

Submission to the Department of Social Protection on the Cost of Disability

April 2026

Public consultation on the Cost of Disability

The Department of Social Protection launched a public consultation on the Cost of Disability in February 2026. In response, Chime launched a brief online survey for the Deaf and hard of hearing community to give their perspectives on their own experience of the cost of disability and to give their opinion on how the cost of disability should be addressed financially.

The survey ran on SurveyMonkey from 23rd to 31st March and was circulated on Chime's social media accounts and [website](#) with an ISL video interpretation of the complete survey. A total of 80 respondents completed the survey.

Key findings:

- 90% of respondents wear hearing aids, cochlear implants or Bone Anchored Hearing Aids (BAHAs).
- 44% received their hearing aids/cochlear implants/BAHAs free from the HSE, 61% of which are not satisfied with the quality of hearing aids provided to them.
- **66% pay for their own hearing aids, with the majority spending €4-5000, replacing them every 3-4 years.**
- 71% of those paying for hearing aids received the Treatment Benefit Hearing Aid Grant of €1000.
- 49% stated that they were unable to afford the quality of hearing aids that they would prefer or require for their needs.
- After the cost of hearing aids, respondents reported the highest average annual expenditure on personal assistant costs (€1,558.14), transport support (€490.74), Irish Sign Language interpreter spend (€360.00), assistive devices (€345.38), medical costs without a medical card (€286.15), and hearing accessories (€195.70).
- Only 35% had heard about the Work and Access Scheme, 65% were interested in applying to the scheme, and only 10% had already applied to the scheme.
- 67% stated that they have had to go without essential items or services due to the extra cost of having a disability.

These figures reflect the substantial financial burden across multiple areas related to managing hearing loss and disability.

The majority agree the Cost of Disability payment should be a new universal payment for all people with disabilities regardless of income and support a weekly payment of €55.

Average annual expenditure by cost category

Respondents were asked about the variety of costs they incur to manage their hearing loss, indicating the spending brackets they fall into. Below is the calculated average cost across the items included.

Table 1

Item	Average annual spend
ISL Interpreter Spend	€360
Assistive Devices Spend	€345
Medical Cost (No Card)	€286
Hearing Accessories Cost	€195
Transport Support Cost	€490
Personal Assistant Cost	€1,558

Cost of hearing aids

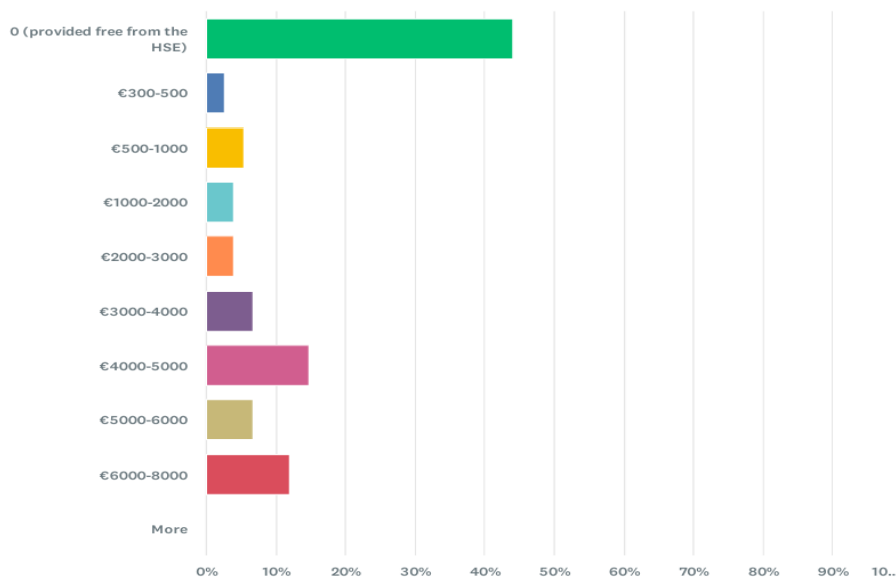
66% of respondents stated that they pay for their own hearing aids, with the majority (27%) spending €4-5000, 22% spending €6-8000, and 12% spending €3-400 and a further 12% spending €5-6000 (see Graph 1)

A majority of 36% replace their hearing aids every 3-4 years, followed by 4-5years (20%) and 5-6 years (19%) (see Graph 2).

Graph 1

Q20 How much do you pay for your hearing aids/cochlear implants/BAHAs?

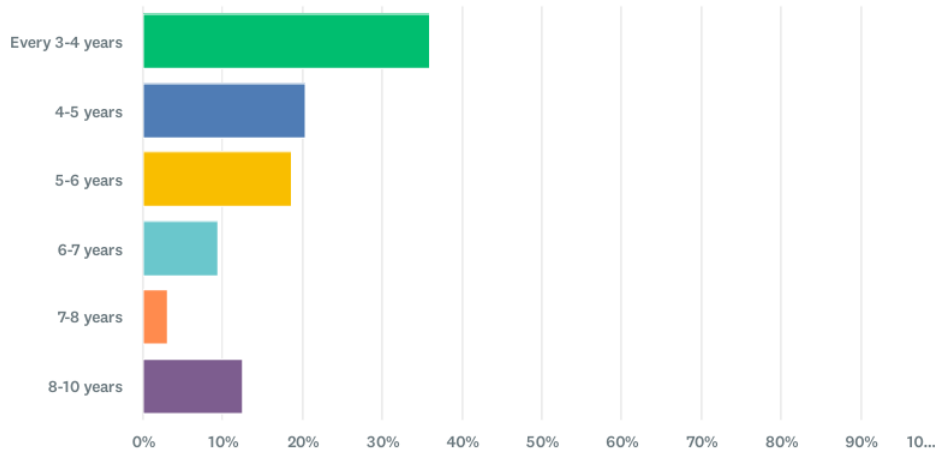
Answered: 75 Skipped: 5



Graph 2

Q25 How often do you replace your hearing aids?

Answered: 64 Skipped: 16



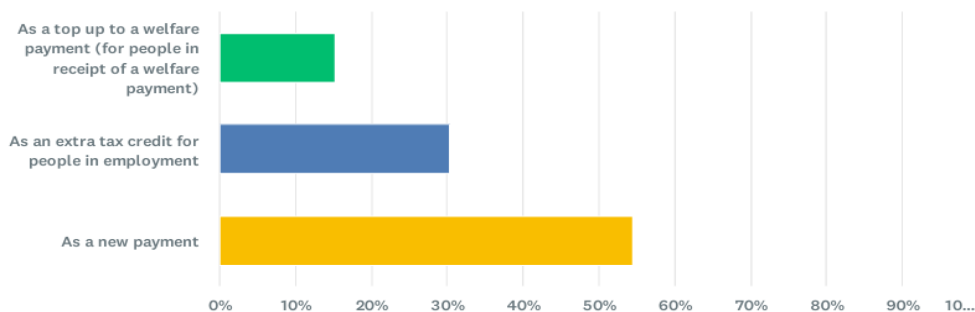
Cost of Disability payment

An overwhelming majority of 54% think that the Cost of Disability payment should be a new separate payment (Graph 3), and 67% think that it should be a universal payment (Graph 4).

Graph 3

Q35 How do you think a Cost of Disability payment should be provided?

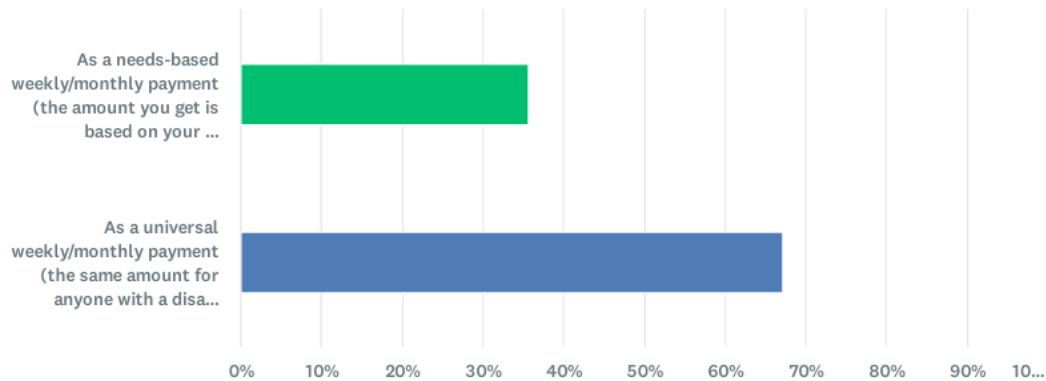
Answered: 79 Skipped: 1



Graph 4

Q36 If you think it should be a new payment, which would be the fairest way for this to be provided?

Answered: 70 Skipped: 10

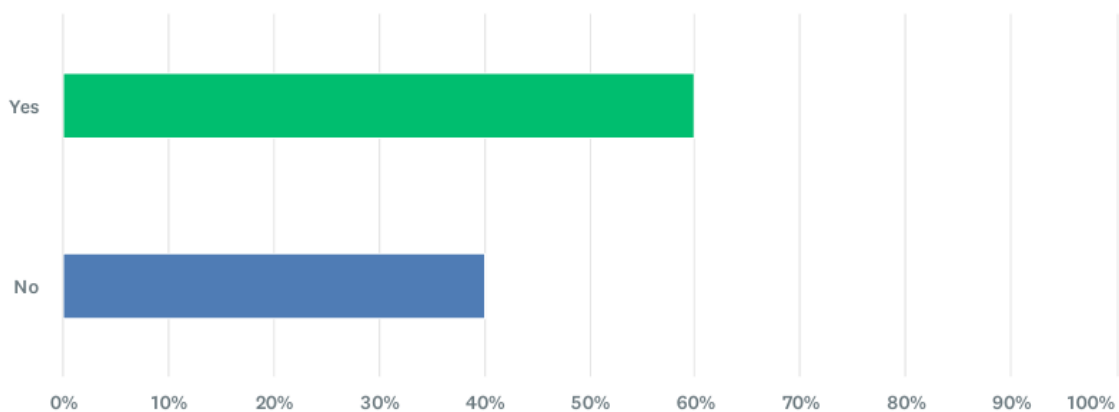


When asked if they agreed with the proposed weekly Cost of Disability payment of €55 by disability organisations, 60% agreed and 40% disagreed – many saying it would not be enough to cover all expenses, and some arguing that there should be free provision of some costs including home expenses, hearing aids, batteries and medical costs (Graph 5).

Graph 5

Q37 Many disability organisations have called for a weekly Cost of Disability payment of €55, would you agree with this amount?

Answered: 75 Skipped: 5



Some comments included:

“Hearing aids should be free as well as having a weekly payment.”

“no more than that, ok add it up with ISL interpreter, transport support, accessories CI [Cochlear Implant], medical /doctor fee, devices item altogether would cost me €3,500 to more and this €55 per week or month it is not enough to match my amount fee.”

“If more than one deaf person in the house it should be €55 per person, extra appointments need to covered.”

“€55pw wouldn’t cover travel, never mind batteries and ongoing service of equipment, never mind hearing aid replacement! DLA in UK is more than €55.”

Impact on participation in community life and employment

When asked how the cost of disability affects their participation in community life or employment, many of the respondents highlighted several areas in their life that is impacted, including access to social and community events, access to services, difficulties maintaining employment or finding well-paid employment, discrimination, and increased social isolation:

“Had to reduce hours from full to 24 hours. Less income. Need extra assistive equipment. Isolation, unable to join in group chats especially with accents or people mumbling or background noise. Cannot go to cinema, watch tv without subtitles, listen to music. Can not Join exercise group programs. Restaurants are limited.“

“My hearing loss impacts both my employment and participation in community life on a daily basis. In my role, which is based in a busy and often noisy environment, I must constantly concentrate to follow conversations, which can make communication more challenging and tiring. Background noise can make it difficult to fully engage in discussions with colleagues, parents, and children, and I often need to rely on lip-reading or positioning myself carefully in order to hear effectively. Outside of work, social situations such as group settings, restaurants, or events can be overwhelming and sometimes isolating, as it can be difficult to follow conversations or feel fully included. This can impact my confidence in participating and requires additional effort to stay engaged.”

“The costs of living is rising especially rent, bills and foods. Barely afford to buy foods every week. I couldn’t go out much these days. Years ago, community life was better and having fun than now.”

Cost on wellbeing and mental health

When asked about the impact of the cost of disability on their wellbeing and mental health, many respondents indicated negative impacts such as stress, anxiety about finances, frustration, feeling isolated and being socially withdrawn.

“The financial pressure of managing ongoing costs related to my hearing loss has a direct impact on my wellbeing. Hearing aids and their maintenance are essential, but they are also expensive, and there is an ongoing awareness that these costs will continue long-term. This creates a level of financial stress and planning that others may not have to consider. In addition,

the combination of financial pressure and the increased daily effort required to hear and communicate can lead to fatigue and mental exhaustion. There can also be an underlying worry about equipment failing or needing replacement, as this would directly affect my ability to work and communicate, adding to overall stress levels.”

“It is a massive strain on me and my family. Mentally and financially. I worked for 33 years and had to retire on medical grounds. I am not eligible for a medical card as my wife works.”

“Can be harder, can be depressed or annoyed repeating myself.”

“It’s ongoing-if I stop to think about it, I would fall to pieces- just have to do my best and stay positive but when financial issues arise because of my deafness, I’ve no one to talk to or help me. Family just tell me to ‘save up and pay for it’.”

Additional costs

Respondents were asked if they had any additional costs to manage their hearing loss in order to access all aspects of life.

The responses included: batteries, filters, tubes, moulds, electricity costs from charging assistive technology, doctor and ENT appointments, ear syringing, Irish Sign Language interpreters where they are not covered by private companies, participating in special activities, and loss of earnings to care for children with hearing loss.

“In addition to hearing aids themselves, there are a number of ongoing and additional costs required to manage my hearing loss and fully access daily life. These include maintenance and replacement parts, charging equipment, and assistive technology such as connectivity devices that support communication through my phone and other devices. There are also indirect costs, such as needing to replace equipment more frequently due to wear and tear and attending appointments for adjustments or repairs. A significant financial impact is the need to fund new hearing aids, which are extremely expensive and often require taking out a loan. This creates additional financial pressure, particularly while managing other major life expenses such as a mortgage and saving for a wedding. I have delayed upgrading my hearing aids due to these competing financial priorities, which has resulted in my current devices deteriorating and affecting my day-to-day hearing. As a result, I now have to divert savings from my wedding fund to cover essential hearing-related costs. These expenses are not optional, as they are necessary for me to communicate effectively, remain independent, and fully participate in both work and everyday life.”

“Yep adaptive technology for deaf people or needing an interpreter and having to pay when some private organisations refuse to pay.”

“Pay for doctor cost to get medical evidence of my deafness for example if I am renewing my driver’s licence, the doctor needs to fill in the form (medical report if you have certain medical conditions namely a serious hearing deficiency) this may require taking time off work for medical appointments which I had to do for this and for all my cochlear implant appointments.”

“Special activities, taking part in small groups to accommodate hearing challenges is more costly, loss of earnings to support child.”

Conclusion

The findings from this consultation clearly demonstrate that the cost of disability for Deaf and hard of hearing individuals is both significant and multifaceted, extending far beyond initial medical supports. Respondents highlighted the high and recurring costs of essential items such as hearing aids, assistive technology, and interpretation services, alongside additional indirect expenses related to healthcare, transport, and daily living. For many, these costs are unavoidable and necessary to participate fully in work, education, and community life.

The data also underscores the inadequacy of current supports. While some financial assistance exists, it is often insufficient, inconsistently accessed, or does not reflect the real cost of maintaining hearing-related equipment and services. This is evidenced by the high proportion of respondents who reported going without essential supports, delaying necessary upgrades, or experiencing financial strain as a direct result of their disability.

There is strong support among respondents for the introduction of a universal Cost of Disability payment. However, the feedback suggests that a proposed rate of €55 per week may not be sufficient to meaningfully offset the true financial burden. Participants emphasised that any financial support should be complemented by broader structural measures, including improved provision of high-quality hearing aids, expanded access to assistive technology, increased availability of ISL interpretation, and the removal of additional costs such as VAT on essential disability-related goods and services.

These findings point to the need for a comprehensive and holistic approach to addressing the cost of disability—one that combines direct financial supports with targeted service provision and systemic reforms. One important coinciding process that should contribute to the development of the approach to the cost of disability is the Working Group on the National Hearing Care Plan under the Department of Health, which includes representation from the Department of Social Protection. Chime proposes that these two processes are linked as part of the discussion on cost of disability. As discussions progress at national level, it will be essential to ensure that the lived experiences of Deaf and hard of hearing individuals inform policy decisions, with the aim of reducing financial barriers, promoting equality, and enabling full participation in all aspects of society.