2.6, page 106).[15]

Figure 3.6: Level of agreement with the statement 'People with disabilities are treated fairly in Irish society'



Base: 2017, All adults 18+, 1294

Table 3.4: Summary of level of agreement with the statement 'People with disabilities are treated fairly in Irish society'

Year	Any agree %	Any disagree %
2017	36	50
2011	44*	34*
2006	40*	43*

Base: 2017, all adults 18+, 1294
*Denotes statistical significance when compared to 2017

In further analysis of the 2017 data, that controlled for variations in demographic and other factors, [16] we found that levels of agreement with the statement that people with disabilities are treated fairly in Irish society were higher among people living in urban areas, among those who rarely or never

[15] Explanatory variables included in this binary logistic regression model included age (<55 or >=55), gender (male or female), area (rural or urban), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled) knowing someone with a disability (yes or no) and year (2017 (constant), 2011 and 2006).

[16]Variables in the 2017 multivariate logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), satisfaction with life (score 1-4 (constant), 5-8 or 9-10), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale – see section 3.8.1).

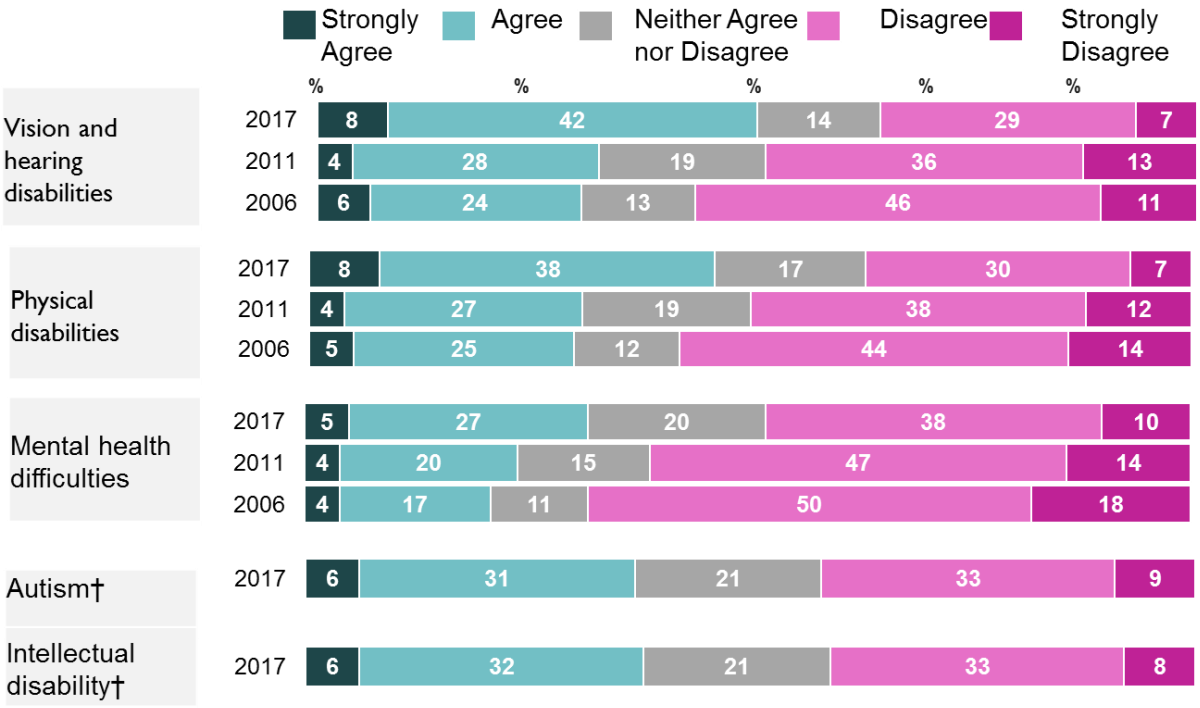
interacted with someone with a disability, and somewhat contradictory among people who knew someone with a disability (Appendix 2, Table A2.7, page106).

3.3.2 People with disabilities participating fully in life

There has been a statistically significant increase in the level of agreement that people with vision or hearing disabilities, physical disabilities and mental health difficulties can participate fully in life (Figure 3.7, and summarised in Table 3.5). In 2011 32% of people thought that people with vision or hearing disabilities could participate fully in life compared to 50% in 2017. The corresponding percentages were 31% in 2011and 46% in 2017 for physical difficulties and 24% in 2011 and 32% in 2017 for mental health difficulties.

Agreement that people with autism (37%) or intellectual disabilities (38%) can contribute fully in life were 37% and 38% respectively. While a direct comparison cannot be made with the previous years due to changes in categorisation of autism, it would appear that there is a significant increase in agreement. The increase across the years remained consistent for all disability types[17] in further analysis that controlled for demographic and other factors (Table A2.8, Appendix 2, page 107)[18].

Figure 3.7: Level of agreement that people with the following disabilities are able to participate fully in life



[17] In this analysis, the intellectual disability category in 2017 was compared to the combined intellectual disability and autism category from 2006 and 2011.

[18] Explanatory variables included in this binary logistic regression model included age (<55 or >=55), gender (male or female), area (rural or urban), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled) knowing someone with a disability (yes or no) and year (2017 (constant), 2011 and 2006).

Base: 2017, all adults aged 18+, 1294.
Question wording in 2006 and 2011 was phrased negatively - 'People with mental health difficulties are not able to participate fully in life. The 2017 wording was phrased positively - people with mental health difficulties are able to participate fully in life. 2006 and 2011 figures amended to allow comparisons.
†Question on autism and intellectual disability changed in 2017, previous data not directly comparable

Table 3.5: Summary of level of agreement that people with the following disabilities are able to participate fully in life

Disability type	Year %	Any agree %	Any disagree %
Vision or hearing disabilities	2017	50	36
	2011	32*	49*
	2006	30*	57*
Physical disabilities	2017	46	37
	2011	31*	50*
	2006	30*	57*
Mental health difficulties	2017	32	48
	2011	24*	61*
	2006	21*	68*
Autism†	2017	37	42
Intellectual disabilities†	2017	38	41
Intellectual disabilities or autism†	2011	25	60
	2006	28	60

* Denotes statistical significance, Footnotes as per figure 3.7 apply

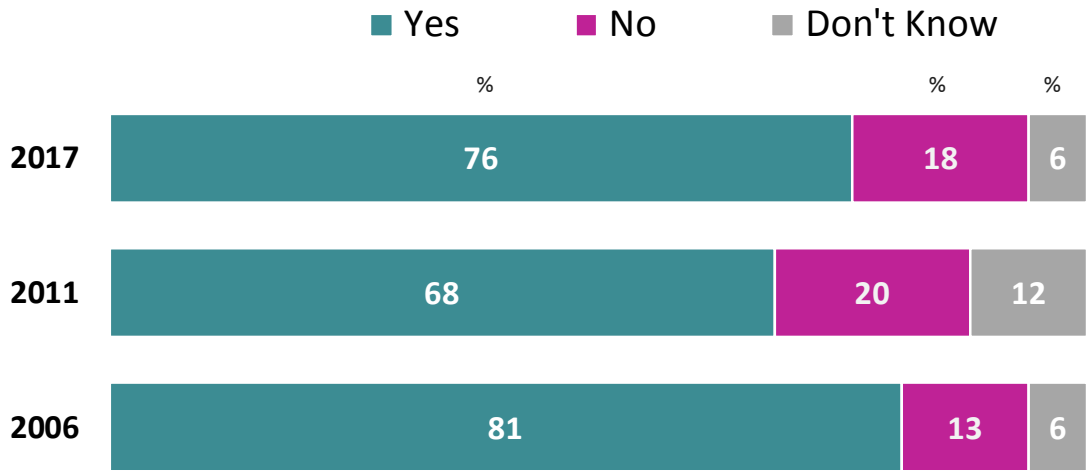
In further analysis of the 2017 data, that controlled for variations in demographic data and other factors,[19] the levels of agreement that people with disabilities could participate fully in life was higher among younger people (all disability categories except physical disability) and people living in urban areas (all disability categories except intellectual disability). For the mental health difficulties and physical disabilities categories, there were also higher levels of agreement among people who were more satisfied with their life (Table A2.9, Appendix 2, page 108).

3.3.3 Treating people with disabilities more favourably than others

Overall, three in four (76%) respondents believe that there are circumstances when it is all right to treat people with disabilities more favourably than others. As figure 3.8 shows, this represents an increase of 8 percentage points compared to 2011 levels but is still lower than then 81% reported in 2006.

[19] Variables in the 2017 multivariate logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), satisfaction with life (score 1-4 (constant), 5-8 or 9-10), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale– see section 3.8.1).

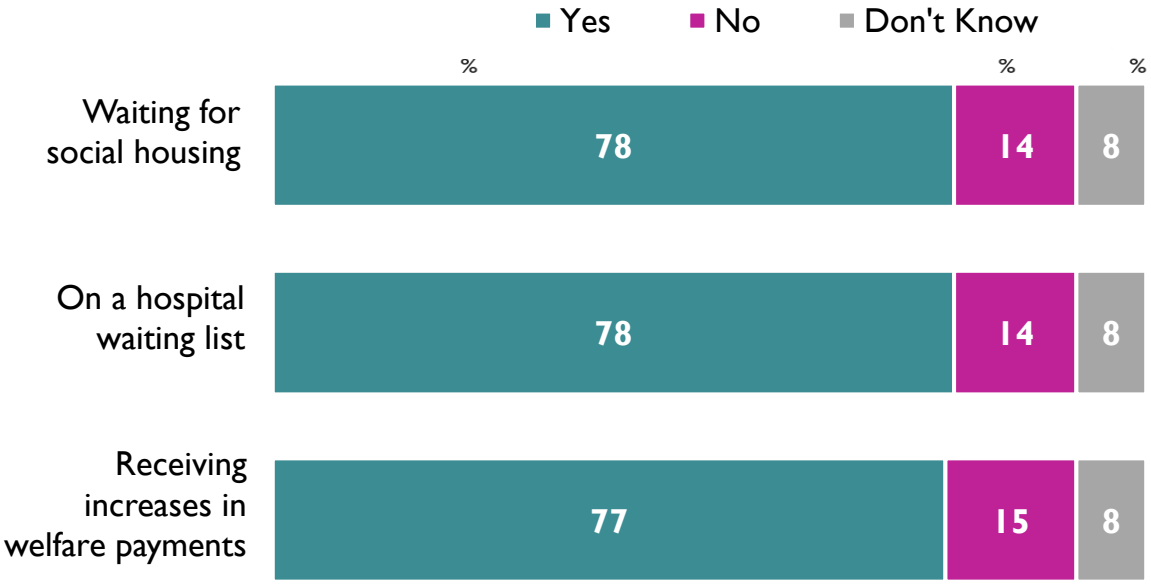
Figure 3.8: Level of agreement that there are occasions or circumstances when it is all right to treat people with disabilities more favourably than others



Base: 2017, All adults 18+ - 1294

When asked about specific examples of treating people with a disability more favourably than others, more than 3 in 4 respondents believe that people with a disability should have priority over others when it comes to social housing (78%), hospital waiting lists (78%) and increased welfare payments (77%) (Figure 3.9).

Figure 3.9: Level of agreement that people with a disability should have priority over others in certain circumstances

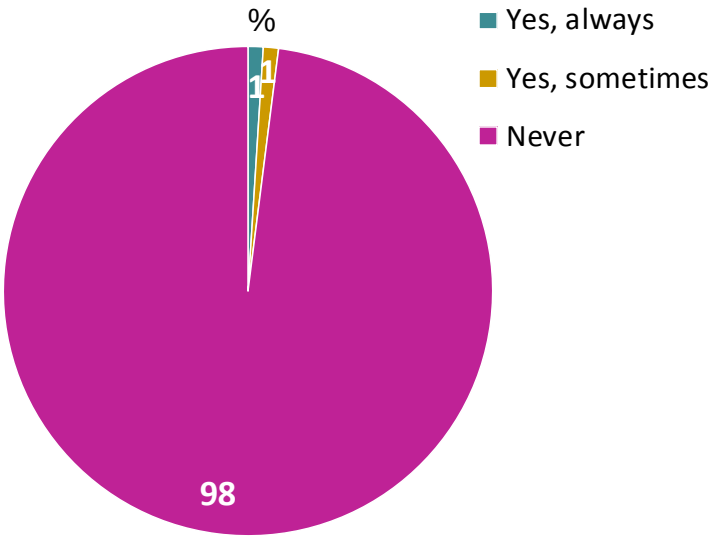


Base: 2017, all adults aged 18+, 1294.

People with a disability were significantly more likely to agree that people with a disability should have priority over others for social housing (83% versus 77%), and welfare payments (83% versus 76%).when compared to people without a disability (Table A2.10, Appendix 2, page 109).

The majority of people (98%) said that it was never acceptable for a person without a disability to park in a parking space designated for someone with a disability with just 2% of the population believing that it is sometimes or always acceptable to do so (Figure 3.10). The main reasons given for when it is acceptable is in an emergency and when picking up someone with a disability.

Figure 3.10: Proportion of people agreeing that it is acceptable for people without disabilities to park in a parking space designated for people with disabilities



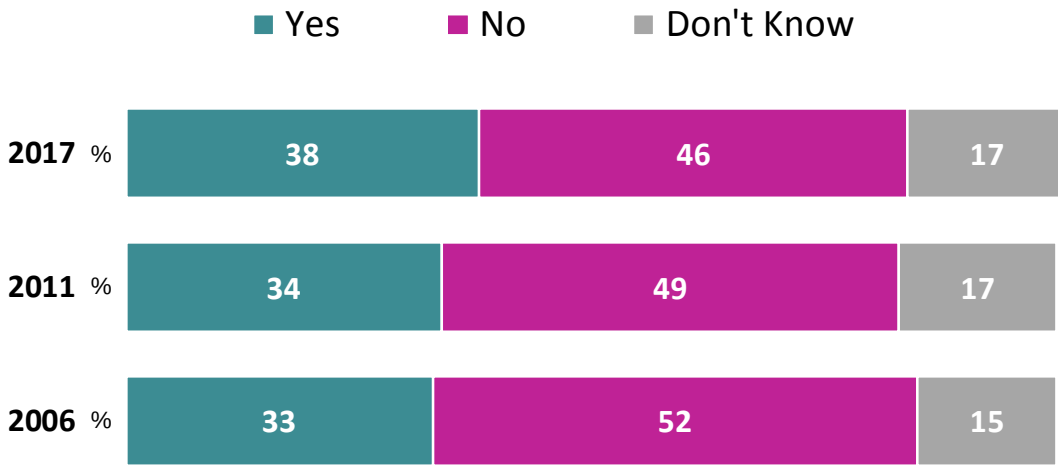
Base: 2017, all adults aged 18+, 1294

3.4 Disabilities and education

3.4.1 Education and equal opportunity

Almost half the respondents (46%) believe that, in general, people with disabilities do not receive equal opportunities in terms of education This is a non-statistically significant decrease from 49% and 52% in 2011 and 2006 respectively (Figure 3.11).

Figure 3.11: Level of agreement with the statement 'People with disabilities receive equal opportunities in terms of education'



Base: 2017, all adults aged 18+, 1294

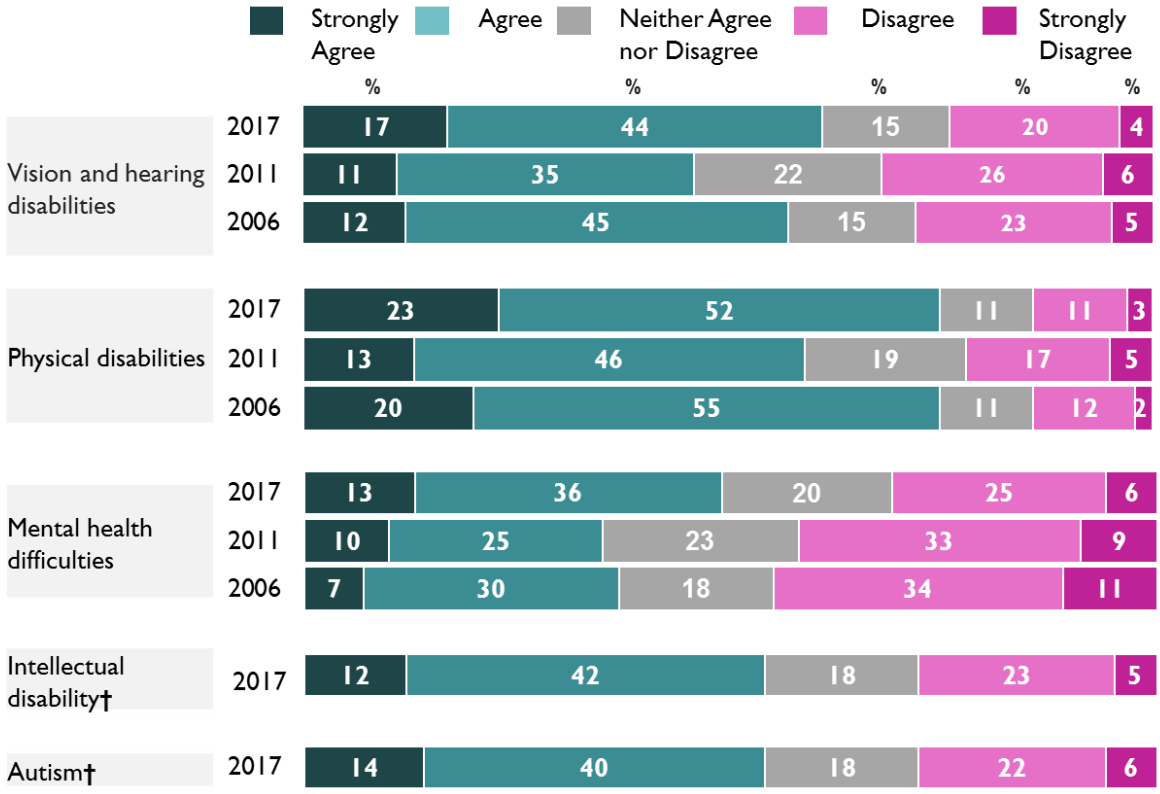
Older respondents (65+) are significantly less likely to agree (29%) that people with disabilities receive equal opportunities in terms of education. This age group is also significantly more likely to be unsure (28%). Dubliners however are significantly more likely to agree that people with disabilities receive equal opportunities in terms of education (46% agree) (Table A2.11, Appendix 2, page 109).

3.4.2 Children with and without disabilities attending the same schools

There has been an increase in support for children with vision or hearing disabilities to 61% (up15 percentage points), with physical disabilities to 75% (up15 percentage points) and with mental health difficulties to 49% (up14 percentage points) attending the same school as children without disabilities compared to 2011 (and up 12 percentage points when compared to 2006 for mental health difficulties) (Figure 3.12, summarised in Table 3.6). However, mental health difficulties continues to receive the lowest support overall. Over half of respondents support children with autism (54%) and intellectual disabilities (56%) attending the same schools as those without disabilities. This is an increase for intellectual disability compared to 37% for 2011 (which included intellectual disability and autism). The increase in support remained during further analysis that controlled for other factors such as age and gender that may have varied across the years (Table A2.12, Appendix 2, page 110).[20]

[20]Explanatory variables included in this binary logistic regression model included age (<55 or >=55), gender (male or female), area (rural or urban), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no) and year (2017 (constant), 2011 and 2006).

Figure 3.12: Level of agreement that children with the following disabilities should attend the same schools as children without disabilities



Base: 2017, all adults aged 18+, 1294,
†Wording change in 2017 so data not directly comparable to 2011 and 2006

Table 3.6: Summary of level of agreement that children with the following disabilities should attend the same schools as children without disabilities

Disability type	Year	Any agree %	Any disagree %
Vision or hearing disabilities	2017	61	24
	2011	46*	32*
	2006	57*	27*
Physical disabilities	2017	75	13
	2011	60*	22*
	2006	76	14
Mental health difficulties	2017	49	31
	2011	35*	42*
	2006	37*	45*
Intellectual disabilities	2017	56	28
Autism	2017	54	28
Intellectual disabilities or autism†	2011	37	42
	2006	55	29

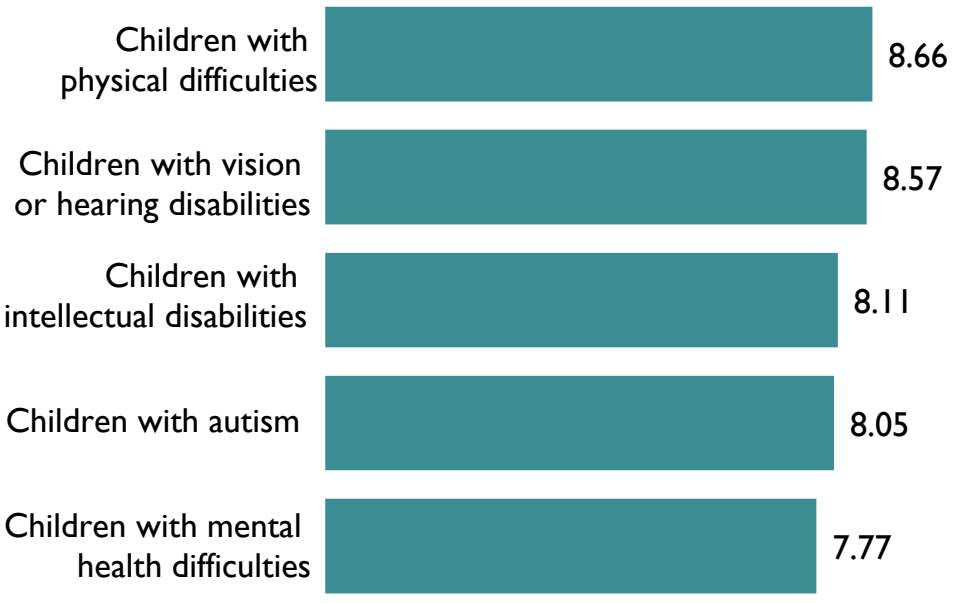
*Denotes statistical significance. Base: 2017, all adults aged 18+, 1294
† Wording change in 2017 so data not directly comparable to 2011 and 2006

In further analysis of the 2017 data that controlled for variations in demographic data and other factors,[21] for all disability categories people from Leinster (excluding Dublin) had higher agreement levels with the statement that children with disabilities should attend the same schools as children without disabilities. In addition, for three of the five categories (intellectual disability, autism and vision or hearing disabilities) people from Connaught/Ulster had higher agreement levels when compared to Munster. In three of the five disability categories (mental health difficulties, autism and vision or hearing disabilities), people who were younger had higher agreement levels with the statement (Table A2.13, Appendix 2, page 111).

3.4.3 Children with disabilities in the same class as respondent's child

Respondents were asked how comfortable they would be if children with various disabilities were in the same class as their child. Respondents without children were asked to assume they had children for this question. Positive attitudes towards a child with a disability being in the same class as their child was higher for children with a physical disability (mean score 8.66 out of 10) and vision or hearing disabilities (8.57 out of 10) than for a child with mental health difficulties (7.77 out of 10) (Figure 3.13).

Figure 3.13: Mean comfort scores among respondents who were asked to indicate their level of comfort if children with certain disabilities were in the same class as their child



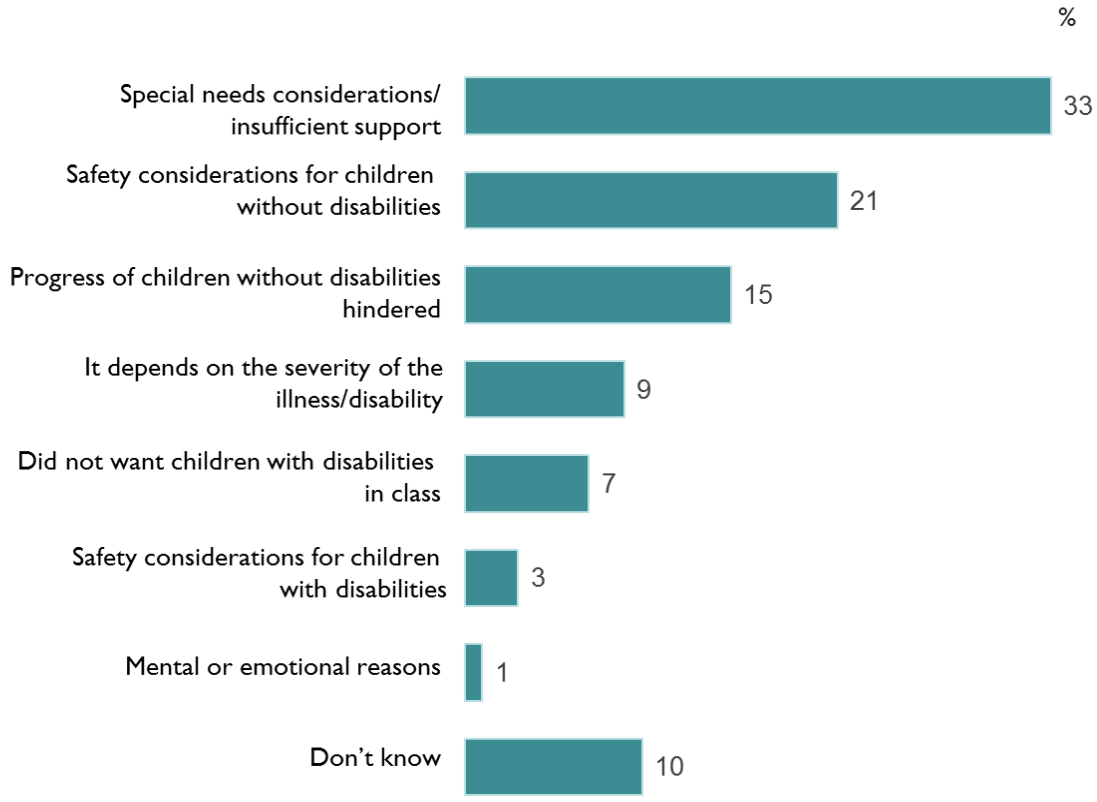
Base: 2017, all adults aged 18+, 1294, Comfort scale – 1 = uncomfortable, 10 = very comfortable

[21] Variables in the 2017 multivariate logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), satisfaction with life (score 1-4 (constant), 5-8 or 9-10), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale– see section 3.8.1).

In further analysis to control for other variables[22], people from Leinster (excluding Dublin) had consistently higher levels of comfort with children with all types of disability being in the same class as their child. People at risk of social isolation, and who rarely or never had contact with someone with a disability had lower levels of comfort with this statement. For three of the five disability types (mental health difficulties, autism and physical disabilities) people in higher socio-economic groups had higher comfort levels (Table A2.14, Appendix 2, page 112).

Special needs considerations and insufficient supports[23] (33%) and safety concerns for children without disabilities (21%) were the main reasons given for why respondents would feel uncomfortable if children with disabilities were in the same class as their child (Figure 3.14).

Figure 3.14: Reasons for feeling uncomfortable if children with disabilities were in the same class as your child



Base: 2017, any uncomfortable (score of <=5 on the comfort scale for any statement), 313

In 2011, the most common reasons given for feeling uncomfortable were 'special needs considerations' (52%) and that the progress of children without

[22] Variables included in this 2017 ordinal logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale– see section 3.8.1).

[23] For example, special facilities and equipment, special care

disabilities would be hindered (51%).

3.5 Disabilities and employment

3.5.1 Employment and equal opportunity

Over 2 in 3 people (67%) do not believe that people with disabilities have equal opportunities in terms of employment. This has not changed significantly from 2011 and 2006 (Figure 3.15).

There is no significant differences in agreement with the term, 'people with disabilities receive equal opportunities in terms of employment' across gender, age, social economic groups, or among those with versus without a disability.

Dubliners however are more likely to agree that people with disabilities receive equal opportunities in terms of employment (31%) (Table A2.15, Appendix 2, page 113).

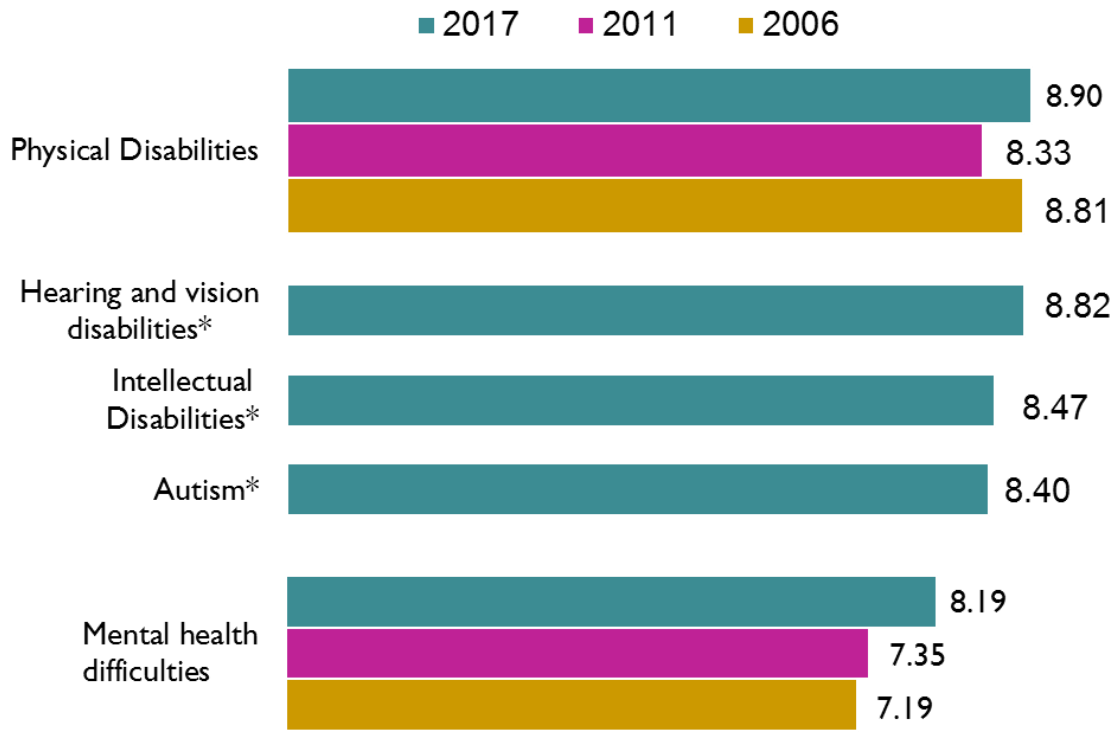
Figure 3.15: Level of agreement with the question 'In general do you think people with disabilities receive equal opportunities in terms of employment'

Base: 2017, all adults aged 18+, 1294

3.5.2 Working with people with disabilities

People are most comfortable working with people with physical disabilities (8.90 out of 10) and least comfortable working with people with mental health difficulties (8.19 out of 10) (Figure 3.16). Nevertheless, positive attitudes have increased when compared with previous years.

Figure 3.16: Mean comfort scores among respondents who were asked to indicate their level of comfort if people with certain disabilities were their work colleagues



Base: 2017, all adults aged 18+, 1294. Comfort scale – 1 is very uncomfortable and 10 is very comfortable. *Wording change in 2017 so data not directly comparable to 2011 and 2006. Intellectual disability or autism mean scores: 2011: 7.49; 2006: 8.18. Hearing disabilities mean scores: 2011: 8.23; 2006: 8.66. Vision disabilities mean scores: 2011: 8.21; 2006: 8.55

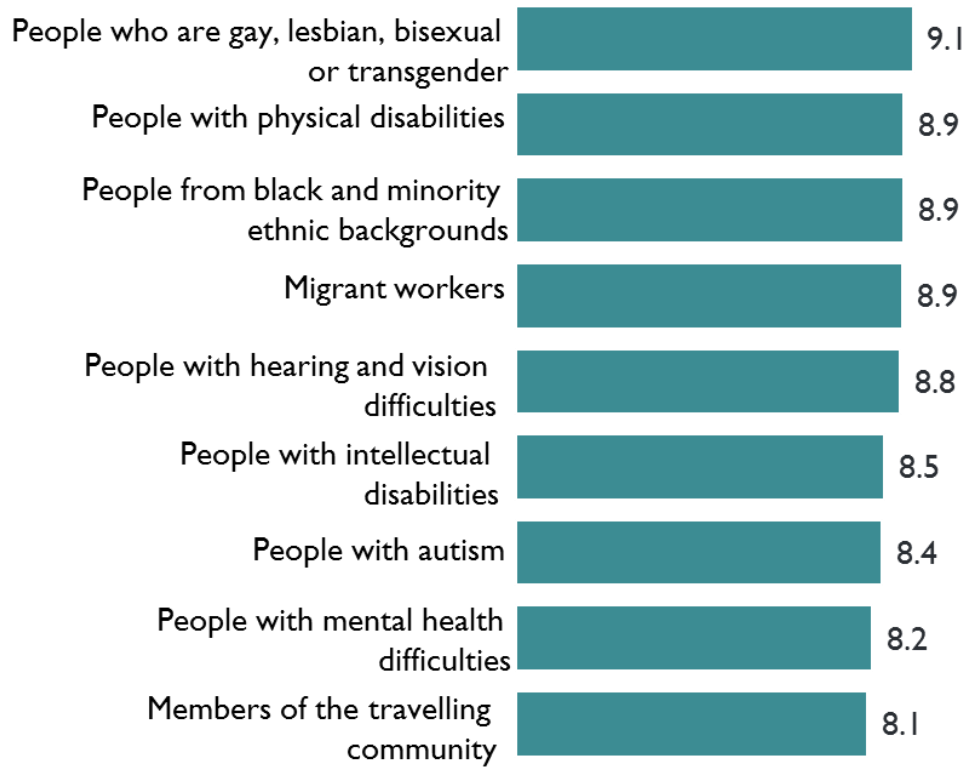
In further analysis to control for other variables[24] people from Dublin and the rest of Leinster had consistently higher levels of comfort with work colleagues with all types of disability. People who were at risk of social isolation, and who rarely or never had contact with someone with a disability, had lower levels of comfort with this statement. For four of the five disability types (all except autism) people in higher socio-economic groups had higher comfort levels (Table A2.16, Appendix 2, page 114).

When we compare attitudes towards having people with disabilities as work colleagues versus attitudes towards having people from other minority backgrounds as work colleagues, we find that people are most comfortable having people who are gay, lesbian, bisexual or transgender as their work

[24] Variables included in this 2017 ordinal logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale – see section 3.8.1).

colleagues (9.11 out of 10) and least comfortable working with members of the travelling community (8.06 out of 10) (Figure 3.17).

Figure 3.17: Mean comfort scores among respondents who were asked to indicate their level of comfort if the following people were their work colleagues

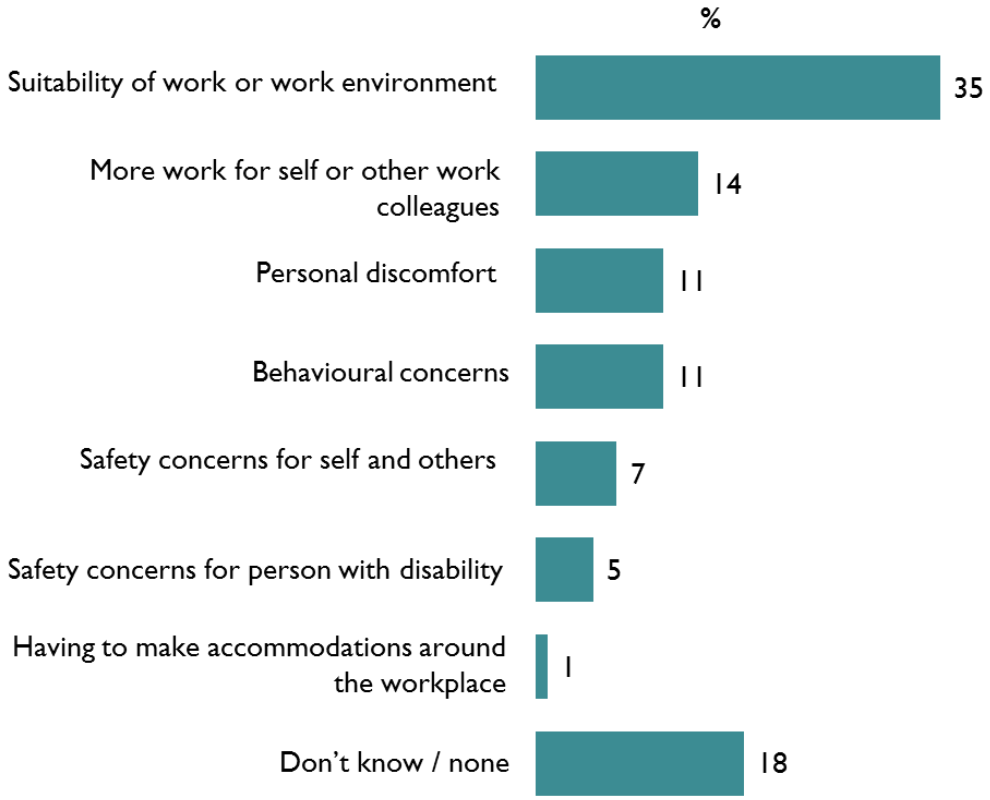


Base: 2017, all adults aged 18+, 1294. Comfort scale: 1 = very uncomfortable & 10 = very comfortable

Figure 3.18 shows that suitability of the work or work environment is the main reason given for feeling uncomfortable about having a work colleague with a disability (35%).

In 2011, the main reasons were personal discomfort, suitability of the work environment and concerns about behaviour.

Figure 3.18: Reasons for feeling uncomfortable about having a work colleague with a disability



Base: 2017, all those who feel uncomfortable (score of <=5 on the comfort scale for any statement) colleague with a disability. 219

3.6 Disabilities and relationships

3.6.1 The right to fulfilment through sexual relationships

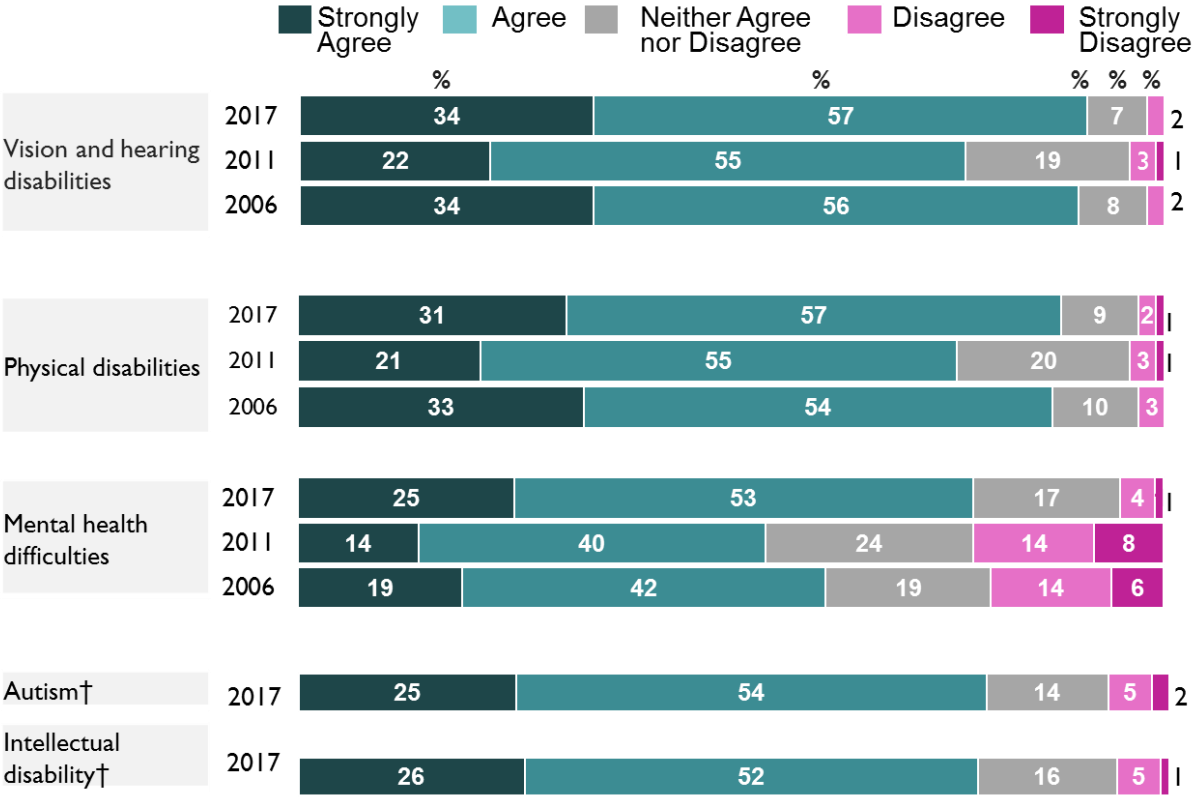
Agreement that adults with disabilities have the same right to fulfilment through sexual relationships as everyone else had increased for people with vision or hearing disabilities (77% to 90%) and physical disabilities (76% to 88%) when compared to 2011. Agreement that adults with mental health difficulties have the same right increased to 78% from 54% in 2011 and 61% in 2006 (Figure 3.19, summarised in Table 3.7).

In further analysis that controlled for other variables,[25] and which included a comparison of intellectual disability and autism with the intellectual disability category in 2017, the increase in agreement with these statements remained, apart from the physical disabilities category. In 2017, the odds of agreeing that people with intellectual disability have the same right to sexual fulfilment as everyone else was higher for people with intellectual disability and autism than

[25] Explanatory variables included in this binary logistic regression model included age (<55 or >=55), gender (male or female), area (rural or urban), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled) knowing someone with a disability (yes or no) and year (2017 (constant), 2011 and 2006).

in 2011 and 2006 (Table A2.17, Appendix 2, page 115).

Figure 3.19: Level of agreement that adults with the following disabilities have the same right to fulfilment through sexual relationships as everyone else



Base: 2017, all adults aged 18+, 1294
†Wording change in 2017 so data not directly comparable to 2011 and 2006

Table 3.7: Summary of level of agreement that adults with the following disabilities have the same right to fulfilment through sexual relationships, as everyone else

Disability type	Year	Any agree %	Any disagree %
Vision or hearing disabilities	2017	90	2
	2011	77*	4
	2006	90	2
Physical disabilities	2017	88	3
	2011	76*	4
	2006	87	3
Mental health difficulties	2017	78	5
	2011	54*	23
	2006	61*	20
Autism†	2017	79	7
Intellectual disabilities†	2017	78	6
Intellectual disabilities or autism†	2011	49	25
	2006	74	11

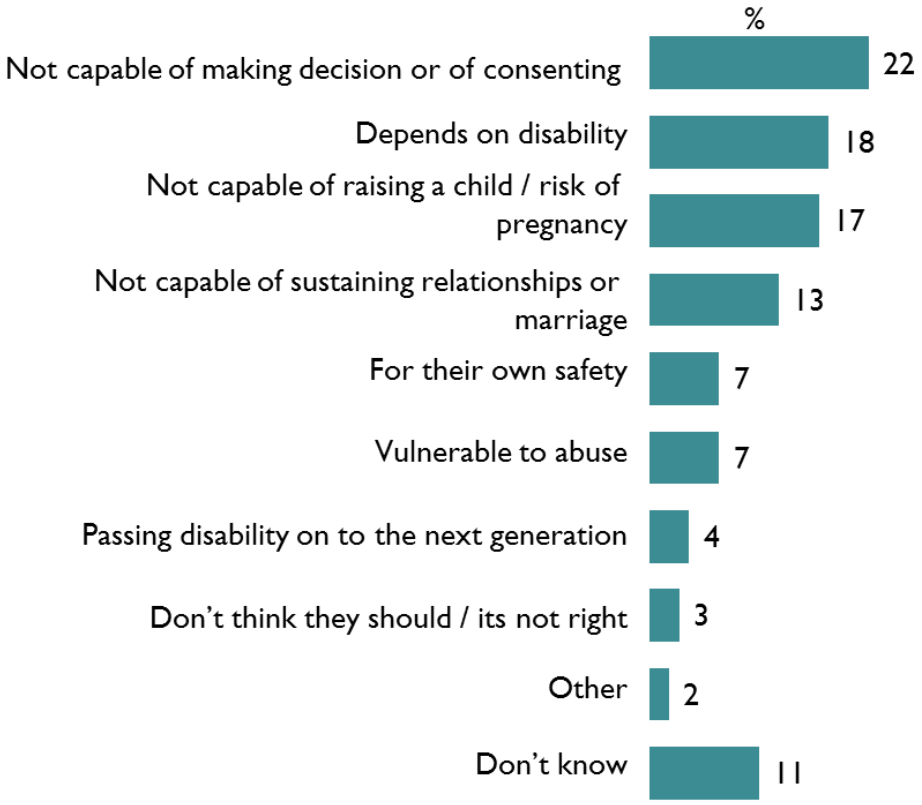
*Denotes statistical significance. Base: 2017, all adults aged 18+, 1294
†Wording change in 2017 so data not directly comparable to 2011 and 2006

In further analysis that controlled for other variables,[26] living in Connaught/Ulster significantly increased the odds of agreeing with the statements that people with intellectual disability, autism and physical disabilities have the same right to fulfilment through sexual relationships as everyone else. Having a higher satisfaction with life score significantly increased the odds of agreeing with the statements that people with mental health difficulties, intellectual disability and autism had the same right to fulfilment through sexual relationships as everyone else (Table A2.18, Appendix 2, page 116).

The main reason given for feeling that adults with disabilities should not have the same right to fulfilment through sexual relationships was that they are not capable of making decisions or of consenting (22%) (Figure 2.20). Almost 1 in 5 (18%) cited that the right to fulfilment through sexual relationship depends on the disability.

[26] Variables in the 2017 multivariate logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), satisfaction with life (score 1-4 (constant), 5-8 or 9-10), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale – see section 3.8.1).

Figure 2.20: Reasons why adults with disabilities should not have the same right to fulfilment through sexual relationships as everyone else



Base: 2017, all who disagreed or strongly disagreed that adults with disabilities should not have the same right to sexual relationships, 110

In 2011, the most common response was that people with disabilities are not capable of making decisions or of consenting followed by the consideration that people with disabilities may be vulnerable to abuse.

3.6.2 Having children

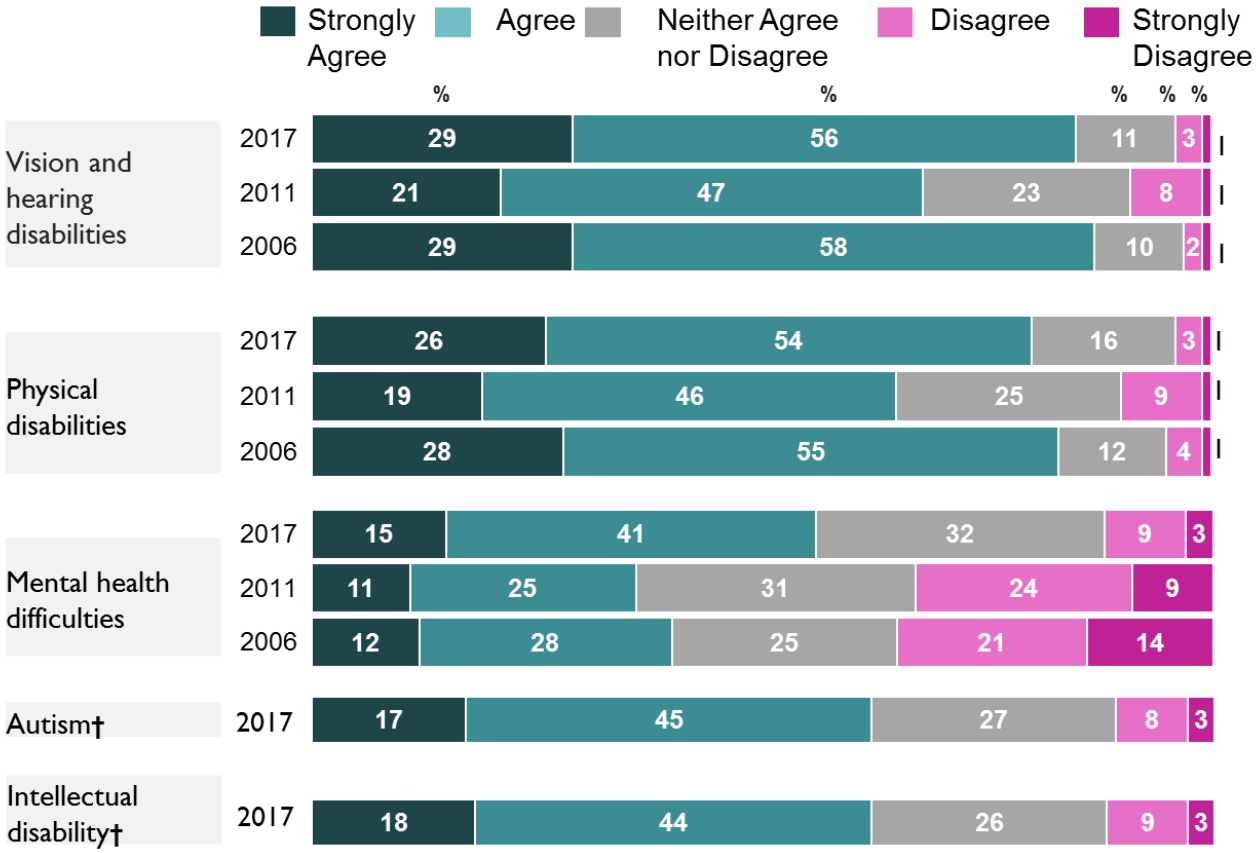
The proportion of respondents agreeing that adults with vision or hearing disabilities (68% to 85%) and physical disabilities (65% to 80%) having children if they wish have all increased significantly on 2011 levels and are back in line with those recorded in 2006. The lowest support continues to be for those with mental health difficulties (56%) although support has increased significantly from 2011 (36%) and 2006 (40%) (Figure 3.21, summarised in Table 3.8).

In further analysis that controlled for other variables, these increases remained significant (Table A2.19, Appendix 2, page 117).[27] In 2017 the odds of agreeing that people with intellectual disability have the same right to sexual fulfilment as everyone else was higher than for people with intellectual disability and autism

[27] Explanatory variables included in this binary logistic regression model included age (<55 or >=55), gender (male or female), area (rural or urban), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled) knowing someone with a disability (yes or no) and year (2017 (constant), 2011 and 2006).

in 2011 and 2006.

Figure 3.21: Level of agreement that adults with the following disabilities should have children if they wish.



Base: 2017, all adults aged 18+, 1294
†Wording change in 2017 so data not directly comparable to 2011 and 2006

Table 3.8: Summary of level of agreement that adults with the following disabilities should have children if they wish

Disability type	Year	Any agree %	Any disagree %
Vision or hearing disabilities	2017	85	4
	2011	68*	9
	2006	87	3
Physical disabilities	2017	80	4
	2011	65*	10
	2006	83	5
Mental health difficulties	2017	56	12
	2011	36*	33
	2006	40*	35
Autism†	2017	62	12
Intellectual disabilities†	2017	62	11
Intellectual disabilities or autism†	2011	36	36
	2006	62	19

*Denotes statistical significance. Base: 2017, all adults aged 18+, 1294
†Wording change in 2017 so data not directly comparable to 2011 and 2006

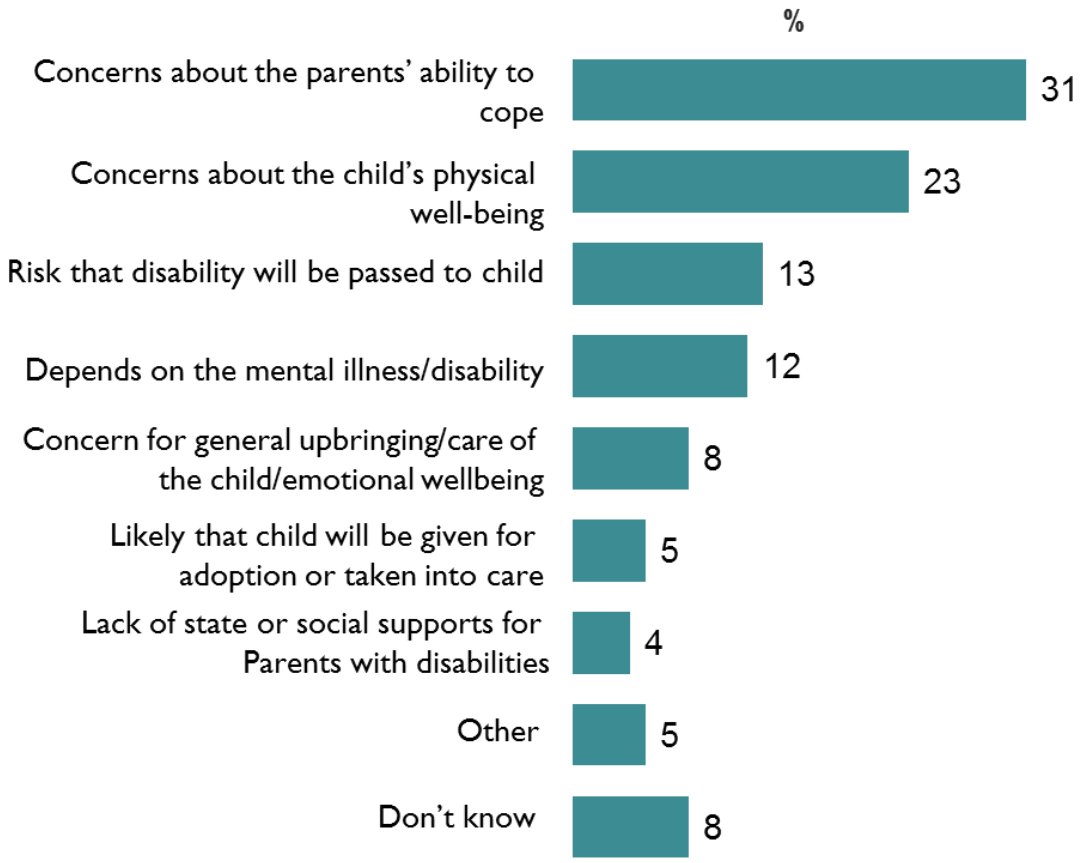
In further analysis that controlled for additional variables[28], respondents from Leinster (excluding Dublin) and from Connaught/Ulster had a higher odds of agreeing that people with four of the five disability types (all except mental health difficulties) should have children in they wish.

Respondents who were younger were more likely to agree that people with mental health difficulties, intellectual disability and physical disabilities should have children if they wish. Respondents with a higher satisfaction score with life were significantly more likely to agree that people with mental health difficulties and autism should have children if they wish (Table A2.20, Appendix 2, page 118).

Concerns about the parents' ability to cope (31%) and the child's physical well-being (23%) are the two main reasons given by those who feel that people with disabilities should not have children if they wish (Figure 3.22). In 2011, respondents were concerned about the child's emotional and physical well-being, for example, lack of stability or affection and risks to nutrition. There was also concern about the risk of passing on a disability to their child and about the ability of parents with a disability to economically provide for a child.

[28] Variables in the 2017 multivariate logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), satisfaction with life (score 1-4 (constant), 5-8 or 9-10), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale– see section 3.8.1).

Figure 3.22: Reasons why adults with disabilities should not have children



Base: 2017, all who disagree or strongly disagree that adults who have disabilities should have children if they wish, 223

3.7 Disabilities and neighbourhood

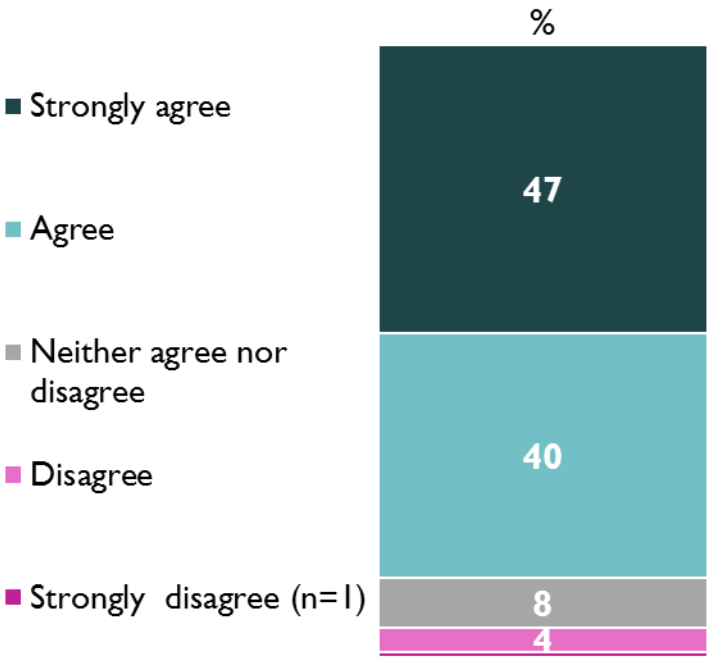
Questions focusing on attitudes towards people with disabilities living in the same neighbourhood were also included in the research.

3.7.1 People with disabilities and housing

People were asked if people with disabilities should live in houses like everyone else. Almost 9 in 10 people (87%) agreed with that statement, while just 5% disagreed (Figure 3.23).

Agreement is significantly higher among those aged 50-54 years (93%) compared to other age groups (for example, 84% among those aged 45-49 years) (Table A2.21, Appendix 2, page 119).

Figure 3.23: Level of agreement with the term: People with all types and levels of disabilities should live in houses like everyone else



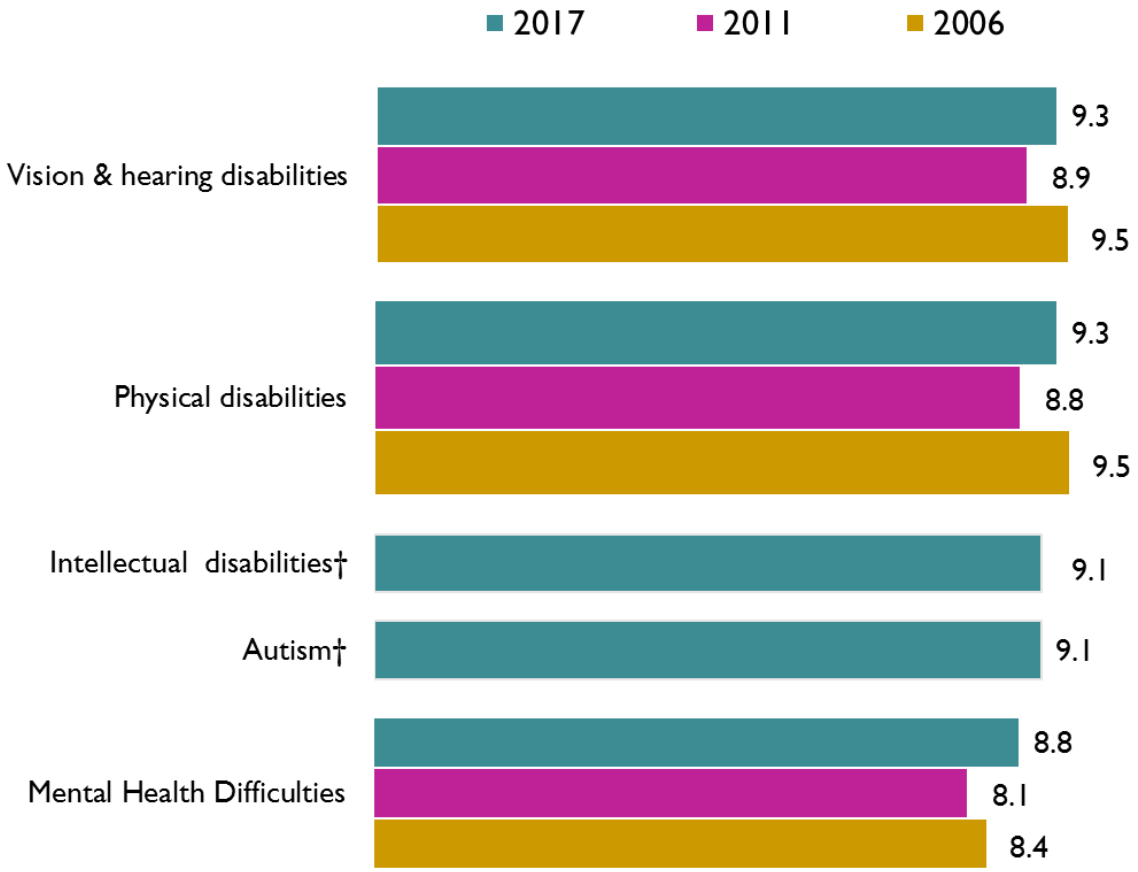
Base: 2017, all adults aged 18+, 1294

3.7.2 People with disabilities as neighbours

Attitudes towards living in the same neighbourhood as people with disabilities was generally high ranging from a comfort score of 9.3 to 8.8 out of 10. As seen for employment and children in mainstream education the comfort level was lowest for people with mental health difficulties. (Figure 3.24).

Nevertheless, compared with 2011 result, respondents' attitudes towards people who have mental health difficulties living in their neighbourhood have improved (8.8 vs. 8.1). There was little change in attitudes towards physical or vision or hearing disabilities.

Figure 3.24: Average levels of comfort with people with the following disabilities were living in your neighbourhood



Base: 2017, all adults aged 18+, 1294
Comfort scale – 1 is very uncomfortable and 10 is very comfortable
†Wording change in 2017 so data not directly comparable to 2011 and 2006

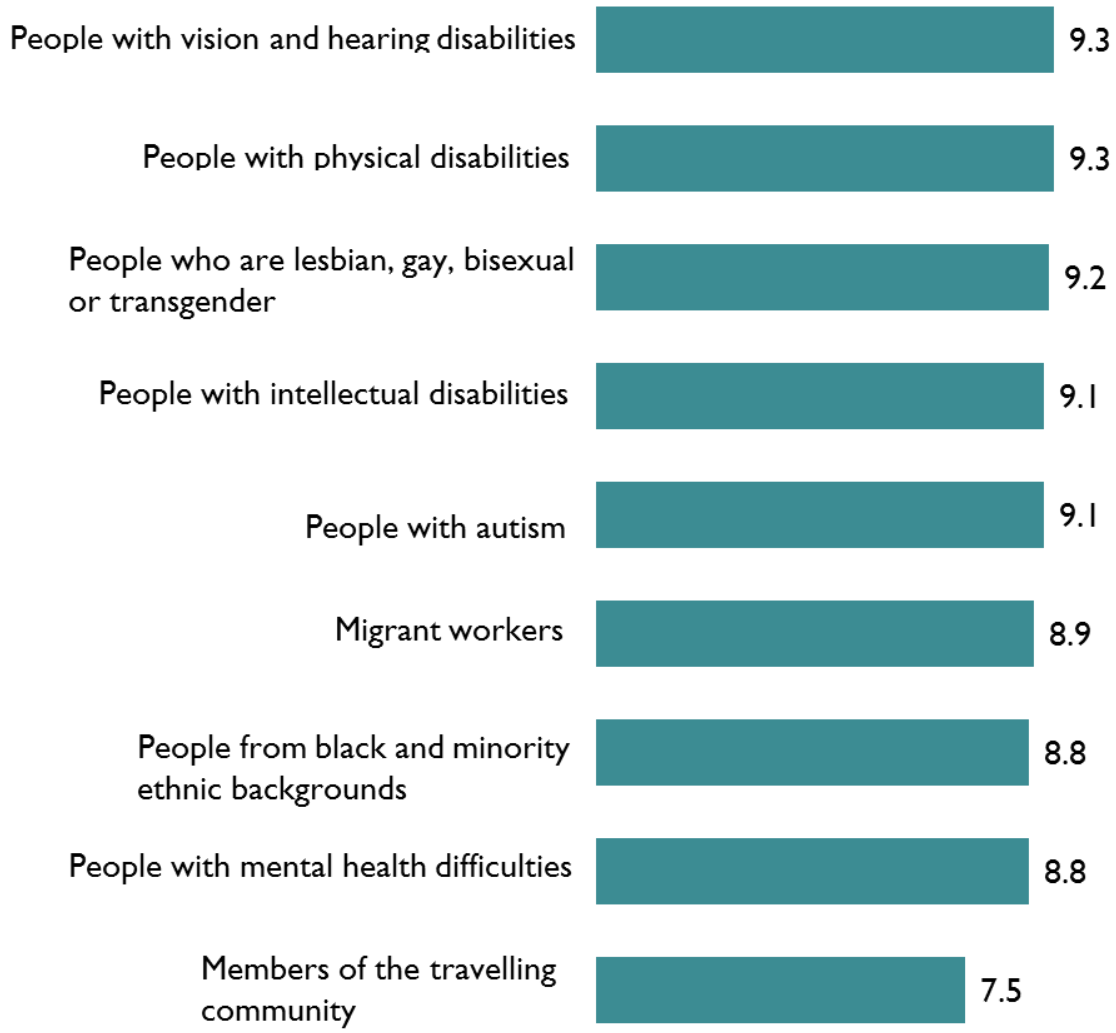
In further analysis to control for other variables[29] people from Leinster (excluding Dublin) had consistently higher levels of comfort with having a neighbour with all types of disability. People who were at risk of social isolation, and who rarely or never had contact with someone with a disability tended to have levels of comfort with this statement. For four of the five disability types (all except mental health difficulties) people who knew someone with a disability had higher comfort levels (Table A2.22, Appendix 2, page 120).

We also examined attitudes towards having people from various backgrounds living in close proximity and found that comfort levels with people from various backgrounds have improved on 2011 levels. However, attitudes towards members of the travelling community living in close proximity continue to be

[29] Variables included in this 2017 ordinal logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale – see section 3.8.1).

the most negative. (See Figure 3.25)

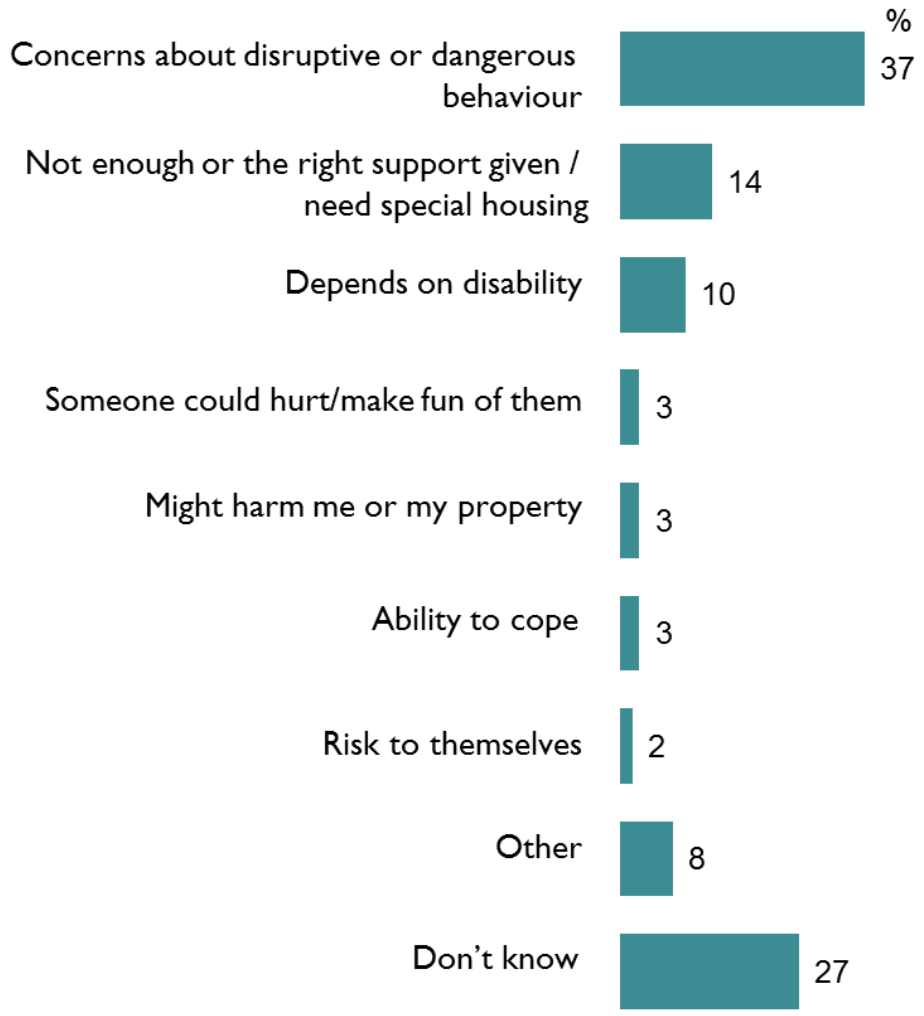
Figure 3.25: Average level of comfort you would feel if people from the following groups were living in your neighbourhood



Base: 2017, all adults aged 18+, 1294
Comfort scale – 1 is very uncomfortable and 10 is very comfortable

Concerns about disruptive or dangerous behaviour is the main reason given for not being comfortable with people who have disabilities living in their neighbourhood (37%). More than 1 in 4 could not give a reason (27%) (Figure 3.26).

Figure 3.26: Reasons for feeling uncomfortable about people with disabilities living in your neighbourhood



Base: 2017, those who rated their comfort level as 5 or less (out of 10), 100

3.8 Social wellbeing

3.8.1 Social inclusion

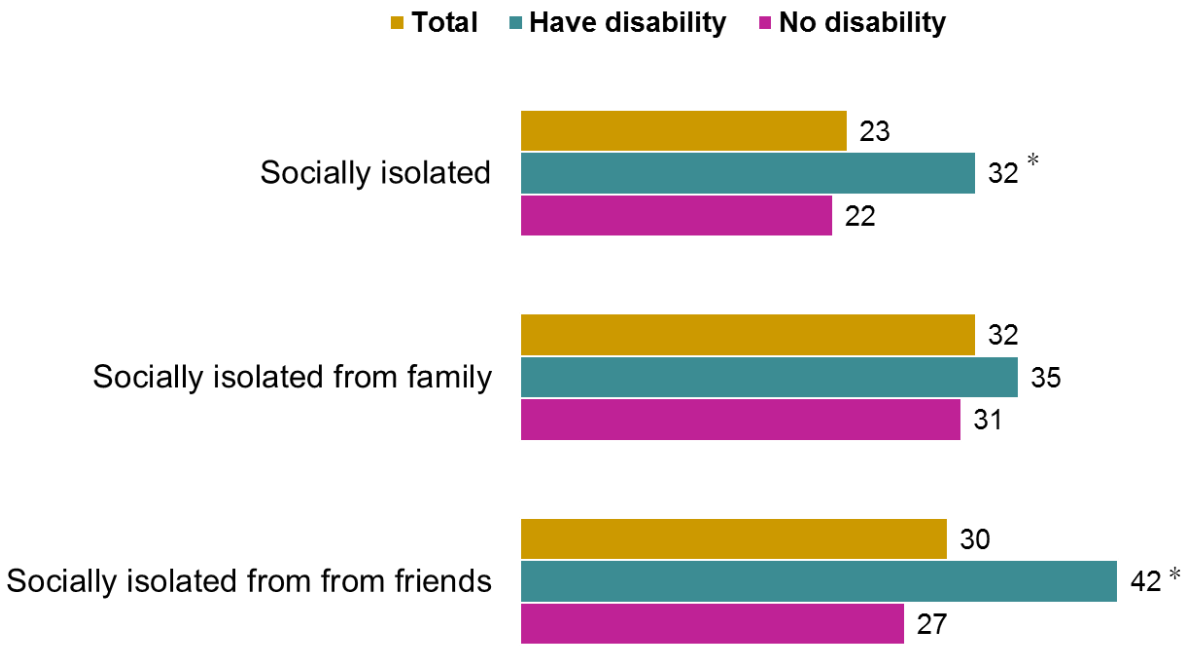
The Lubben Social Network Scale-6 (LSNS-6)[19] measures the size of the social network in terms of respondent contact with friends and relatives. The scale is made up of six items, with a total score ranging 0 to 30. The clinical cut-off point is a score of <=12 which suggests a high risk of social isolation, whereas a clinical cut-off point of <=6 for each of the two subscales (family and friends) suggests social isolation from each group.[30]

When we conducted this analysis, we found that 32% of people with a disability are at risk of being socially isolated versus 22% of people without a disability

[30] [30]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. 60
Although a revised version of this scale exists we used the original (with slight modification) to remain consistent with 2011 data.

(Figure 3.27). More people with a disability are at risk of being socially isolated from friends (42%) than from family (35%).

Figure 3.27: Social inclusion



* Denotes statistical significance. Base: 2017, all adults aged 18+, 1294

3.8.2 Social activities

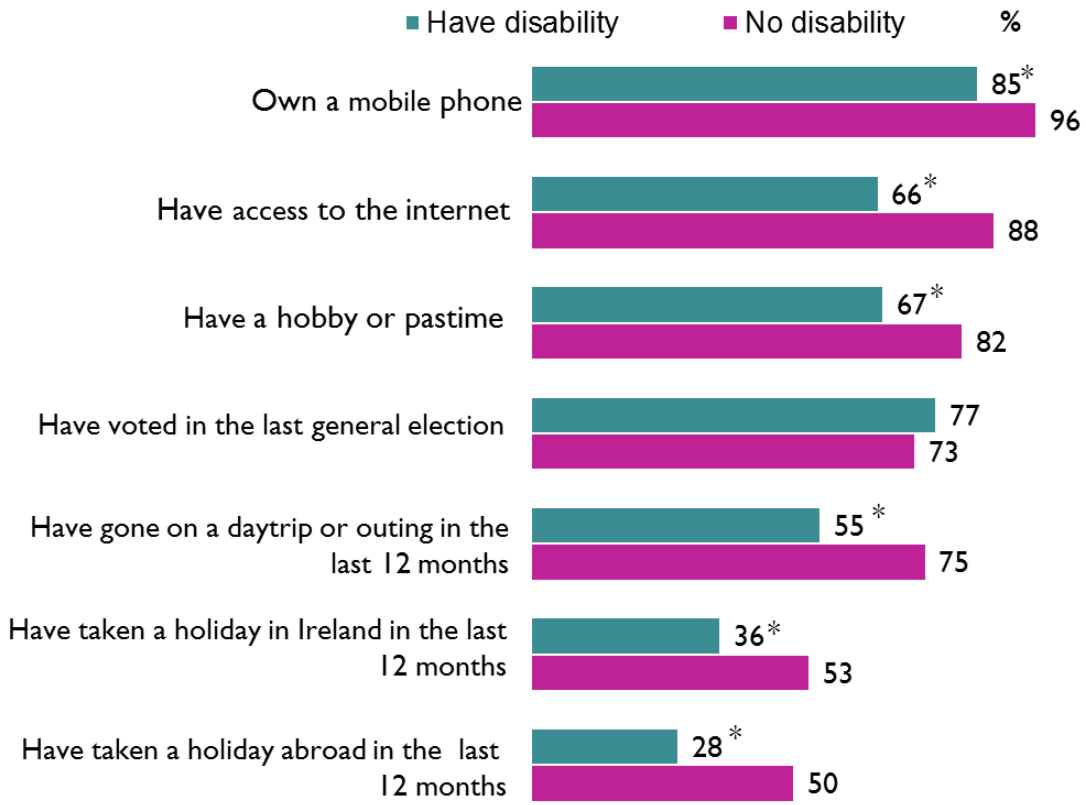
People with a disability are significantly less likely to have taken a holiday abroad or in Ireland in the past 12 months, gone on a day trip or have a hobby versus those without a disability (Figure 3.28). They are also significantly less likely to own a mobile phone (although overall mobile phone ownership is high) or have access to the internet.

In further analysis that controlled for other variables[31], there is a consistency in statistically significant associations across a range of common social and cultural activities. For most activities being younger, being from higher socio-economic groups and having a higher satisfaction with life score increases the odds of participating in these activities. People living in urban areas had higher odds of voting, higher odds of having a hobby, and higher odds of having had a holiday abroad in the last 12 months. Having a disability is the most common factor associated with not participating in these activities. Being at risk of social isolation was also a significant factor in not participating in some of the activities (Table A2.23, Appendix 2, page 121). Disability remained a significant factor in

[31] Variables in the 2017 multivariate logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), satisfaction with life (score 1-4 (constant), 5-8 or 9-10), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale – see section 3.8.1).

lower mobile phone ownership and less internet access even after controlling for age, socio-economic group and other relevant variables.

Figure 3.28: General ownership and activities by disability status

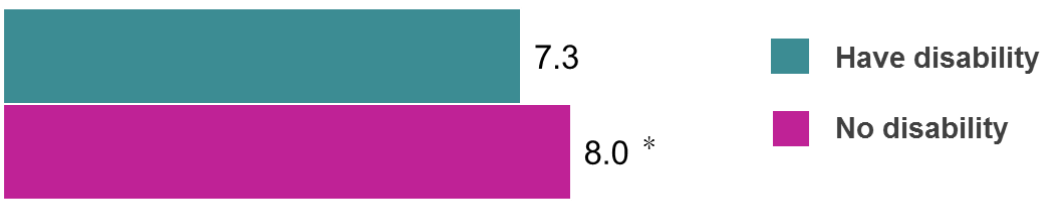


* Denotes statistical significance. Base: 2017, all adults aged 18+, 1294

3.8.3 Social Wellbeing

Figure 3.29 shows that people who have a disability report a significantly lower level of satisfaction with life (7.3 out of 10 compared to 8 among people without a disability). The overall satisfaction with life score was 8.0.

Figure 3.29: Mean satisfaction with life score by disability status



*Denotes statistical significance. Base: 2017, all adults aged 18+, 1294
Satisfaction scale – 1 means very dissatisfied and 10 means very satisfied

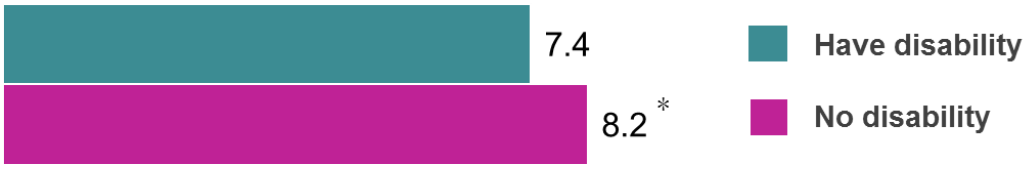
Further analysis controlling for additional variables[32] found that those living in

[32] Variables included in this 2017 ordinal logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban

Leinster including Dublin and those in higher socio-economic groups had a higher satisfaction with life score. People who were younger, aged less than 55 years, who have a disability and who are at risk of social isolation had lower levels of satisfaction with life (Table A2.24, Appendix 2, page 122).

Figure 3.30 shows that people who had a disability reported a significantly lower level of happiness than those without a disability (7.4 versus 8.2). The overall happiness score was 8.1.

Figure 3.30: Mean happiness score by disability status



* Denotes statistical significance. Base: 2017, all adults aged 18+, 1294
Happiness scale – 1 means very unhappy and 10 means very happy

Further analysis controlling for additional variables[33] found that those living in Leinster, Dublin or in Connaught/Ulster, and those in higher socio-economic groups had a higher levels of happiness. Respondents who were younger, aged less than 55 years, had lower levels of happiness (Table A2.25, Appendix 2, page 123).

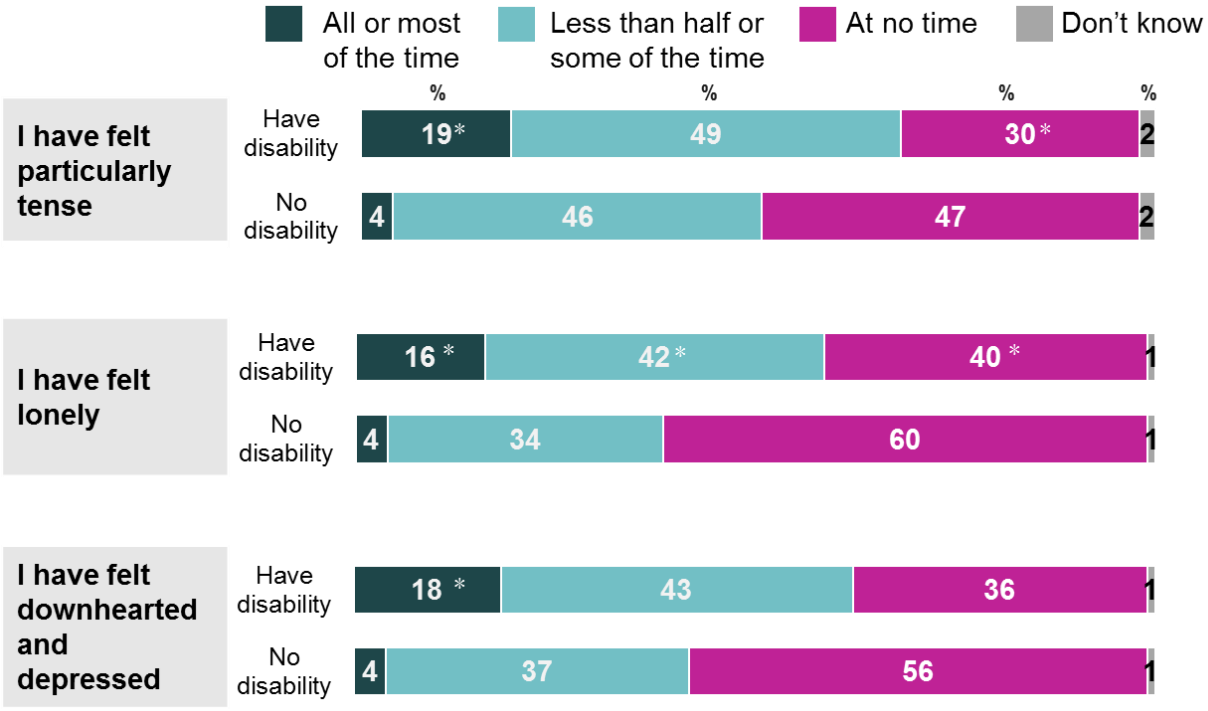
A higher proportion of people with disabilities felt tense (19% vs 4%), felt lonely (16% vs 4%), and felt downhearted and depressed (18% vs 4%) compared to people without a disability (Figure 3.31).

A higher proportion of those aged 18-35 years reported at no time feeling lonely (60%) or downhearted or depressed (60%), whereas among those aged 45-49 only 34% reported never feeling tense and 44% reported never feeling downhearted or depressed (Table A2.26-A2.28, Appendix 2, pages 124-125).

or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale – see section 3.8.1

[33] ibid

Figure 3.31: Frequency of having felt tense, lonely or downhearted and depressed over the last two weeks: People with disabilities versus those without



* Denotes statistical significance. Base: 2017, all adults aged 18+, 1294

We also examined how trusting people are and asked respondents if most people can be trusted or if you cannot be too careful in dealing with people. This question found that there is almost no variation in trust levels between people with a disability and those without (See Figure 2.32).

Figure 3.32: Mean trust score

Base: 2017, all adults aged 18+, 1294
Trust score – 1 means 'you can't be too careful' and 10 is 'most people can be trusted

In further analysis controlling for additional variables[34], those living in Dublin and those living in Connaught/Ulster had higher levels of trust (Table A2.29, Appendix 2, page 126).

[34] Variables included in this 2017 ordinal logistic regression model included age (<55 or >=55), gender (male or female), region (Munster (constant), Dublin, Rest of Leinster, Connaught/Ulster), area (urban or rural), socio-economic group (ABC1 or C2DE), disability status (disabled or not disabled), knowing someone with a disability (yes or no), frequency of contact with someone with a disability (at least weekly, every 1-3 months, rarely or never), and at risk of social isolation (scored 12 or less on Lubben's Social Network Scale – see section 3.8.1).

4. Discussion

4.1 Introduction

Since the establishment of the National Disability Authority (NDA) in 2000, the NDA has periodically conducted national attitude surveys in relation to disability (2001, 2006, 2011 and 2017). This allows monitoring of the prevalence of positive and negative attitudes to disability and understanding the characteristics of people who hold particular attitudes. The NDA and other disability organisations use the survey data to tackle negative public attitudes to disability and progress the changes needed to ensure that people with disabilities enjoy their human rights. Attitudes that are more positive may indicate that policies and interventions are working.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is an international human rights treaty that outlines the rights that people with disabilities should enjoy. Countries that are party to the Convention need to implement the articles of the Convention. Article 8 of the UNCRPD requires that countries promote awareness of the capabilities and contributions of people with disabilities and actively combat prejudices, stereotypes and other harmful practices relating to people with disabilities. Monitoring implementation of Article 8 requires data on public attitudes towards people with disabilities. Ireland has signed the convention and is expected to ratify it before the end of 2017.

The 2017 NDA national survey contains new questions including questions on satisfaction with life, social isolation, loneliness, and participation in various social activities. There has been in-depth statistical analysis on the 2017 data in order to tease out whether factors such as age, gender, region, social class and social isolation influenced responses to the survey items.

The NDA places the discussion of the findings in the context of disability policy, practice, and campaigns in Ireland over the past 6 years. It also puts the findings in the context of previous NDA surveys and other national and international literature on attitudes. It is important to note that in surveys, small fluctuations in results can be due to sampling variation and chance rather than reflecting a true change in attitudes. However, this chance is minimised as we have only reported findings where there was a statistically significant difference.

The proportion of the population aged 18 years or more with a disability has increased in the NDA attitudes surveys over time. It increased from 12% in 2006 to 14% in 2011 to 16% in 2017. This increase mirrors the increase in the national census. The 2016 census had an overall prevalence of disability of 13.5%

but this was 16.1% among people age 20 years or over.[35]

4.2 What are attitudes?

While there is no consensus on defining attitudes, most definitions include elements of mood, emotions, beliefs and values as well as thinking and evaluating. The following are two definitions of attitudes:

- Attitudes are a complex collection of beliefs, feelings, values and dispositions, which characterise the way one thinks or feels about particular people or situations[36]
- Attitudes are evaluative judgments that integrate and summarize cognitive and affective reactions[37]

Attitudes influence behaviour and can have profound effects on others and on the climate and culture of workplaces, homes, educational institutions, and local amenities.

Negative attitudes can lead to unacceptable behaviours such as discrimination and hate crime and can generate impediments for people with disabilities such as discriminatory behaviour, indifference and lack of support. They have given rise to job disparities for adults with disabilities and led to teachers rejecting or ignoring students with disabilities.[38] Research shows that people with disabilities are often aware of this differential treatment, which can lead them to experience negative self-evaluation and feelings of powerlessness and frustration. They may internalize negative stereotypes and this can lead to social withdrawal to avoid anticipated rejection.[39] People with disabilities continue to cite such social barriers as among their greatest challenges.[40]

On the other hand, positive attitudes such as trust, openness, respect and gratitude, affirm persons and encourage their efficacy. Positive attitudes build a climate of reciprocity and cooperation and can invigorate others to achieve

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[35] CSO 2016, http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/Define.asp?maintable=EZ042&PLanguage=0 (last accessed October 2017). It was not possible to directly compare adults age 18+ as the census age bands include 15-19 years and 20-24 years.
[36] Hardeep A, McCarthy A. (2014) Current attitudes towards disabled people. Scope, http://www.scope.org.uk/Scope/media/Images/Publication%20Directory/Current-attitudes-towards-disabled-people.pdf (last accessed October 2017)
[37] Crano WD, Prislin R (2006) Attitudes and persuasion. Annual Review of Psychology, 57 , 345 – 374
[38] Barr JJ, Bracchitta K (2015) Attitudes Toward Individuals with Disabilities: The Effects of Contact with Different Disability Types, Current Psychology, 34 (2), 223–238
[39] Lloyd D, Sullivan D, Williams PL (2005) Perceptions of social stigma and its effect on interpersonal relationships of young males who experience a psychotic disorder. Australian Occupational Therapy Journal, 52, 243-250.
[40] Dunn DS, Burcaw S (2013) Disability identity: Exploring narrative accounts of disability. Rehabilitation Psychology, 58(2), 148-157.

more than would otherwise be possible. They are particularly important for social inclusion.

4.3 Main findings

The 2017 NDA national survey data suggests that positive attitudes towards every kind of disability including mental health difficulties are increasing. There is a statistically significant increase in the number of respondents agreeing with the statement that people with physical disabilities, vision or hearing disabilities or mental health difficulties can participate fully in life. In further analysis that controlled for demographic and other factors, this increase remained consistent for all disability types across the 2006 and 2011 surveys years.

The 2017 NDA survey also found that only 36% of respondents strongly agreed or agreed with the statement that 'people with disabilities are treated fairly in Irish society'. This is a statistically significant decline of eight and four percentage points compared to 2011 and 2006, respectively. This decline persisted in further analysis, which controlled for factors such as age and gender that may have varied across the years. Although this may appear to be reflective of a perception of increasing discrimination against people with disabilities, it could also reflect increased awareness among the public of the barriers and challenges that people with disabilities face in their daily lives.

The survey also found that attitudes have improved from 2011 in terms of working with someone with a disability; living in the same neighbourhood as people with disabilities; children with disabilities attending mainstream schools; people with disabilities having sexual relationships and people with disabilities having children. The 2011 survey had showed a decline in positive attitudes for some questions compared to the 2006 survey. However, this decline has largely reversed and findings of the 2017 survey are largely in line with those from 2006.

4.4 Possible influencing contextual factors

The dip in positive attitudes in 2011 may have been due to a recession effect. Ireland entered an economic recession in 2008, which lasted until 2013. This dip in positive attitudes associated with the economic downturn also occurred in other countries, particularly with regard to mental health. In Germany, negative attitudes towards marginalised groups increased during the economic recession.[41] In the US, a synthesis of public attitude trends between the 1950s and 1990s showed improvements and declines which mirrored the economic

[41] Angermeyer MC, Matschinger H, Schomerus G, (2013) Public attitudes towards people with depression in times of uncertainty: results from three population surveys in Germany. Soc Psychiatry Psychiatr Epidemiol, 48(9):1513-8

and employment context of the country.[42] The Eurobarometer surveys of 2006 and 2010 from 27 EU countries found that the gap in unemployment rates significantly widened between individuals with and without mental health problems following the onset of the recession and, in particular, for males and people with lower levels of education.[43] The authors concluded that it is likely that negative attitudes contributed, in part, to this trend.

In England, a mental health anti-stigma programme, Time to Change, was ongoing during the last economic recession. Regions, in which there were greater levels of awareness of the campaign and exposure to local Time to Change activity, had greater improvements in attitudes and knowledge over the period 2009-2013 compared to regions with lower awareness.[44] It is interesting that public attitudes continued to improve during this period of economic hardship when one would have expected them to decrease. The authors suggested that the mental health anti-stigma programme might have had a positive effect on public attitudes towards mental health in spite of the recession.

International events such as the Paralympic Games, which took place in London in 2012 and in Brazil in 2016, may have had an impact on attitudes to disability. Research on the effect of the Paralympic Games shows a complex picture, illustrating that sports mega-events do not take place in a vacuum and are subject to a variety of pressures, which influence their impact. [45] The Paralympics showcases the achievements and triumphs of a tiny percentage of disabled people - just as the Olympics demonstrates what a tiny percentage of 'able-bodied' people are able to achieve.[46] Research by the Australian Paralympic Committee suggested that spectator attitude towards actual athletes changed but not towards people with disability in general.[47] However, events like the Paralympics provide a platform from which to engage in debate about disability issues and lead to greater visibility of people with disability. Public discussion of

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[42] Warner R (2004) Recovery from schizophrenia: psychiatry and political economy. Third Edition, Routledge

[43] Evans-Lacko S, Knapp M, McCrone P, Thornicroft G, Mojtabai R (2013) The Mental Health Consequences of the Recession: Economic Hardship and Employment of People with Mental Health Problems in 27 European Countries. PLoS ONE 8(7): e69792. http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0069792&type=printable (last accessed October 2017)

[44] Evans-Lacko S. Corker E, Williams P, et al (2014) Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma among the English population in 2003–13: an analysis of survey data' published in The Lancet Psychiatry, 1 (2), 121–28

[45] Brittain I (2015) A Critical Perspective on the Legacy of the London 2012 Paralympic Games http://para.tokyo/5-Ian%20BRITTAIN.pdf (last accessed October 2017)

[46] Walker SW (2012) And so begins demonisation's subtle new post-paralympic form. http://blacktrianglecampaign.org/2012/09/03/and-so-begins-demonisations-subtle-new-post-paralympic-form-skwalker1964-blog/ (last accessed October 2017)

[47] Naar T (2014) Personal communication with author - E-mail dated 21-02-2014 as cited by Brittain I (2015) A Critical Perspective on the Legacy of the London 2012 Paralympic Games http://para.tokyo/5-Ian%20BRITTAIN.pdf (last accessed October 2017)

the lives of people with a disability can have an impact on attitudes according to people with disabilities.[48]

In Ireland, over the past five years, there has been much media attention and campaigns around mental health issues, which have likely increased awareness. The HSE along with the National Office for Suicide Prevention and other partner organisations have a joint website' Your Mental Health' that aims to educate people about mental health and direct people to support services.[49] Launched in 2010, See Change is an alliance of organisations working together, through the National Stigma Reduction Partnership, to bring about positive change in public attitudes and behaviour towards people with mental health problems.[50] Initiatives include green ribbons that supporters of the campaign are encouraged to wear, getting celebrities and sports people to talk about mental health issues, the use of comedy and social media, and funding local initiatives. A 2014 evaluation of the Green Ribbon campaign found a growing number of Irish adults have been hearing conversations about mental health among family, friends and at work since the campaign started.[51] Many sporting organisations are participating in increasing awareness around mental health issues. The Gaelic Athletic Association (GAA) in 2014 launched an 'I DO' campaign aimed at increasing positive mental health.[52]

There were other campaigns to increase awareness of other types of disability. In 2016, Headway (Brain Injury Services & Support) and Epilepsy Ireland launched a collaborative 'I see beyond' campaign to highlight hidden disabilities.[53] Also in 2016, the Irish Guide Dogs for the Blind launched their 'Street Smart Campaign', which aimed to tackle some of the most frequent barriers to accessible streets.[54] Similarly, a 'Make Way Dublin' campaign launched in 2017 aims to inform people about accessibility issues on the capital's streets and improve behavior.[55] In the last few years, 'AsIAm', an organisation that works to increase autism awareness, has grown its profile and activities nationally.[56]

Other factors have increased the visibility of people with disabilities. These include national policies that have come to fruition since the last attitudes survey was conducted. Public transport has been increasingly highlighted as an

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[48] Brittain I (2015) A Critical Perspective on the Legacy of the London 2012 Paralympic Games http://para.tokyo/5-Ian%20BRITTAIN.pdf (last accessed October 2017)
[49] www.yourmentalhealth.ie (last accessed October 2017)
[50] http://www.seechange.ie/ (last accessed October 2017)
[51] Green Ribbon Campaign Impact Report, 2014 http://www.seechange.ie/green-ribbon-2014-impact-report-released/ (last accessed October 2017)
[52] http://www.dublingaa.ie/news/dublin-gaa-promoting-positive-mental-health-with-i-do-campaign (last accessed October 2017)
[53] http://iseebeyond.ie/ (last accessed October 2017)
[54] http://www.guidedogs.ie/iopen24/how-we-can-help-t-3.html (last accessed October 2017)
[55] https://www.disability-federation.ie/index.php?uniqueID=11191 (last accessed October 2017)
[56] http://asiam.ie/about-us (last accessed October 2017)

issue for people with disabilities (National Disability Inclusion Strategy[57] and the Comprehensive Employment Strategy[58]) and has become more accessible, for example, through the actions of the Department of Transport. Building have become more accessible through Part M Regulations.[59] The Department of Children has introduced an access and inclusion model for pre-school children[60] and the mainstreaming of children with disabilities continues to increase as evidenced by the increase in the numbers of special needs assistants employed.[61]

Other issues that may have increased awareness of disability issues in Ireland are the inspection of residential services by the Health Information and Quality Authority (HIQA) for people with disabilities that first started in 2014. The media have highlighted many of the negative findings from these inspections and all inspection reports are publically available.[62] In 2014, RTE broadcast a programme showing undercover footage of abuse of residents with disabilities in a group home.[63] This attracted widespread media attention and resulted in a full investigation and sanctions for some staff members. These and other events reported by HIQA may have served to increase awareness of the lack of control that some people with disabilities continue to have over their lives.

All of these factors and others may influence attitudes of the general population to people with disability. However, as attitudes form through complex interactions of a multiplicity of factors, it is difficult to pinpoint particular issues or events as drivers of changes in attitude.

4.5 Attitudes and type of disability

The 2017 NDA survey examined attitudes by disability type. The data shows that while attitudes towards mental health conditions improved, they still lag behind positive attitudes to other kinds of disabilities. These findings are similar to other international surveys with some researchers describing a hierarchy of stigma, which may depend on factors such as stereotypes related to the various disabilities. Physical disabilities generally have the least stigma and mental

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[57] National Disability Inclusion Strategy. 2017-2021. Department of Justice. http://www.justice.ie/en/JELR/Pages/WP17000244 (last accessed October 2017)
[58] Comprehensive Employment Strategy for People with Disabilities. 2015-2024. Government of Ireland. http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf (last accessed October 2017)
[59] The Building Regulations (part M amendment) Regulations 2010. Department of Housing, Planning and Local Government.
[60] http://aim.gov.ie/ (last accessed October 2017)
[61] Special Education Needs Provision, 2017 Review, Department of Public Expenditure and Reform. 2017 www.per.gov.ie/wp-content/uploads/Special-Educational-Needs-Provision.pdf (last accessed October 2017)
[62] https://www.hiqa.ie/reports-and-publications/inspection-reports (last accessed October 2017)
[63] https://www.rte.ie/news/player/prime-time-web/2014/1209/ (last accessed October 2017)

illnesses the greatest stigma.[64] Research has shown that adults who have an intellectual or emotional disability have an increased likelihood of receiving negative treatment in the workplace (117%) compared with people with physical disabilities (15%).[65] The same research has also shown stronger negative attitudes toward disabilities where there are impairments in language and social skills. In addition, it found that both young children and teenagers have more positive attitudes toward peers with physical disabilities than those with intellectual disabilities. It is possible that physical disabilities have the least stigma because they are easier to understand. Conversely, uncertainty around the limitations associated with other disabilities may contribute to the greater negativity towards them.[66] Some research has also suggested that a reluctance to interact with people with particular disabilities may be due, at least partly, to discomfort and anxiety.[67]

The NDA 2017 survey found that people at risk of social isolation were more likely to have negative attitudes to disability. This is similar to the findings of other research that suggests that people with low self-esteem and communication apprehension had less positive attitudes toward people with disabilities and avoided contact with them.[68]

4.6 Contact with people with a disability and attitudes

In the 2017 NDA survey, more respondents (73%) reported knowing someone with a disability than in previous surveys. This compares favourably to the UK where a large-scale mixed methods study published in 2014 found that only 57% of the British public said they knew someone with a disability.[69] In the 2001 Special Eurobarometer Attitudes of Europeans to Disability survey, 61% of Italians, 60% of Irish and 58% of Spaniards and people from the UK claimed to know someone with a disability.

The 2017 NDA survey also found that 68% of respondents reported daily or weekly contact with someone with a disability. Females and people with a disability were more likely to have daily contact. Further analysis supports the proposal that contact with people with disability may improve attitudes. For example, people who rarely or never have contact with a person with a

[64] Smart J. (2009). Disability, society, and the individual. Austin, TX, Pro-ed
[65] Barr JJ, Bracchitta K (2015) Attitudes Toward Individuals with Disabilities: The Effects of Contact with Different Disability Types, Current Psychology, 34 (2), 223–238
[66]Smart J (2009) Disability, society, and the individual. Austin, TX, Pro-ed
[67] Scior K (2011) Public awareness, attitudes and beliefs regarding intellectual disability: A systematic review, Research in Developmental Disabilities, 32 (6), 2164–2182
[68] Magsamen-Conrad K, Tetteh D, Lee Y (2016). Predictors of disability-related attitudes: considering self-esteem, communication apprehension, contact, and geographic location. Psychology Research and Behavior Management, 9, 329–338
[69] Hardeep A, McCarthy A. (2014) Current attitudes towards disabled people. Scope, http://www.scope.org.uk/Scope/media/Images/Publication%20Directory/Current-attitudes-towards-disabled-people.pdf (last accessed October 2017)

disability were less comfortable with the idea of having a person with a disability as a work colleague or neighbour.

Research has demonstrated the positive effects of contact and that the quantity and quality of contact play a role in the reduction of intergroup biases.[70] Contact theory states that the quality and type of contact, and the circumstances of the contact experience, influence the effect of contact on prejudice. The conditions in which contact/direct experience is more likely to result in positive attitudes include perceived equal status; an environment where social norms support equality, cooperation, opportunities for people to get to know each other properly and where stereotypes are likely to be disproved.[71]

Public policy on disability in Ireland is creating more opportunities for contact between people with disabilities and those without. The Comprehensive Employment Strategy aims to increase the number of people with disabilities in the workforce.[72] The Time to Move on from Congregated Settings Strategy is moving people with disabilities out of institutions and into the community so that they can live 'Ordinary Lives in Ordinary Places'.[73] The New Directions Personal Support Service for Adults with Disabilities is increasing community inclusion for people with disabilities.[74] The NDA advise the Broadcast Authority of Ireland on the inclusion and portrayal of people with disabilities.

4.7 Employment and attitudes

In the 2017 NDA survey, 67% of respondents thought that people with disabilities do not have equal opportunities in terms of employment and this proportion has not changed significantly from 2011 and 2006. Only 5% of respondents knew a work colleague with a disability and this has remained constant over the years. Respondents reported being most comfortable working with people with physical disabilities (8.90 out of 10), and least comfortable working with people with mental health difficulties (8.19 out of 10).

In the 2015 Eurobarometer Survey on discrimination in Europe, respondents

[70] Kenworthy JB, Turner RN, Hewstone M, Voci A (2005) Intergroup contact: When does it work, and why? In On the nature of prejudice: Fifty years after Allport, ed. Dovidio JF, John F, Glick P, Rudman LA, 278–92. Malden: Blackwell Publishing.
[71] Allport GW (1954). The nature of prejudice. Cambridge, MA: Addison-Wesley and Hewstone M (2003) Inter-group contact: Panacea for prejudice? The Psychologist, 12 (7), 352-355
[72] Comprehensive Employment Strategy for People with Disabilities. 2015-2024. Government of Ireland. http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf (last accessed October 2017)
[73] Health Service Executive (2011). Time to Move on from Congregated Settings: A Strategy for Community Inclusion. Report of the Working Group on Congregated Settings. Dublin, Health Service Executive
[74] Health Services Executive (2012) New Directions. Review of HSE Day Services and Implementation Plan 2012 – 2016. Working group report. HSE

generally say they would be very comfortable working with someone with a disability. More than three-quarters (77%) say they would be comfortable (scored at least 7or more out of 10), including 57% who give a score of 10 out of 10, while a further 10% spontaneously say that they are indifferent, reflecting a relaxed or tolerant position. Overall, 87% of respondents would feel at ease working with someone with a disability. Just 3% say they would be uncomfortable.[75]

Similarly, in a 2015 UK survey, when asked to what extent they would be confident working alongside a colleague with a disability, 85% of respondents in Wales, 83% in England and 79% of respondents in Scotland said they would be confident.[76]

A 2012 Eurobarometer Survey on discrimination on the basis of racial or ethnic origin, religion or belief, disability, age or sexual orientation, found that, overall, Europeans are more likely to believe discrimination is widespread in employment than in other areas of life. However, there are large differences between countries and socio-demographic and cultural factors influence perceptions.[77]

In a 2015 Eurobarometer Survey on discrimination, many Europeans perceive that discrimination exists in recruitment practices. Almost half (46%) believed that a job applicant with a disability would be at a disadvantage. There is widespread support for measures in the workplace to foster diversity, such as training on diversity issues (80%), monitoring of recruitment procedures (77%), and monitoring the composition of the workforce (69%).[78]

Attitudes of employers affect job opportunities for people with disabilities.[79] International research shows that employees and employers can have biased or wrong perceptions of the performance and social skills of employees with disabilities and underestimate their capacities. Some respondents felt a social distance from people with disabilities and preferred not to share a workplace with them.[80] In the USA, research has shown that prior experiences with workers with disabilities are associated with positive attitudes toward employing

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[75] Special Eurobarometer 437 (2015) Discrimination in the EU in 2015, European Commission. http://www.equineteurope.org/IMG/pdf/ebs_437_sum_en.pdf (last accessed October 2017)
[76] http://www.comresglobal.com/wp-content/uploads/2015/02/RCPCH_Disability_Matters_Poll.pdf (last accessed October 2017) (ComRes is a member of the British Polling Council and abides by its rules).
[77] 2012 Special Eurobarometer 393 (2012) Discrimination in the EU in 2012. European Commission http://ec.europa.eu/commfrontoffice/publicopinion/archives/ebs/ebs_393_en.pdf (last accessed October 2017)
[78] Special Eurobarometer 437 (2015) Discrimination in the EU in 2015, European Commission. http://www.equineteurope.org/IMG/pdf/ebs_437_sum_en.pdf (last accessed October 2017)
[79] Hernandez B, Chen B, Araten-Bergman T et al (2012) Workers with Disabilities: Exploring the Hiring Intentions of Nonprofit and For-profit Employers, Employ Respons Rights J, 24, 237–249
[80] Vornholt K, Uitdewilligen S, Nijhuis FJN (2013) Factors Affecting the Acceptance of People with Disabilities at Work: A Literature Review, Journal of Occupational Rehabilitation, 22 (4), 463-475

people with disabilities.[81]

Several countries are working to address this issue. The Australian government introduced legislation in 2013 to provide individualised support to people with disabilities in all areas of life including in employment Researchers surveyed workforce members and employer decision makers in 2010, 2012 and 2014 to examine if attitudes and hiring behaviour change in response to legislation.[82] Evidence demonstrates that workers and employers experienced greater contact with people with disability, reported positive attitudes to people with disabilities, and endorsed reasons for employing people with disabilities. However, improvements in workforce and employer attitudes had occurred before the policy rollout and improvements in hiring did not accompany improving attitudes. There was a decline in hiring of people with disability from 2012 and 2014. This highlights the fact that attitude change does not necessarily translate into behavioural changes. In addition to improving attitudes, other interventions, such as policies and practices around employer supports and incentives and rewards, are required to increase the employment of people with disabilities. [83]

The USA have implemented many policies and programs to improve the representation of people with disabilities in the workforce. Most efforts target vocational rehabilitation and job training while policies and programs that impact on the decisions and practices of employers, has received less attention. There is a need to advance knowledge of the factors beyond attitudes that are associated with employment such as assessing the hiring intentions and behaviours of frontline managers and the impact of disability and employment legislation on these.[84]

Service agencies between employer and employee can be important, particularly for people with intellectual disabilities. They can help employers recognise the potential of employees with disabilities.[85] They can provide information, address and overcome employers concerns, establish realistic employer expectations of new employees and educate both people with disabilities and employers about available financial packages and support services. A study in South Australia found that support agencies could successfully target employers who were open

[81] Hernandez B, Keys C, Balcazar F (2000). Employer attitudes toward workers with disabilities and their ADA employment rights: a literature review. Journal of Rehabilitation, 66, 4–16.
[82] Hemphill E, Kulik CT (2016) Shaping attitudes to disability employment with a national disability insurance scheme, Australian Journal of Social Issues, 51(3), 299 -316
[83] ibid
[84] Hernandez B, Chen B, Araten-Bergman T et al (2012) Workers with Disabilities: Exploring the Hiring Intentions of Non-profit and For-profit Employers, Employ Respons Rights J, 24, 237–249
[85] Hernandez B, Keys C, Balcazar F (2000) Employer attitudes toward workers with disabilities and their ADA employment rights: a Literature review, Journal of Rehabilitation, 66 (4), 4-16

to hiring people with disabilities in principle and in practice.[86]

In Ireland, the comprehensive Employment Strategy sets out a ten-year approach to ensure that people with disabilities, who are able to, and want to work, are supported and enabled to do so.[87] New and existing initiatives include reviewing social protection benefits to make work pay, setting up an employer's phone line to advise on issues around employing someone with a disability, and employer incentives such as equipment and adaptation grants and salary top-ups so that employers are not out of pocket. Further work is ongoing to put in place support for people with disabilities to find successful paths to employment. These include strategies used in other countries such as; individual tailoring of work; connecting the right people with the right jobs; the provision of appropriate supports and recruitment practices; and promoting positive attitudes towards disability.[88] Similar to several other countries, Ireland has a statutory target (3%) for people with disabilities working in the public service and this will rise to 6% in the coming years.[89]

4.8 Education and attitudes

In the 2017 NDA survey, almost half the respondents (46%) believed that, in general, people with disabilities do not receive equal opportunities in terms of education. This did not change significantly from previous years. However, attitudes to inclusive education is more positive when compared to previous surveys. For example, 75% or respondents agreed that children with physical disabilities should attend the same school as children without disabilities compared to 60% in 2011. Similarly, in the UK in 2015, 70% of adults surveyed agreed that all children should have the opportunity to attend mainstream schools regardless of their disabilities.[90]

Tackling negative attitudes towards people with disabilities is an important part of building inclusive school communities and it is also about shaping the attitudes of children without disabilities as active participants and 'citizens of the future'

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[86] Hemphill, E. Kulik, CT (2016) Social Policy & Society, Which Employers Offer Hope for Mainstream Job Opportunities for Disabled People? 15 (4), 537–554

[87] Comprehensive Employment Strategy for People with Disabilities. 2015-2024. Government of Ireland. http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf (last accessed October 2017)

[88] Idström A, Stenroos M, Uimonen M (2013) Promising practices in the Employment of People with Disabilities from Sweden, Denmark, Estonia, and Finland, Asumispalvelusäätiö ASPA, https://www.aspa.fi/sites/default/files/Decent_Work_book_net_ENG.pdf (last accessed October 2017)

[89] Disability Act, 2005. Part 5. Government of Ireland. Stationary Office, Dublin

[90] http://www.comresglobal.com/wp-content/uploads/2015/02/RCPCH_Disability_Matters_Poll.pdf (last accessed October 2017)

and, thus, is also an important part of building an inclusive society.[91] A focus on children is important because their attitudes are evolving and early interventions can be particularly beneficial. Teachers can maximise opportunities for students without disabilities to have interpersonal contact with students with disabilities on an equal footing. By valuing and listening to the perspectives of pupils and students with disabilities, they can encourage other children and young people to see their peers with disabilities as active participants. Studies have shown that using 'inclusion literature' - storybooks that have characters who have impairments/disability – had positive results on the attitudes of children without disabilities towards the capabilities and potential for friendship with peers who have disabilities.[92] Teachers can highlight an individual's abilities and de-emphasise an impairment as the defining characteristic of a person.[93]

The mainstreaming of children with disabilities in Ireland has increased over the last two decades. Being in school facilitates targeted interventions. While students with regular classroom contact with peers with disabilities do not differ in their attitudes from students without regular classroom contact, those who worked together in joint ventures, and who chose to work together, have more positive attitudes.[94] The provision of opportunities for genuine contact with students with disabilities such as working together is therefore important in improving students' attitudes towards peers with disabilities while the impact of superficial classroom contact may be negative.[95] However, special classes in mainstream schools and the use of Special Needs Assistants may reduce meaningful contact between children with and without disabilities and efforts are needed to create opportunities to promote meaningful contact.

Research highlights the importance of inclusion processes and these should continue to be emphasised by the Department of Education and Skills and related Agencies to underpin and ensure inclusive processes in schools. Monitoring specified aspects of inclusion in whole school evaluations could give impetus to the process. At the school level, principals and staff are encouraged to commit to inclusive processes and use a tool such as 'The National Council for Special Education's Inclusive Schools Framework' to work towards a truly

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[91] Beckett AE (2009) Challenging Disabling Attitudes, Building an Inclusive Society': Considering the Role of Education in Encouraging Non-Disabled Children to Develop Positive Attitudes Towards Disabled People, British Journal of Sociology of Education, 30 (3), 317-329

[92] ibid

[93] The Children's Society (2007) Disability Equality: Promoting positive attitudes through the teaching of the National Curriculum https://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Disability%20equality%20-%20Promoting%20positive%20attitudes%20through%20the%20teaching%20of%20the%20national%20curriculum.pdf (last accessed October 2017)

[94] Schwab, S (2017) The impact of contact on students' attitudes towards peers with disabilities, Research in Developmental Disabilities, 62, 160-165

[95] ibid

effective and inclusive education for all children.[96]

4.9 Living in the community and attitudes

In the NDA 2017 survey, most respondents agreed or strongly agreed (87%) that people with disabilities should live in houses like everyone else. In terms of living in close proximity to people with disabilities, respondents in general had high levels of comfort with people with disabilities living in their neighbourhood ranging from 9.3 out of 10 for people with vision and hearing disabilities to 8.8 out of 10 for people with mental health difficulties.

These findings are to be welcome, given that the Time to Move on from Congregated Settings Strategy is increasing the number of people with disabilities living in the community.[97] Article 19 of the UN CRPD states: "Persons with disabilities should have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community and to prevent isolation or segregation from the community". Three decades of deinstitutionalization research has shown more positive outcomes for individuals who move from institutions to smaller community settings. They are happier, healthier, have more control over their lives, and are better able to function independently.[98] Findings from the National Core Indicators project indicate that those who live in their own homes report the greatest amount of choice compared to those living in an institution, community residence, family home, or foster care.[99]

The region where a respondent lived was significant in several of the analysis but no clear pattern emerged. In bivariate analysis, a higher proportion of respondents from Dublin were more likely to think that people with disabilities had equal opportunity in education and employment. This may be associated with living in an urban area with, for example, better educational opportunities and accessible transport. However, interestingly, respondents in Dublin reported less contact with people with disabilities compared to other regions. Urban respondents also had higher odds of agreeing that people with disabilities could participate fully in life. This too could reflect more opportunity in urban areas. People living in urban areas also had higher odds of participating in civic and social activities.

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[96] NDA (2014) Preventing School Bullying of children with Special Educational Needs or Disability http://nda.ie/nda-files/Preventing-School-Bullying1.pdf (last accessed October 2017)
[97] Health Service Executive (2011). Time to Move on from Congregated Settings: A Strategy for Community Inclusion. Report of the Working Group on Congregated Settings. Dublin, HSE
[98] Larson SA, Lakin KC, Hill SL (2013). Behavioural outcomes of moving from institutional to community living for people with intellectual and developmental disabilities: U.S. studies from 1977 to 2010. Research and practice for persons with severe disabilities, 37(4), 1-12.
[99] Bradley V, Fay ML, Giordano S, et al (2015). 25 years after ADA: what story does the data tell? Impact, 28 (1) 8-9 https://ici.umn.edu/products/impact/281/281.pdf (last accessed October 2017)

In five of six attitudes,[100] analysed using multivariate analysis, people in Leinster (excluding Dublin) had a higher odds of having a more positive attitude to people with disabilities when compared to people living in Munster (the constant). People in Leinster may have the advantage of proximity to an urban area with its opportunity as well as the benefits of living in communities where there is more social capital and positive attitudes to others.

Other research has shown a rural urban divide in both attitudes towards disability and opportunities for people with disabilities. Australian research found that people with disability in regional areas, compared with those in major cities, were less likely to have completed secondary school or attended university. They were more likely to be unemployed, not participate in the labour force and to receive income support. More positively, people with disability outside major cities were more frequently involved in the local community and experienced support from neighbours while city dwellers had more contact with family and friends. Thus, people with disabilities outside cities experienced greater socioeconomic disadvantage but more community involvement than those in the city.[101] A small study among students in a university in Dakota in the US, found that students from towns of more than 5,000 inhabitants had significantly more positive attitudes to disability than those from towns of under 5,000.[102] The relationship between regions and attitudes is complex and requires further study.

4.10 Interpersonal relationships and attitudes

Agreement that adults with disabilities have the same right to fulfilment through sexual relationships as everyone else increased compared to 2011. Not capable of making decisions or of consenting (22%) was the main reason given among those who did not agree with this right.

The proportion of respondents agreeing that adults with disabilities should have children if they wished also increased significantly on 2011 levels and are back in line with those recorded in 2006. Lowest support continues to be for those with mental health difficulties (56%) but this has increased significantly from 2011 (36%) and 2006 (40%). In further analysis, controlling for other variables, these increases remained significant. Concerns about the parents' ability to cope (31%) and the child's physical well-being (23%) were the main reasons given by

[100] Agreement that children with disabilities should attend the same school as a child without disabilities, comfort with having a child with a disability in the same class as their child, comfort with having a work colleagues with a disability, agreement that adults with disabilities are entitled to fulfilment through sexual relationships, agreement that adults with disabilities can have children if they wish, and comfort with having a neighbour with a disability.

[101] McPhedran S. (2012). Disability and community life: Does regional living enhance social participation? Journal of Disability Policy Studies 22(1), 40-54.

[102] Palmer GA, Redinius PL, Tervo RC (2000) An Examination of Attitudes Toward Disabilities Among College Students: Rural and Urban Differences, Journal of Rural Community Psychology, 3 (1).

those who felt that people with disabilities should not have children if they wish.

These findings are encouraging. Research has shown that the best predictor of personal safety and freedom from abuse and neglect for people with disabilities is having friends and intimate relationships.[103] In the Eurobarometer survey, in terms of having sons or daughters in a relationship with a person with a disability, across the EU as a whole, more than half of respondents (59%) say they would be comfortable with this. A further 8% were indifferent, making a total of 67% of respondents "at ease" with sons or daughters having a relationship with a person with disabilities.[104]

Growing positive public attitudes to interpersonal relationships for people with disabilities may indicate that stigma is decreasing and that more people are treating people with disabilities as equals and that we are on the path to full inclusion. [105] The issue of stigma and prejudice around interpersonal relationships has been widely addressed in Ireland in recent years through plays, documentaries, films, and debates and subsequent discussions may have a positive impact on attitudes.[106, 107]

4.11 Disparities between people with and without disabilities

In the 2017 NDA survey, a higher proportion of people with disabilities were lonely (16% versus 4%), tense (19% versus 4%), and downhearted and depressed (18% versus 4%) compared to those without a disability. A 2015 UK survey of people with disabilities shows that nearly 1 in 4 people with disabilities (23%) felt lonely on a typical day.[108] Risk of social isolation was higher at 32% for people with disabilities compared to 22% for those without a disability.

The NDA survey also found that people with disabilities reported a significantly lower level of satisfaction with life (7.3 versus 8.0 out of 10) and were less happy (7.4 versus 8.2 out of 10) than those without disabilities. The overall satisfaction with life score was 8 out of 10 and this is in line with findings from the OECD. In a 2014 OECD survey, the average life satisfaction score of the top five OECD countries by GDP per capita, including Ireland, was between 7 and 8 out of 10. The bottom 5 countries had a satisfaction score of between 5

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[103] O'Brien J (2006) Perspectives On "Most Integrated" Services for People with Developmental Disabilities http://www.inclusion.com/mostintegrated.pdf (last accessed October 2017)
[104] Special Eurobarometer 437 (2015) Discrimination in the EU in 2015, European Commission. http://www.equineteurope.org/IMG/pdf/ebs_437_sum_en.pdf (last accessed October 2017)
[105] Chen RK, Brodwin MG, Cardos, E, Chan F (2002). Attitudes toward people with disabilities in the social context of dating and marriage: A comparison of American, Taiwanese, and Singaporean college students. Journal of Rehabilitation, 68(4), 5–11.
[106] http://blueteapot.ie/our_performances/sanctuary-film/ (last accessed October 2017)
[107] http://www.rte.ie/tv/programmes/somebodytolove.html (last accessed October 2017)
[108] A right to friendship. Challenging the barriers to friendship for people with disabilities (2015) Sense. https://www.sense.org.uk/sites/default/files/11636-FriendshipReport-Sngl-MR.pdf (last accessed October 2017)

and 6.[109] In the NDA survey, multivariate analysis showed, on several occasions, that respondents with higher satisfaction with life scores had more positive attitudes towards disability.

In the 2017 NDA survey, respondents with a disability were significantly less likely to have taken a holiday abroad or in Ireland in the past 12 months, gone on a day trip or have a hobby versus those without a disability. They were also significantly less likely to own a mobile phone (although overall ownership was high) or have access to the internet. In further analysis, for most activities, being younger, living in an urban area, being from a higher socio-economic group and having a higher satisfaction with life score increased the odds of participating in social activities. Having a disability was the most common factor associated with not participating in these activities. The analysis controlled for age and, while older people are less likely to own mobile phones or have internet access, having a disability remained a significant factor in lower mobile phone ownership and internet access. Being at risk of social isolation was also a significant factor in not participating in some of the activities.

These findings are in keeping with the increased levels of poverty experienced by people with disability and their difficulties accessing transport and their more restricted social networks. The Irish Government's National Disability Inclusion Strategy attempts to address some of these issues through better access to transport, increased advocacy for people with disability and increased community integration.[110]

4.12 Limitations of the survey

As surveys rely on people self-reporting their own attitudes, social desirability bias can affect the responses. Social desirability bias occurs when people give the answers that they think are publicly acceptable rather than accurately reporting their own attitudes. This must be borne in mind when considering the results of attitude surveys as negative attitudes may be greater than reported. Various efforts can decrease the likelihood of social desirability bias. For example some questions ask 'how comfortable' the person would feel interacting with people with various disabilities in different settings rather than directly asking respondents how they feel about people with disabilities. One then interprets a lack of comfort as a possible proxy for more negative attitudes. The researchers also reminded respondents that any information they provide is confidential in order to make them feel more comfortable in giving honest opinions.

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[109] Measuring National Well-being - International Comparisons: 2015, Office for National Statistics, UK. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-07-01 (last accessed October 2017)

[110] National Disability Inclusion Strategy. 2017-2021. Department of Justice. http://www.justice.ie/en/JELR/Pages/WP17000244 (last accessed October 2017)

In order to update the questionnaire some questions differ from those used in previous years making comparisons more difficult or not possible. For example, a category of autism was included in 2017 whereas in previous years this was categorised with intellectual disability. The definition of disability differs slightly from the census definition and therefore results are not directly comparable to census data although they should give a good approximation. The inclusion of definitions of chronic illness, autism and intellectual disability in the 2017 survey, following poor understanding by some respondents in the pilot study, may have inadvertently changed how respondents classified disabilities compared to previous surveys. For example, more respondents may have classified people with a mental health difficulty as having a chronic illness rather than a psychological or emotional condition.

Problems with question wording meant that we could not disaggregate the sample by parents who had a child with a disability. However, from the previous surveys we know that this number is small so only limited analysis would have been possible were these data available.

Although the multivariate analysis investigated some of the factors that affected attitudes, there is scope for additional research to further tease out the reasons underlying the changes in attitudes including an assessment of whether population demographics may be driving some of the changes. In addition, it was beyond the scope of this survey to explore possible interactions in the data. Although the sample is nationally representative, the results of the multivariate analysis may not be fully generalizable due to the sampling methodology. While the methods used approximate randomisation it is not true randomisation and therefore some bias may have occurred. To this end, the anonymised data set will be publically available in due course for further research.[111]

4.13 Conclusions

The overall results of the 2017 NDA attitudes survey show an increase in positive attitudes compared to the 2011 findings and have largely returned to, or exceeded the 2006 findings. The reasons for this increase in positive attitudes is likely to be multifactorial driven by national and local campaigns by disability organisations and statutory agencies, inspections of residential services for people with disabilities and reporting of same, and increased visibility of people with disabilities in society due to a number of government policies such as accessible buildings, mainstream schooling and accessible public transport.

The United Nations Convention on the Rights of People with Disabilities (UNCRPD) with its' focus on full inclusion of people into every aspect of life is

[111] The NDA will lodge the data set in the Irish Social Science Data Archive (ISSDA) at the UCD library. https://www.ucd.ie/issda/ (last accessed October 2017)

an important international instrument for advancing policy and practice and, in so doing, improving attitudes. The UNCRPD emphasises that all persons with disabilities must enjoy all human rights. It insists that people with disabilities must have the support and accommodations they need to exercise their rights. It also includes people with disabilities as equal partners with the government in negotiating each of the principles and articles. Ireland is currently amending its legislation so that, when it ratifies the UNCRPD, it will be in a position to implement it. This will be an important step towards improving attitudes. By ratifying the Convention, the Irish government will enter into a commitment to translate the UNCRPD principles into policy and practice. The Convention includes both national and international monitoring mechanisms. It is anticipated that the UNCRPD will be ratified by Ireland by the end of 2017 and the NDA urges the government to meet this target.

Despite an overall increase in positive attitudes, there is room for improvement in attitudes towards the employment of people with disabilities, inclusive education and overcoming negative attitudes to mental illness. Well-designed interventions can improve knowledge about disability, attitudes towards people with a disability and acceptance of people with a disability. [112] Interventions that address the rights of people with disabilities such as education, employment and health policies can influence attitudes. Legislation and supporting mechanisms such as standards and monitoring strategies can also influence attitudes as can interventions that increase contact with people with disabilities on an equal footing and portray people with disabilities in the media and the arts in a positive way.

Ireland is in the early stage in transformational programmes for people with disabilities. These include the Comprehensive Employment Strategy,[113] Time to Move on From Congregated Settings,[114] the Review of Vision for Change,[115] New Directions,[116] the Task Force on Personalized Budgets,[117] and the National Disability Inclusion Strategy.[118] It will take time to fully implement these

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[112] Fisher KR, Purcal C (2017) Policies to change attitudes to people with disabilities. Scandinavian Journal of Disability Research, 19 (2), 161-164

[113] Comprehensive Employment Strategy for People with Disabilities. 2015-2024. Government of Ireland. http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf (last accessed October 2017)

[114] Health Service Executive (2011). Time to Move on from Congregated Settings: A Strategy for Community Inclusion. Report of the Working Group on Congregated Settings. Dublin, HSE

[115] A Vision for Change. Report of the Expert Group on Mental Health Policy (2006) The Stationary Office. Dublin.

[116] Health Services Executive (2012) New Directions. Review of HSE Day Services and Implementation Plan 2012 – 2016. Working group report. HSE

[117] http://health.gov.ie/disabilities/task-force-on-personalised-budgets/ (last accessed October 2017)

[118] National Disability Inclusion Strategy. 2017-2021. Department of Justice. http://www.justice.ie/en/JELR/Pages/WP17000244 (last accessed October 2017)

strategies and plans and for the knock on effect of people having more meaningful interaction with people with disabilities in communities and workplaces, which should lead to further improvements in attitudes.

Appendices

Appendix 1: 2017 Attitudes Questionnaire

NDA National Survey of Public Attitudes to Disability[119]

INTRODUCTION

Good Morning/afternoon/evening my name is _____ from Behaviour & Attitudes, the independent market research company. We are conducting a survey of both disabled and non-disabled people across Ireland on behalf of the National Disability Authority (NDA).

The information collected in the survey is analysed and used by the Government and various public agencies to inform the planning and developing of services for people with disabilities.

Your responses are entirely confidential and will be treated in aggregate and anonymous form.

This survey will take 20 mins to complete.

First, can you tell me the number of adults aged 18+ living in this household?

Whose birthday is next?

Initial respondent	1
Other person in household	2

Note to interviewer: Interview the person whose birthday is next if this person fits the quota.

Interviewer: Code if completed with Proxy or respondent

Proxy	1
Respondent	2

[119] Note question numbers are not always sequential. They were left unchanged as they correspond with variable names in the dataset and with some of the tables in the appendices refer to the question numbers.

Section 1: Knowledge of disability

Ask all

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

Do not prompt. Probe: any others? Code all mentioned below.

	Multi code
Physical disability	I
Hearing loss	I
Vision difficulties	I
Speech difficulties	I
Intellectual disability (for example, Down Syndrome, cognitive impairment)	I
Mental health difficulty (for example, mental illness –depression, schizophrenia, anorexia)	I
Long-term illness (for example, diabetes, epilepsy)	I
Autism	I
Addiction (for example, alcoholism, drugs, gambling)	I
Frailty in old age	I
Other, specify	I
None mentioned / don't know	I

Ask all

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

Show card 1 – Code all that apply

	Multi code
1. Blindness (incl. partial)	I
2. Deafness or a severe hearing impairment	I
3. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	I
4. An intellectual disability (i.e. involves significant difficulties in reasoning, learning, problem-solving and in everyday practical and social skills)	I
5. A psychological or emotional condition	I
6. Chronic illness (i.e. a physical or mental illness that has lasted, or is expected to last, for more than six months)	I
7. Autism (i.e. a lifelong disability that affects the development of the brain and causes difficulties in social interaction and communication)	I
8. Other, please specify	I

9. None of the above	1
10. Don't Know	1

ASK ALL
Q2.1a Who do you know who has a disability?
Do not prompt what disability means. Tick all that apply
Q2.1b And how many (insert relationship type from Q2.1a) have a disability?

	Q.2.1a Multi code	Q2.1b Record number
No one		
1. Spouse/partner	1	
2. Child (if yes what age)	1	
3. Brother/sister	1	
4. Parent	1	
5. Other relative	1	
6. Friend	1	
7. Neighbour	1	
8. Acquaintance	1	
9. Colleague/work contact	1	
10. Other	1	
11. Not sure/don't know	1	

Q2.1b2 You said you have a child with a disability, please enter the age of the child below.

Q2.1c How often are you in contact with someone who has a disability? Prompt for those who know more than one person with a disability they should think of the person they have most frequent contact Show card 2

Never	
Daily	
Weekly	
Monthly	
Every 2-3 months	
Less often	

ASK ALL WHO KNOW SOMEONE WITH A DISABILITY AT Q2.1A
Q2.1d What type (s) of disability do they have?
Code all that apply

Do not prompt	Multi code
1. Blindness (incl. partial)	1
2. Deafness or a severe hearing impairment	1
3. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	1
4. An intellectual disability (i.e. involves significant difficulties in reasoning, learning, problem-solving and in everyday practical and social skills)	1
5. A psychological or emotional condition	1
6. Chronic illness (i.e. a physical or mental illness that has lasted, or is expected to last, for more than six months)	1
7. Autism (i.e. a lifelong disability that affects the development of the brain and causes difficulties in social interaction and communication)	1
8. Other, please specify	1
9. Don't know	

Read out statement below before you continue.
From this point forward, when we speak of people with disabilities I mean those with physical, hearing, vision, speech, intellectual, or mental health difficulties or with Autism / Autism Spectrum Disorder.

Section 2 – General Attitudes

ASK ALL
Q3 Please rate your level of agreement/disagreement with the following statements Show card 3 — single code per statement

Read out ↓ RANDOMISE	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
3.1 People with mental health difficulties are able to participate fully in life	1	2	3	4	5	0
3.2 People with intellectual disabilities are able to participate fully in life	1	2	3	4	5	0
3.3.People with Autism / Autism Spectrum Disorder are able to participate fully in life	1	2	3	4	5	0
3.4. People with physical disabilities are able to participate fully in life	1	2	3	4	5	0

3.5. People with vision or hearing disabilities are able to participate fully in life	1	2	3	4	5	0
3.6. People with disabilities are treated fairly in Irish society	1	2	3	4	5	0

ASK ALL

Q4 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 In the following circumstances do you think that people with a disability should have priority over others?

Read out ↓ RANDOMISE	Yes	No	Don't know
Waiting for social housing	1	2	00
On a waiting list for hospital	1	2	00
Receiving increases in welfare payments	1	2	00

Q.6.1 Is it acceptable for a person without a disability to park in a parking space for people with disabilities

Yes, always	1
Yes, sometimes	1
Never	1

Q.6.2. When do you think that it is acceptable for a person without a disability to park in a parking space for people with a disability.

Section 3: Education

ASK ALL

Q7. 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	3

ASK ALL

Q8 Please rate your level of agreement/disagreement with the following statements

Show card 3 - single code per statement

Read out ↓ Rotate statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Q8.1 Children with mental health difficulties should attend the same schools as children without disabilities	1	2	3	4	5	0
Q8.2 Children with intellectual disabilities should attend the same schools as children without disabilities	1	2	3	4	5	0
Q8.3 Children with Autism should attend the same schools as children without disabilities	1	2	3	4	5	0
Q8.4 Children with physical disabilities should attend the same schools as children without disabilities	1	2	3	4	5	0
Q8.5 Children with vision, or hearing disabilities should attend the same schools as children without disabilities	1	2	3	4	5	0

ASK ALL

Q9 On a scale from 1 to 10 where 1 is very uncomfortable and 10 is very comfortable, can you indicate how comfortable you would feel if the following children with disabilities were in the same class as your child:

(Prompt if required – If you don't have children assume that you do to answer this question)

Read out ↓ Rotate statements	Score 1-10	Don't know
Q9.1 Children with mental health difficulties		
Q9.2 Children with intellectual disabilities		
Q9.3 Children with Autism		
Q9.4 Children with physical disabilities		
Q9.5 Children with vision or hearing disabilities		

Ask Q10to all who rated 5 or below to any part of Q9 else go to Q11

Q10 For what specific reasons, would make you feel uncomfortable if children with disabilities were in the same class as your child (children)? PROBE FULLY: What other reasons? RECORD OPENEND RESPONSE		

Section 4: Employment

ASK ALL

Q11 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

Q12.1 On a scale from 1 to 10 where 1 is very uncomfortable and 10 is very 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 ↓ Rotate	Score 1–10	Don't know
Q12.1 mental health difficulties		99
Q12.2 intellectual disabilities		99
Q12.3 Autism		99

Q12.4 physical disabilities		99
Q12.5 hearing or vision disabilities		99

IF 5 OR LESS TO ANY OF Q12.1 ASK Q12.2 ELSE GO TO Q12.7

Q12.6 What specific reasons would make you feel uncomfortable about having a work colleague with a disability?

RECORD OPENEND TEXT	

Q12.7 On a scale from 1 to 10 where 1 is very uncomfortable and 10 is very comfortable, can you indicate how comfortable you would feel if the following people were your work colleagues:

Please rate from 1 to 10 for each statement.

Read out ↓ Rotate	Score 1–10	Don't know
Q12.7.1 Travellers		0
Q12.7.2 People from Black and Minority Ethnic backgrounds		0
Q12.7.3 People who are Gay, Lesbian, Bisexual or Transgender		0
Q12.7.4 Migrant workers		0

Section 5: Relationships

ASK ALL

Q13 Please rate your level of agreement or disagreement with the following statements:

Show card 3 — single code per statement

Read out ↓ Rotate	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagreed	Don't know
Q13.1 Adults with mental health difficulties have the same right to fulfilment through sexual relationships, as everyone else	1	2	3	4	5	0
Q13.2 Adults with intellectual disabilities have the same right	1	2	3	4	5	0

to fulfilment through sexual relationships, as everyone else						
Q13.3 Adults with Autism have the same right to fulfilment through sexual relationships, as everyone else	1	2	3	4	5	0
Q13.4 Adults with physical disabilities have the same right to fulfilment through sexual relationships, as everyone else	1	2	3	4	5	0
Q13.5 Adults with vision or hearing disabilities have the same right to fulfilment through sexual relationships, as everyone else	1	2	3	4	5	0

ASK IF DISAGREE/STRONGLY DISAGREE TO ANY PART OF Q13 GO TO Q13.6 ELSE GO TO Q13.7

Q13.6 Why do you feel some adults with disabilities should not have the same right to fulfilment through sexual relationships as everyone else?

RECORD OPENENDED TEXT	

ASK ALL

Q13.7 Please rate your level of agreement or disagreement with the following statements.

Show card 3 — single code per statement

Read out ↓ Rotate	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
q13.7.1 Adults with mental health difficulties should have children if they wish	1	2	3	4	5	0
Q13.7.2 Adults with intellectual disabilities should have children if they wish	1	2	3	4	5	0

Q.13.7.3 Adults with Autism should have children if they wish	1	2	3	4	5	0
Q13.7.4 Adults with physical disabilities should have children if they wish	1	2	3	4	5	0
Q13.7.5 Adults with vision or hearing disabilities should have children if they wish	1	2	3	4	5	0

If disagree/strongly disagree to any part of Q13.7 go to Q13.8 else go to Q14
Q13.8 For what reasons, do you feel adults with disabilities should not have the children if they wish?

RECORD OPENENDED TEXT

Section 6: Your neighbourhood

ASK ALL
Q14 Please rate your level of agreement or disagreement with the following statement
Show card 3 — single code per statement

Read out ↓	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
14.1. People with all types and levels of disabilities should live in houses like everyone else						

Q14.2 On a scale from 1 to 10 where 1 is very uncomfortable and 10 is very 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 ↓ Rotate	Score 1–10	Don't know
Q14.2.1 mental health difficulties		0
Q14.2.2 intellectual disabilities		0
Q14.2.3 Autism		0
Q14.2.4 physical disabilities		0
Q14.2.5 vision and hearing disabilities		0

If 5 or less to any of q14.2 ask q14.3 else go to q15
Q14.3What specific reasons, would make you feel uncomfortable about people with disabilities living in your neighbourhood?

PROBE FULLY RECORD OPENEND RESPONSES	

Q15 On a scale from 1 to 10 where 1 is very uncomfortable and 10 is very comfortable, can you indicate how comfortable you would feel if the following people were living in your neighbourhood?
Please rate from 1 to 10 for each statement

Read out ↓ Rotate	Score 1-10	Don't Know
Q15.1 Travellers		99
Q15.2 People from Black and Minority Ethnic Backgrounds		99
Q15.3 People who are Gay, Lesbian Bisexual or Transgender		99
Q15.4European migrant worker		99

Section 7: Friends and family

Now we would like to ask you a few questions about your family and friends.
Q16 Interviewer note: code for each statement
Rotate statements

	None	1-2	3-4	5-8	9 or more
Family Interviewer Read Out: 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: Interviewer read out: 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?					

Section 8: Social Activities

Q.17 Now I would like to ask you some general questions about your life. Which of these statements apply to you?
READ OUT AND CODE ALL THAT APPLY

Have voted in the last general election	1
Have a hobby or pastime	2
Have taken a holiday in Ireland in the last 12 months	3
Have taken a holiday abroad in the last 12 months	4
Have gone on a daytrip or outing in the last 12 months	5
Own a mobile phone	6
Have access to the internet	7

Section 9: Life Satisfaction

Now I would like to ask you some questions about happiness
The next few questions are about how people sometimes feel

Q.18 All things considered, how satisfied would you say you are with your life these days? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied.

1 Very dissatisfied	2	3	4	5	6	7	8	9	10 very satisfied

Q19 Taking all things together on a scale of 1 to 10, how happy would you say you are? Here 1 means you are very unhappy and 10 means you are very happy.

1 Very unhappy	2	3	4	5	6	7	8	9	10 Very happy

Q.20 Please indicate for each of the statements which is closest to how you have been feeling over the last two weeks. SHOW CARD 4

Rotate statements	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time	Refusal	Don't know
I have felt particularly tense	1	2	3	4	5	6	7	8
I have felt lonely	1	2	3	4	5	6	7	8
I have felt downhearted and depressed	1	2	3	4	5	6	7	8

Q.21 Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please tell me on a scale of 1 to 10, where 1 means that you can't be too careful and 10 means that most people can be trusted.

1 You can't be too careful	2	3	4	5	6	7	8	9	10 Most people can be trusted

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
	65-69+	0
	70+	
C3: Marital status	Married/civil partner	1
	Cohabiting	2
	Single	3
	Widowed/ divorced/ separated	4
C4: Occupation of chief income earner (record details)		
C5: Social economic group	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
C8: Educational status (respondent)	Primary level	1
	2nd level	2
	Still at 2nd level	3
	3rd level Under Graduate	4
	3rd level Post Graduate	5
	Still at 3rd level	6
	No formal education	7
C9: Children: Have you got any children (of any age)?	Yes	1
	No	2
C10: Are any under 18 years of age.	Yes No	1 2
C11: Interviews location	City/ City suburb	1
	Town	2
	Village/ rural area	3
C.12 Nationality: Were you born in Ireland?	Yes	1
	No	2
IF NO C.13 In which country were you born?		

GPS code for person so that links can be made to locality deprivation (Best efforts to be made here).

Record GPS

Appendix 2: Statistical analysis tables

Bivariate and multivariate tables are presented in this appendix. The appendix table numbers and page numbers have been referred to in the findings chapter when relevant. Some of the tables below reference the questionnaire number from appendix 1 in the table footnote to assist with interpretation of the findings.

An asterisk (*) is used throughout the tables to denote statistical significance. Odds ratios (OR) above one indicate a higher level of agreement with the statement and an OR below one indicated a lower level of agreement with the statement. The confidence interval indicates the level of uncertainty around the measure of effect

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Table A2.1: Illnesses, conditions or disabilities the term 'people with disabilities' refers to by selected variables

	Male	Female	Under 35	35-44	45-49	50-54	55–64	65+	ABC1 F50+	C2DE F50-	Dublin	Rest of Leinster	Munster	Conn/ Ulster	Urban	Rural	Have disability	No disability	Total
Base: All adults aged 18+	628	666	332	266	137	126	204	229	611	683	372	356	335	231	845	449	439	855	1294
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Physical disability	82	81	78	83	88*	86	88*	77	83	81	91*	75*	81	79	85*	76*	76*	83	82
Mental health difficulty	53	56	52	54	63*	59	60	47*	56	53	68*	43*	54	51	54	55	51	55	54
Intellectual disability	46	48	50	49	59*	42	44	37*	45	48	50	49	45	43	48	46	45	47	47
Vision difficulties	29	28	24	28	32	32	36*	27	26	30	41*	18*	28	25	30	26	31	28	28
Autism	25	27	28	28	26	26	28	21*	26	27	35*	18*	31	19*	26	27	23	27	26
Long-term illness (for example, diabetes, epilepsy)	24	27	24	24	24	25	27	29	24	26	31*	13*	32*	24	25	26	34*	24	25
Hearing loss	23	23	18	24	26	24	27	25	23	23	37*	12*	23	17*	24	21	26	22	23
Speech difficulties	21	20	17	24	21	25	22	18	20	21	34*	9*	21	16	21	20	21	20	20
Frailty in old age	15	15	13	11	23*	14	16	18	14	15	22*	9*	13	15	15	14	15	15	15
Addiction	10	9	9	8	12	8	14	6*	9	10	14*	4*	9	11	8	12	9	9	9

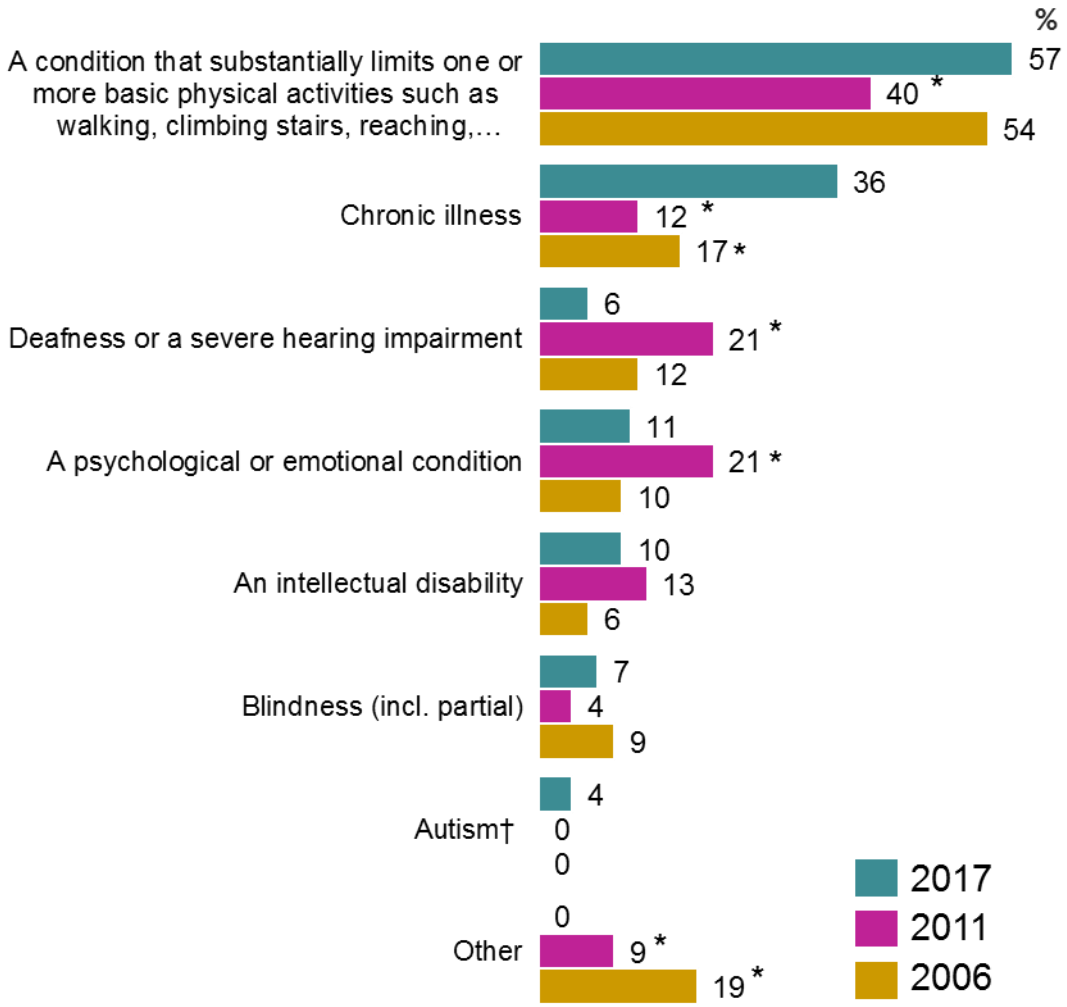
*Denotes a statistically significant finding,

Table A2.2: Prevalence of having any long lasting condition by selected variables

	Male	Female	Under 35	35-44	45-49	50-54	55-64	65+	ABC1 F50+	C2DE F50-	Dublin	Rest of Leinster	Munster	Conn/ Ulster	Urban	Rural	Have disability	Total
Base: All adults aged 18+	628	666	332	266	137	126	204	229	611	683	372	356	335	231	845	449	439	1294
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Any disability	**16**	**17**	**7***	**12**	**13**	**18**	**24***	**33***	**11***	**21***	**17**	**16**	**17**	**17**	**17**	**15**	**100**	**16**
A condition that substantially limits one or more basic physical activities	9	10	3*	6	7	10	15*	21*	6*	12*	10	9	9	8	9	9	57*	9
Chronic illness	5	7	3*	3*	6	7	10	13*	4*	8	6	5	7	7	7	5	37*	6
Deafness or a severe hearing impairment	2	2	1*	2	1	1*	3	5*	2	2	3	1*	3	2	2	1	12*	2
An intellectual disability	2	2	3	1	2	3	1	1	1	2	1	1	3	1	2	2	10*	2
A psychological or emotional condition	2	2	1*	2	2	3	3	2	1	2	2	2	2	2	2	2	12*	2
Blindness (incl. partial)	1	1	0*	1	2	1	2	3	1	2	1	1	2	1	1	1	8*	1
Autism	1	1	1	1	1	1	0	0	1	1	0	1	1	0	1	1	5*	1
None	84	83	93*	88	87	81	75*	67*	89*	79*	83	84	83	83	83	85	0	83

*Denotes a statistically significant finding,

Figure A2.1: Types of disability among the booster sample



*Denotes a statistically significant finding, Base: 2017, booster sample of people with disabilities, 273
†Autism was not given as an option in 2011 or 2006 and may have been classified under intellectual disability or a psychological or emotional condition

Table A2.3: Analysis of respondents who know someone with a disability by selected variables

	Male	Female	Under 35	35-44	45-49	50-54	55-64	65+	ABC1 F50+	C2DE F50-	Dublin	Rest of Leinste-	Munster	Conn/ Ulster	Urban	Rural	Have disability	No disability	Total
Base: All adults aged 18+	628	666	332	266	137	126	204	229	611	683	372	356	335	231	845	449	439	855	1294
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Know anyone with a disability	**72**	**73**	**70**	**69**	**82***	**77**	**77**	**71**	**72**	**73**	**74**	**65***	**73**	**81***	**74**	**71**	**80***	**72**	**73**
Other relative	20	22	25	19	19	24	22	16*	22	21	23	22	17	23	22	20	18	22	21
Friend	21	20	23	17	22	15	22	21	21	21	25	12*	22	26	21	20	27*	20	21
Neighbour	18	15	13	13	15	14	29*	18	15	17	12*	9*	22*	26*	14	20	21	16	16
Acquaintance	9	7	6	7	9	10	13	8	8	8	6	6	9	14*	7	10	10	8	8
Child	4*	10*	5	11	13*	10	5	4*	7	7	6	8	10	5	8	6	6	7	7
Brother/sister	6	6	6	4	7	5	7	8	6	6	6	6	4	8	6	7	9*	5	6
Parent	6	4	4	7	9	7	5	1*	6	4	3	4	6	8	5	5	4	5	5
Colleague/work contact	4	5	5	6	6	7	1*	2*	6	3	4	3	4	8	4	5	4	5	5
Spouse/partner	3	4	0*	1*	4	5	4	10*	2*	5	2	4	5	4	4	2	8*	3	3
Other	2	3	3	2	4	0*	1	5	2	3	2	5	2	1*	4	1*	5*	2	3
No one	14	12	17	14	6*	6*	11	15	11	15	14	15	14	8*	14	12	12	13	13
Not sure/don't know	15	14	13	18	13	18	12	15	17	13	13	21*	13	11	13	18	9*	16	15

*Denotes a statistically significant finding,

Table A2.4: Analysis of frequency of respondents being in contact with someone with a disability by selected variables

	Male	Female	Under 35	35-44	45-49	50-54	55-64	65+	ABC1 F50+	C2DE F50-	Dublin	Rest of Leinste-	Munster	Conn/ Ulster	Urban	Rural	Have disability	No disability	Total
Base: All who are in contact with someone with a disability	459	508	238	192	113	99	160	165	459	508	297	240	254	194	640	327	459	508	967
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Daily	29*	44*	38	39	42	42	31	32	36	37	28*	37	43	40	37	37	47*	35	37
Weekly	35	28	30	28	28	27	36	37	32	31	33	28	31	34	31	32	33	31	31
Monthly	16	16	15	15	17	23	17	13	17	15	20	18	12	15	16	18	11	17	16
Every 2-3 months	8	5	7	4	6	3	9	7	7	6	6	8	6	5	8	4	3	7	7
Less often	11	7	8	13	6	6	6	10	8	9	11	8	8	6	9	8	6	9	8
Never	1	1	2	1	1	0	1	0	1	1	2	1	0	0	1	1	0	1	1

*Denotes a statistically significant finding,

Table A2.5: Analysis of the types of disability the person (people) known to the respondent have by selected variables.

	Male	Female	Under 35	35-44	45-49	50-54	55-64	65+	ABC1 F50+	C2DE F50-	Dublin	Rest of Leinster	Munster	Conn/ Ulster	Urban	Rural	Have disability	No disability	Total
Base: All who know someone with a disability	459	508	238	192	113	99	160	165	459	508	279	240	254	194	640	327	351	616	967
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
A condition that substantially limits one or more basic physical activity	50	49	45	42	50	50	57	57	49	50	47	49	48	54	49	51	53	49	49
An intellectual disability	26	30	30	25	30	33	31	21*	30	26	26	25	30	31	27	30	24	29	28
Chronic illness	23	25	26	19	21	22	27	27	24	23	19	20	32*	25	22	28	28	23	24
Autism	13*	21	24*	23	16	15	12*	8*	18	17	16	20	19	14	17	18	13	18	17
A psychological or emotional condition	13	12	16	7*	17	9	16	9	11	14	11	12	12	17	11	17	16	12	13
Deafness or a severe hearing impairment	10	9	7	10	7	8	14	9	10	9	14	7	6*	11	11	7	12	9	9
Blindness (incl. partial)	8	7	7	8	9	13	5	6	9	6	11	8	5	5	8	6	8	7	7
Don't know	2	1	2	3	2	0	0	1	1	1	1	1	2	1	1	2	2	1	1

*Denotes a statistically significant finding,

Table A2.6: Binary logistic regression model, including year as an explanatory variables, summarising all disability types by selected variables by agreement that people with disabilities are treated fairly in Irish society

	Variables	Odds Ratio	95% Confidence Interval	
			Lower	Upper
Age (compared to >55)	Less than 55	0.76*	0.64	0.89
Gender (compared to female)	Male	1.19*	1.02	1.37
Area (compared to urban)	Urban	1.18*	1.02	1.37
Socio-economic group (compared to C2DE)	ABC1	1.09	0.94	1.26
Disability status (compared to not having a disability)	Have a disability	0.91	0.74	1.13
Know someone with a disability (compared to not knowing)	Yes	0.93	0.78	1.11
Year (compared to 2017)	2006	1.34*	1.12	1.60
	2011	1.87*	1.55	2.24

*Denotes a statistically significant finding, Dependant variable relates to question 3.6
OR >1 or <1 indicates a higher or lower level of agreement with the statement respectively

Table A2.7: Binary logistic regression model summarising all disability types by selected variables by agreement that people with disabilities are treated fairly in Irish society

	Variables	Odds Ratio	95% Confidence Interval	
			Lower	Upper
Age (compared to >55)	Less than 55	1.1	0.80	1.40
Gender (compared to female)	Male	1.2	0.94	1.55
Region (compared to Munster)	Dublin	1.2	0.86	1.78
	Rest of Leinster	0.9	0.60	1.24
	Connaught/Ulster	1.3	0.89	1.95
Area (compared to rural)	Urban	1.5*	1.09	2.01
Socio-economic group (compared to C2DE)	ABC1	1.0	0.77	1.29
Know someone with a disability (compared to not knowing)	Yes	1.6*	1.07	2.47
Frequency of contact (compared to at least weekly	Monthly to three monthly	1.2	0.84	1.66
	Less often/never	1.5*	1.10	2.11
Disability status (compared to not having a disability)	Have a disability	1.0	0.71	1.43
Satisfaction with life (compared to score of 1-4)	5-8	1.6	0.71	3.60
	9-10	1.8	0.79	4.13
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	1.3	0.96	1.74

*Denotes a statistically significant finding, Dependant variable relates to question 3.6
OR >1 or <1 indicates a higher or lower level of agreement with the statement respectively

Table A2.8: Binary logistic regression model, including year as an explanatory variable, summarising all disability types by selected variables by agreement that people with disabilities can participate fully in life

Selected variables		Mental health difficulties	Intellectual disabilities	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)			
Age (compared to >55)	Less than 55	1.4* (1.21 – 1.73)	1.5* (1.30 – 1.83)	1.4* (1.14 – 1.59)	1.4* (1.16 – 1.62)
Gender (compared to female)	Male	0.9 (0.77 – 1.05)	0.9 (0.74 – 1.00)	1.0 (0.82 – 1.09)	1.0 (0.85 – 1.14)
Area (compared to urban)	Urban	1.0 (0.82 – 1.12)	1.0 (0.86 – 1.16)	1.1 (0.96 – 1.29)	1.2* (1.01 – 1.37)
Socio-economic group (compared to C2DE)	ABCI	1.0 (0.90 – 1.23)	1.1 (0.91 – 1.23)	1.3* (1.13 – 1.52)	1.1 (0.94 – 1.27)
Disability status (compared to not having a disability)	Have a disability	1.6 (0.92 – 1.45)	1.1 (0.85 – 1.33)	1.0 (0.82 – 1.25)	1.0 (0.77 – 1.19)
Know someone with a disability (compared to not knowing)	Yes	1.1 (0.87 – 1.26)	1.0 (0.83 – 1.18)	1.1 (0.91 – 1.28)	1.0 (0.85 – 1.19)
Year (compared to 2017)	2006	0.5* (0.38 – 0.56)	0.5* (0.41 – 0.59)	0.4* (0.35 – 0.49)	0.4* (0.31 – 0.44)
	2011	0.6* (0.49 – 0.71)	0.4* (0.36 – 0.53)	0.5* (0.43 – 0.61)	0.5* (0.40 – 0.57)

*Denotes a statistically significant finding, Dependant variable relates to questions 3.1, 3.2, 3.4, 3.5
OR >1 or <1 indicates a higher or lower level of agreement with the statements respectively

Table A2.9: Binary logistic regression model summarising all disability types by selected variables by agreement that people with disabilities can participate fully in life

Selected variables		Mental health difficulties	Intellectual disabilities	Autism	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)				
Age (compared to >55)	Less than 55	1.4* (1.08–1.93)	1.6* (1.20-2.10)	1.5* (1.10-1.97)	1.2 (0.94-1.62)	1.5* (1.15-2.00)
Gender (compared to female)	Male	1.0 (0.75–1.25)	1.0 (0.75-1.24)	1.1 (0.88-1.47)	1.1 (0.86-1.41)	1.0 (0.79-1.29)
Region (compared to Munster)	Dublin	1.4 (0.95–1.99)	1.3 (0.88-1.81)	1.3 (0.88-1.85)	1.5* (1.07-2.20)	1.4 (0.96-1.98)
	Rest of Leinster	1.2 (0.82-1.67)	0.9 (0.63-1.26)	1.7* (1.18-2.42)	1.4 (0.98-1.94)	1.5* (1.06-2.09)
	Connaught/Ulster	1.3 (0.87-1.95)	0.9 (0.64-1.38)	1.7 * (1.11-2.50)	1.2 (0.81-1.72)	1.3 (0.88-1.87)
Area (compared to rural)	Urban	1.6* (1.14-2.15)	1.1 (0.84-1.53)	1.5* (1.07-2.01)	1.4* (1.02-1.85)	1.8* (1.37-2.49)
Socio-economic group (compared to C2DE)	ABC1	1.0 (0.80-1.35)	1.1 (0.85-1.43)	1.1 (0.85-1.44)	1.3* (1.03-1.71)	0.9 (0.70-1.16)
Know someone with a disability (compared to not knowing)	Yes	1.4 (0.89-2.08)	0.9 (0.63-1.42)	1.4 (0.89-2.07)	1.2 (0.79-1.76)	1.4 (0.93-2.09)
Frequency of contact (compared to at least weekly	Every 1-3 months	0.7* (0.46-0.93)	0.8 (0.55-1.08)	0.9 (0.64-.27)	0.8 (0.60-.16)	0.9 (0.61-.19)
	Less often/never	0.9 (0.63-1.24)	1.0 (0.74-1.41)	1.0 (0.74-1.44)	0.9 (0.63-1.21)	1.2 (0.85-1.62)
Disability status (compared to not having a disability)	Have a disability	1.1 (0.78-1.62)	1.1 (0.77-1.57)	0.8 (0.56-1.18)	0.9 (0.65-1.29)	0.9 (0.61-1.23)
Satisfaction with life (compared to score of 1-4)	5-8	1.8 (0.76-4.27)	1.7 (0.74-3.73)	1.5 (0.65-3.40)	2.0 (0.94-4.35)	1.5 (0.69-3.06)
	9-10	2.5* (1.05-6.08)	2.1 (0.95-4.88)	2.0 (0.88-4.70)	2.6* (1.22-5.77)	1.8 (0.83-3.77)
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	1.2 (0.88 -.63)	1.2 (0.88-1.60)	1.1 (0.79-1.46)	1.2 (0.91-1.66)	0.8 (0.63-1.14)

Dependant variable relates to questions 3.1-3.5, *Denotes a statistically significant finding, OR >1 or <1 indicates a higher or lower level of agreement with the statements

Table A2.10: Analysis of statements that there are occasions or circumstances when it is all right to treat people with disabilities more favourable than others by selected variables

Selected variables / %	Yes	Male	Female	Under 35	35-44	45-49	50-54	55-64	65+	ABC1	C2DE	Have disability	No disability
Waiting for social housing	78	77	79	78	79	75	77	77	79	79	77	83*	77
On a hospital waiting list	78	77	79	80	75	76	78	78	78	78	79	81	77
Receiving increases in social welfare payments	77	77	77	77	78	71	76	77	79	76	78	83*	76

*Denotes a statistically significant finding,

Table A2.11: Analysis of agreement with the statement 'people with disabilities receive equal opportunities in terms of education' by selected variables.

Selected variables / %	Total	Male	Female	Under 35	35-44	45-49	50-54	55-64	65+	ABC1	C2DE	Dublin	Rest of Leinster	Munster	Conn/ Ulster	Urban	Rural	Have disability	No disability
Yes	38	39	36	37	42	34	43	42	29*	42	33	46*	31*	36	36	40	34	38	37
No	46	43	48	49	44	53	44	42	43	45	47	38*	53*	44	49	44	50	45	46
Don't know	17	17	16	14	14	13	13	16	28*	13	20	16	16	19	15	17	17	16	17

*Denotes a statistically significant finding,

Table A2.12: Binary logistic regression model, including year as an explanatory variable, summarising all disability types by selected variables by agreement that children with disabilities should attend the same school as children without disabilities

Selected Variables		Mental health difficulties	Intellectual disabilities	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)			
Age (compared to >55)	Less than 55	1.2* (1.04 – 1.46)	1.4* (1.23 – 1.72)	1.2 (0.99 – 1.47)	1.5* (1.28 – 1.81)
Gender (compared to female)	Male	0.8* (0.69 – 0.93)	0.8* (0.70 – 0.94)	0.9 (0.78 – 1.12)	0.9 (0.79 – 1.08)
Area (compared to urban)	Urban	1.1 (0.92 – 1.26)	1.1 (0.97 -1.31)	1.2* (1.03 – 1.48)	1.3* (1.07 – 1.46)
Socio-economic group (compared to C2DE)	ABCI	1.0 (0.82 – 1.11)	0.8* (0.72 – 0.98)	1.2 (0.99 – 1.42)	1.0 (0.86 – 1.17)
Disability status (compared to not having a disability)	Have a disability	1.1 (0.88 – 1.37)	1.1 (0.86 – 1.34)	1.0 (0.75 – 1.27)	1.2 (0.95 – 1.50)
Know someone with a disability (compared to not knowing)	Yes	1.2* (1.02 – 1.47)	1.0 (0.86 – 1.23)	1.2* (1.01 – 1.52)	0.9 (0.79 – 1.14
Year (compared to 2017)	2006	0.5* (0.45 – 0.65)	1.0 (0.83 – 1.20)	1.1 (0.85 – 1.36)	0.8 (0.69 – 1.00)
	2011	0.6* (0.46 – 0.67)	0.5* (0.37 – 0.54)	0.5* (0.42 – 0.66)	0.6* (0.46 – 0.67)

*Denotes a statistically significant finding, Dependant variable relates to questions 8.1, 8.2, 8.4, 8.5
OR >1 or <1 indicates a higher or lower level of agreement with the statements respectively

Table A2.13: Binary logistic regression model summarising all disability types by selected variables by agreement that children with disabilities should attend the same school as children without disabilities

	Selected variables	Mental health difficulties	Intellectual disabilities	Autism	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)				
Age (compared to >55)	Less than 55	1.5* (1.14-2.06)	1.2 (0.86-1.54)	1.4* (1.08-1.95)	1.1 (0.75-1.54)	1.6* (1.17-2.10)
Gender (compared to female)	Male	0.7* (0.57-0.96)	0.8 (0.60-1.02)	1.0 (0.74-1.26)	0.9 (0.62-1.18)	0.8 (0.62-1.07)
Region (compared to Munster)	Dublin	1.1 (0.77-1.63)	1.0 (0.71-1.49)	0.9 (0.59-1.25)	1.2 (0.77-1.97)	1.3 (0.88-1.88)
	Rest of Leinster	2.0* (1.38-2.90)	2.2* (1.50-3.16)	2.2* (1.50-3.16)	1.6* (1.04-2.57)	2.5* (1.71-3.68)
	Connaught/Ulster	1.2 (0.79-1.72)	1.5* (1.03-2.30)	1.8* (1.18-2.69)	1.0 (0.63-1.63)	1.7* (1.14-2.63)
Area (compared to rural)	Urban	1.2 (0.86-1.63)	1.2 (0.91-1.72)	1.5* (1.10-2.11)	1.2 (0.81-1.75)	1.4 (0.97-1.89)
Socio-economic group (compared to C2DE)	ABC1	0.9 (0.71-1.23)	1.0 (0.76-1.30)	1.1 (0.82-1.41)	1.2 (0.87-1.70)	0.9 (0.65-1.14)
Know someone with a disability (compared to not knowing)	Yes	0.9 (0.58-1.39)	1.1 (0.73-1.73)	1.0 (0.64-1.53)	1.0 (0.57-1.66)	0.8 (0.48-1.22)
Frequency of contact (compared to at least weekly)	Monthly to three monthly	0.7 (0.52-1.05)	0.7 (0.50-1.01)	0.8 (0.54-1.08)	0.8 (0.50-1.18)	0.8 (0.56-1.16)
	Less often/never	0.8 (0.60-1.19)	1.0 (0.74-1.46)	1.1 (0.78-1.56)	0.9 (0.60-1.41)	0.9 (0.61-1.23)
Disability status (compared to not having a disability)	Have a disability	1.0 (0.68-1.44)	0.8 (0.58-1.21)	1.0 (0.69-1.49)	0.8 (0.53-1.30)	1.0 (0.65-1.40)
Satisfaction with life (compared to score of 1-4)	5-8	1.1 (0.5-2.55)	1.2 (0.53-2.58)	0.8 (0.35-1.84)	1.0 (0.39-2.68)	1.1 (0.47-2.37)
	9-10	1.5 (0.64-3.33)	1.5 (0.67-3.37)	1.2 (0.51-2.77)	1.1 (0.41-2.91)	1.2 (0.53-2.71)
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	0.72* (0.53-0.99)	0.9 (0.69-1.29)	0.8 (0.57-1.08)	0.7 (0.48-1.00)	0.8 (0.60-1.14)

*Denotes a statistically significant finding, Dependant variable relates to questions 8.1-8.5, OR >1 or <1 indicates a higher or lower level of agreement with the statements respectively, †A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale.

Table A2.14: Ordinal logistic regression model summarising the level of comfort with having children with disabilities in the same class as your child for all disability types by selected variables

	Selected variables	Mental health difficulties	Intellectual disabilities	Autism	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)				
Age (compared to >55)	Less than 55	1.1 (0.91-1.43)	1.2 (0.97-1.52)	1.2 (0.98-1.55)	1.2 (0.91-1.45)	1.2 (0.98-1.55)
Gender (compared to female)	Male	0.9 (0.71-1.07)	0.9 (0.71-1.07)	0.9 (0.72-1.09)	0.9 (0.75-.14)	0.8 (0.68-1.03)
Area (compared to urban)	Urban	1.0 (0.77-1.25)	1.0 (0.80-1.31)	1.2 (0.92-1.50)	1.2 (0.91-1.51)	1.2 (0.90-1.50)
Socio-economic group (compared to C2DE)	ABC1	1.2* (1.00-1.51)	1.2 (0.94-1.43)	1.3* (1.01-1.54)	1.2* (1.00-1.54)	1.1 (0.86-1.32)
Disability status (compared to not having a disability)	Have a disability	1.0 (0.76-1.35)	0.9 (0.70-1.24)	0.9 (0.68-1.20)	1.0 (0.73-1.31)	0.9 (0.67-1.21)
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	0.7* (0.52-0.84)	0.6* (0.49-0.80)	0.7* (0.54-0.88)	0.6* (0.48-0.79)	0.7* (0.54-0.88)
Know someone with a disability (compared to not knowing)	Yes	1.0 (0.75-1.44)	1.2 (0.88-1.70)	1.3 (0.96-1.85)	1.4* (1.02-1.99)	1.3 (0.96-1.88)
Region (compared to Munster)	Dublin	1.5* (1.12-2.00)	1.2 (0.90-1.61)	1.2 (0.89-.59)	1.3 (0.98-1.79)	1.1 (0.80-1.46)
	Rest of Leinster	2.1* (1.60-2.79)	2.1* (1.61-2.83)	2.3* (1.76-3.11)	2.4* (1.81-3.25)	2.5* (1.86-3.36)
	Connaught/Ulster	1.2 (0.86-1.61)	1.0 (0.73-1.37)	1.1 (0.83-1.55)	1.2 (0.83-1.58)	1.1 (0.81-1.53)
Frequency of contact (compared to at least weekly)	Monthly to three monthly	0.7 (0.56-0.94)	0.85 (0.65-1.10)	0.8 (0.62-1.05)	0.9 (0.68-1.19)	1.0 (0.74-1.29)
	Less often/never	0.8* (0.58-1.01)	0.7* (0.49-.85)	0.6* (0.49-0.84)	0.7* (0.55-0.97)	0.8* (0.59-1.03)

*Denotes a statistically significant finding, Dependant variable relates to questions 9.2.1-9.2.5, Comfort scale – 1 is very uncomfortable and 10 is very comfortable Scores grouped as 1-4 and then individual scores between 5 and 10, †A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale

Table A2.15: Bivariate analysis of agreement with the statement 'people with disabilities receive equal opportunities in terms of employment' by selected variables

Selected variable / %	Total	Male	Female	Under 35	35-44	45-49	50-54	55-64	65+	ABC1 F50+	C2DE F50-	Dublin	Rest of Leinster	Munster	Conn/ Ulster	Urban	Rural	Have disability	No disability
Yes	18	19	18	18	19	18	19	20	16	19	18	31*	15	13*	14	20	15	21	18
No	67	66	67	68	65	70	69	66	64	67	67	55*	71	74	66	64	72	70	66
Don't know	15	15	15	14	16	12	12	13	20	14	16	14	14	13	20	16	13	9*	16

*Denotes a statistically significant finding,

Table A2.16: Ordinal logistic regression model summarising the level of comfort with having people with disabilities as work colleagues for all disability types by selected variables

	Selected variables	Mental health difficulties	Intellectual disabilities	Autism	Physical disabilities	Vision or hearing disabilities
		Odds Ratios (95% confidence interval)				
Age (compared to >55)	Less than 55	1.1 (0.91-1.43)	1.2 (0.97-.53)	1.1 (0.87-.38)	0.9 (0.71-1.15)	1.0 (0.76-1.22)
Gender (compared to female)	Male	0.9 (0.75-1.14)	0.9 (0.70-1.06)	1.0 (0.77-1.17)	0.9 (0.69-1.06)	0.9 (0.69-1.06)
Area (compared to urban)	Urban	1.0 (0.77-1.26)	1.0 (0.78-1.28)	1.1 (0.85-1.41)	1.1 (0.82-1.38)	1.1 (0.82-1.37)
Socio-economic group (compared to C2DE)	ABC1	1.3* (1.02-1.55)	1.3* (1.03-1.57)	1.2 (0.94-1.44)	1.3* (1.06-1.66)	1.3* (1.02-1.58)
Disability status (compared to not having a disability)	Have a disability	1.3* (1.00-1.80)	1.2 (0.92-1.66)	1.1 (0.84-1.52)	1.1 (0.78-1.44)	1.2 (0.86-1.57)
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	0.7* (0.51-0.83)	0.7* (0.55-0.89)	0.7* (0.51-0.84)	0.6* (0.49-0.81)	0.7* (0.53-0.88)
Know someone with a disability (compared to not knowing)	Yes	1.1 (0.76-1.48)	1.2 (0.82-1.61)	1.1 (0.76-1.51)	1.6* (1.11-2.20)	1.4 (0.98-1.94)
Region (compared to Munster)	Dublin	1.7* (1.29-2.32)	1.4* (1.02-1.84)	1.5* (1.10-1.99)	1.8* (1.32-.45)	1.6* (1.14-2.10)
	Rest of Leinster	2.8* (2.12-3.75)	2.6* (1.94-3.49)	2.8* (2.07-3.73)	2.7* (2.00-3.66)	2.7* (2.02-3.67)
	Connaught/Ulster	1.2 (0.90-1.67)	1.0 (0.72-1.34)	1.2 (0.86-1.62)	1.3 (0.91-1.74)	1.3 (0.93-1.78)
Frequency of contact (compared to at least weekly)	Monthly to three monthly	0.7* (0.56-0.96)	0.8 (0.62-1.06)	0.8 (0.58-1.01)	0.9 (0.70-1.24)	0.9 (0.68-1.19)
	Less often/never	0.7* (0.49-0.85)	0.6* (0.47-0.81)	0.6* (0.48-0.84)	0.7* (0.52-0.92)	0.7* (0.51-0.90)

*Denotes a statistically significant finding, Dependant variable relates to questions 12.1.1-12.1.5, Comfort scale – 1 is very uncomfortable and 10 is very comfortable Scores grouped as 1-4 and then individual scores between 5 and 10, †A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale

Table A2.17: Binary logistic regression model, including year as an explanatory variable, summarising all disability types by selected variables by agreement that adults with disabilities have the same right to fulfilment through sexual relationships as everyone else

	Selected Variables	Mental health difficulties	Intellectual disabilities	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)			
Age (compared to >55)	Less than 55	1.4* (1.12-1.74)	1.4* (1.14-1.82)	1.1 (0.74-1.69)	1.5 (0.96-2.28)
Gender (compared to female)	Male	1.0 (0.79-1.17)	1.0 (0.79-1.20)	0.9 (0.65-1.35)	1.1 (0.70-1.58)
Area (compared to urban)	Urban	1.3* (1.06-1.59)	1.2 (0.96-1.47)	1.5* (1.04-2.19)	1.2 (0.77-1.77)
Socio-economic group (compared to C2DE)	ABCI	0.9 (0.74-1.11)	0.9 (0.70-1.06)	1.2 (0.80-1.70)	1.5 (0.98-2.29)
Disability status (compared to not having a disability)	Have a disability	1.2 (0.92-1.69)	1.2 (0.89-1.66)	1.1 (0.61-1.85)	1.4 (0.75-2.61)
Know someone with a disability (compared to not knowing)	Yes	1.0 (0.80-1.26)	0.9 (0.69-1.12)	1.2 (0.82-1.91)	1.0 (0.62-1.64)
Year (compared to 2017)	2006	0.2* (0.17-0.30)	0.5* (0.37-0.69)	0.9 (0.57-1.48)	1.0 (0.59-1.79)
	2011	0.2* (0.13-0.23)	0.1* (0.11-0.19)	0.7 (0.44-1.11)	0.5* (0.32-0.85)

*Denotes a statistically significant finding, Dependant variable relates to questions 13.1.1, 13.1.2, 13.1.4, 13.1.5
OR >1 or <1 indicates a higher or lower level of agreement with the statements respectively

Table A2.18: Binary logistic regression model summarising all disability types by selected variables by agreement that adults with disabilities have the same right to fulfilment through sexual relationships as everyone else

Selected variables		Mental health difficulties	Intellectual disabilities	Autism	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)				
Age (compared to >55)	Less than 55	1.3 (0.73-2.21)	0.8 (0.46-1.41)	0.9 (0.55-1.57)	0.9 (0.43-1.93)	1.4 (0.63-3.06)
Gender (compared to female)	Male	1.3 (0.80-2.19)	1.1 (0.66-1.76)	1.0 (0.63-1.62)	0.9 (0.46-1.76)	0.9 (0.42-1.88)
Region (compared to Munster)	Dublin	0.6 (0.26-1.17)	1.3 (0.70-2.59)	1.4 (0.71-2.67)	0.5 (0.17-1.63)	0.8 (0.28-2.30)
	Rest of Leinster	0.8 (0.39-1.70)	1.5 (0.76-2.85)	2.5* (1.25-4.82)	1.4 (0.59-3.48)	2.9 (0.82-10.06)
	Connaught/Ulster	0.9 (0.39-1.99)	3.1* (1.19-7.84)	2.4* (1.12-5.35)	4.0* (1.13-13.95)	1.4 (0.47-.12)
Area (compared to rural)	Urban	1.5 (0.78-2.79)	0.8 (0.44-1.51)	1.4 (0.79-2.51)	4.8* (1.82-12.68)	1.7 (0.64-4.34)
Socio-economic group (compared to C2DE)	ABC1	0.9 (0.55-1.54)	1.1 (0.64-1.74)	1.2 (0.74-.97)	1.0 (0.49-1.94)	2.0 (0.86-4.43)
Know someone with a disability (compared to not)	Yes	1.9 (0.88-3.99)	1.0 (0.42 – 2.32)	1.0 (0.46-2.39)	1.1 (0.35-3.32)	0.7 (0.14-3.39)
Frequency of contact (compared to at least weekly)	Monthly to three monthly	1.1 (0.55-2.15)	0.7 (0.39 – 1.35)	0.8 (0.41-1.40)	1.1 (0.43-2.69)	1.1 (0.42-3.03)
	Less often/never	1.1 (0.56-2.14)	1.2 (0.61 – 2.32)	1.1 (0.59-2.12)	1.2 (0.51-2.99)	1.6 (0.55-4.81)
Disability status (compared to not having a disability)	Have a disability	1.4 (0.64-2.87)	1.1 (0.57 – 2.31)	1.1 (0.55-2.12)	0.7 (0.30-1.82)	1.2 (0.42-3.41)
Satisfaction with life (compared to score of 1-4)	5-8	4.2* (1.52-11.77)	4.1* (1.51-11.14)	3.8* (1.37-10.32)	1.9 (0.40-9.17)	0.5 (0.03-8.21
	9-10	6.2* (2.07-18.26)	4.3* (1.50-12.19)	3.8* (1.32-10.88)	2.5 (0.49-12.85)	0.7 (0.04-11.67)
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	1.4 (0.73-2.71)	0.9 (0.51-1.67)	0.8 (0.46-1.39)	2.3 (0.86-6.14)	1.2 (0.47-3.02)

*Denotes a statistically significant finding. Dependant variable relates to questions 13.1.1-13.1.5, OR >1 or <1 indicates a higher or lower level of agreement with the statements respectively, †A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale.

Table A2.19: Binary logistic regression model, including year as an explanatory variable, summarising all disability types by selected variables by agreement that people with disabilities should have children if they wish

Selected Variables		Mental health difficulties	Intellectual disabilities	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)			
Age (compared to >55)	Less than 55	1.8* (1.46 – 2.18)	1.7* (1.37 – 2.04)	1.8* (1.31 – 2.37)	1.5* (1.08 – 2.07)
Gender (compared to female)	Male	1.0 (0.86 – 1.23)	0.9 (0.76 – 1.10)	0.9 (0.67 – 1.18)	0.9 (0.68 – 1.24)
Area (compared to urban)	Urban	1.0 (0.86 – 1.26)	0.9 (0.76 – 1.10)	1.2 (0.91 – 1.61)	1.2 (0.88 – 1.63)
Socio-economic group (compared to C2DE)	ABCI	1.1 (0.88 – 1.27)	1.0 (0.79 – 1.15)	1.6* (1.19 – 2.13)	1.4* (1.04 – 1.94)
Disability status (compared to not having a disability)	Have a disability	1.7* (1.29 – 2.24)	1.7* (1.26 – 2.20)	1.3 (0.86 – 1.96)	1.5 (0.92 – 2.37)
Know someone with a disability (compared to not knowing)	Yes	1.1 (0.87 – 1.32)	1.1 (0.86 – 1.31)	1.6* (1.19 – 2.21)	1.4 (0.99 – 1.96)
Year (compared to 2017)	2006	0.3* (0.20 – 0.32)	0.7* (0.52 – 0.83)	1.1 (0.75 – 1.64)	1.4 (0.87 – 2.12)
	2011	0.2* (0.18 – 0.29)	0.2* (0.16 – 0.25	0.4* (0.29 – 0.58)	0.4* (0.25 – 0.53)

*Denotes a statistically significant finding, Dependant variable relates to questions 13.2.1, 13.2.2, 13.2.4, 13.2.5
OR >1 or <1 indicates a higher or lower level of agreement with the statements respectively

Table A2.20: Binary logistic regression model summarising all disability types by selected variables by agreement that people with disabilities should have children if they wish

	Selected variables	Mental health difficulties	Intellectual disabilities	Autism	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)				
Age (compared to >55)	Less than 55	2.3* (1.52-3.35)	1.6* (1.10-2.39)	1.1 (0.75-1.69)	2.1* (1.19-3.78)	1.7 (0.89-3.06)
Gender (compared to female)	Male	1.4 (0.97-2.06)	1.1 (0.74-1.52)	1.1 (0.76-1.61)	1.0 (0.57-1.71)	1.0 (0.58-1.90)
Region (compared to Munster)	Dublin	1.0 (0.58-1.69)	2.5* (1.54-4.18)	2.2* (1.31-3.70)	1.8 (0.83-3.72)	1.3 (0.58-3.09)
	Rest of Leinster	0.9 (0.55-1.53)	1.6* (1.01-2.54)	2.6* (1.57-4.22)	3.0* (1.34-6.69)	3.9* (1.59-9.70)
	Connaught/Ulster	1.3 (0.69-2.34)	2.7* (1.43-5.07)	4.1* (2.08-8.24)	2.0 (0.86-4.81)	4.1* (1.46-11.69)
Area (compared to rural)	Urban	1.2 (0.73-1.82)	0.6 (0.37 – 0.87)	1.1 (0.68-1.65)	1.3 (0.66-2.43)	2.2* (1.08-4.55)
Socio-economic group (compared to C2DE)	ABC1	1.1 (0.74-1.58)	1.2 (0.85-1.81)	1.3 (0.86-1.88)	1.3 (0.74-2.30)	1.3 (0.71-2.41)
Know someone with a disability (compared to not)	Yes	0.9 (0.48-1.62)	1.0 (0.55-1.80)	0.7 (0.34-1.40)	1.0 (0.40-2.44)	1.3 (0.52-3.41)
Frequency of contact (compared to at (compared to at least weekly)	Monthly to three monthly	0.8 (0.46-1.24)	0.8 (0.47-1.22)	0.7 (0.42-1.07)	1.3 (0.56-2.90)	1.4 (0.58-3.17)
	Less often/never	0.6 (0.40-1.03)	0.8 (0.51-1.27)	1.1 (0.65-1.74)	0.6 (0.33-1.24)	1.2 (0.54-2.55)
Disability status (compared to not having a disability)	Have a disability	1.1 (0.67-1.86)	1.1 (0.68-1.87)	1.1 (0.65-1.88)	0.9 (0.44-1.89)	1.2 (0.51-2.65)
Satisfaction with life (compared to score of 1-4)	5-8	2.7* (1.13-6.64)	1.9 (0.73-4.95)	3.0* (1.26-7.01)	0.5 (0.07-3.68)	0.9 (0.15-.49)
	9-10	2.6* (1.07-6.51)	2.1 (0.78-5.42)	3.0* (1.26-7.35)	0.7 (0.09-5.15)	1.3 (0.20-7.95)
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	1.1 (0.66-1.70)	1.1 (0.72-1.77)	1.0 (0.63-1.62)	3.0* (1.18-7.65)	1.6 (0.71-3.52)

*Denotes a statistically significant finding, Dependant variable relates to questions 13.2.1-13.2.5, OR >1 or <1 indicates a higher or lower level of agreement with the statements respectively, †A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale

Table A2.21: Analysis of the level of agreement with the statement 'people with all types and levels of disabilities should live in houses like everyone else' by selected variables.

	Total	Male	Female	Under 35	35-44	45-49	50-54	55-64	65+	ABC1 F50+	C2DE F50-	Dublin	Rest of Leinster	Munster	Conn/ Ulster	Urban	Rural	Have disability	No disability
Any agree	87	88	86	86	87	84	93*	87	88	87	87	88	87	83	90	88	85	87	87
Any disagree	13	12	14	15	13	16	6*	13	12	13	13	12	12	17	10	12	15	13	13

*Denotes a statistically significant finding,

Table A2.22: Ordinal logistic regression model summarising the level of comfort with having people with disabilities as neighbours by all disability types and selected variables

	Selected variables	Mental health difficulties	Intellectual disabilities	Autism	Physical disabilities	Vision or hearing disability
		Odds Ratios (95% confidence interval)				
Age (compared to >55)	Less than 55	1.1 (0.88-1.42)	1.1 (0.88-1.44)	1.1 (0.88-1.44)	1.1 (0.89-1.47)	1.1 (0.88-1.42)
Gender (compared to female)	Male	1.2 (0.98-1.50)	1.1 (0.85-1.33)	1.1 (0.91-1.42)	1.0 (0.83-1.31)	1.2 (0.98-1.50)
Area (compared to urban)	Urban	1.2 (0.89-1.50)	1.0 (0.77-1.31)	1.1 (0.84-1.44)	0.9 (0.71-1.24)	1.2 (0.89-1.50)
Socio-economic group (compared to C2DE)	ABC1	1.0 (0.83-1.29)	1.1 (0.83 – 1.32)	1.1 (0.85-1.34)	1.0 (0.77-1.24)	1.0 (0.83-1.29)
Disability status (compared to not having a disability)	Have a disability	1.2 (0.88-1.62)	1.2 (0.89-1.68)	1.1 (0.82-1.54)	1.2 (0.84-1.62)	1.2 (0.88-1.62)
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	0.5 (0.39-0.64)	0.6 (0.46-0.77)	0.6* (0.47-0.78)	0.6 (0.45-0.76)	0.5 (0.39-0.64)
Know someone with a disability (compared to not knowing)	Yes	1.8 (1.24-2.47)	2.2* (1.54-3.12)	1.8* (1.24-2.50)	1.9* (1.35-2.79)	1.8* (1.24-2.47)
Region (compared to Munster)	Dublin	1.3 (0.92-1.69)	1.3 (0.96-1.80)	1.4* (1.04-1.94)	1.4 (0.98-1.86)	1.3 (0.92-1.69)
	Rest of Leinster	2.4* (1.77 -3.26)	2.5* (1.84-3.47)	3.0* (2.17-4.10)	2.9* (2.06-4.01)	2.4* (1.77-3.26)
	Connaught/Ulster	0.9 (0.64-1.21)	1.0 (0.73-1.40)	1.2 (0.89-1.71)	1.1 (0.76-1.50)	0.9 (0.64-1.21)
Frequency of contact (compared to at least weekly)	Monthly to three monthly	1.0 (0.77-1.36)	1.3 (0.94-1.72)	1.1 (0.79-1.43)	1.3 (0.95-1.78)	1.0 (0.77-1.36)
	Less often/never	0.7* (0.55-0.98)	0.6* (0.47–0.84)	0.7* (0.49-0.87)	0.6* (0.46-0.83)	0.7* (0.55-0.98)

*Denotes a statistically significant finding, Dependant variable relates to questions 14.2.1 to 14.2.5, Comfort scale – 1 is very uncomfortable and 10 is very comfortable, Scores grouped as 1-4 and then individual scores between 5 and 10, †A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale

Table A2.23: Binary logistic regression model summarising all disability types by selected variables by participation in social and cultural activities

	Variables	Voted in the last general election	Have a hobby or pastime	Holiday in Ireland in last year	Holiday abroad in last year	Outing or daytrip in last year	Own a mobile phone	Have internet access
		Odds Ratios (95% confidence interval)						
Age (compared to >55)	Less than 55	0.2* (0.11–0.24)	1.6* (1.16–2.13)	1.3 (0.98–1.63)	1.4* (1.04-1.75)	1.3 (0.97-1.70)	3.2* (1.92-5.31)	1.3 (0.97-1.70)
Gender (compared to female)	Male	1.2 (0.92–1.57)	1.3 (0.98–1.73)	1.1 (0.86–1.35)	1.0 (0.79-1.25)	0.8* (0.58-0.97)	0.9 (0.53-1.37)	0.8* (0.58-0.97)
Region (compared to Munster)	Dublin	1.0 (0.70–1.55)	0.6* (0.42–0.98)	1.5* (1.05–2.04)	0.7 (0.54-1.05)	0.7 (0.52-1.07)	0.8 (0.42-1.69)	0.7 (0.52-1.07)
	Rest of Leinster	0.6* (0.44-0.93)	0.7 (0.50–1.10)	0.9 (0.66–1.22)	0.9 (0.62-1.18)	1.0 (0.68-1.38)	1.0 (0.48-1.91)	1.0 (0.68-1.38)
	Connaught/Ulster	0.7 (0.48–1.12)	1.0 (0.64–1.57)	1.0 (0.67-1.36)	1.0 (0.72-1.48)	1.5 (1.00-2.35)	0.6 (0.30-1.21)	1.5 (1.00-2.35)
Area (compared to rural)	Urban	0.6* (0.44–0.85)	1.5* (1.05–2.09)	1.1 (0.84-1.44)	2.3* (1.75-3.06)	0.8 (0.61-1.14)	0.9 (0.52-1.63)	0.8 (0.61-1.14)
Socio-economic group (compared to C2DE)	ABC1	1.5* (1.13–1.96)	1.5* (1.09–1.96)	1.6* (1.27–2.01)	1.6* (1.27–2.02)	1.9* (1.42–2.42)	1.2 (0.74–2.07)	1.9* (1.42–2.42)
Know someone with a disability (versus not))	Yes	1.6* (1.09–2.45)	0.8 (0.52–1.27)	1.0 (0.69–1.45)	1.3 (0.92–1.95)	1.9 (1.29–2.83)	1.3 (0.61–2.80)	1.9 (1.29–2.83)
Frequency of contact (compared to at least weekly)	Monthly to three monthly	0.9 (0.61–1.27)	0.9 (0.64–1.41)	1.2 (0.89–1.65)	1.3 (0.97–1.80)	1.1 (0.80–1.61)	3.1* (1.26–7.50)	1.1 (0.80–1.61)
	Less often/never	0.6* (0.40–0.80)	0.5* (0.36–0.74)	0.7* (0.55–0.98)	1.2 (0.86–1.57)	1.1 (0.77–1.50)	1.2 (0.67–2.34)	1.1 (0.77–1.50)
Disability status (compared to not having a disability)	Have a disability	0.8 (0.56–1.26)	0.6* (0.41–0.85)	0.6* (0.44–0.85)	0.5* (0.36–0.72)	0.5* (0.38–0.74)	0.4* (0.23–0.64)	0.5* (0.38–0.74)
Satisfaction with life (compared to score of 1-4)	5-8	1.8 (0.82–3.90)	2.1* (1.06–4.34)	3.1* (1.36–7.13)	1.2 (0.58–2.58)	2.2* (1.07–4.35)	0.6 (0.16–2.59)	2.2* (1.07–4.35)
	9-10	2.4* (1.07–5.27)	4.0* (1.91–8.27)	4.3* (1.88–10.04)	2.2* (1.01–4.59)	3.0* (1.44–6.06)	0.5 (0.13–2.19)	3.0* (1.44–6.06)
Social isolation (vs not at risk of social isolation)†	At risk of social isolation	0.7* (0.50–0.95)	0.8 (0.55–1.03)	0.8 (0.59–1.01)	0.8 (0.58–1.02)	0.7* (0.51–0.91)	0.6* (0.35–0.96)	0.7* (0.51–0.91)

*Denotes a statistically significant finding, Dependant variable relates to question 17, OR >1 or <1 indicates a higher or lower level of participation in the activity, †A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale

Table A2.24: Ordinal logistic regression model how satisfied with life respondents reported feeling by selected variables

Selected variables		Odds Ratio	95% Confidence Interval	
			Lower	Upper
Age (compared to >55)	Less than 55	0.71*	0.57	0.88
Gender (compared to female)	Male	1.07	0.88	1.30
Area (compared to urban)	Urban	0.86	0.68	1.09
Socio-economic group (compared to C2DE)	ABC1	1.31*	1.07	1.60
Disability status (compared to not having a disability)	Have a disability	0.45*	0.34	0.59
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	0.64*	0.51	0.81
Know someone with a disability (compared to not knowing)	Yes	0.98	0.71	1.34
Region (compared to Munster)	Dublin	1.51*	1.14	2.00
	Rest of Leinster	1.75*	1.34	2.29
	Connaught/Ulster	1.22	0.90	1.65
Frequency of contact (compared to at least weekly)	Monthly to three monthly	1.12	0.87	1.45
	Less often/never	0.93	0.71	1.21

*Denotes a statistically significant finding. Dependant variable relates to question 21
OR >1 or <1 indicates a higher or lower level of satisfaction with life
Satisfaction scale – 1 means very dissatisfied and 10 means very satisfied
Scores grouped as 1-4 and then individual scores between 5 and 10
†A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale

Table A2.25: Ordinal logistic regression model summarising how happy respondents reported feeling by selected variables

Selected variables		Odds Ratio	95% Confidence Interval	
			Lower	Upper
Age (compared to >55)	Less than 55	0.79*	0.64	0.99
Gender (compared to female)	Male	1.09	0.89	1.32
Area (compared to urban)	Urban	0.81	0.64	1.02
Socio-economic group (compared to C2DE)	ABC1	1.27*	1.04	1.55
Disability status (compared to not having a disability)	Have a disability	0.44	0.33	0.58
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	0.57	0.45	0.71
Know someone with a disability (compared to not knowing)	Yes	0.99	0.72	1.37
Region (compared to Munster)	Dublin	1.41*	1.06	1.87
	Rest of Leinster	1.87*	1.43	2.45
	Connaught/Ulster	1.36*	1.00	1.84
Frequency of contact (compared to at least weekly)	Monthly to three monthly	1.01	0.78	1.30
	Less often/never	0.92	0.71	1.20

*Denotes a statistically significant finding. Dependant variable relates to question 22
OR >1 or <1 indicates a higher or lower level of happiness
Happiness scale – 1 means very unhappy and 10 means very happy
Scores grouped as 1-4 and then individual scores between 5 and 10
†A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale

Table A2.26: Analysis of feeling tense by selected variables

Feel tense (%)	Male	Female	Under 35	35-44	45-49	50-54	55–64	65+	ABC1	C2DE	Dublin	Rest of Leinste	Munste r	Conn/ Ulster	Urban	Rural	Have disabili	No disabili ty	Total
All, most and more than half of the time	6	7	5	5	14*	8	7	5	5	7	8	7	5	7	7	6	19*	4*	7
Less than half and some of the time	44	48	49	44	48	45	43	46	47	45	44	37*	53	53*	46	46	49	46	46
At no time	46	42	43	47	34*	42	48	47	44	44	44	51*	40	39	44	44	30*	47	44
Don't know	3	1	1	2	2	4	1	2	2	2	1	3	2	1	1	3	2	2	2

*Denotes a statistically significant finding.

Table A2.27: Analysis of feeling lonely by selected variables

Feel Lonely (%)	Male	Female	Under 35	35-44	45-49	50-54	55–64	65+	ABC1	C2DE	Dublin	Rest of Leinste	Munste r	Conn/ Ulster	Urban	Rural	Have disabili ty	No disabili ty	Total
All, most and more than half of the time	5	6	1*	6	8	6	7	8	5	6	9*	5	4	5	6	5	16*	4*	6
Less than half and some of the time	33	37	35	31	37	36	33	42	34	37	31	32	42*	38	36	35	42*	34	35
At no time	58	54	60	59	51	55	59	48*	59	54	57	60	52	57	56	57	40	60	56
Don't know	2	1	1	2	2	2	1	1	1	1	1	3	2	1	1	2	1	1	1

*Denotes a statistically significant finding.

Table A2.28: Analysis of feeling downhearted and depressed by selected variables

Feel downhearted and depressed (%)	Male	Female	Under 35	35-44	45-49	50-54	55–64	65+	ABC1	C2DE	Dublin	Rest of Leinste	Munste r	Conn/ Ulster	Urban	Rural	Have disabili ty	No disabili	Total
All, most and more than half of the time	6	6	3*	7	11	6	6	7	6	7	7	6	5	5	6	7	18*	4*	6
Less than half and some of the time	34	41	33	35	40	42	44	41	35	41	34	33	46*	40	40	34	43	37	38
At no time	56	50	60*	55	44*	47	50	50	57	50	55	57	47*	54	52	56	36*	56	53
Don't know	2	1	1	2	2	2	1	1	1	1	1	3	1	1	1	1	1	1	1

*Denotes a statistically significant finding.

Table A2.29: Ordinal logistic regression model summarising the level of trust respondents reported feeling by selected variables

	Variables	Odds Ratio	95% Confidence Interval	
			Lower	Upper
Age (compared to >55)	Less than 55	1.02	0.82	1.27
Gender (compared to female)	Male	1.17	0.97	1.43
Area (compared to urban)	Urban	1.24	0.98	1.57
Socio-economic group (compared to C2DE)	ABC1	1.21	0.99	1.48
Disability status (compared to not having a disability)	Have a disability	0.98	0.75	1.30
Social isolation (compared to not at risk of social isolation)†	At risk of social isolation	0.83	0.65	1.04
Know someone with a disability (compared to not knowing)	Yes	0.90	0.65	1.24
Region (compared to Munster)	Dublin	2.18*	1.64	2.89
	Rest of Leinster	1.05	0.81	1.37
	Connaught/Ulster	1.45*	1.07	1.96
Frequency of contact (compared to at least weekly)	Monthly to three monthly	0.92	0.72	1.19
	Less often/never	0.96	0.74	1.25

*Denotes a statistically significant finding. Dependant variable relates to question 24
OR >1 or <1 indicates a higher or lower level of trust
Trust score – 1 means 'you can't be too careful' and 10 is 'most people can be trusted'
Scores grouped as 1-4 and then individual scores between 5 and 10
†A score of 12 or less indicates risk of social isolation on the Lubben's Social Network Scale

Appendix 3: Tables corresponding to the figures in the main report

These tables have been created to make the figures in the main report accessible to those who may have difficulty reading the figures.

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Table A3.1: Illnesses, conditions or disabilities the term 'people with disabilities' refers to

Disability type	2006 (%)	2011 (%)	2017 (%)
Physical disability	86*	81	82
Mental health difficulty	43*	50*	54
Intellectual disability	54*	54*	47
Vision difficulties	34*	33*	28
Autism	n/a	n/a	26
Long-Term Illness	22*	22*	25
Hearing loss	39*	24	23
Speech difficulties	n/a	22	20
Frailty In old age	9*	16	15
Addiction	7	13*	9
Other	1	1	4
Don't Know	0	4	2

*Denotes a statistically significant finding. Base 2017, all adults aged 18+, 1294
Corresponds to Figure 3.1 in the main report

Table A3.2: Types of disabilities among those reporting having a 'long-lasting condition'

Disability type	2006 (%)	2011 (%)	2017 (%)
A condition that substantially limits one or more basic physical activities	55	45*	57
Chronic Illness	17*	11*	37
Psychological or Emotional Condition	10	19*	12
Deafness or Severe hearing impairment	13	17*	12
Intellectual Disability	9	12	10
Blindness	9	5*	8
Autism			5
Other	17*	9	0

*Denotes a statistically significant finding. Base: 2017, all adults with a disability, 439.
Respondents can have multiple disabilities
Autism was not given as an option in 2011 or 2006 and may have been classified under intellectual disability or a psychological or emotional condition
Respondents were shown a list of disabilities
Corresponds to Figure 3.2 in the main report

Table A3.3: Relationship between the respondent and the person they know with a disability by year

	2006 (%)	2011 (%)	2017 (%)
Other Relative	16*	18*	21
Friend	17*	17*	21
Neighbour	17	15	16
Acquaintance	16*	7	8
Child	n/a	n/a	7
Brother/Sister	n/a	n/a	6
Parent	n/a	n/a	5
Colleague/Work Contact	5	3	5
Spouse/Partner	3	4	3
Other	3	3	3
Not Sure/ Don't Know	n/a	4	7

*Denotes a statistically significant finding. Base 2017, all adults aged 18+, 1294
Brother/sister, child, and parent codes used in 2017 to replace members of immediate family (15% in 2011, 18% in 2006). Child includes both respondents own child with a disability and a child they may know that has a disability
Corresponds to Figure 3.3 in the main report

Table A3.4: Frequency of being in contact with someone who has a disability

	%
Daily	37
Weekly	31
Monthly	16
Every 2-3 Months	7
Less often	8
Never	1

Base: 2017, all who are in contact with someone with a disability, 967. Corresponds to Figure 3.4 in the main report

Table A3.5: Types of disabilities the person (people) with a disability known by respondents have

Disability type	2006 (%)	2011 (%)	2017 (%)
A condition that substantially limits one or more basic physical activities	47	50	49
Intellectual Disability	27	26	28
Chronic Illness	20*	17*	24
Autism	n/a	n/a	17
Psychological or Emotional Condition	14	18*	13
Deafness or a severe hearing impairment	15*	13*	9
Blindness (including partial)	10	8	
Other	11*	5	0

*Denotes a statistically significant finding. Base 2017, all adults aged 18+, 1294
Autism was not given as an option in 2011 or 2006 and may have been classified under intellectual disability or a psychological or emotional condition
Corresponds to Figure 3.5 in the main report

Table A3.6: Level of agreement with the statement 'People with disabilities are treated fairly in Irish society'

	2006 (%)	2011 (%)	2017 (%)
Strongly Agree	8	8	6
Agree	32	36	30
Neither Agree nor Disagree	18	22	15
Disagree	31	26	36
Strongly Disagree	12	8	14

Base 2017, all adults aged 18+, 1294
Corresponds to Figure 3.6 in the main report

Table A3.7: Level of agreement that people with the following disabilities are able to participate fully in life

Disability type	Agreement level	2006 (%)	2011 (%)	2017 (%)
Vision and hearing disability	Strongly Agree	6	4	8
	Agree	24	28	42
	Neither Agree or Disagree	13	19	14
	Disagree	46	36	29
	Strongly Disagree	11	13	7
Physical disability	Strongly Agree	5	4	8
	Agree	25	27	38
	Neither Agree or Disagree	12	19	17
	Disagree	44	38	30
	Strongly Disagree	14	12	7
Mental health difficulties	Strongly Agree	4	4	5
	Agree	17	20	27
	Neither Agree or Disagree	11	15	20
	Disagree	50	47	38
	Strongly Disagree	18	14	10
Autism	Strongly Agree	n/a	n/a	6
	Agree	n/a	n/a	31
	Neither Agree or Disagree	n/a	n/a	21
	Disagree	n/a	n/a	33
	Strongly Disagree	n/a	n/a	9
Intellectual disability	Strongly Agree	n/a	n/a	6
	Agree	n/a	n/a	32
	Neither Agree or Disagree	n/a	n/a	21
	Disagree	n/a	n/a	33
	Strongly Disagree	n/a	n/a	8

Base 2017, all adults aged 18+, 1294,
Wording change in 2017 so data on autism and intellectual disability not directly comparable to 2011 and 2006
Question wording in 2006 and 2011 was phrased negatively - 'People with mental health difficulties are not able to participate fully in life. The 2017 wording was phrased positively - people with mental health difficulties are able to participate fully in life. 2006 and 2011 figures amended to allow comparisons.
Corresponds to Figure 3.7 in the main report

Table A3.8: Level of agreement that there are occasions or circumstances when it is all right to treat people with disabilities more favourably than others

	2006 (%)	2011(%)	2017 (%)
Yes	81	68	76
No	13	20	18
Don't Know	6	12	6

Base 2017, all adults aged 18+, 1294
Corresponds to Figure 3.8 in the main report

Table A3.9: Level of agreement that people with a disability should have priority over others in certain circumstances

	Waiting for social housing (%)	On a hospital waiting list (%)	Receiving increases in welfare payments (%)
Yes	78	78	77
No	14	14	15
Don't Know	8	8	8

Base 2017, all adults aged 18+, 1294
Corresponds to Figure 3.9 in the main report

Table A3.10: Proportion of people agreeing that it is acceptable for a person without a disability to park in a parking space for people with disabilities

Yes, Always (%)	**Yes, Sometimes** (%)	**Never** (%)
1	1	98

Base 2017, all adults aged 18+, 1294
Corresponds to Figure 3.10 in the main report

Table A3.11: Level of agreement with the statement 'People with disabilities receive equal opportunities in terms of education'

	2006 (%)	2011 (%)	2017 (%)
Yes	33	34	38
No	52	49	46
Don't Know	15	17	17

Base 2017, all adults aged 18+, 1294
Corresponds to Figure 3.11 in the main report

Table A3.12: Level of agreement that children with the following disabilities should attend the same schools as children without disabilities

Disability type	Agreement level	2006 (%)	2011 (%)	2017 (%)
Vision and hearing disability	Strongly Agree	12	11	17
	Agree	45	35	44
	Neither Agree or Disagree	15	22	15
	Disagree	23	26	20
	Strongly Disagree	5	6	4
Physical disability	Strongly Agree	20	13	23
	Agree	55	46	52
	Neither Agree or Disagree	11	19	11
	Disagree	12	17	11
	Strongly Disagree	2	5	3
Mental health difficulties	Strongly Agree	7	10	13
	Agree	30	25	36
	Neither Agree or Disagree	18	23	20
	Disagree	34	33	25
	Strongly Disagree	11	9	6
Autism	Strongly Agree			12
	Agree			42
	Neither Agree or Disagree			18
	Disagree			23
	Strongly Disagree			5
Intellectual disability	Strongly Agree			14
	Agree			40
	Neither Agree or Disagree			18
	Disagree			22
	Strongly Disagree			6

Base 2017, all adults aged 18+, 1294,
Wording change in 2017 so data on autism and intellectual disability not directly comparable to 2011 and 2006
Corresponds to Figure 3.12 in the main report

Table A3.13: Mean comfort scores among respondents who were asked to indicate their level of comfort if children with certain disabilities were in the same class as their child

	Mean out of 10
Children with physical difficulties	8.66
Children with vision or hearing disabilities	8.57
Children with Intellectual disabilities	8.11
Children with Autism	8.05
Children with Mental Health Difficulties	7.77

Base 2017, all adults aged 18+, 1294
Comfort scale – 1 is very uncomfortable and 10 is very comfortable
Corresponds to Figure 3.13 in the main report

Table A3.14: Reasons for feeling uncomfortable if children with disabilities were in the same class as your child

Reason	%
Special Needs considerations/ insufficient support	33
Safety considerations for children without disabilities	21
Progress of Children without disabilities hindered	15
It depends on the severity of the illness/ disability	9
Did not want children with disabilities in class	7
Safety considerations for children with disabilities	3
Mental or Emotional reasons	1
Don't Know	**10**

Base 2017, any uncomfortable (score of <=5 on the comfort scale for any statement), 313
Corresponds to Figure 3.14 in the main report

Table A3.15: Level of agreement with the statement 'In general do you think people with disabilities receive equal opportunities in terms of employment'

	2006	2011	2017
Yes	15	20	18
No	71	62	67
Don't Know	14	18	15

Base 2017, all adults aged 18+, 1294
Corresponds to Figure 3.15 in the main report

Table A3.16: Mean comfort scores among respondents who were asked to indicate their level of comfort if people with the certain disabilities were their work colleagues

Disability type	2006	2011	2017
	Mean out of 10		
Physical disabilities	8.81	8.33	8.90
Hearing or vision disability	n/a	n/a	8.82
Intellectual disabilities	n/a	n/a	8.47
Autism	n/a	n/a	8.4
Mental health difficulties	7.19	7.35	8.19

Base: 2017, all adults aged 18+, 1294, Corresponds to Figure 3.16 in the main report
Comfort scale – 1 is very uncomfortable and 10 is very comfortable
Wording change in 2017 for autism and intellectual disability and vision and hearing disabilities so data not directly comparable to 2011 and 2006
Intellectual disability or autism mean scores: 2011: 7.49; 2006: 8.18, Hearing disabilities mean scores: 2011: 8.23; 2006: 8.66, Vision disabilities mean scores: 2011: 8.21; 2006: 8.55

Table A3.17: Mean comfort scores among respondents who were asked to indicate their level of comfort if the following people were their work colleagues

	Mean out of 10
People who are Gay, Lesbian, Bisexual or Transgender	9.1
People with physical disabilities	8.9
People from black and minority ethnic backgrounds	8.9
Migrant workers	8.9
People with hearing or vision disability	8.8
People with intellectual disabilities	8.5
People with Autism	8.4
People with mental health difficulties	8.2
Members of the travelling community	8.1

Base: 2017, all adults aged 18+, 1294, Corresponds to Figure 3.17 in the main report
Comfort scale – 1 is very uncomfortable and 10 is very comfortable

Table A3.18: Reasons for feeling uncomfortable about having a work colleague with a disability

Reason	%
Suitability of work or work environment	35
More work for self or other work colleagues	14
Personal Discomfort	11
Behavioural Concerns	11
Safety Concerns for self and others	7
Safety Concerns for person with Disability	5
Having to make Accommodations around the workplace	1
Don't Know/ None	18

Base: 2017, all those who feel uncomfortable having a work colleague with a disability (score of <=5 on the comfort scale). 219, Corresponds to Figure 3.18 in the main report

Table A3.19: Level of agreement that adults with the following disabilities have the same right to fulfilment through sexual relationships as everyone else

Disability type	Agreement level	2006 (%)	2011 (%)	2017 (%)
Vision and hearing disability	Strongly Agree	34	22	34
	Agree	56	55	57
	Neither Agree or Disagree	8	19	7
	Disagree	2	3	2
	Strongly Disagree		1	
Physical disability	Strongly Agree	33	21	31
	Agree	54	55	57
	Neither Agree or Disagree	10	20	9
	Disagree	3	3	2
	Strongly Disagree		1	1
Mental health difficulties	Strongly Agree	19	14	25
	Agree	42	40	53
	Neither Agree or Disagree	19	24	17
	Disagree	14	14	4
	Strongly Disagree	6	8	1
Autism	Strongly Agree	n/a	n/a	25
	Agree	n/a	n/a	54
	Neither Agree or Disagree	n/a	n/a	14
	Disagree	n/a	n/a	5
	Strongly Disagree	n/a	n/a	2
Intellectual disability	Strongly Agree	n/a	n/a	26
	Agree	n/a	n/a	52
	Neither Agree or Disagree	n/a	n/a	16
	Disagree	n/a	n/a	5
	Strongly Disagree	n/a	n/a	1

Base: 2017, all adults aged 18+, 1294,
Wording change in 2017 so data on autism and intellectual disability not directly comparable to 2011 and 2006
Corresponds to Figure 3.19 in the main report

Table A3.20: Reasons why adults with disabilities should not have the same right to fulfilment through sexual relationships as everyone else

Reason	%
Not Capable of making decision or of consenting	22
Depends on Disability	18
Not capable of raising a child/ risk of pregnancy	17
Not capable of sustaining relationships or marriage	13
For their own Safety	7
Vulnerable to abuse	7
Passing disability on to the next generation	4
Don't think they should/ it's not right	3
Other	2
Don't Know	11

Base: 2017, all who disagreed or strongly disagreed that adults with disabilities should not have the same right to sexual relationships, 110
Corresponds to Figure 3.20 in the main report

Table A3.21: Level of agreement that adults with the following disabilities should have children if they wish

Disability type	Agreement level	2006 (%)	2011 (%)	2017 (%)
Vision and hearing disability	Strongly Agree	29	21	29
	Agree	58	47	56
	Neither Agree or Disagree	10	23	11
	Disagree	2	8	3
	Strongly Disagree	1	1	1
Physical disability	Strongly Agree	28	19	26
	Agree	55	46	54
	Neither Agree or Disagree	12	25	16
	Disagree	4	9	3
	Strongly Disagree	1	1	1
Mental health difficulties	Strongly Agree	12	11	15
	Agree	28	25	41
	Neither Agree or Disagree	25	31	32
	Disagree	21	24	9
	Strongly Disagree	14	9	3
Autism	Strongly Agree			17
	Agree			45
	Neither Agree or Disagree			27
	Disagree			8
	Strongly Disagree			3
Intellectual disability	Strongly Agree			18
	Agree			44
	Neither Agree or Disagree			26
	Disagree			9
	Strongly Disagree			3

Base: 2017, all adults aged 18+, 1294,
Wording change in 2017 so data on autism and intellectual disability not directly comparable to 2011 and 2006
Corresponds to Figure 3.21 in the main report

Table A3.22: Reasons why adults with disabilities should not have children

Reason	%
Concerns about the Parents' ability to cope	31
Concerns about the child's physical well-being	23
Risk that the disability will be passed to child	13
Depends on the mental illness/ disability	12
Concern for general upbringing/ care of the child/ emotional well-being	8
Likely that child will be given for adoption or taken into care	5
Lack of state of social supports for parents with disabilities	4
Other	5
Don't Know	8

Base: 2017, all who disagree or strongly disagree that adults who have disabilities should have children if they wish, 223
Corresponds to Figure 3.22 in the main report

Table A3.23: Level of agreement with the statement 'People with all types and levels of disabilities should live in houses like everyone else'

Agreement level	%
Strongly Agree	47
Agree	40
Neither Agree nor Disagree	8
Disagree	4
Strongly Disagree	1

Base: 2017, all adults aged 18+, 1294
Corresponds to Figure 3.23 in the main report

Table A3.24: Average levels of comfort with people with the following disabilities were living in your neighbourhood,

Disability type	2006	2011	2017
	Out of 10		
Vision or hearing disabilities	9.5	8.9	9.3
Physical disabilities	9.5	8.8	9.3
Intellectual disabilities			9.1
Autism			9.1
Mental health difficulties	8.4	8.1	8.8

Base: 2017, all adults aged 18+, 1294,
Comfort scale – 1 is very uncomfortable and 10 is very comfortable
Wording change in 2017 so data on autism and intellectual disability not directly comparable to 2011 and 2006
Corresponds to Figure 3.24 in the main report

Table A3.25: Average level of comfort you would feel if people from the following groups were living in your neighbourhood

	Out of 10
Vision or hearing disabilities	9.3
Physical disabilities	9.3
Lesbian, Gay, Bisexual and Transgender People	9.2
Intellectual disabilities	9.1
Autism	9.1
European migrant workers	8.9
Black and minority ethnic groups	8.8
Mental health difficulties	8.8
Members of the travelling community	7.5

Base: 2017, all adults aged 18+, 1294
Comfort scale – 1 is very uncomfortable and 10 is very comfortable
Corresponds to Figure 3.25 in the main report

Table 3.26: Reasons for feeling uncomfortable about people with disabilities living in your neighbourhood

Reason	%
Concerns about disruptive or dangerous behaviour	37
Not enough or the right support given/ need special housing	14
Depends on disability	10
Someone could hurt/ make fun of them	3
Might harm me or my property	3
Ability to cope	3
Risk to themselves	2
Other	**8**
Don't Know	**27**

Base: 2017, those who rated their comfort level as 5 or less (out of 10), 100
Corresponds to Figure 3.26 in the main report

Table A3.27: Social inclusion

	Total	Have Disability *(%)*	No Disability *(%)*
Socially Isolated	23	32*	22
Socially Isolated from Family	32	35	31
Socially Isolated from Friends	30	42*	27

*Denotes a statistically significant finding. Base: 2017, all adults aged 18+, 1294
Corresponds to Figure 3.27 in the main report

Table A3.28: General ownership and activities by disability status

	Have Disability (%)	No Disability (%)
Own a Mobile Phone	85*	96
Have Access to Internet	66*	88
Have a Hobby or Pastime	67*	82
Have voted in the last General Election	77	73
Have gone on a daytrip or outing in the last 12 months	55*	75
Have taken a Holiday in Ireland in the last 12 months	36*	53
Have taken a holiday abroad in the last 12 months	28*	50

*Denotes a statistically significant finding. Base: 2017, all adults aged 18+, 1294
Corresponds to Figure 3.28 in main report

Table A3.29: Mean satisfaction with life score by disability status

	Out of 10
Have Disability	7.3
No Disability	8.0*

*Denotes a statistically significant finding. Base: 2017, all adults aged 18+, 1294
Corresponds to Figure 3.30 in main report
Satisfaction scale – 1 means very dissatisfied and 10 means very satisfied

Table A3.30: Mean happiness score by disability status

	Out of 10
Have Disability	7.4
No Disability	8.2*

*Denotes a statistically significant finding. Base: 2017, all adults aged 18+, 1294
Corresponds to Figure 3.30 in main report
Happiness scale – 1 means very unhappy and 10 means very happy

Table A3.31: Frequency of having felt tense, lonely or downhearted and depressed over the last two weeks by disability status

Feeling	Frequency	Have Disability (%)	No Disability (%)
I have felt particularly tense	All or most of the time	19*	4
	Less than half or some of the time	49	46
	At no time	30*	47
	Don't Know	2%	2
I have felt lonely	All or most of the time	16*	4
	Less than half or some of the time	42*	34
	At no time	40*	60
	Don't Know	1	1
I have felt downhearted and depressed	All or most of the time	18*	4
	Less than half or some of the time	43	37
	At no time	36	56
	Don't Know	1	1

*Denotes a statistically significant finding. Base: 2017, all adults aged 18+, 1294
Corresponds to Figure 3.31 in the main report

Table A3.32: Mean trust score

	Out of 10
Have Disability	6.2
No Disability	6.0

Base: 2017, all adults aged 18+, 1294
Corresponds to Figure 3.32 in the main report
Trust score – 1 means 'you can't be too careful' and 10 is 'most people can be trusted'

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