Pre Budget Submission
Budget 2027

Delivering Lifelong Supports and Equal Opportunity for People with Down Syndrome in Ireland

Down Syndrome Ireland

Prepared as a joint submission by

Down Syndrome Ireland • Down Syndrome Centre • Down Syndrome Centre Cork • Hub 21 • DSC Midlands

One Purpose, One Standard. Everywhere.

Introduction:
From Commitment to Delivery

This is a joint submission on behalf of people with Down syndrome in Ireland and their families. It reflects the daily experience of organisations working with children, adults, families, clinicians, educators, employers and communities across Ireland.
Together, Down Syndrome Ireland, the Down Syndrome Centre, Down Syndrome Centre Cork, Hub 21 and DSC Midlands support thousands of people through advocacy, therapies, education supports, family support, employment initiatives, independent living and community participation.

We found out Oisín had Down syndrome postnatally. It was a really lonely and scary time. There was a lack of education and lack of resources given to us when he was born. That's why I came into this role - to support mums and families on the beginning of their journey, because that is such a key part - the beginning."

Amanda Murphy, Early Intervention Specialist, Down Syndrome Ireland, and mother to Oisín

We recognise the investment already made by Government in disability services and inclusion initiatives, and the work being carried out across Departments, the HSE, schools, local authorities and community providers under increasing demographic and workforce pressure.
However, families continue to experience major gaps between policy commitments and daily reality. Too many people with Down syndrome still face delayed therapies, inconsistent educational supports, limited respite, poor access to specialist healthcare, transport barriers and unequal access depending on where they live. Families continue to act as coordinators, advocates and providers of last resort within systems that should function as a matter of entitlement.

Ireland now has the policy architecture for reform:

- the UN Convention on the Rights of Persons with Disabilities
- the Programme for Government
- the Disability Capacity Review
- national disability reform commitments
- housing and inclusion strategies
- The National Human Rights Disability Strategy 2026-2030

The issue is no longer whether reform is needed. The issue is implementation. Budget 2027 must move beyond incremental change and deliver practical, measurable and accountable reform.

Top Priority Asks: Budget 2027

Government should prioritise the following ten actions in Budget 2027:

1. Continue the phased national expansion of GLÓR – Voices for Life in partnership with the HSE and specialist Down syndrome organisations.
2. Provide €3 million annual strategic investment to Down Syndrome Ireland to support implementation of Unity 26–30 and national coordination.
3. Launch My Liberty, My Choice as a three-year national pilot programme for housing, independent living, health, ageing and future planning (€8–10 million).
4. Introduce ring-fenced respite funding in every county for people with Down syndrome
5. Expand specialised inclusive educational class provision, not solely autism-specific special classes.
6. Establish a national specialist clinical pathway for Down syndrome, including dementia and regression pathways.
7. Fund specialist speech sound disorder and communication intervention pathways nationally.
8. Introduce a National Down Syndrome Data Strategy and accountability framework.
9. Introduce a Cost of Disability Payment of at least €55 weekly and increase disability-related payments by at least €16 weekly.
10. Establish a cross-party Oireachtas working group to develop a National Down Syndrome Framework, with statutory standards, accountability and annual Oireachtas reporting.

Life Path 1:
Pre-Natal and Postnatal Diagnosis

The Challenge

Families continue to report inconsistent experiences when receiving a diagnosis of Down syndrome during pregnancy or following birth. The quality of communication, information and emotional support provided at this critical point can have a profound and lasting impact on families. Too often, information is delivered in ways that are outdated, medically framed without context, or without reference to the rich possibilities of life with Down syndrome today.

> **"The feelings that you feel right now are valid. You have to then think — I have a child with Down syndrome, what will that look like? For us, we have the most beautiful little girl. We couldn't ask for a better wee woman. I wouldn't change her for the world."**
>
> **Gráinne, mother of Aurora, member of Down Syndrome Ireland**

Budget 2027 Asks

- **Introduce specialist training for clinicians, obstetricians, midwives and nursing staff on diagnosis communication**
- **Involve parents and lived-experience representatives in the design and delivery of training**
- **Ensure balanced, evidence-based and up-to-date information is provided consistently nationwide**
- **Establish national guidance and standards for diagnosis communication pathways in maternity and neonatal settings in collaboration with the ICGP, Institute of ObGyn (RCPI), INMO and Universities**
- **Fund Down Syndrome Ireland to develop and maintain a register for people born with Down syndrome and a national diagnosis support resource and peer-support pathway**

Beneficiaries: Families receiving antenatal or postnatal diagnoses of Down syndrome nationwide.

Life Path 2:
Early Years, Therapies and GLÓR – Voices for Life

The Challenge

Early intervention remains one of the greatest points of both opportunity and system failure for children with Down syndrome. Evidence consistently demonstrates that timely, specialist and consistent early intervention makes a transformative difference to communication, development, independence and lifelong outcomes.

Families continue to report:

- lengthy CDNT waiting lists and little or no active service despite referral
- inconsistent therapy access with major regional disparities
- poor follow-up after Assessment of Need — over 50% of families report no follow-up
- inconsistent AAC (Augmentative and Alternative Communication) access and assessment
- therapy access often contingent on school placement rather than individual need

The Down Syndrome Centre currently reports:

- over 2,500 children in Ireland have a diagnosis of Down syndrome
- over 30% of families report no active CDNT service despite engagement
- more than 360 children and families access services annually through DSC Dublin
- over 8,000 therapy sessions delivered annually by DSC

> **The reason why Early Years Intervention is important for children like Oisín is because they are very capable and they are very confident, but they just need that little bit of extra support. That tiny little tweak, that tiny bit of support and our children flourish.**
>
> **Amanda Murphy, Early Intervention Specialist, Down Syndrome Ireland, and mother to Oisín**

GLÓR - Voices for Life

GLÓR – Voices for Life is now an established national specialist therapy and support initiative delivered in partnership with the HSE and specialist Down syndrome organisations. The programme is approved and is being implemented on a phased basis through a coordinated national and regional model involving:

- Down Syndrome Ireland nationally
- the Down Syndrome Centre Dublin
- Down Syndrome Centre Cork
- Hub 21
- regional specialist delivery partners.

GLÓR is designed as a lifespan model supporting children, young people and adults with Down syndrome through specialist communication and therapeutic supports. The programme combines specialist Down syndrome expertise, regional outreach, community-based delivery, coordinated referral pathways, defined clinical governance and oversight structures to ensure safe, evidence-based and accountable delivery.

East Galway / South Roscommon: Speech Sound Disorder Pilot

Children with Down syndrome and severe speech sound disorders are currently excluded from DLD/SSD classes due to eligibility criteria requiring "SSD of unknown origin." In East Galway and South Roscommon alone, 20 children with severe speech sound disorders have been identified, with only two DLD/SSD classes in County Galway, both with substantial waiting lists.

Investment Area	Indicative Investment
Senior Speech & Language Therapist (annual)	**€60,816**
SLT Assistant (annual)	**€33,598**
Annual pilot cost	**€94,414**
Specialist training costs	**€1,966**
Three-year total pilot investment	**€285,207**

Budget 2027 Asks

- **Continue the phased national expansion of GLÓR – Voices for Life in partnership with the CDNTs and the HSE**
- **Introduce therapy waiting-time guarantees and interim funding where statutory services are unavailable**
- **Ensure therapy access is guaranteed regardless of school placement**
- **Standardise early intervention nationally with consistent referral and assessment pathways**
- **Improve AAC assessment, device funding and implementation pathways**
- **Fund specialist speech sound disorder and communication intervention pathways nationally**
- **Provide operational investment to the Down Syndrome Centre: €1.5 million annually**
- **Budget 2027 should amend DLD/SSD eligibility criteria, develop inclusive pathways for children with disabilities and severe SSD, and fund this nationally scalable pilot.**

Beneficiaries: Children and adults with Down syndrome who need support communicating.

Life Path 3:
Education – From Primary to Post-Primary

The Challenge

While Down syndrome is recognised as a lifelong genetic condition with a distinctive learning profile and associated communication, health and developmental needs, it is not consistently recognised within education policy or resource planning. As a result, children with Down syndrome are frequently expected to access educational provision designed around other disability profiles, limiting access to appropriately tailored teaching approaches, communication supports and educational pathways. Children with Down syndrome continue to experience significant inequity within the education system. Current provision remains heavily skewed toward autism-specific special class models without sufficient development of the specialised inclusive classes and communication-focused educational supports most appropriate for children with Down syndrome and intellectual disability.

Families continue to report:

- major difficulties securing appropriate school places
- inconsistent educational planning and SNA allocation
- delayed and inconsistent psychology assessments
- poor coordination between NCSE, HSE, SENO and the Department of Education
- insufficient communication-focused educational supports within schools

The Special Class Imbalance: A Structural Inequity

Based on NCSE data from May 2026, the class provision imbalance is **stark:**

Class Type	Primary	Post-Primary
Autism / ASD Classes	2,864	1,290
Mild General Learning Disability	35	16
Moderate General Learning Disability	30	54
Severe / Profound General Learning Disability	8	1
Multiple Disabilities	20	15
Specific Speech & Language	64	0
Total suitable for children with Down syndrome	**157 (4%)**	**86 (6%)**

Budget 2027 Asks

- **Expand Mild GLD, Moderate GLD, Severe/Profound GLD and Multiple Disabilities special classes nationally as a stated policy priority alongside autism classes**
- **Formally recognise Down syndrome within national education policy and planning to ensure educational provision reflects the specific learning profile and support needs of children and young people with Down syndrome**
- **Develop communication and language-focused class models specifically designed for children with Down syndrome**
- **Strengthen educational planning using available Down syndrome demographic data**
- **Improve coordination between NCSE, HSE, SENO and the Department of Education**
- **Provide repeat psychology assessments where educational need changes over time**
- **Expand in-school therapy supports including Speech and Language Therapy**
- **Improve SNA forecasting and allocation planning nationally**
- **Examine the introduction of a nationally recognised Down syndrome Support Teacher model to provide specialist expertise and coordinated support to mainstream and special schools**
- **Support the development of a National Down Syndrome Framework with statutory education standards and annual Oireachtas accountability**

At primary level, 94% of all special classes are for Autism/ASD. Only 4% of classes nationally are suitable for children with Down syndrome. At post-primary, this rises slightly to 6%, still wholly inadequate. Of 88 additional special classes sanctioned in March 2026, 87 were autism/ASD classes and just one was a Mild General Learning Disability class.

Beneficiaries: Children with Down syndrome requiring appropriate educational and communication supports nationally.

73% of parents surveyed said their child was not offered a place in a special school which was appropriate for their needs. [DSI member survey May 2026]

Life Path 4:
Transition to Adulthood, Employment and Independent

The Challenge

Young people with Down syndrome continue to experience a significant cliff edge after school completion. The transition from education to adult life, employment and independent living remains one of the most fragmented and poorly planned elements of the disability support system in Ireland. Adult services are often unavailable, inconsistently resourced or simply unknown to families until crisis emerges. Families also report fragmented and inconsistent transport supports across education, employment, health and housing services, limiting participation, independence and access to opportunity.

Key challenges at transition include:

- no structured planning or transition pathway from school to adult life
- fragmented and inconsistent adult disability service access
- limited vocational pathways and supported employment options
- medical card eligibility risks during employment participation
- disability payment structures that create employment disincentives
- lack of digital literacy and self-advocacy support.

> **I was spending 5 days a week in day service and I wanted a new challenge. I am very proud of the job I have in Lidl. My team works brilliantly. I help keep all the aisles in the shop tidy. I also show customers where stock is when they ask me.**

Stephen, Lidl employee, supported by Down Syndrome Ireland Employment Team

Budget 2027 Asks

- **Introduce structured, statutory transition planning from age 14 for all young people with Down syndrome**
- **Fund national transition coordinators embedded within disability and education systems**
- **Develop defined and funded employment pathways and supported employment schemes**
- **Protect medical card eligibility during employment participation**
- **Review disability payment structures to remove disincentives to workforce participation**
- **Expand independent living and employment supports nationally**
- **Develop an integrated National Transport Policy for people with Down syndrome that supports education, employment, healthcare, respite, housing and community participation, recognising transport as an essential enabler of independent living.**
- **Fund digital literacy and self-advocacy programmes**
- **Support a national information and navigation pathway through Down Syndrome Ireland across all life stages**

Down Syndrome Ireland's employment programme demonstrates the transformative impact of targeted, relationship-based employment support. Scaling this model nationally requires dedicated investment and structural reform of payment and transition systems.

Beneficiaries: Young people transitioning to adulthood and adults with Down syndrome nationwide.

Life Path 5:
Housing, Independent Living - My Liberty, My Choice

The Challenge

Housing remains one of the greatest concerns for people with Down syndrome and their families across Ireland. While people with Down syndrome are increasingly participating in education, employment and community life, national planning systems have not evolved at the same pace to support independent living, future planning and ageing within communities.

Many adults with Down syndrome continue to live at home with ageing parents — not always because this is the preferred long-term option, but because there is no clear pathway beyond it. Families frequently describe profound uncertainty about the future. Questions around housing, independence, healthcare, respite, ageing and continuity of support often remain unanswered until crisis occurs.

> **I have been living independently for a year now. I love it. I couldn't believe it when I got the keys! I like the freedom to go out and travel by myself. If people with Down syndrome want to live independently, I want them to never give up hope. Now I am living independently and I am so happy.**
>
> **Una, self-advocate, National Advisory Council member, Down Syndrome Ireland**

At present, Ireland has no coordinated national mechanism to:

- forecast future housing demand for people with intellectual disability
- map ageing family carers and identify future support needs
- coordinate respite and transition planning across systems
- project future personal assistance and support-hour requirements
- plan systematically for ageing and dementia supports

My Liberty, My Choice

My Liberty, My Choice is Ireland's first proposed nationally coordinated housing, health, ageing and future-planning pathway for people with Down syndrome. Developed by Down Syndrome Ireland as part of Unity 2026–30, My Liberty, My Choice is not a housing construction programme. It is a coordinated lifelong planning and support pathway designed to:

- help people with Down syndrome remain living well at home where appropriate
- support gradual transition toward independence where desired
- avoid crisis-driven emergency placements
- access healthcare and ageing supports earlier
- remain connected to their communities throughout life

GLÓR give a voice to people with Down syndrome. My Liberty, My Choice Housing Pathway will help create a life where people with Down syndrome can life with liberty, choice and belonging.

The My Liberty, My Choice Housing Pathway

The programme is structured across five life stages:

Stage 1 (Ages 14–18): Early Awareness and Future Planning

Future-planning conversations begin earlier. Young people and families voluntarily enter the pathway through schools, CDNTs, DSI or HSE services to begin adulthood planning, identify emerging needs and give Government earlier visibility of future demand.

Stage 2 (Ages 18–30): Transition, Independence and Community Participation

Gradual progression toward independence through tenancy readiness, life skills, supported decision-making, employment linkage, travel training and community participation.

Stage 3: Adulthood and Family Sustainability

Planned respite, healthcare coordination, flexible in-home supports, family sustainability planning and crisis-prevention pathways. The programme does not assume people must leave the family home to achieve independence or dignity.

Stage 4 (Ages 30–50): Mid-Life and Future Planning

Proactive future planning, housing pathway planning, legal and financial planning, respite sustainability and reducing crisis dependency as parents age.

Stage 5 (50+): Older Age, Health and Dementia Pathways

Coordinated ageing pathways, dementia supports, specialist healthcare pathways and community-based ageing supports. Adults with Down syndrome face significantly increased dementia risk from middle age, requiring earlier and more coordinated preventative healthcare.

My Liberty, My Choice: Three-Year National Pilot Investment in Housing pathways for people with Down syndrome

Programme Strand	Indicative Investment
National Programme Office and Governance	**€450,000 – €650,000**
National Housing and Future Planning Register	**€700,000 – €1,400,000**
National Mapping and Forecasting	**€250,000 – €400,000**
Regional Navigation and Planning Supports	**€450,000 – €750,000**
Respite and Transition Pathways	**€1,500,000 – €3,000,000**
Independent Living and Personal Assistance Supports	**€1,500,000 – €3,000,000**
Preventative Healthcare and Ageing Pathways	**€900,000 – €1,800,000**
Evaluation and National Scale-Up	**€400,000**
TOTAL (3-year pilot)	**€8 million – €10 million**

My Liberty, My Choice Housing proposal should be viewed not simply as a disability-service proposal but as a long-term prevention and systems-reform investment.

The current absence of coordinated future planning results in substantially higher long-term public expenditure through crisis placements, emergency residential admissions, fragmented healthcare and family breakdown. The systems developed through My Liberty, My choice could later be adapted across wider intellectual disability cohorts nationally.

Budget 2027 Asks

- **Establish My Liberty, My choice as a three-year national pilot programme delivered in partnership between DSI, Government, HSE, Local Authorities and Approved Housing Bodies**
- **Allocate dedicated multi-annual pilot funding of €8–10 million over three years**
- **Fund the National Housing and Future Planning Register as Ireland's first coordinated disability housing forecasting infrastructure**
- **Fund regional navigation and planning supports to help families begin planning earlier**
- **Establish preventative healthcare and ageing pathways for adults with Down syndrome nationally**
- **Invest in planned respite, personal assistance, transition supports and independent living infrastructure**
- **Recognise My Liberty, My Choice Housing proposal as a scalable national disability-reform pilot with broader intellectual disability application**
- **Establish a National Housing and Ageing Strategy for People with Down Syndrome**
- **Expand personal assistance hours and operationalise personalised budgets nationally**

Beneficiaries: Approximately 10,000 people with Down syndrome and their families nationwide, with long-term potential to scale across wider intellectual disability cohorts.

Life Path 6:
Health, Ageing and Specialist Clinical Pathways

The Challenge

People with Down syndrome experience distinct and complex health needs across the lifespan that are frequently misunderstood, under-resourced and poorly coordinated within the Irish healthcare system. These include a significantly elevated risk of early-onset Alzheimer's disease — with estimates suggesting up to 80% of people with Down syndrome will develop dementia by their 65th year — alongside Down syndrome regression disorder, depression, arthritis, endocrine and thyroid conditions, hearing and vision impairment, and behavioural and communication-related complexities.

Families continue to report:

- uneven access to specialist expertise and unclear referral pathways
- absence of structured annual health checks appropriate to Down syndrome
- families in some regions travelling long distances for specialist feeding and PEG management services
- inadequate dementia and regression diagnostic and support pathways
- poor inter-agency coordination between primary care, hospital services and disability services

Budget 2027 Asks

- **Introduce annual structured GP health checks specifically designed for people with Down syndrome over 30.**
- **Support DSI to establish a national specialist clinical pathway for Down syndrome across the lifespan**
- **Develop coordinated neurology, psychiatry, endocrinology and psychology pathways**
- **Add Down syndrome to the HSE Structured Chronic Disease Management Programme**
- **Fund a dedicated Down syndrome clinic within the Tallacht University Hospital Memory Clinic model**
- **Support specialist dementia and regression diagnostic and care pathways**
- **Improve clinician awareness and specialist-informed care nationally through training investment**
- **Reduce regional inequity in specialist healthcare access**

Beneficiaries: Approximately 10,000 people with Down syndrome nationally.

Life Path 7:
Respite, Community Participation and Family Supports

The Challenge

Respite remains one of the most urgent and consistently unmet needs across all stages of life for people with Down syndrome and their families. Many parents report little or no planned respite, particularly for teenagers and adults. Families also report inadequate holiday, activity and participation supports during school closures and summer periods. This contributes directly to family burnout, crisis escalation, social isolation and emergency placements.

The absence of adequate respite and community participation supports also has a wider economic cost: it reduces family workforce participation, increases pressure on acute healthcare services and emergency placement systems, and undermines the wellbeing and long-term outcomes of people with Down syndrome and their families.

Budget 2027 Asks

- **Establish a ring-fenced national respite model with guaranteed provision in every county**
- **Expand residential and in-home respite provision**
- **Develop specialist respite for complex needs including regression and dementia-related supports**
- **Strengthen school holiday supports and community participation programmes**
- **Expand activity and social programmes during closures**
- **Introduce multi-annual respite planning alongside individual support planning**
- **Strengthen family support and navigation services nationally**
- **Recognise transport as core inclusion infrastructure and fund adult disability transport pathways**
- **Support innovative community transport models, including volunteer-based solutions**

Beneficiaries: Thousands of family carers supporting approximately 10,000 people with Down syndrome nationwide.

Life Path 8:
Cost of Disability and Financial Supports

The Challenge

Families face unavoidable lifelong costs associated with therapies, transport, healthcare, education, care and reduced workforce participation. Research by the ESRI and IHREC demonstrates that when the average estimated cost of disability is deducted from disposable income, the at-risk-of-poverty rate for households affected by disability rises to between 65% and 76%. Where statutory supports are delayed or unavailable, families absorb the financial burden directly. Families have also highlighted anomalies within the social protection system that unintentionally reduce household income or discourage participation. These include the interaction of a second HSE pension or allowance in circumstances that create inequitable outcomes for older carers and families.

The ERSI estimates the additional cost of disability at €488–€555 per week on average. Disability Allowance at €244 per week falls dramatically short of meeting this need. Over 27% of people unable to work due to disability are at risk of poverty — compared to 6% for non-disabled people.

Ireland's Programme for Government commits to the introduction of a Permanent Annual Cost of Disability Support Payment Budget 2027 must honour and begin implementing this commitment.

Budget 2027 Asks

- **Introduce a weekly Cost of Disability Payment of at least €55, reflecting real additional costs across therapy, transport, healthcare and care**
- **Increase disability-related social welfare payments by at least €16 weekly**
- **Commit to annual indexation of disability supports in line with inflation**
- **Increase Carer's Allowance and progress removal of means testing within 12 months**
- **Review the interaction between the Carer's Support Grant and the State Pension, and the operation of second HSE pension or allowance arrangements, with a view to removing unintended financial penalties affecting families supporting people with Down syndrome**
- **Simplify access to supports for lifelong conditions to reduce family administrative burden**
- **Reform income thresholds that negatively impact families with members in employment**
- **Protect and expand medical card access for people with Down syndrome**

Beneficiaries: Children, adults and families supporting people with Down syndrome nationwide, with broader benefit across all disability communities.

National Coordination, Data and Accountability

Strategic Investment in Down Syndrome Ireland

Down Syndrome Ireland is the national organisation for people with Down syndrome and their families across all stages of life in Ireland. Through Unity 2026–30, DSI is implementing a nationally coordinated strategy focused on evidence-led planning, regional consistency, lifespan supports, preventative approaches and measurable outcomes.

DSI is uniquely positioned to partner with Government as the connective infrastructure between statutory systems, families and the Down syndrome community nationally. The organisation combines national reach, trusted family relationships, regional branch infrastructure, policy expertise, lived experience engagement, advocacy capability and partnership delivery through GLÓR.

Requested strategic investment: €3 million annually to support implementation of Unity 2026–30, national coordination of GLÓR, My Liberty, My choice, governance, data systems, family navigation and advocacy.

Community-Based Partner Organisations

The Down Syndrome Centre (Dublin and Cork), Hub 21 and DSC Midlands are delivering vital multidisciplinary therapy and support services in communities across Ireland, filling major gaps in statutory provision without sustainable long-term State investment.

Down Syndrome Centre Cork was established by parents in 2017 and has since supported over 200 children through physiotherapy, speech and language therapy, occupational therapy, play therapy, psychology, music therapy, counselling, sibling supports and early development programmes.

Hub 21 delivers multidisciplinary therapies and coordinated supports across Monaghan, Cavan, Louth, Meath and surrounding regions.

These organisations already reduce pressure on overstretched public systems while improving outcomes. Sustainable State investment is essential.

National Down Syndrome Data Strategy and Accountability

Ireland currently lacks accurate Down syndrome-specific data to guide planning across healthcare, education, housing, employment and ageing. Without reliable data, planning remains fragmented, reactive and inequitable.

Budget 2027 Asks

- Establish a National Down Syndrome Data Strategy collecting Down syndrome-specific outcomes data across all sectors
- Publish annual reporting on access, wait times, placements, therapy provision and outcomes
- Embed disability data into national planning systems across education, health and housing
- Establish a cross-party Oireachtas working group overseeing a refreshed National Strategy for People with Down Syndrome every three years
- Develop a National Down Syndrome Framework with statutory standards, interdepartmental coordination, complaints pathways and annual Oireachtas accountability
- Improve long-term forecasting and service mapping nationally using My Liberty, My Choice register data

In Conclusion: The Time for Accountable Implementation

The issues outlined in this submission are longstanding, widely recognised and increasingly urgent. The organisations contributing to this joint submission are already delivering services, supports and solutions across Ireland. We are ready to work with Government, the HSE, schools, local authorities and statutory partners to deliver practical reform.

This submission calls for coordinated delivery, national consistency and practical implementation of supports that families can actually access. People with Down syndrome and their families should not continue to depend on geography, persistence or crisis to access basic supports.

Budget 2027 must deliver:

- **earlier intervention**
- **more equal access nationwide**
- **specialist-informed supports**
- **clearer pathways**
- **and measurable outcomes for every person with Down syndrome, everywhere in Ireland.**

Prepared as a joint submission by

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Down Syndrome Ireland

THE down syndrome CENTRE Estd. 2014 a place to thrive

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hub 21

THE down syndrome CENTRE Estd. 2014 a place to thrive MIDLANDS

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