Social Workers in Disability (SWID) position paper on governance and oversight of residential centres for children with disabilities

The Irish Association of Social Workers is the National representative body for Social Workers in Ireland. We represent almost 2,000 CORU registered Social Workers throughout the state. The Social Workers in Disability Group is a Special Interest Group within the association. The SWID group comprises from Social Workers working directly within disability services or with a professional interest and connection to frontline disability services.

The IASW wishes to highlight serious concerns regarding unequal treatment and insufficient protections for children with disabilities living in HSE-funded residential placements.

There are always a small number of children who, due to their complexity and intensity of need, will require access to residential placements. The level of support they require is not typically available in a family or community setting.

Unlike children placed through Tusla under the Child Care Act—who benefit from statutory safeguards, allocated social workers, structured care planning, regular reviews, coordinated after care planning and independent oversight—children in disability residential settings do not have equivalent legal entitlements, consistent oversight, or guaranteed access to an allocated statutory or independent social worker. This creates a clear two-tier system within Ireland's residential care framework.

Hundreds of children in disability residential placements lack guaranteed independent monitoring or consistent statutory supports, representing a significant gap in equality and protection within State-funded care.

Children with disabilities are among the most vulnerable children who require enhanced protection. A system to provide sufficient oversight and governance is crucial to ensure the protection and well-being of these children.

As such, residential services for children in Ireland are regulated differently, resulting in significant disparities in how children's rights, wellbeing, and family connections are recognised in practice.

Tusla operate under child care legislation and HIQA standards, where an allocated Social Worker holds statutory responsibility for care planning, oversight, and decision-making, supported by independent inspection. This provides a clear, child-centred framework in which the child's voice, development, and right to maintain family relationships are central.

In contrast, within HSE-funded disability services, HIQA's regulatory framework places decision-making responsibility primarily with the provider and the Person in Charge (PIC), rather than explicitly with the parents as guardians and an independent statutory professional. This distinction is particularly concerning in the context of the increasing reliance on for-profit providers, where accountability and oversight mechanisms differ significantly from those within the Tusla system.

As a result, children with disabilities are supported within a system that is not specifically designed around their lived experience as children in care. This creates a dual framework in which a child placed by Tusla and a child placed by the HSE in the same residential house may experience differing levels of oversight and recognition of their rights. This raises critical questions about where the equivalent level of independent, child-centred oversight—central to Tusla care under HIQA standards—exists for these children.

There is no overarching policy, legislative framework, or defined national governance structure to guide planning and oversight of children in HSE funded residential care settings. As a result, responsibility is largely left to the HSE to respond reactively, leading to crisis-driven placements rather than coordinated, forward planning at a national level. There is no transparent escalation pathway to clearly identify need, prioritise cases, secure dedicated funding and plan appropriately.

The expansion of for-profit provision in children's disability residential care is particularly concerning, given the lack of a robust policy and legislative framework to safeguard consistent, child and family centered standards and accountability.

The current system has developed in an ad hoc way over time, originally relying on Section 38 not-for-profit providers, with limited focus on long-term planning or ensuring children remain within their communities. As a result, children are frequently placed far from home—sometimes over 100 km away—disrupting family life, education, and access to local supports. While parents remain guardians, they cannot be responsible for placement oversight.

This approach places significant emotional and practical strain on families, often leaving them feeling disempowered and that their role and voice as parents are not fully recognised or valued. It can also negate the child's right to experience being part of a family and may compound the trauma experienced by both the child and their parents, particularly as a significant proportion of admissions to residential care occur in the context of crisis, often arising from a lack of timely and responsive HSE or State-provided supports.

There is no emphasis on family reunification or maximising family integration. Typically these placements are lifelong and do not end on transition to adulthood. The voice of the child with disability is not heard independently as they do not have access to advocacy services like EPIC, or a Guardian Ad Litem.

Children with disabilities have a fundamental right to maintain relationships with their families and communities, to feel safe, loved, and nurtured, to have their voices heard, and to be supported through robust and equitable systems of oversight. These rights are clearly set out in the UN Convention on the Rights of the Child, including the right to special protection for children who cannot live with their families (Article 20) and the right of children with disabilities to live full lives with dignity, inclusion, and connection to their communities (Article 23).

The current system undermines these rights by relocating children far from their natural supports, excluding them from equivalent oversight, and allowing services to operate without consistent, child-centred governance.

Social workers in CDNTs witness the impact daily, as children, siblings, and families experience distress, disconnection, and a sense of being unheard and undervalued.

The IASW suggests the following recommendations:

1. **Undertake a comprehensive national review** of residential care for children with disabilities, involving all relevant agencies, professionals, children, and families, ensuring that their voices and lived experiences inform future service design.
2. **Introduce legislative reform** to ensure that all children in State-funded residential care—regardless of the responsible agency—have equal statutory protections, independent oversight, and access to a statutory appointed allocated Social Worker with all decisions grounded in the child's best interests and rights.
3. **Establish a national governance and oversight framework** that clearly defines roles, responsibilities, standards, and escalation pathways, and ensures that children's voices are heard and families are meaningfully involved in decisions about their care.
4. **Provide ring-fenced, multi-annual funding and implement standardised national procedures** to reduce reliance on crisis-led placements, with a strong focus on forward planning, prevention, early intervention, and supporting children to remain within their families and local communities wherever possible.
5. **Invest in the development of local, community-based disability services** to significantly reduce reliance on for-profit providers. The care of vulnerable children should not be driven by profit, but grounded in their rights, needs, and best interests. Strengthening public and not-for-profit provision will help ensure children can remain close to home and maintain meaningful connections with their families, schools, and communities.
6. **A full census of all residential centres for children,** capturing the geographical spread, age profile and location of family home, as well as the pathway into residential care (planned or emergency admission)# in order to fully inform future planning and capacity challenges.